

6 August 2026

Dr Rosalie Woodruff MP
Leader of the Tasmanian Greens
Parliament House
Hobart TAS 7000

By email: [REDACTED]

Dear Dr Woodruff,

AMA Tasmania Submission: Conversion Practices Prohibition Bill 2026 —Consultation Draft

The Australian Medical Association Tasmania welcomes the opportunity to comment on the Conversion Practices Prohibition Bill 2026.

AMA Tasmania supports the prohibition of coercive and harmful practices directed towards changing, suppressing or eradicating a person's sexual orientation or gender identity. Such practices are not legitimate medical treatments and have no place in contemporary healthcare.

People should be able to access healthcare in which they are treated with dignity, respected as individuals and protected from discrimination and harm. At the same time, patients must remain able to speak openly with their doctors about sexuality, gender, identity, distress, uncertainty, treatment options and changing personal circumstances.

Doctors must similarly remain able to undertake comprehensive, evidence-based and outcome-neutral assessment and care. This necessarily includes asking sensitive questions, considering differential diagnoses, exploring uncertainty, discussing the risks and limitations of treatment, recommending further assessment or observation and, where clinically appropriate, declining or delaying a requested intervention.

A law intended to prohibit conversion practices must not inadvertently deter doctors from providing care to people with complex questions concerning sexuality or gender. Nor should it create an expectation that clinically appropriate care requires a doctor to endorse a particular interpretation, diagnosis or treatment outcome.

Executive summary

AMA Tasmania:

1. supports the objective of prohibiting harmful conversion practices;
2. supports the Bill's prevention, education and early intervention framework and recommends that the Anti-Discrimination Commissioner be adequately resourced to implement it;
3. recommends that asexual, aromantic and agender people be expressly protected from conversion practices;
4. welcomes the protection for legitimate medical practice contained in clause 5(3)(a);
5. considers that legitimate clinical conversations would generally fall outside the definition of conversion practice because they are not undertaken for the prohibited purpose of changing, suppressing or eradicating sexual orientation or gender identity;

6. nevertheless remains concerned that the civil reporting, investigation and guideline-making provisions could produce a chilling effect, particularly in general practice, psychiatry, paediatrics and adolescent medicine;
7. recommends that the Bill expressly protect assessment, differential diagnosis, identity exploration, discussion of uncertainty, watchful waiting, referral, and decisions not to provide clinically inappropriate treatment;
8. recommends stronger procedural fairness, confidentiality and review protections for practitioners who are reported or investigated;
9. recommends mandatory consultation with relevant medical and health bodies before practice guidelines affecting clinical care are issued; and
10. recommends mechanisms to avoid duplicative proceedings involving the Anti-Discrimination Commissioner, AHPRA, the Medical Board of Australia and the Health Complaints Commissioner.

Subject to these amendments, AMA Tasmania considers the Bill capable of prohibiting harmful conversion practices while preserving appropriate professional practice and open communication between doctors and patients.

AMA Tasmania's position on the 2024 draft bill

AMA Tasmania previously raised significant concerns about the former Government's *Justice Miscellaneous (Conversion Practices) Bill 2024*. In our view, that Bill did not adequately implement the recommendations of the Tasmanian Law Reform Institute and risked legitimising, rather than effectively preventing, harmful conversion practices.

Our members' feedback was unequivocal. Conversion practices are not recognised therapeutic treatments, there is no credible evidence that they provide benefit, and there is strong evidence that they can cause significant harm. These harms include stigma, trauma, poorer mental health outcomes, reluctance to seek healthcare and an increased risk of suicidality. AMA Tasmania therefore opposed the 2024 Bill in its then form and called for legislation that more clearly prohibited harmful practices while preserving lawful, ethical and evidence-based clinical care.

AMA Tasmania welcomes the substantially different approach adopted in the *Conversion Practices Prohibition Bill 2026*. The new Bill appears to bring together important elements of the Tasmanian Law Reform Institute's recommendations, the Victorian model's emphasis on prevention and education, and the New South Wales approach to exemptions. In particular, AMA Tasmania supports the Bill's focus on preventing harm before it occurs, while reserving criminal sanctions for the most serious conduct.

