# Administrative Report for the *Advice on the use of puberty suppressants in the care of trans and gender diverse people aged under 18*

## *For public consultation*

November 2026

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# Contents


Glossary 4

Use of artificial intelligence (AI) 4

1. Purpose of this report 5

2. Status of this report 5

3. Background 5

4. Funding 5

5. Editorial Independence 5

6. Governance Structure 5

6.1 Gender Guidelines Governance Committee 8

6.2 Gender Guidelines Development Committee 8

6.3 Gender Guidelines Reference Panel 9

6.4 Evidence Review Team 10

6.5 Methodological Review Team 11

6.6 NHMRC Project Team 11

7. Guidelines Activities 12

7.1 Gender Guidelines Governance Committee activities 12

7.2 Gender Guidelines Development Committee activities 13

7.3 Gender Guidelines Reference Panel activities 15

7.4 Decision making and reaching consensus 15

7.5 Working Groups 16

8. Conflicts of interest management 16

8.1 Disclosures of interest 16

8.2 Ongoing management of interests 17

9. Interest holder engagement 17

9.1 Scoping and targeted interest holder engagement 18

9.2 Lived Experience Involvement 18


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OFFICIAL

10. Public Consultation 19

11. Dissemination 20

12. Appendices 21

Appendix A – Gender Guidelines Governance Committee Terms of Reference 22

Appendix B – Membership of the Gender Guidelines Governance Committee (2025-2028) 23

Appendix C – Gender Guidelines Development Committee Terms of Reference 24

Appendix D – Membership of the Gender Guidelines Development Committee (2025-2028) 25

Appendix E – Gender Guidelines Development Committee Statement of Requirement 26

Appendix F – Decision making processes for the Gender Guidelines Development Committee 27

Appendix G – Gender Guidelines Project Risk Matrix for declared interests (within 5 years of committee establishment) 28

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# Glossary

Key terms that appear in this report are defined in **Table 1.** Definitions are consistent with those listed in the NHMRC Advice on the use of puberty suppressants in the care of trans and gender diverse people aged under 18.

**Table 1: Glossary**

| Term | Definition |
|---|---|
| **Gender dysphoria** | A clinical term describing the significant distress that can arise from gender incongruence. Gender dysphoria is defined in the American Psychiatric Association DSM-5-TR, with the definitions available online. |
| **Gender incongruence** | A clinical term describing the inconsistency between an individual's gender and their sex recorded at birth. Gender incongruence is a health-related condition defined in the World Health Organization ICD-11, for children [HA61], and for adolescents and adults [HA60]. |
| **Sex recorded at birth** | A person's sex as determined by sex characteristics observed at birth or in infancy. |
| **Trans and gender diverse** | A trans and gender diverse person is someone whose gender is different to their sex recorded at birth. |
| **Young people** | For the purposes of the Advice on Puberty Suppressants, young people refers to children and adolescents aged under 18. |

# Use of artificial intelligence (AI)

During development of the Advice on Puberty Suppressants, artificial intelligence (AI) tools assisted with searches and data extraction. All AI-generated outputs were manually reviewed before being modified, accepted or deleted.

This administrative report was drafted without AI assistance. AI tools were used only to review the document for consistency with the Australian Government Style Manual.

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# 1. Purpose of this report

This administrative report describes the processes and procedures used to develop the *Advice on the use of puberty suppressants in the care of trans and gender diverse people aged under 18* (Advice on Puberty Suppressants). This report is intended to support transparency, demonstrate compliance with relevant guideline standards, and document key decisions made during the guideline development process.

# 2. Status of this report

This report supports the Advice on Puberty Suppressants developed in 2026. An updated administrative report will be available to support the full guidelines in 2028.

# 3. Background

In January 2025, the Australian Government requested the National Health and Medical Research Council (NHMRC) develop new national clinical practice guidelines for the care of trans and gender diverse people aged under 18 (Gender Guidelines). The Advice on Puberty Suppressants has been expedited before completion of the full guidelines at the request of the Minister for Health, Disability and Ageing. The full guidelines are expected to be released in 2028.

The focus of both the Advice on Puberty Suppressants and the full guidelines is to ensure that young people receive safe and appropriate care.

The guidelines are being developed in accordance with the NHMRC's Standards for Guidelines and Guidelines for Guidelines, and the international GRADE approach (Grading of Recommendations, Assessment, Development and Evaluation).

The full guidelines will include advice on medical and psychosocial care (i.e. the use of puberty suppressants, the use of hormones, mental health support and social support).

# 4. Funding

The development of the national clinical practice guidelines for the care of trans and gender diverse people aged under 18 has been funded by the Department of Health, Disability and Ageing (the Department). The Department allocated $2 million AUD to fund expenses relating to evidence reviews, methodological reviews, committee costs, and the NHMRC staffing costs. In March 2025, NHMRC provided an additional contribution of $110,000 AUD to support development of the guidelines. Development of the guidelines began in February 2025.

# 5. Editorial Independence

Editorial independence has been maintained throughout development of the Advice on Puberty Suppressants. The Department of Health, Disability and Ageing has had no role in reviewing evidence, drafting recommendations, or approving the content of the Advice on Puberty Suppressants.

