



1 June 2026

The Hon Mark Butler MP  
Minister for Health and Aged Care

Dear Minister Butler

Australian Feminists for Women's Rights (AF4WR) is a feminist organisation focused on the sex-based health, safety, and legal rights of women and girls.

We write to express serious concern about a statement made by the Australian Commission on Safety and Quality in Health Care (the Commission) to [journalist Bernard Lane of Gender Clinic News](#), in which the Commission stated:

*The Commission is a national coordinating body for improvements in the delivery of safe and high-quality healthcare. It is not a regulatory agency or complaints body and does not directly regulate healthcare facilities.*

This is directly contradicted by the Commission's own published description of its statutory functions under the National Health Reform Act 2011, which states that the Act 'regulates the Australian Commission on Safety and Quality in Health Care' and that 'included within its functions is the formulation of model national schemes to accredit health service organisations.'

The Commission further describes itself, under that Act, as responsible for:

*providing oversight to the accreditation process through the approval of accrediting agencies and managing their performance.*

A body that approves agencies to accredit health service organisations on its behalf, the accreditations of which it is responsible for then authorising and listing on its website, is not merely a coordinator. The Commission's statement to the media is not a minor communication failure. It is a public disclaimer of the mandate Parliament gave it.

This matters because the Commission was established precisely to solve the problem of decades-long deficiencies in self-regulation across Australia's health professions. At [Chelmsford](#), [Ward 10B](#), Newhaven, [Bundaberg](#), [Campbelltown](#), [Oakden](#), and [Djerriwarrh](#), all of which demonstrated clear failures in duty of patient care, the responsible oversight body in each case either declined jurisdiction over clinical practice within licensed facilities; relied on licensing or accreditation status as sufficient assurance of patient safety; or characterised systemic concerns as matters for internal hospital management. As a result, it took parliamentary inquiries to force accountability.

In 2015 the Commission was directly involved in reviewing governance failures at Djerriwarrh, where the Health Service was accredited during the whole period when avoidable deaths occurred during 2013 and 2014. It undertook a comprehensive review of the Victorian Department of Health and Human Services' (DHHS) actions in detecting and managing a cluster of potentially avoidable perinatal deaths there. The [Victorian Auditor-General](#) subsequently found that DHHS had 'relied too heavily on health services achieving accreditation to assure itself of quality and safety across the health system,' a reliance that had rendered it 'incapable of detecting catastrophic clinical governance failings.'

The Commission now adopts the identical posture of relying on its own authorisation and publication of the accreditation of the Royal Children's Hospital Melbourne (RCH) as a proxy for patient safety to ignore a clear warning. This is in relation to adverse findings made over a year ago by Justice Strum in Re: Devin [2025] FedCFamC1F 211 which documented systemic clinical governance failures at the RCH. That facility remains assessed as compliant by one of the Commission's approved accreditation agencies, including under:

1. Action 1.27 of Standard 1 (Clinical Governance), which requires health services to support clinicians to use the best available evidence, notwithstanding that the RCH Gender Service's clinical guidelines have been independently rated at 19 out of 100 for independence and rigour of development; and
2. Actions 2.3–2.4 of Standard 2 (Partnering with Consumers), which require informed consent processes grounded in accurate information about the benefits and material risks of proposed interventions, notwithstanding that Justice Strum found those processes to be inadequate.

In short, the Commission appears to have lost sight of its regulatory mandate to prevent avoidable harm by doctors. The administration of puberty-suppressing and cross-sex hormonal agents to alter the bodies of children without a valid evidence base allowing for informed consent repeats the abovementioned pattern. This pattern is to ignore significant concerns being raised and instead to assume that a patient safety accreditation system is working. The medical profession's own repeated failure to recognise this pattern is precisely why the Commission was established as an independent statutory body tasked with external clinical governance of health services.

We ask that you direct the Commission to formally acknowledge the Re: Devin findings and initiate a review of the approved accrediting agency's clinical governance assessment of the RCH.

Yours sincerely



Emeritus Professor Bronwyn Winter  
Co-Convenor, Australian Feminists for Women's Rights