AMA Tasmania also supports the Bill's proportionate approach of reserving criminal sanctions for the most serious conduct, including practices directed at children, practices causing injury, taking a person from Tasmania for the purpose of conversion practices, and advertising conversion practices. Lower-level conduct may be more appropriately addressed through education, early intervention and civil enforcement.

AMA Tasmania therefore supports the Bill in principle, however, several amendments are needed to strengthen protections for vulnerable people and to provide greater certainty for registered health practitioners delivering lawful, ethical and evidence-based care.

Prevention, education and early intervention

AMA Tasmania strongly supports the Bill's emphasis on prevention, education and early intervention. Conversion practices may occur in informal family, religious, counselling and community settings where people affected may be reluctant to engage with police or criminal

proceedings. A purely criminal law response would therefore be insufficient.

The Anti-Discrimination Commissioner's education, guidance, reporting and civil response functions are central to preventing harm before it occurs and changing behaviour across the community. However, the effectiveness of this framework will depend on adequate resourcing.

AMA Tasmania recommends that the Commissioner be provided with sufficient funding, specialist staff, clinical advice and community engagement capacity to undertake these functions effectively.

Definition of conversion practice

Clause 5 defines a conversion practice as practice or conduct directed towards a person:

- on the basis of their sexual orientation or gender identity; and
- for the purpose of changing, suppressing or eradicating that sexual orientation or gender identity, or inducing the person to do so.

This purpose element is important. It means that a conversation, assessment or treatment decision should not constitute a conversion practice merely because it involves sexuality or gender, causes disagreement or distress, or does not result in the outcome sought by the patient.

The Bill also provides that consent does not prevent conduct from being a conversion practice. AMA Tasmania supports that approach. A harmful and professionally illegitimate practice should not become acceptable merely because a vulnerable person has purported to consent to it.

AMA Tasmania recommends retaining the purpose-based definition. It provides an important safeguard against ordinary clinical care being captured unintentionally.

Protection for legitimate medical practice

Clause 5(3)(a) excludes a health service provided by a registered medical practitioner where:

- the practitioner has assessed the service as clinically appropriate in their reasonable professional judgment; and
- the service complies with all relevant legal, professional and ethical requirements.

Clause 5(3)(b) also excludes conduct that genuinely facilitates a person's coping skills, development or identity exploration to meet their needs, including by providing acceptance, support or understanding.

AMA Tasmania welcomes these provisions. Together with the purpose element in clause 5(1), they provide significant protection for legitimate clinical practice.

In particular, they should allow doctors to:

- conduct a comprehensive medical, developmental and psychosocial assessment;
- ask how a patient understands their sexuality or gender;
- explore whether feelings are persistent, fluctuating or uncertain;
- assess mental health, neurodevelopmental conditions, trauma, family circumstances, bullying, body image, sexuality and other clinically relevant matters;
- consider alternative or coexisting diagnoses;
- discuss the potential benefits, risks, limitations and uncertainties associated with treatment and non-treatment;
- recommend further assessment or referral;
- recommend a period of observation where clinically appropriate;
- support a patient who is uncertain, ambivalent or whose understanding of themselves changes over time;
- discuss detransition or a wish to discontinue or modify treatment;

- decline to provide treatment that is not clinically indicated or is outside the practitioner's competence; and
- communicate appropriately with parents, guardians and other practitioners in accordance with existing laws governing consent, capacity and confidentiality.

These activities are not conversion practices unless undertaken for the prohibited purpose of changing, suppressing or eradicating a person's sexual orientation or gender identity.

Need for greater certainty

Despite the protection in clause 5(3), AMA Tasmania recommends that the Bill provide greater express certainty about legitimate clinical conduct.

Doctors should not have to rely solely on establishing, after a report has been made, that a service was clinically appropriate and met every relevant legal, professional and ethical requirement.

The phrase "complies with all relevant legal, professional and ethical requirements" may also be interpreted too rigidly. A minor or unrelated failure, for example, an administrative, documentation or communication issue, should not have the effect of removing the exclusion and transforming otherwise legitimate healthcare into an alleged conversion practice.