# 6. Governance Structure

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The Gender Guidelines are developed in alignment with the governance structure outlined in **Figure 1.** This governance structure includes 2 formal section 39 working committees established under the *National Health and Medical Research Council Act 1992* (NHMRC Act): the Gender Guidelines Governance Committee and the Gender Guidelines Development Committee. NHMRC establishes section 39 working committees to provide advice, support, research or relevant expertise from outside the NHMRC to achieve a specific outcome. Terms of reference for these committees are available at Appendix A and Appendix C.

Governance oversight is an important issue in guideline development, and an independent governance committee is a common feature of high-quality guidelines.[1] Drawing on the GIN-McMaster Guideline Development model, the Gender Guidelines Governance Committee provides governance advice to the NHMRC on the Gender Guidelines Development Committee, interest holders and contractors involved in developing the guidelines.

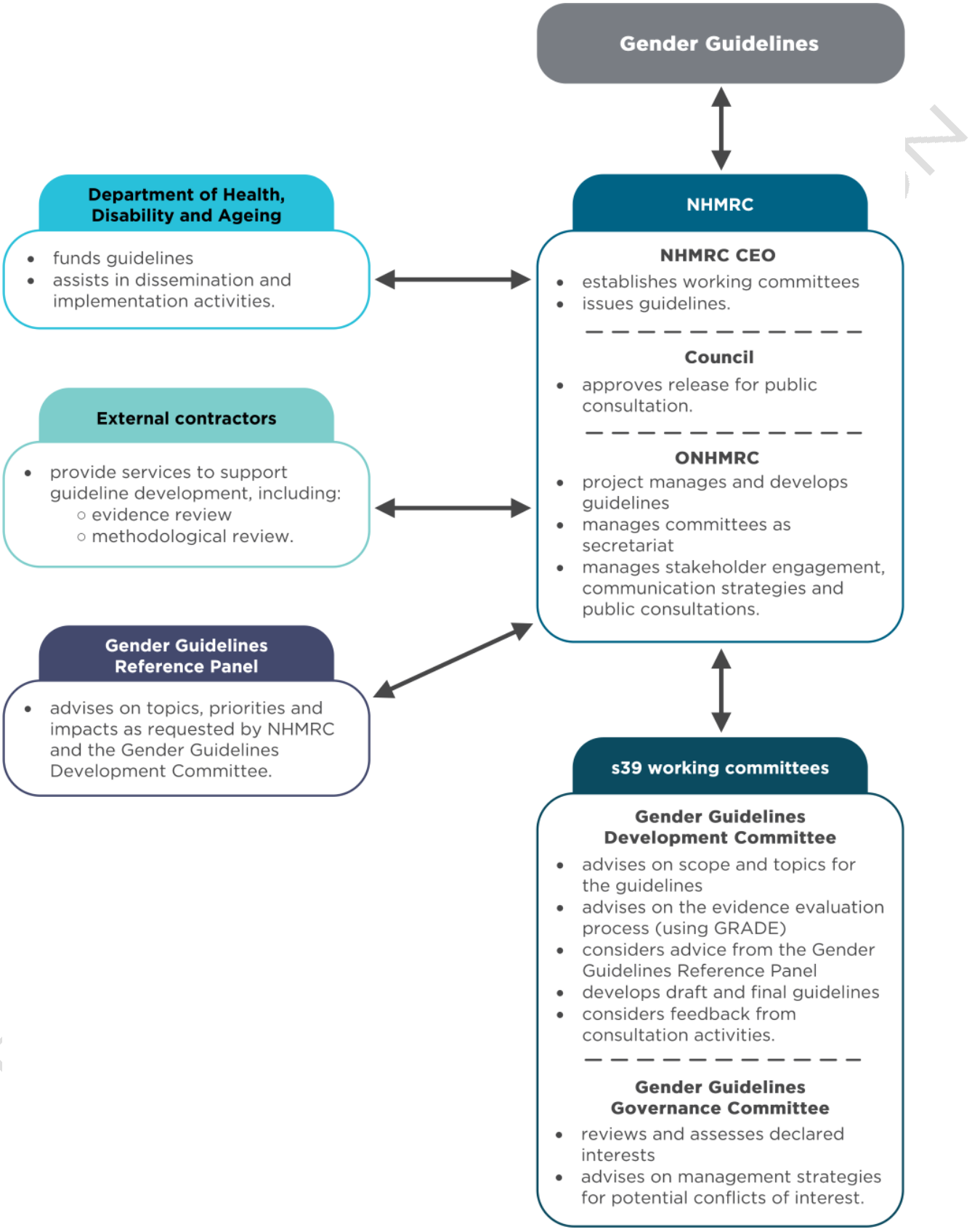
NHMRC established the Gender Guidelines Development Committee to oversee the guideline development process and provide multidisciplinary expertise. This includes considering feedback from the Gender Guidelines Reference Panel. The Gender Guidelines Reference Panel is not a section 39 working committee but provides additional perspectives on the guideline when requested by the NHMRC or the Gender Guidelines Development Committee.

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[1] McMaster GRADE Centre (McMaster University). GIN-McMaster Guideline Development Checklist. Accessed August 2026. https://macgrade.mcmaster.ca/resources/gin-mcmaster-guideline-development-checklist/gin-mcmaster-guideline-development-checklist/.

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**Figure 1 Gender Guidelines Governance Structure**



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## 6.1 Gender Guidelines Governance Committee

The Gender Guidelines Governance Committee was established on 30 June 2025 for a 3-year period to 30 June 2028, and reports to the NHMRC.

