

Focused Review of How the Change or Suppression Practices Ban Is Working

24/3/2026

AMA Victoria welcomes the opportunity to provide a submission to the Victorian Law Reform Commission's focused review of the *Change or Suppression (Conversion) Practices Prohibition Act 2021*.

AMA Victoria supports the objective of the Act. Conversion practices are harmful and have no place in healthcare. The issue is how the Act operates in practice, particularly in psychiatric care, and whether it allows clinicians to provide appropriate care with sufficient clarity and confidence. AMA Victoria provided a submission to government in January 2021 raising concerns about aspects of the drafting, which is attached for reference. Our concern, as outlined at that time, is that aspects of the drafting have the potential to affect legitimate clinical practice.

A central issue is the boundary between prohibited conduct and legitimate therapy. Psychiatric care commonly involves exploring and challenging a patient's thoughts and feelings, including distress, identity, conflicting views and the reasons a patient may present in a particular way. That is ordinary therapeutic work. The concern raised at the time of the Bill, including by Victorian psychiatrists, was that the legislation was broad in its treatment of conversion practices as against exploratory therapies, and that there was limited clarity around what constitutes a conversion practice as distinct from acceptable clinical care. The consultation paper's focus on whether the Act is clear and easy to understand in practice is therefore well directed.

The key wording issue remains section 5(2)(b), namely the exclusion for conduct of a health service provider that is, in the health service provider's reasonable professional judgement, "necessary" to provide a health service or comply with legal or professional obligations. AMA Victoria's concern in 2021 was that the use of the word "necessary" creates uncertainty. As our submission noted, there can be significant discussion around whether a treatment is "necessary" and by whom. We said at the time that this may restrict what psychiatrists can discuss in a consultation and suggested that the language should instead reflect what is clinically appropriate. The consultation paper similarly identifies potential ambiguity in how this provision applies to health service providers.

These issues are relevant to effectiveness. Where the boundary is not clear, clinicians may take a more cautious approach to certain presentations. This can include narrower discussions, earlier referral, or some hesitation in managing complex matters. These are not necessarily widespread effects, and there is no evidence that the most significant concerns raised in 2021 have materialised at scale. However, the underlying uncertainty remains, particularly in areas of practice that rely on exploratory discussion.

A related point concerns the original drafting of the legislation, which expressly referred to psychiatry and psychotherapy. AMA Victoria objected to that approach on the basis that it singled out those disciplines. Clause 5(3)(a), as introduced, referred to "providing a psychiatry or psychotherapy consultation, treatment or therapy", and we submitted that these terms should be removed. This history is relevant to understanding why concern has remained particularly acute among psychiatrists, even though similar issues may arise for general practitioners, psychologists and other health practitioners.

The treatment of sexual orientation and gender identity within a single framework also remains relevant in practice. As was noted publicly at the time, these can involve

different clinical approaches. The point is not to draw sharp distinctions, but to recognise that a single legislative formulation can create uncertainty where clinical pathways differ.

The consultation paper also raises awareness and understanding as issues. It refers to research indicating low awareness of the Act among health practitioners and limited understanding of the term "change or suppression practice". This suggests the framework is not yet well understood in practice. Clearer articulation of the boundaries of permitted clinical care, including through practical and clinically grounded guidance, would assist, particularly in clarifying what constitutes prohibited conduct as distinct from ordinary therapeutic practice.

On the criminal provisions, there have been no prosecutions to date. The consultation paper identifies a range of possible barriers, including reporting hesitancy and difficulty proving injury to the criminal standard. AMA Victoria noted in 2021 that the penalties are comparatively severe relative to other jurisdictions, and that remains a concern. For AMA Victoria, the primary issue is the presence of significant criminal penalties in a context where the boundaries of permitted clinical practice are not clear.

The civil response scheme is appropriately oriented toward education and facilitation. The consultation paper raises the possibility of broader powers and a positive duty to prevent harm. Any such developments should be approached with caution where the scope of prohibited conduct remains unclear. There is a risk that ordinary clinical interactions are drawn into a regulatory process.

AMA Victoria's position remains that the objective of the Act is sound. The experience to date suggests that the primary issue is clarity, particularly in clinical settings. The focus should be on refinement. In particular, clearer drafting of the exclusion for conduct of a health service provider in section 5(2)(b), and practical guidance that distinguishes prohibited practices from ordinary psychiatric assessment, treatment and exploratory therapy. A framework of that kind would allow psychiatrists to undertake standard clinical work with confidence that they are acting within the law.