AMA Tasmania recommends replacing clause 5(3)(a) with wording substantially in the following form:

A conversion practice does not include the provision of a health service by a registered health practitioner where the practitioner, acting honestly and in accordance with reasonable professional judgment, considers the service clinically appropriate, and the service is substantially consistent with generally accepted legal, professional and ethical standards applicable at the time.

The term "substantially consistent" would ensure that the exclusion is not lost because of a peripheral or technical issue unrelated to the alleged conversion practice.

Express protection for clinical conversations

AMA Tasmania recommends that clause 5 include an express provision confirming that the following conduct does not, without more, constitute a conversion practice:

- (a) undertaking assessment, differential diagnosis, clinical formulation or treatment planning;
- (b) asking questions or discussing uncertainty, ambivalence or changes in a person's views or experience over time;
- (c) providing balanced information about treatment and non-treatment options, including their potential benefits, risks, limitations and uncertainties;
- (d) recommending further assessment, referral, observation or a period of watchful waiting;
- (e) declining, delaying, modifying or discontinuing treatment where the practitioner considers this clinically appropriate;
- (f) helping a person explore their identity without directing or predetermining the outcome of that exploration;
- (g) discussing detransition, desistance or a person's wish to reverse, discontinue or modify a social or medical transition; and
- (h) communicating with a parent, guardian or other healthcare practitioner where that communication is otherwise lawful and clinically appropriate.

The Bill should also state:

For the avoidance of doubt, a health service is not a conversion practice merely because it does not affirm a particular identity, does not result in the treatment sought by a person, or involves discussion of an alternative diagnosis, explanation or treatment option.

These provisions would not protect conversion practices. The conduct would remain unlawful if it were undertaken for the prohibited purpose. Rather, the amendments would make clear that evidence-based,

outcome-neutral healthcare is not itself prohibited.

Care involving children and adolescents

AMA Tasmania recognises the particular importance of protecting children from harmful conversion practices. Clause 10 makes it an indictable offence intentionally to engage in a conversion practice directed towards a child, without requiring proof that the practice caused injury.

Given the seriousness of this offence, the distinction between a conversion practice and legitimate clinical care must be especially clear.

Assessment of children and adolescents can require consideration of:

- physical and psychosocial development;
- evolving maturity and decision-making capacity;
- family and social circumstances;
- mental health;
- neurodevelopmental conditions;
- trauma;
- bullying and social exclusion;
- body image;
- sexuality;
- the persistence or evolution of feelings over time;
- the views of parents or guardians; and
- the benefits, risks and uncertainties of intervention and non-intervention.

A doctor must remain free to investigate these matters without fear that asking questions or reaching a different clinical conclusion will itself be characterised as an attempt to suppress a young person's identity.

The Bill should clearly distinguish between:

- coercive conduct directed towards achieving a predetermined change in identity; and
- a careful, open-ended clinical process in which no outcome is predetermined.

The latter must remain protected.

Parental support and religious expression

AMA Tasmania supports the Bill's protection of ordinary parental discussion, pastoral support and religious expression where the conduct is not undertaken for the purpose of changing, suppressing or eradicating a person's sexual orientation or gender identity.

Parents, families and faith communities should remain able to provide support, discuss beliefs and values, and respond to questions raised by children and young people. However, these protections must not be framed or applied so broadly that they create loopholes for organised, coercive or repeated conversion practices.

The proper focus should remain on the purpose, context and substance of the conduct, rather than the label applied to it.

Definition of registered health practitioner

The Bill defines a "registered health practitioner" as a person registered under the National Law to practise in the medical profession. This definition appears to protect registered medical practitioners but not other registered professions such as psychology, nursing or occupational therapy.

AMA Tasmania's primary concern is the protection of medical practice. However, multidisciplinary care is common in this area, and inconsistent treatment of different registered professions could create uncertainty and fragmentation.

AMA Tasmania would like clarification as to whether the narrow definition is intentional or not. If it is not, the definition should extend to registered health practitioners generally, with each practitioner's conduct assessed against the professional standards applicable to their profession.