The 4-member Governance Committee advises NHMRC and the Gender Guidelines Development Committee on governance matters. Its role includes reviewing declared interests, advising on achieving a balance of views, and advising on conflict-of-interest management strategies for everyone involved in the guideline development process.

The Gender Guidelines Governance Committee advised on the appointment of members to the Gender Guidelines Development Committee and participants of the Gender Guidelines Reference Panel.

To date, the Gender Guidelines Governance Committee has met 3 times since project commencement and has provided out-of-session advice as requested. The Gender Guidelines Governance Committee's roles and functions are guided by its Terms of Reference in Appendix A. Details of the Gender Guidelines Governance Committee members are outlined in Appendix B.

## 6.2 Gender Guidelines Development Committee

The Gender Guidelines Development Committee was established on 12 September 2025 for a 3-year period to 4 September 2028. Composed of 18 members including 4 people with lived experience, the Gender Guidelines Development Committee reports to the NHMRC. Their role is to oversee and provide expertise on the development of the Gender Guidelines, by advising on the guideline scope, clinical questions, the critical and important outcomes, research protocols, the evidence review parameters, and draft recommendations for the guidelines. The Gender Guidelines Development Committee's roles and functions are guided by its Terms of Reference (Appendix C). The Gender Guidelines Development Committee's membership is outlined in Appendix D.

### Recruitment Process

As part of initial scoping activities, NHMRC consulted widely on the disciplines and areas of expertise required to produce guidelines on this topic, consistent with best practice for establishing guideline development panels.[2]

NHMRC used a targeted recruitment approach to achieve an appropriate mix of expertise and perspectives. It sought nominations for potential Gender Guidelines Development Committee candidates from medical colleges, NHMRC research networks, state and territory gender clinics and support organisations. NHMRC assessed nominations for the necessary skills and expertise (Appendix E). NHMRC also screened potential candidates through research integrity checks before inviting them to submit declarations of interest. The Gender Guidelines Governance Committee assessed the declared interests of potential candidates against a predetermined risk matrix (Appendix G). **Section 7** provides further information about conflicts of interest.

[2] Mac GRADE Centre McMaster University (2014) GIN-McMaster Guideline Development Checklist. Available at: GIN-McMaster Guideline Development Checklist - McMaster GRADE Centre (accessed August 2026).

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### Committee Composition

The Gender Guidelines Development Committee is a multidisciplinary group of experts and people with lived experience who understand the research, context and population. Members as listed in Appendix D include experts in paediatrics, endocrinology, pharmacology, adolescent medicine, psychology, psychiatry, general practice, Indigenous health, health law and ethics, research methodology and people with lived experience.

In seeking to balance the Gender Guidelines Development Committee, individuals with relevant disciplinary expertise, but who are not directly involved in providing care to this population, were also appointed. This ensured that committee members were collectively able to provide a diverse range of expertise and perspectives.

An independent Chair with demonstrated leadership capabilities was appointed. Consistent with NHMRC Guidelines for Guidelines, the Chair does not need to be a content expert.

Efforts were made to achieve a balanced and representative committee membership. Women account for 57% of named members. Members have been drawn from a range of jurisdictions and geographical locations across Australia, and Aboriginal and Torres Strait Islander representation is also part of the committee.

The Gender Guidelines Development Committee also includes 4 people with lived experience of accessing gender services in Australia. Three members accessed care personally, and 1 as a parent supporting their child.

In recognition of the importance of protecting these members' personal and sensitive health information (as per the *Privacy Act 1988*) and ensuring their safety, members with lived experience will not be publicly named.

To ensure a wide range of lived experience perspectives are captured, additional people with lived experience provide their input through participation on the Gender Guidelines Reference Panel (see **Section 6.3**).

All appointed members of the Gender Guidelines Development Committee are legally required to disclose details of interests related to the scope of the guidelines and NHMRC activities (including members with lived experience). Declarations are on an ongoing basis and consider both perceived and actual interests.

## 6.3 Gender Guidelines Reference Panel

The Gender Guidelines Reference Panel was created to provide further diversity of perspectives on topics and priorities relevant to the guideline end users. Panel membership will not be disclosed publicly however, it includes people who have accessed paediatric gender services, parents, caregivers, and clinicians who provide care for trans and gender diverse young people.

Participants of the Gender Guidelines Reference Panel were recruited by NHMRC through consultation with relevant health services, support and interest groups and other relevant interest holders including clinicians, researchers and people with lived experience. Participants were required to complete the NHMRC Confidentiality Undertaking Form prior to participating in Gender Guidelines Reference Panel activities.

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The Gender Guidelines Reference Panel is not a committee and does not have decision-making authority. They are consulted for their feedback as required throughout the project to help ensure the guidelines are relevant and meaningful to end users.

## 6.4 Evidence Review Team

NHMRC sought evidence reviewers with expertise in evidence synthesis and GRADE methodology to provide methodological support, develop research protocols, and undertake evidence reviews for the Gender Guidelines.

A procurement process following Commonwealth Procurement Rules was carried out to engage a supplier accordingly. This involved:

- development of a procurement plan;
- open tender through an existing supplier panel to request quotes from selected suppliers that met criteria; and
- assessment of proposals from potential suppliers by an evaluation panel against the approved procurement plan.

The Evidence Review Team for the Gender Guidelines is comprised of experts in evidence synthesis and methodology.

