



29 June 2026

The Hon Mark Butler MP
Minister for Health and Aged Care

Dear Minister Butler

**Re: NHMRC project to develop clinical guidelines
for gender related distress for under 18s**

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 in advance of the NHMRC’s imminent release of interim advice on puberty suppression to raise a concern about the integrity of the clinical governance of this project.

The trust problem this project was created to solve

You commissioned this review because the [AusPATH guidelines](#) were never endorsed by the NHMRC against its [Standards for Clinical Guidelines](#). The [NHMRC had screened](#) those guidelines in circa 2018 and found they lacked rigour: a funding statement, an evidence base, and conflict of interest information. However, the NHMRC was not empowered to issue a public alert. The Clinical Guidelines Portal has since been [removed](#) from the NHMRC website without explanation. Six years later, the UK Cass Review gave those guidelines 19% for rigour of development as its table below shows. (p129, [Cass Review](#); see also [here](#))

Clinical approach and clinical management

Table 6: Critical appraisal domain scores

Guideline ID	Scope and Purpose	Stakeholder involvement	Rigour of development	Clarity of presentation	Applicability	Editorial Independence
AACAP 2012	65	39	44	63	7	31
American Academy of Paediatrics 2018	70	26	12	30	6	69
American Psychological Association 2015	74	74	24	50	18	14
Council for Choices in Healthcare Finland 2020	91	69	51	72	56	0
de Vries 2006	63	31	30	74	17	6
Endocrine Society 2009	65	33	44	70	22	31
Endocrine Society 2017	63	33	42	72	21	92
European Society for Sexual Medicine 2020	63	52	39	70	7	58
Fisher 2014	65	20	12	35	17	44
Health Policy Project 2015	63	63	16	24	33	6
Norwegian Directorate of Health 2020	76	81	30	57	47	17
Oliphant 2018	44	39	12	33	21	0
Pan American Health Organisation 2014	52	44	13	31	21	0
Royal Children's Hospital Melbourne 2018	81	59	19	41	19	14
Society for Adolescent Health and Medicine 2020	41	24	17	41	7	0
South African HIV Clinicians Society 2021	59	59	21	43	24	69
Strang 2018	87	31	18	37	15	19
Swedish National Board of Health & Welfare 2022	91	87	71	83	25	26
UCSF 2016	70	41	23	37	26	0
WPATH 2012	85	61	26	56	17	17
WPATH 2022	83	63	35	56	24	39

87%, 31%-69%, 83%

AACAP, American Academy of Child & Adolescent Psychiatry, UCSF, University of California, San Francisco, WPATH, World Professional Association for Transgender Health

Source: Taylor et al. Guidelines 1: Appraisal

The rigour problem was structural. In 2017, the lead author of the AusPATH guidelines asked AusPATH to endorse them while she was on their committee, effectively endorsing her own work. In 2019, the Royal College of Physicians (RACP), when asked to review them, defended the guidelines

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and argued explicitly that where evidence is still developing, following the NHMRC guideline development process “in its entirety may not be feasible” and that guidelines based on “expert clinician consensus are entirely valid”. That argument, from the college whose Fellow produced the guidelines, is precisely what the NHMRC Standards exist to exclude.

The reviewer cannot also be the reviewed

The NHMRC’s Standards for Guidelines require three steps: disclose, determine, manage. Standard 2.3 requires guidelines to publish “information on how any conflicts of interest were managed.” Standard 4.2 requires a process for “determining if a declared interest represents a conflict of interest.” These are the precise standards whose absence disqualified the AusPATH guidelines.

So far, [this guidelines development project](#) has simply listed declarations of conflicts of interest for members of its guidelines [development](#) and [governance](#) committees. Without evidence that conflicts have been determined and managed, those declarations read cynically as though they are in reality being treated as “eligibility criteria” for a closed circle of vested interests rather than good governance. It is not clear that any members were excluded by their declarations, despite most having highly material interests.

The NHMRC’s [Guidelines for Guidelines Handbook](#) explains why this matters:

Conflicts of interest can bias guideline recommendations to disproportionately favour new, expensive and less effective treatments... They can also promote over-diagnosis, over-treatment and lead to the medicalisation of normal human states and behaviours.

The Handbook distinguishes two categories:

- **Non-financial bias** (expertise, published opinion) can be managed through open-minded discussion of the evidence. One committee member, a consultant paediatrician at the RCH Melbourne, Primary Chief Investigator of ARCTYC, and co-author of the AusPATH guidelines under review, co-authored a [peer-reviewed article in the Medical Journal of Australia in October 2025](#) in which the authors claim that the Cass Review “does not give credible evidence-based guidance” and is “compromised by implicit stigma and misinformation”. The Cass Review is part of the international evidence the NHMRC’s contracted systematic review must assess. A prior published conclusion about the credibility of that evidence is not a bias that group deliberation can resolve. It is precisely the category of conflict the Handbook’s exclusion preference is designed to address.
- **Financial conflicts**, such as research grants, salary support and membership of organisations that “advocate known industrial or policy positions” are the basis for the Handbook’s default response of **exclusion**. Management is the documented fallback of last resort, and any management plan must be published. Financial conflicts most relevant to this committee include NHMRC and MRFF grants administered by the Department that commissioned this review, and membership of AusPATH—a formally constituted Regional Affiliate of WPATH under [WPATH’s own bylaws](#)—carrying a voting seat on the WPATH Board, the international body whose clinical standards form the basis of the guidelines under review.

AusPATH membership constitutes a financial conflict of interest under the Handbook's own definition because the organisation's institutional standing, along with the research funding, career advancement and professional leadership of its members, depend structurally on the AusPATH clinical model remaining the Australian standard.

As noted above, the so far only declarations of conflicts are listed. The project webpages do not publish which interests were determined to constitute financial conflicts, whether exclusion was applied, or what management plans are in place. The [Governance Committee's terms of reference](#) require it to make those determinations case by case. No record of its having done so is publicly available. The NHMRC [states](#) that declarations were assessed using a risk rating matrix prior to appointment, yet no published record of those assessments, the ratings assigned, or the resulting management decisions is publicly available.

Without that published record, it is not possible for clinicians, courts, or the public to distinguish guidelines produced by an independent expert process from guidelines produced by the same network that produced the documents under review. That distinction is the entire purpose of the project.

The Minister's role

Under the [PGPA Act 2013](#), the NHMRC CEO is accountable to the Minister for governance matters. These are NHMRC "issued" guidelines — the highest category under the [NHMRC Act 1992](#), developed under direct NHMRC oversight. Asking the NHMRC to publish its conflict-of-interest determination and management record is not interference with scientific independence. It is the exercise of ministerial accountability for good governance of a Commonwealth entity.

Accordingly, we ask:

Will the Minister direct the NHMRC to publish, before interim advice is released, its completed record of conflict-of-interest determinations and management steps for all committee members, including whether the Handbook's preference for exclusion was applied or departed from, and on what basis? This will allow those of us in the community who have lost trust to verify independently that this review meets the precise standards whose absence disqualified the original guidelines under the NHMRC's original screening for its clinical guidelines portal.

The NHMRC's Guidelines for Guidelines Handbook is not a burden on this process. It is our guarantee of the reliability and trustworthiness of its findings: guidelines the community, the profession and the courts can trust. We look forward to your response.

Yours sincerely



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