Protecting asexual, aromantic and agender people

AMA Tasmania recommends that the Bill expressly protect asexual, aromantic and agender people from practices directed towards changing, suppressing or eradicating those attributes.

Practices directed at making a person experience sexual attraction, romantic attraction or a gender identity that conforms to social expectations are based on the same harmful premise that a person's identity is deficient or requires correction.

The Bill relies on definitions of sexual orientation and gender identity contained in the *Anti-Discrimination Act 1998*. The Government should review those definitions to ensure that asexuality, aromanticism and agender identity are clearly and consistently protected. Where necessary, the Bill or the *Anti-Discrimination Act 1998* should be amended to remove any uncertainty.

Practice guidelines

Clause 22 allows the Anti-Discrimination Commissioner to issue practice guidelines on any matter relating to the Act. The Commissioner is required to consult persons considered appropriate, including people representing those to whom the guidelines will relate. However, there is no specific requirement to consult medical regulators, professional bodies or specialist colleges before issuing guidelines affecting healthcare.

Guidelines may significantly influence how the legislation is understood and administered, even if they are not formally binding. It would be inappropriate for guidance about clinical assessment or treatment to be developed without substantial input from those with current clinical and regulatory expertise.

AMA Tasmania recommends that, before issuing or amending guidelines relating to healthcare, the Commissioner be required to consult:

- the Medical Board of Australia;
- AHPRA;
- the Health Complaints Commissioner;
- AMA Tasmania;
- relevant medical colleges;
- relevant organisations representing other registered health professions;
- practitioners with contemporary expertise in general practice, psychiatry, paediatrics, adolescent medicine and gender-related healthcare; and
- people with lived experience.

AMA Tasmania would welcome representation on any reference body established under clause 21 where that body is advising on health or clinical matters.

Civil reporting scheme

The civil response scheme permits reports to be considered by the Commissioner, information to be requested from the reported person and targeted education, facilitation or referral to be undertaken. Under clause 27, the Commissioner may become satisfied during the report process that a person has

engaged or is engaging in a conversion practice.

The principles governing reports include fairness to all persons concerned. AMA Tasmania welcomes this requirement. However, the Bill should provide more explicit procedural protections before any adverse conclusion or action is taken.

A practitioner should be entitled to:

- clear particulars of the allegation;
- access to the material relied upon, subject to appropriate protections;
- a reasonable opportunity to respond;
- legal or professional representation;
- written reasons for any adverse conclusion;
- notice of any referral to another body, unless prohibited by law;
- an opportunity to correct factual errors; and
- access to appropriate review rights.

These protections should apply before:

- the Commissioner concludes that a conversion practice occurred;
- targeted education is formally imposed or recorded;
- a report is referred to another regulator;
- information identifying the practitioner is disclosed; or
- any public statement is made.

“Targeted education” should not be used in a manner that implies wrongdoing before procedural fairness has been provided.

Early dismissal of reports concerning protected healthcare

Clause 30 allows the Commissioner to decline to respond to certain reports. AMA Tasmania recommends an additional mandatory threshold dealing specifically with legitimate healthcare.

The Commissioner should be required to decline a report at an early stage where the available information indicates that the conduct falls within clause 5(3), unless there are reasonable grounds to believe that the exclusion does not apply.

This would reduce the risk that complaints about ordinary clinical disagreement proceed through a lengthy regulatory process.

The Bill should also expressly allow the Commissioner to decline reports that concern no more than:

- a difference in professional opinion;
- dissatisfaction with a diagnosis or treatment decision;
- a practitioner’s refusal to provide treatment considered clinically inappropriate;
- a referral for further assessment;
- a recommendation for observation or watchful waiting; or
- a conversation undertaken for assessment or identity exploration without a predetermined outcome.

Such matters may be dealt with through existing clinical complaints pathways where appropriate, but should not be treated as presumptive conversion practices.

Investigation powers

The Commissioner may commence an investigation on their own initiative where a matter is serious or indicates systemic or ongoing conversion practices affecting a class or group. The Commissioner may require information and documents and compel attendance. Natural justice must be observed during an investigation.