Activities carried out by the Evidence Review Team are aligned with applicable standards including:

- PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses – extension for Scoping Reviews)
- GRADE (Grading of Recommendations, Assessment, Development and Evaluation)
- NHMRC Standards for Guidelines
- Cochrane Handbook
- Cochrane Handbook for Systematic Reviews
- PRISMA-P (Preferred Reporting Items for Systematic Reviews and Meta-Analyses Protocols – Extension for Protocols)
- Standards 1-42 of the MECIR (Methodological Expectations of Cochrane Interventions Reviews) manual.

Alongside providing ongoing methodological support, the Evidence Review Team has completed the following deliverables at this stage:

- GRADE training for the Gender Guidelines Development Committee
- Research Protocol for the evidence on puberty suppression
- Evidence Review on puberty suppression.

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## 6.5 Methodological Review Team

As part of NHMRC's quality assurance process, methodological reviews were conducted on the draft Research Protocol and draft Evidence Evaluation Report by independent methodological reviewers (i.e. by a different contractor group to the evidence reviewers).

Methodological reviewers were contracted by NHMRC via a procurement process consistent with Commonwealth Procurement Rules. This involved:

- development of a procurement plan
- open tender through an existing supplier panel to request quotes from selected suppliers that met criteria
- assessment of proposals from potential suppliers by an evaluation panel against the approved procurement plan.

The Methodological Review Team for the Gender Guidelines is comprised of experts in research and guideline development methodology.

Methodological reviews are completed using methodologies relevant to systematic reviews, including:

- PRISMA-P (Preferred Reporting Items for Systematic Reviews and Meta-Analyses Protocols – Extension for Protocols)
- GRADE
- MECIR (Methodological Expectations of Cochrane Intervention Reviews)
- NHMRC Standards for Guidelines
- Cochrane Handbook.

The Methodological Review Team has completed methodological reviews for the following deliverables at this stage:

- Research Protocol for the evidence review on puberty suppression
- Evidence Evaluation Report on puberty suppression.

## 6.6 NHMRC Project Team

The NHMRC Project Team coordinates committee activities and project manage the development of the Advice on Puberty Suppressants and the full guidelines. All members of the project team completed declarations of private interests and no interests requiring management were identified. The project team reports to the NHMRC Chief Executive Officer.

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# 7. Guidelines Activities

## 7.1 Gender Guidelines Governance Committee activities

The Gender Guidelines Governance Committee met 3 times between July 2025 and February 2026.

A summary of meeting dates, key outcomes, and out-of-session activities is provided below.

**Meeting #1 – 24 July 2025**

- Advised on potential safety measures for members of the Gender Guidelines Development Committee and Gender Guidelines Reference Panel.
- Advised on the management of disclosures of interest of prospective members of the Gender Guidelines Development Committee.

**Meeting #2 – 21 August 2025**

- Provided further advice on safety of Gender Guidelines Development Committee members, Gender Guidelines Reference Panel members, and NHMRC staff, as well as respectful engagement in Gender Guidelines Development Committee meetings.
- Advised on recruitment of individuals with lived experience; balance of expertise on the Gender Guidelines Development Committee and Gender Guidelines Reference Panel; and reviewed the risk register.

**Out-of-Session Advice – September 2025 – December 2025**

- Reviewed additional disclosures of interest from candidates for the Gender Guidelines Development Committee and advised that the disclosures do not require action.
- Reviewed the disclosures of interest from the evidence review team at Cochrane Australia and advised that the disclosures do not require action.
- Advised on wording for disclaimers to be attached to media statements by Gender Guidelines Development Committee members.

**Meeting #3 – 13 February 2026**

- Advised that the current balance of expertise on the Gender Guidelines Development Committee is satisfactory and further candidates nominated by interest holders are not required.
- Advised on responses to correspondence received by NHMRC from interest holders.
- Advised on additional governance queries.

**Out-of-Session Advice – March 2026**

- Reviewed and advised on a response to correspondence received by NHMRC as well as on media engagement by Committee members.

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## 7.2 Gender Guidelines Development Committee activities

The Gender Guidelines Development Committee met 10 times between October 2025 and October 2026. A summary of meeting dates and key outcomes is provided below.

**Meeting #1 – 31 October 2025**

- Introduction to project.
- Initial discussions on priority outcomes for the puberty suppression evidence review and priority topics for remaining evidence reviews.

**Out-of-Session Activities – November 2025**

- Completed survey on potential outcomes for the puberty suppression evidence review via NHMRC Consultation Hub.

**Meeting #2 – 5 December 2025**

- GRADE training of Gender Guidelines Development Committee members.
- Discussed priority outcomes for the puberty suppression evidence review.
- Determined gender-affirming hormones and psychosocial care as the other evidence review topics.

**Out-of-Session Activities – January-February 2026**

- Provided feedback on the draft research protocol, outcomes table and logic model.
- Submitted votes on puberty suppression evidence review outcomes.
- Submitted votes on outcomes for the gender-affirming hormone therapy evidence review.

**Meeting #3A – 6 February 2026**

- Discussed and provided feedback on the draft research protocol on puberty suppression.
- Reviewed a proposed outline of the Gender Guidelines and discussed sections to include in the Advice on Puberty Suppressants.

**Meeting #3B – 27 February 2026**

- Discussed priority outcomes for the gender affirming hormones systematic review.
- Discussed supporting information for the Advice on the Puberty Suppression.

**Meeting #4 – 27 March 2026**

- Discussed results of the systematic evidence review on puberty suppression.

