

OFFICIAL**Women's, Men's, Kid's Health
QB25-000173****ISSUE: CHILD GENDER THERAPY**

QUESTION: What is the stakeholder interest in children displaying gender dysphoria and access to gender affirming treatment?

Topline response:

- On 31 January 2025, the Australian Government tasked the National Health and Medical Research Council (NHMRC) with developing new national clinical practice guidelines for the care of trans and gender diverse children and adolescents in Australia.
 - This will include a review of existing guidelines and evidence, including the existing guidelines used in Australia, the *Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents*.
 - The new guidelines will be developed in line with NHMRC's rigorous Standards for Guidelines and include initial advice on the use of puberty suppressing medicines by mid-2026.
- Clinical treatment of transgender children and adolescents is a complex and evolving area in which longer term evidence to inform treatment protocols is still developing.
- The provision of public gender dysphoria services to young people in Australia is led by the states and territories.
 - Specialist gender services in several jurisdictions provide care to young people based on a multidisciplinary approach tailored to individual circumstances and needs.
- Decisions regarding clinical care for minors are shared between the clinicians, the young person and their family. If there is a disagreement about the diagnosis, treatment, or capacity of the minor to provide informed consent, the family court has ruled this requires an application to the court to resolve the dispute consistent with the child's best interests.

Background

- It is estimated nearly 1% of Australians (178,900) aged 16 and over are trans and gender diverse. This includes trans men, trans women and non-binary people (ABS, 2022). Not all trans or gender diverse people choose to affirm their gender medically (gender affirming care), legally and/or socially.
- There is no singular or overarching Medicare Benefits Schedule (MBS) item or group of items that captures all the consultations and surgical procedures involved in gender affirmation.
 - There are a range of MBS items available to support consultation and surgical procedures which may be performed as part of the gender affirmation process. Services may be provided by GPs, sexual health practitioners, endocrinologists, psychiatrists, and specialists such as plastic and reconstructive surgeons during diagnosis and treatment.
 - The use of these items depends on the clinical judgment of the treating practitioner as to relevance to the patient's diagnosis, treatment and care.

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OFFICIAL**Women's, Men's, Kid's Health
QB25-000173**

- The development of new guidelines in alignment with the NHMRC Standards ensures a systematic approach to evaluating the evidence and involvement of a multidisciplinary group of experts, including those with lived experience, in the development of recommendations.
- On 29 January 2025, the Queensland Government announced a review of Queensland's public paediatrics gender services and a pause of gender affirming services to new adolescent patients while the review is undertaken.
 - A final report will be provided to the Director-General of Queensland Health by 30 November 2025.
- Two previous independent reviews commissioned by the NSW Government and the former Queensland Government have found their gender services are delivering care that is safe and aligned with international evidence on best practice care.
- In Australia, the Therapeutic Goods Administration approved the use of gonadotropin-releasing hormone (GnRH) analogues, (or 'puberty blocking' medicines) for certain cancers, endometriosis, anticipated premature ovarian failure and precocious puberty (early puberty), but not specifically for gender affirming care.
- GnRH analogues are only available on the Pharmaceutical Benefits Scheme (PBS) for the treatment of certain cancers, assisted reproductive technology, androgen deficiency and precocious puberty under certain circumstances.
 - GnRH analogues may be used "off label" for patients undergoing gender affirmation; however, will not attract a PBS benefit in this circumstance.
 - Doctors may use medications "off label" where they are satisfied that the benefits outweigh the risks for the patient and have clearly communicated any risks and side effects clearly to the patient and parents/guardians.
- The Medical Board of Australia's 'Good medical practice: a code of conduct for doctors in Australia' states informed consent is an important part of good medical practice. This includes recognising the role of parents or guardians in a young person's treatment and, when appropriate, encouraging the person to *involve their parents or guardians in decisions about their care*.

Current application for adult gender affirmation funding under Medicare

- On 23 March 2023, the Medical Services Advisory Committee (MSAC) received an application from the Australian Society of Plastic Surgeons for the public funding of surgical procedures for gender affirmation in adults with gender incongruence (MSAC application 1754).
 - Given the complexity of the application to include all surgeries required for gender affirmation, MSAC determined the application would be assessed in two stages. The first stage included the assessment of the comparative clinical evidence, and the second stage will include the economic evaluation and financial analysis of the application.
 - The first stage of the application was considered by MSAC at its meeting on 3 April 2025. The Public Summary of MSAC's recommendations will be available in the coming weeks.

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QB25-000173**MEDIA COVERAGE**

Publication: The Australian, [Hospital board must not ignore judge's trans case findings](#) (Attachment A)

Publication dates: 24 June 2025

Key issues raised:

- The article refers to the judgement published by Justice Andrew Strum of the Federal Circuit and Family Court on the case of [Re Devin](#) concerning a parental dispute about their child's gender identity and care.
- The proceedings concern a biological male child, where the mother contends that the child is gender dysphoric or incongruent while the father contends the child is gender fluid or exploratory. Each parent was seeking orders for sole parental responsibility, including decision-making about medical treatment.
- The Court ordered the father have sole parental responsibility for making decisions about all major long-term issues in relation to the child.
- The Court also ordered that both parents, unless agreed in writing, be restrained from facilitating the child's treatment at the Gender Service, and the commencement of Stage 1 puberty blocking medication and/or cross-sex hormones.

Publication: Queensland Health media release, [Public invited to share views on puberty blockers](#) (Attachment B)

Publication dates: 29 May 2025

Key issues raised:

- The Queensland Government is inviting the community to contribute to an independent review of the prescribing of puberty blockers and gender-affirming therapies in Queensland's public paediatric gender services.
- The review, led by Professor Ruth Vine, is examining the evidence and ethical considerations surrounding the use of puberty suppression (Stage 1) and gender affirming (Stage 2) hormone therapies to treat children with gender dysphoria in the Queensland public health system.

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QB25-000173****---- COVER PAGE ----**

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