AMA Tasmania recognises that effective investigation powers may be necessary to address serious and systemic practices. However, medical records contain exceptionally sensitive information, including information concerning family members and third parties who may have no involvement in the allegation.

The Bill should expressly preserve:

- legal professional privilege;
- patient confidentiality;
- public-interest immunity;
- protections for unrelated third-party information;
- the right to redact irrelevant information; and
- restrictions on secondary use or disclosure of clinical records.

Any compulsory notice should be limited to information that is both relevant and reasonably necessary. Where a complete clinical record is not required, the Commissioner should accept an appropriately limited extract, summary or redacted version.

Where practicable, the patient's informed consent should be obtained before identifiable health information is disclosed. Where consent is unavailable or inappropriate, disclosure should be confined to the minimum information reasonably necessary.

Duplication with health regulation

Doctors are already regulated through:

- the Medical Board of Australia and AHPRA;
- the Office of the Health Complaints Commissioner;
- public and private health-service clinical governance systems;
- professional disciplinary processes;
- civil law; and
- criminal law.

Clause 29 allows matters to be referred to other bodies, while clause 57 permits the Commissioner to communicate information to another person or body where it relates to that body's functions.

Without effective coordination, a doctor could face several overlapping processes arising from the same clinical encounter, each of which may take years to resolve. Although this is not "double jeopardy" in the strict legal sense, it can result in the same conduct being investigated repeatedly by different bodies, with the possibility of inconsistent findings, duplicated sanctions and significant personal and professional burden.

Where the substance of a report concerns whether a registered practitioner complied with accepted professional standards, the Commissioner should ordinarily refer the matter to the relevant health regulator and suspend or discontinue the parallel process.

Parallel proceedings should occur only where necessary to address a serious or systemic matter that falls outside the health regulator's jurisdiction.

A formal memorandum of understanding should be developed between the Commissioner, AHPRA, the Medical Board and the Health Complaints Commissioner before the legislation commences.

Publication, undertakings and compliance notices

Following an investigation, the Commissioner may publish a report, accept an enforceable undertaking or issue a compliance notice. Enforceable undertakings may be entered on a public register. The Bill provides some protection for privacy and an opportunity to comment before publication of an investigation report.

Given the potentially serious reputational consequences for a doctor, AMA Tasmania recommends that:

- no practitioner be identified publicly before all applicable review periods have expired;

- publication be limited to what is reasonably necessary and proportionate;
- reasons be provided for identifying a practitioner;
- relevant clinical information be independently reviewed by a suitably qualified practitioner before an adverse clinical finding is published;
- enforceable undertakings be clearly distinguished from findings of criminal or professional misconduct; and
- undertakings concerning healthcare not be published in identifiable form unless there is a compelling public-interest reason.

Compliance notices are reviewable by the Tasmanian Civil and Administrative Tribunal. Equivalent review mechanisms should apply to other materially adverse administrative decisions, including a formal finding that a person engaged in a conversion practice.

Professional disagreement and evolving evidence

Medicine frequently involves uncertainty and legitimate differences in clinical opinion. Evidence and professional guidance may also change over time.

The Bill should not allow a practitioner's conduct to be judged retrospectively against guidance, evidence or expectations that did not apply when the care was provided.

Clinical conduct should be assessed against:

- the information reasonably available to the practitioner at the time;
- the standards applicable at that time;
- the practitioner's scope of practice;
- the circumstances of the individual patient; and
- the range of reasonable professional opinion.

A mere disagreement between clinicians should not establish that a conversion practice occurred.

Where the Commissioner is considering whether healthcare constituted a conversion practice, expert clinical advice should be obtained from an appropriately qualified and independent practitioner in the relevant field.

Education and implementation

AMA Tasmania supports education to ensure that doctors understand both:

- the harm caused by conversion practices; and
- the scope of legitimate clinical care protected by the Bill.

Before commencement, the Government should develop practical guidance containing clinical examples, including:

- open-ended identity exploration;
- treatment of anxiety, depression and other mental health conditions;
- assessment of a child or adolescent;
- discussion of treatment risks and uncertainties;
- watchful waiting;
- referral for specialist assessment;
- a decision not to prescribe or refer for a requested intervention;
- treatment of a patient who wishes to detransition;
- care involving differing views between a young person and their parents; and
- circumstances that would constitute a prohibited attempt to change or suppress identity.