**Meeting #5 – 1 May 2026**

- Discussed results of the systematic evidence review on puberty suppression.

**Out-of-Session Activities – July 2026**

- Reviewed draft results report on the puberty suppression evidence review.
- Completed pre-polling on the Evidence-to-Decision framework for the evidence review on puberty suppression in GRADEPro.

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**Meeting #6A – 10 July 2026**

- Began the GRADE Evidence-to-Decision process to develop the Advice on Puberty Suppressants.

**Meeting #6B – 24 July 2026**

- Completed the GRADE Evidence-to-Decision process to develop the Advice on Puberty Suppressants.

**Out-of-Session Activities – Early August 2026**

- Provided feedback on the post-meeting #6B Evidence-to-Decision tables for the Advice on Puberty Suppressants.

**Meeting #7 – 21 August 2026**

- Provided feedback on the initial draft of the Advice on Puberty Suppressants.

**Out-of-Session Activities – Late August 2026**

- Provided feedback on a draft outline of the Advice on Puberty Suppressants.

**Meeting #8 – 11 September 2026**

- Reviewed and provided feedback on the pre-public consultation version of the Advice on Puberty Suppressants prior to NHMRC Council consideration.

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## 7.3 Gender Guidelines Reference Panel activities

The Gender Guidelines Reference Panel does not hold meetings. Instead, participants provide broader perspectives at different stages of guideline development through surveys and online forms. Their feedback is provided to the Gender Guidelines Development Committee for consideration.

The Gender Guidelines Reference Panel has participated in the activities listed below.

### Reference Panel Activity – November 2025

- Provided feedback on potential outcomes for the puberty suppression evidence review via a survey in NHMRC Consultation Hub.

### Reference Panel Activity – January-February 2026

- Completed a survey on potential outcomes for the gender-affirming hormone therapy evidence review via the NHMRC Consultation Hub.
- Provided feedback on the draft research protocol via a survey in the NHMRC Consultation Hub.

### Reference Panel Activity – June 2026

- Provided feedback on specific GRADE Evidence-to-Decision criteria for puberty suppression via a survey in the NHMRC Consultation Hub.

## 7.4 Decision making and reaching consensus

The Gender Guidelines Development Committee plays a critical role by providing expert advice and making formal decisions via consensus at key stages of the process. An overview of decision-making processes is outlined in Appendix F.

### Consensus

The Gender Guidelines Development Committee can make formal decisions via consensus at key stages of the guideline development process. Where consensus is required, the Chair aims to achieve consensus among members (at least 75% agreement). If consensus cannot be reached, a majority vote (50% + 1) may apply. For guideline recommendations, the following decision rules apply:

- Conditional recommendations: simple majority (50% + 1)
- Strong recommendations: minimum 75% consensus

### Quorum

Quorum is the minimum number of members required for the Gender Guidelines Development Committee to conduct official business. For Gender Guidelines Development Committee meetings, quorum is calculated as 50% +1 meaning 10 members must be present to meet quorum (18 members/2 = 9+1 = 10). If quorum is not met, discussion may proceed but formal decisions are deferred or made out-of-session.

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## 7.5 Working Groups

Working Groups of the Gender Guidelines Development Committee were convened to determine topics suitable for Good Practice Statements using the GRADE approach, including human rights and ethics principles, and essential practices or protocols. Participation was voluntary.

The Working Groups each met twice between April 2026 and May 2026. They also completed out-of-session activities.

Working Groups achieved the following outcomes in 2026:

- decided whether topics under Clinical Considerations/Principles of Care met the threshold for developing Good Practice Statements
- discussed key content to include in Good Practice Statements for each topic.

All working group outputs require ratification by the full Gender Guidelines Development Committee.

# 8. Conflicts of interest management

NHMRC appoints members to section 39 committees for their expertise and experience across a diverse range of professions and fields. In making appointments, NHMRC considers the balance of the members' expertise against the risk that their interests could bias the process. Depending on the issue under review, NHMRC considers whether members have actual, perceived, or potential conflicts between their NHMRC responsibilities and their personal interests or other professional responsibilities.

## 8.1 Disclosures of interest

Appointees to committees of NHMRC are required to disclose their interests consistent with section 42A of the NHMRC Act, and sections 16A and 16B of the Public Governance, Performance and Accountability Rule 2014 (made under subsection 29(2) of the *Public Governance, Performance and Accountability Act 2013*). These specify that:

- members must disclose their interests to the whole committee, not just the Chair;
- members are provided with a list of disclosed interests prior to each meeting and are asked to consider if any interest could affect their capacity to bring an independent mind to bear on matters being considered by the Gender Guidelines Development Committee; and
- members have a joint responsibility to decide on the management of any perceived or real conflict of interest (e.g., whether a member must leave the room for the discussion of relevant items, and when that member can re-enter the room/discussion).

Individual members have a responsibility to ensure that the minutes of the meeting capture the management of their conflict/disclosure. Disclosures of interest for named appointed members are summarised by the NHMRC Project Team and published to the NHMRC Gender Guidelines Development Committee webpage.

The Gender Guidelines Governance Committee supports the management of existing and new disclosures of interest that arise during the term of the Gender Guidelines Development

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Committee. The Gender Guidelines Governance Committee assessed the interests declared by Gender Guidelines Development Committee members prior to appointment.

