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## **Re. Law Reform Commission CSP Act Review**

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide a submission to the review of the Change or Suppression (Conversion) Practices Prohibition Act 2021 – (the Act).

The RACGP is Australia's largest general practice college and peak body with over 50,000 members, and more than 10,000 in Victoria. The College has 38 Specific Interest groups including for Transgender and Gender-Diverse Healthcare.

Gender-diverse people experience substantial health inequities, including higher rates of cardiovascular risk factors, smoking, and mental health conditions such as autism spectrum disorder, Attention-Deficit Hyperactivity Disorder (ADHD), depression, anxiety, borderline personality disorder and complex trauma. Specialist GPs are often the first point of contact in the healthcare system and play a critical role in providing supportive primary care, preventive health care and mental health care for gender-diverse patients.

GPs are regulated by Ahpra to perform at the highest ethical level of practice and coercive change, or suppression practices were banned decades ago.

Specific responses to questions are provided below.

### **To what extent do you think the community is aware of and understands:**

- 1. the Act and how it works**
- 2. what change or suppression practices are**
- 3. the harm caused by change or suppression practices.**

Most GPs have limited understanding of the Act and there is significant uncertainty and concern among the profession about the potential for criminal prosecution.

GPs are committed to providing equitable care to all patients including

gender- and sexually diverse people. However, the RACGP is concerned that the Act may inadvertently be creating barriers to care due to the level of uncertainty and concern among the profession.

Practitioners are concerned that routine clinical practices—such as asking about sex assigned at birth and gender identity (which is essential for safe medical care), inadvertently using incorrect pronouns, or exercising due caution when considering hormone prescribing—could potentially lead to prosecution under the CSP act.

Practitioners have raised various concerns with the Act, including:

- whether asking questions relating to gender identity or sexual orientation when a patient presents with a gender different from their sex at birth could expose them to allegations under the Act.
- whether routine clinical activities could be misinterpreted as suppression practices. For example, to provide the best care for patients, practitioners may need to ask exploratory questions and refer a patient to a therapist who provides neutral and non-judgmental support to explore feelings and identity or ask about sex at birth, but due to the uncertainty in the Act, there are concerns this could trigger prosecution.
- due to the uncertainty created by the Act, many practitioners are unsure how such discussions should be approached.
- most GPs have little familiarity with what historically constituted conversion practices. Coercive methods intended to change a person's sexual orientation are widely recognised as unethical and incompatible with modern medical practice.

### **Could the Act's operation and effectiveness be improved? If so, how?**

The Act can be improved by clarifying what is allowed under the Act similar to what has been done in other jurisdictions including:

- neutral , non judgemental questions about sex at birth, gender or gender identity
- facilitating a person's coping skills, social supports or identity exploration and development
- genuinely assisting an individual who is exploring their sexual orientation or gender identity, or considering or undergoing a gender transition
- genuinely advising an individual about the potential impacts, benefits and risks of gender-affirming medical treatment and alternative options.

This will address the unintended consequences caused by the current Act and help to ensure access to neutral, non-judgmental health care for gender diverse people in line with Ahpra regulations and the [RACGP Standards for general practices \(5<sup>th</sup> edition\)](#).

**How clear is the Act's definition of what is and what is not a change or suppression practice? If further clarity is needed, what forms of clarification would be most helpful?**

The definition in section 5(1) is relatively clear when applied to overt practices. However, it is less precise in more complex therapeutic and healthcare contexts. In clinical practice, patients may present with significant psychiatric conditions—such as psychosis or post-traumatic stress disorder—which can affect how identity, distress, and personal experiences are discussed in treatment. In these circumstances, there is a risk that neutral clinical care or exploratory questioning could be misunderstood as constituting suppression.

Additional clarification is important for specialist GPs. This could include:

- legislative examples that clearly distinguish neutral exploration and routine healthcare from practices that are prohibited
- practical guidance or fact sheets outlining common clinical scenarios for healthcare professionals (with scope for updates as the evidence base evolves)
- cross-references to relevant interstate evidence—such as the NSW Sax Institute report and the Queensland Vine Review—which indicate that neutral psychosocial approaches are not harmful and may support a person's overall wellbeing.

Providing clearer guidance of this kind would assist GPs to feel more confident in providing appropriate healthcare to gender-diverse patients.

**How clear is the exclusion for health service providers? If further clarity is needed, how could this best be achieved?**

The exclusion for health service providers lacks clarity in its practical application, creating uncertainty for general practitioners providing routine care to gender-diverse patients.

The Act appears to permit affirmation but does not recognise neutral, non-judgmental care—neither dismissive nor affirming—which is often the appropriate clinical approach. This uncertainty may lead some GPs to avoid clinically relevant

discussions about gender or sexuality, particularly given the potential criminal penalties associated with a breach of the legislation.

Exploratory discussion is a routine part of medical practice. GPs ask patients about motivations and personal goals to understand the broader context of health concerns and support informed decision-making. Exploratory discussion is also standard before significant medical interventions so patients can understand options, intended outcomes, and the risks and benefits for the individual patient.

Where discussions intersect with sexual orientation or gender identity, the current wording creates uncertainty about what forms of exploration are permissible. Without clearer guidance, there is concern among practitioners that clinically necessary exploratory questions about gender identity could be misinterpreted as constituting a suppression or conversion practice.

The current exemptions for health professionals are insufficient and ambivalent and thus may interfere with medical care, especially if patients have complex co-morbidities. The exemptions need to be improved to allow the necessary freedom of practice for health practitioners so that they can provide the best possible patient-centred care, while providing a clear definition with examples of harmful coercive conversion practices, which are not permissible under any circumstances.

The RACGP recommends changes in line with legislation in Western Australia and South Australia for medical exemptions.

**How effective are VEOHRC's awareness and education materials on change or suppression practices? What improvements, if any, could help strengthen community understanding and compliance?**

VEOHRC's materials in regards to conversion practices and gender identity are well intentioned but may be contributing to concern and confusion among health professionals. Educational materials should be developed in consultation with the relevant medical colleges that are tailored for health professionals to raise awareness on allowed and forbidden practices in regards to general health, mental health and general identity exploration, not just LGBTQ related.

**Are there changes that could help support VEOHRC to carry out its functions or improve the effectiveness of the civil response scheme? If so, please describe any changes.**

Changes are urgently needed to balance VEOHRC's messaging. Suggestions that GPs could face criminal charges has fuelled significant concern about engaging in psychological support and general health care for trans identifying people. GPs have the best interest of their patients at heart and need reassurance that they can provide this based on the latest and emerging evidence without fear of criminal or civil charges.

**Are there other aspects of the criminal offences in the Act that limit their effective operation? If so, what changes or supports could improve their operation?**

Greater clarity is needed regarding the meaning of “serious injury” under the Act.

Some GPs and mental health practitioners report uncertainty about whether accidental use of a pronoun relating to a patient’s sex at birth, use of a name recorded on a Medicare card, or asking routine clinical questions about sex at birth, gender identity or related issues could be interpreted as causing “serious injury” under the Act, and escalate into a criminal matter. These concerns may be amplified by media reporting on the legislation.

This concern and uncertainty may lead some health practitioners to avoid engaging with gender-diverse patients altogether. Practitioners also report increasing difficulty in referring gender-diverse patients to psychologists, even where the presenting mental health issue is unrelated to gender identity.

Clearer guidance on what conduct falls within the definition of “serious injury” and what routine clinical practices remain permissible is essential to reduce uncertainty and support practitioners to continue providing care to gender-diverse people.

Yours sincerely,



Chair RACGP Victoria