The guidance should be jointly developed with healthcare professionals, regulators and people with lived experience. Guidance should also include practical examples for parents and families, schools and youth

services, religious and pastoral organisations, community groups, online platforms and organisations engaging in repeated or systemic conduct.

Implementation should include:

- funded professional education;
- clear information for patients and families;
- a single point of advice for practitioners;
- monitoring of whether the legislation affects access to care;
- collection of de-identified data concerning reports made against health practitioners; and
- early statutory review of the health-practice provisions.

Review of the legislation

AMA Tasmania supports statutory review of the Act but recommends that the review specifically examine:

- the number and nature of reports involving health practitioners;
- how many such reports are dismissed at an early stage;
- whether practitioners have withdrawn from relevant areas of care;
- whether patient access to assessment or treatment has been adversely affected;
- duplication with AHPRA and the Health Complaints Commissioner;
- the operation of the clinical-practice exclusion;
- the adequacy of confidentiality protections; and
- whether practice guidelines have remained within the scope of the Act.
- whether the Commissioner's prevention, education and civil response functions are adequately resourced and effective;
- whether asexual, aromantic and agender people are clearly protected;
- whether further consequential amendments are required to anti-discrimination, health complaints, child safety or other legislation; and
- whether the legislation is effectively addressing conversion practices occurring in religious, family, educational and community settings.

Medical and patient organisations should be expressly included in the review process.

Summary of recommended amendments

AMA Tasmania recommends that the Bill be amended to:

1. retain the purpose-based definition of conversion practice;
2. expressly protect asexual, aromantic and agender people and clarify the relevant definitions in the *Anti-Discrimination Act 1998*;
3. strengthen clause 5(3)(a) by protecting services that are substantially consistent with generally accepted professional standards;
4. expressly protect assessment, differential diagnosis, treatment planning, identity exploration, discussion of uncertainty, watchful waiting, referral and clinically appropriate refusal or delay of treatment;
5. confirm that non-affirmation of a particular diagnosis, identity or requested treatment does not of itself constitute a conversion practice;
6. adequately resource the Anti-Discrimination Commissioner's prevention, education, reporting and civil response functions;
7. require mandatory medical and health-professional consultation on relevant practice guidelines;
8. confirm that guidelines are non-binding and cannot expand the statutory prohibition;
9. establish an early dismissal mechanism for complaints concerning conduct protected by clause 5(3);
10. strengthen procedural fairness before adverse findings, education, referrals or publication;

11. provide explicit protections for medical confidentiality, privilege and unrelated third-party information;
12. minimise duplication with existing health-practitioner regulation;
13. provide review rights for materially adverse administrative findings;
14. require appropriate independent clinical expertise when healthcare is being evaluated;
15. provide comprehensive implementation guidance and education; and
16. specifically examine impacts on clinical practice and access to care during the statutory review.

Conclusion

AMA Tasmania supports decisive action against coercive and harmful conversion practices. No person should be subjected to practices based on the premise that their sexual orientation or gender identity is defective or requires eradication.

The legislation must nevertheless preserve the therapeutic relationship and the ability of patients and doctors to communicate openly. A patient must be able to express uncertainty, distress, changing views or a wish to pursue, or not pursue, particular treatment. A doctor must be able to listen, ask questions, investigate, diagnose, explain uncertainty and exercise independent professional judgment.

The 2026 draft is substantially better than the proposal considered by AMA Tasmania in 2024. Clause 5 provides a meaningful foundation for protecting legitimate medical care. However, further amendments are required to ensure that doctors are protected not only from ultimate criminal liability but also from unnecessary complaints, duplicative proceedings, disclosure of sensitive records and the chilling effect of uncertain regulatory processes.

With the amendments recommended in this submission, AMA Tasmania believes the Bill can protect LGBTQIA+ Tasmanians from harmful conversion practices without restricting evidence-based, ethical and outcome-neutral healthcare.

Yours sincerely



Dr Meg Creely
President AMA Tasmania