When an interest is raised during a Gender Guidelines Development Committee meeting, members will follow the process in **Section 8.2** to determine the level of risk and, if needed, an appropriate management strategy.

## 8.2 Ongoing management of interests

The Gender Guidelines Governance Committee has conducted a risk assessment for each disclosed interest, applying a standardised risk matrix (Appendix G). An initial risk rating has been applied to members' interests, whereby the strategy to manage the interest is to be determined by the level of risk awarded.

Declarations of interest from all potential members of the Gender Guidelines Development Committee were assessed by NHMRC and the Gender Guidelines Governance Committee using an established risk rating matrix, prior to the member's appointment.

Actual and perceived conflicts of interest are declared and managed in accordance with the NHMRC Policy on the Disclosure of Interests requirements for appointed NHMRC Committee members (2019).

A range of conflicts of interest management strategies are in place for meetings and discussions regarding the evidence, including review and consideration of declarations of interest at each meeting. Management strategies are determined where required, in line with best practice guideline development.

The importance of declaring and managing conflicts of interest is emphasised as a standing agenda item of every section 39 committee meeting including the Gender Guidelines Governance and Gender Guidelines Development Committee meetings. Information is also provided as part of every package of meeting papers, within the Induction Pack, and in the NHMRC Members Handbook.

# 9. Interest holder engagement

NHMRC has engaged extensively with a wide range of interest holders since commencement of the Gender Guidelines project. There have been engagement activities at several stages of the guideline development process, to capture feedback and views from interest holders including people with lived experience. Input has supported the following areas to date:

- Contextualisation of the topic area
- Outcomes for the puberty suppression review
- Development of the draft research protocol for puberty suppression
- Evidence-to-Decision criteria.

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## 9.1 Scoping and targeted interest holder engagement

NHMRC conducted initial consultations with relevant interest holders from June 2025 to December 2025. The consultations aimed to scope the care for trans and gender diverse people aged under 18 and develop an understanding of:

- the context in which the guidelines are being developed;
- current pathways and models of care in Australia;
- perspectives of researchers and clinicians with experience working in gender services and with trans and gender diverse people; and
- perspectives of people who have accessed gender services or have cared for someone who has accessed gender services.

Consultations were carried out as online meetings on Microsoft Teams.

Interest holders engaged during this phase of the Gender Guidelines project represented a diverse range of expertise and views, and included:

- medical colleges and professional societies of fields relevant to the topic;
- health providers, including gender services around Australia, who see the target population;
- research institutions and organisations, state-based, national, and international;
- support groups relevant to the topic;
- interest groups relevant to the topic; and
- lived experience interest-holders (aged over 18, but accessed gender services while aged under 18) and parents/carers.

## 9.2 Lived Experience Involvement

Involvement of people with lived experience is implemented throughout the guideline development process to help ensure that the guidelines are relevant and meaningful to end users.

People with lived experience have the opportunity to provide direct input through participation on the Gender Guidelines Development Committee and through the Gender Guidelines Reference Panel. This includes people who have accessed paediatric gender services in Australia and people who care for them, such as parents or carers. People with a wide range of different experiences have been recruited to ensure a diversity of views are captured.

Clinicians working in paediatric gender services and clinicians in other fields who care for young trans and gender diverse people have also contributed to the process. Through the Gender Guidelines Development Committee, the Gender Guidelines Reference Panel, and initial consultations, clinicians have provided practical perspectives on clinical pathways and how services manage this area of care.

To capture feedback from people with lived experience beyond those who are directly involved in the process, public consultation will be open during various stages of the guideline development process. **Section 10** provides more detail on public consultation.

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# 10. Public Consultation

The Advice on Puberty Suppressants will be released for feedback through public consultation. This will ensure that the guidelines are informed by the views of the target audience and wider community, and that the evidence review processes remain transparent and accountable.

Public consultation on the Advice on Puberty Suppressants will be conducted over November 2026 and January 2027.

The Advice on Puberty Suppressants will be available on the NHMRC website and MAGICapp. MAGICapp is a web-based digital publishing platform that allows guideline developers to publish guidelines and corresponding evidence into a structure tailored for the GRADE approach. NHMRC has used MAGICapp to publish other national guidelines. It is also widely used by other local and international organisations that develop guidelines.

Feedback for public consultation is collected through the NHMRC Consultation Hub. The scope of the public consultation outlines a request for feedback on the Advice on Puberty Suppressants, including the proposed recommendation and good practice statements, the interpretation of the evidence in the Advice on Puberty Suppressants, implementation considerations, and any other matters directly relevant to the Advice on Puberty Suppressants.

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# 11. Dissemination

Dissemination of the full guidelines will involve strategic distribution to the target audience. This aims to ensure that the guideline is accessible to end users who will use, or be impacted by, the guidelines; for example, healthcare professionals, trans and gender diverse people aged under 18, and their families. The guideline will be available for any member of the public to access.

The Advice on Puberty Suppressants will be integrated to the full guideline which is expected to be published in 2028.

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# 12. Appendices

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# Appendix A – Gender Guidelines Governance Committee Terms of Reference

The Terms of Reference for the Gender Guidelines Governance Committee are as follows:

The Gender Guidelines Governance Committee is established as a working committee under Section 39 of the *National Health and Medical Research Council Act 1992.*

The Gender Guidelines Governance Committee (GGGC) will advise on and develop management strategies for conflicts of interest that may arise during the development of national clinical practice guidelines for the care of trans and gender-diverse people with gender dysphoria under 18

The GGGC will:

1. Review the declared interests of individuals shortlisted by NHMRC to determine any potential, perceived or actual conflict of interest related to the work of the Gender Guidelines Development Committee, aligning with the 2019 Policy on the Disclosure of Interests Requirements for Prospective and Appointed NHMRC Committee Members.
2. Advise on management strategies for conflicts of interest on a case-by-case basis.
3. Advise on strategies to ensure a balance of views is represented in the guideline development process.
4. Advise on strategies to manage potential bias related to conflicts of interest in the evidence review.
5. Attend Gender Guidelines Development Committee meetings if necessary, to provide support and advice in relation to managing conflicts of interest and bias in the evidence.

The GGGC will work in collaboration with the Guideline Development Committee, and any experts contracted by NHMRC to support the review process.

The GGGC will be effective for the period 30 June 2025 to 30 June 2028 and will report to the Chief Executive Officer of NHMRC through the Gender Guidelines project team.

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## Appendix B – Membership of the Gender Guidelines Governance Committee (2025-2028)

| Name | Role | Affiliation | Expertise |
|---|---|---|---|
| A/Prof Bernadette Richards | Chair | University of Queensland | Bioethics, Health Law |
| Prof Virginia Barbour | Member | Medical Journal of Australia, Queensland University of Technology | Ethics |
| Dr Hilda Bastian | Member | Drug and Therapeutics Bulletin | Epidemiology, Systematic Reviews |
| Prof Ian Olver AM | Member | Adelaide University | Health Ethics |

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# Appendix C – Gender Guidelines Development Committee Terms of Reference

The Terms of Reference for the Gender Guidelines Development Committee are as follows:

The Gender Guidelines Development Committee is established as a working committee under Section 39 of the *National Health and Medical Research Council Act 1992.*

The Gender Guidelines Development Committee (GGDC) will provide expert input into the development of clinical practice guidelines for the care of trans and gender diverse people with gender dysphoria under 18

The GGDC will:

1. Provide advice on the scope of the guidelines and key issues for consideration.
2. Advise on the evidence evaluation process by:
    - prioritising topics and questions for a systematic review
    - identifying relevant guidelines and resources to be considered in the Australian context
    - evaluating the evidence identified through a systematic search and selection process
    - applying the GRADE methodology to develop recommendations.
3. Consider the comments received from stakeholders through the Gender Guidelines Stakeholder Reference Panel. *[Now known as the Gender Guidelines Reference Panel]*
4. Develop the draft guidelines for public consultation, to be provided to NHMRC Council for consideration and NHMRC CEO for release.
5. Consider feedback from public and targeted consultation activities and advise on changes for the full guidelines.
6. Develop a final draft of the guidelines in accordance with NHMRC Standards, to be provided to NHMRC Council for consideration and for the NHMRC CEO to issue under section 7(1)a of the National Health and Medical Research Council Act 1992.

The Gender Guidelines Development Committee will be effective for the period 12 September 2025 to 4 September 2028 and will report to the Chief Executive Officer of NHMRC and Council of NHMRC, through the Gender Guidelines project team.

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# Appendix D – Membership of the Gender Guidelines Development Committee (2025-2028)

| Name | Role | Affiliation | Expertise |
|---|---|---|---|
| **Prof Robyn Norton** | Chair | The George Institute for Global Health, University of New South Wales | Women's health, Global health |
| **Prof Catherine Choong** | Paediatric Endocrinologist | Perth Children's Hospital, University of Western Australia | Paediatric endocrinology |
| **Dr Michael Daubney** | Psychiatrist | Royal Australian and New Zealand College of Psychiatrists | Child and adolescent psychiatry |
| **Prof Simon Denny** | Adolescent Physician | Mater Research | Young adult and adolescent health |
| **Prof Jane Fisher** | Psychologist | Monash University | Adolescent psychology, Mental health, Epidemiology |
| **Dr Peter Jenkins** | Psychiatrist | Eastern Health | Child and adolescent psychiatry |
| **Dr Timothy Jones** | General Practitioner | Royal Australian College of General Practitioners | General Practice, Paediatrics |
| **A/Prof Kenneth Pang** | Researcher (Transgender health) | Murdoch Children's Research Institute | Transgender health |
| **Prof Wendy Rogers** | Bioethicist | Macquarie University | Bioethics |
| **Prof Matthew Spittal** | Research methodologist | University of Melbourne | Biostatistics |
| **A/Prof Kate Stern** | Fertility specialist, Gynaecologist | Melbourne IVF, Royal Women's Hospital | Fertility preservation |
| **Prof Michelle Taylor-Sands** | Researcher (Law) | University of Melbourne | Health law and ethics |
| **Dr Anne Tonkin** | General Practitioner | Central Adelaide Local Health Network | Clinical pharmacology |
| **Prof James Ward** | Indigenous health | Poche Centre for Indigenous Health, University of Queensland | Indigenous health |

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# Appendix E – Gender Guidelines Development Committee Statement of Requirement

*Statement of Requirement for Members*

NHMRC is seeking members with the following relevant experience, knowledge and skills:

- Experience of the relevant condition or knowledge of the issues (either as a patient, carer, or member of the relevant community or population)
- The capacity to represent different subgroups in the patient or community population
- Experience in the clinical management of patients in paediatric populations at a primary care level or as a specialist
- Published research in the field
- Experience with the development of clinical practice guidelines and the use of the GRADE approach for complex evidence
- Absence of any financial interests which could reasonably be perceived to be an influence either for or against the issues being considered.

Key attributes

- Good communication and team-working skills, including respect for other people's views and the ability to listen and take part in constructive debate
- Experience critically analysing scientific evidence, including experience evaluating the certainty of evidence and considering relevant contextual factors when developing recommendations
- The capacity to bring an independent mind to bear on the evidence and topic
- The ability to maintain confidentiality
- The ability to be reliable, responsible, and willing to commit time to prepare for and attend scheduled meetings, and to prepare comments and feedback on materials outside of meetings.

*Statement of Requirement for the Chair*

- Demonstrated experience chairing committees, with an ability to create a safe and inclusive environment for sharing views and to navigate challenging discussions
- Experience as an academic, researcher, practitioner, or professional in their field
- Experience with the development of clinical practice guidelines and if possible, the GRADE approach to guidelines
- Knowledge of the topic area and the health service setting that the guidelines will be implemented in
- Excellent written and verbal communication skills
- Experience critically analysing scientific evidence, including experience evaluating certainty of evidence
- The ability to maintain confidentiality and discretion when managing sensitive issues
- Absence of any relevant financial interests which could reasonably be perceived to be an influence either for or against the issues being considered.

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# Appendix F – Decision making processes for the Gender Guidelines Development Committee

| Component of guidelines | Task | Decision making (advise, consensus agreement) |
|---|---|---|
| Evidence reviews | Selection of priority outcomes for each of the evidence reviews | Advise |
| | Selection of evidence review topics (excluding puberty suppression that was pre-determined) | Advise |
| | Review draft research protocols for evidence reviews | Advise |
| | Review methodological reviews of evidence reviews | Advise |
| Scoping | Scoping and prioritisation of remaining topics for the guidelines | Advise |
| Evidence-to-decision | Evidence-to-decision processes for each of the evidence reviews | Consensus agreement |
| Recommendations and good practice statements | Draft recommendations and good practice statements | Consensus agreement |
| Guidelines | Review guidelines prior to public consultation (pre-public consultation and post-public consultation) | Advise |
| Public consultation | Review public consultation submissions and advise on whether changes need to be made | Advise |
| Draft guidelines | Draft guidelines for submission to NHMRC Council | Consensus agreement |
| Dissemination and implementation | Provide advice on dissemination and implementation of guidelines | Advise |

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# Appendix G – Gender Guidelines Project Risk Matrix for declared interests (within 5 years of committee establishment)

| Risk | Considerations | Management | Example |
|---|---|---|---|
| MED-HIGH | • Relevant, personal or financial – large amount, long duration or significant control (includes family member)<br>• Reputational risk | • Restrictions on participation in committee (level of restriction to be agreed by NHMRC Executive, GGGC or GGDC). For example, must leave the meeting room (or videoconference) for the entirety of that discussion and decision making<br>• Exclusion from working groups (where relevant)<br>• Eliminate interest /do not appoint | • Company or organisational employee<br>• Long term consultant<br>• Board member relevant to topic<br>• Substantial income including shares and/or self-managed super funds, patents or royalties<br>• Examples of relevant types of companies or organisations: pharmaceutical, biomedical industry, insurance, advocacy |
| MEDIUM | • Relevant, personal or financial – small amount, short duration or minimal control (includes family member) | • Restrictions on participation in committee (level of restriction to be agreed by NHMRC Executive, GGGC or GGDC). For example, can be involved in discussions but not decision making or working groups, exclusion from some discussions<br>• Restrictions on participation in relevant working groups (level of restriction to be agreed by NHMRC Executive or committee)<br>• Eliminate interest | • Consulting, honoraria, travel<br>• Grants from company<br>• Small to medium amount of shares and/or self-managed super fund, patents or royalties<br>• Signatories on or authorship of open letters related to the topic. This could also be considered med-high risk (if lead or solo author).<br>• Authorship on guidelines relevant to the topic.<br>• Examples of relevant types of companies or organisations: pharmaceutical, biomedical, insurance, advocacy.<br>• Also includes payments from Professional, consumer or advocacy bodies |

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| Risk | Considerations | Management | Example |
|---|---|---|---|
| LOW-MED | • No personal or financial relationships, no control<br>• Non-financial professional/academic relationships | • Full participation or some restriction (level of restriction to be agreed by NHMRC Executive, GGGC or GGDC). For example, can be involved in discussions and working groups but not decision making, exclusion from some discussions | • Membership of professional, consumer or advocacy bodies related to the topic |
| LOW | • No personal or financial relationships, no control<br>• Non-financial professional/academic relationships | • Full participation or some restriction (level of restriction to be agreed by NHMRC Executive, GGGC or GGDC). For example, may remain in the meeting, participate in the discussions but not participate in decision making | • Published opinion pieces related to the topic<br>• Testified before government committees<br>• Lived experience contributions (e.g. input into educational materials, advisory panels, speaking, research)<br>• Member of related specialist college committees/working groups |
| NONE | • No personal or financial relationships, no control<br>• Non-financial professional/academic relationships | • Full participation | • Academic publications do not constitute conflicts of interest - they reflect examples of expertise.<br>• Academic or educational institutions or publishers<br>• Member of professional, consumer or advocacy bodies unrelated to the topic<br>• Grant from an independent agency such as government<br>• Lived experience volunteer work |

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