



SA State-wide Gender Diversity Model of Care – **SUMMARY DOCUMENT**

“At the moment the system is very confusing and overwhelming to navigate. It's very hard to get clear answers and it takes a long time and a lot of money, it can take a lot of mental energy to psych yourself up to go through and can leave individuals feeling as though there is something 'wrong' with them. There's nothing 'wrong' about being trans, it's a variation of normal, it's a nice, healthy thing. It's something I like about myself.”
(Survey respondent, 2021)

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State-wide gender diversity model of care

Introduction

Nationally and internationally, there are increasing numbers of children, adolescents, adults and their families presenting to health care services seeking advice, support and coordinated, timely care for their experience of gender diversity or gender incongruence. Provision of support and therapy for gender diversity is an evolving field of medicine which also operates in an evolving medico-legal environment, particularly around informed consent for minors.

Current evidence supports provision of a gender affirming model of care for people who are trans, gender-diverse, gender non-binary (TGDNB) of all ages to improve mental health outcomes and reduce suicide risk. Australian and international evidence-based clinical practice guidelines exist for both TGDNB children/adolescents and adults to support planning and provision of gender affirming healthcare services.

This document provides a summary of the recommended model of care (MOC) for the delivery of gender health services for people who are TGDNB or gender questioning in South Australia. The MOC describes how health services are delivered, including who services are for, how they can be accessed and types of services available. A glossary of terms used in the MOC is provided in **Appendix A**.

"Not all trans folks have dysphoria, but they are still trans." (Survey respondent, 19-24 years)

Method for developing model of care

The MOC was developed based on extensive input provided by people who are TGDNB, parents/carers and service providers during the project via workshops and surveys. This input was invaluable to guide development of the current state analysis, case for change and the future model of care. A summary of recommendations from the current state analysis is provided in **Appendix B**.

Development of the model of care was overseen by a Project Steering Group with representation from Local Health Networks (LHNs), Primary Health Networks (PHNs), existing non-government sector service providers and consumers.

Aims

The model of care aims to provide:

- > Timely access to appropriate, evidence-based gender health care and support for TGDNB children, young people and adults across South Australia
- > Clear pathways for consumers and health professionals to access available gender health services and supports
- > Coordinated care transition between child, adolescent and adult health services
- > Clear pathways for health professionals to build understanding and awareness of TGDNB health needs, including gender dysphoria, and how to provide appropriate support and treatment.

Gender-affirming health service streams

The proposed delivery of gender-affirming health services for people who are TGDNB or gender questioning in SA will occur across three service streams. Service streams are based on types of services being sought, and whether these can be accessed via mainstream health service providers or require specialised gender health services. The three health service streams are:

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- > Mainstream health and gender support services
- > Specialised gender diversity health services (separate child/adolescent service and adult service)
- > Specialised gender diversity surgical services.

A diagram summarising the service delivery model is provided as **Appendix C** in this document.

"There isn't only one path for medical transition. Different people will have different goals and to assume that a full transition to 'as close to cis as possible' is what works for everyone is disingenuous, harmful and transphobic."
(Survey respondent, 25-64 years)

Mainstream health and gender support services

Mainstream health and gender support services are often the first port of call for people who are TGDNB, gender questioning and/or their families or carers. Mainstream service providers including general practitioners (GPs) and other community primary care clinicians can provide information, ongoing care and/or referral to specialised gender health services. Gender support and wellbeing services are provided by non-government organisations (NGOs) and voluntary support groups/networks, and provide information, peer support and links to other services for people who are TGDNB, gender questioning, families/carers.

Specialised child and adolescent gender diversity health service

The specialised Child and Adolescent Gender Diversity Service will operate as a single state-wide service and continue to be based at the Women's and Children's Hospital (WCH) or attached facility under a single governance structure, with outreach and virtual services provided to those unable to attend in person and/or where clinically appropriate. The service will be provided in a co-located clinical space, with appropriate access to treatment/examination rooms (i.e. co-located mental health and medical support teams and administration functions).

Services provided by the Child and Adolescent Gender Diversity Service will continue to include specialised medical and mental health assessment for gender dysphoria/incongruence, initiation and management of medical affirmation therapy, support for social affirmation, fertility counselling, psychological therapies and referral to other services as indicated. Services are available via referral from GP, psychiatrist or other appropriately qualified mental health professional.

The recommended multi-disciplinary team comprises the following staff in line with latest clinical practice guidelines for provision of gender-affirming health care for children and adolescents:

- > Service coordinator/manager
- > Child and adolescent psychiatrist
- > Mental health clinicians (social worker plus psychologist and/or mental health nurse)
- > Paediatrician / Paediatric/adolescent physician
- > Paediatric endocrinologist
- > Adolescent gynaecologist
- > Nurse consultant
- > Registrar (paediatric / child psychiatry)
- > Peer worker (family/carer, consumer)
- > Administrative support.

Further detail regarding recommended Child and Adolescent Gender Diversity Service staff roles and responsibilities is provided in **Appendix D**, noting that staff full time equivalent (FTE) recommendations are being finalised by the Project Steering Group.

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It is recommended that the number of staff FTE increase over the first 3 years of MOC implementation to reflect recent growth in service demand. However, service demand and usage data should be reviewed annually over the 3 years post implementation to confirm or adjust FTE requirements.

Transition to adult services

Effective transition and transfer processes from the Child and Adolescent Gender Diversity Service to the Adult Gender Diversity Service is the dual responsibility of both services to ensure that an appropriate level of care and support is maintained. This will include appropriately timed, patient-centred transition processes including planned service transfers, formal clinical handovers, and reach-in support provided by the adult service clinical staff and peer support worker(s). Where clinically indicated, joint clinics will be conducted involving clinicians from both services.

Specialised adult gender diversity health service

Specialised state-wide services for adults will be provided under the umbrella of a single Adult Gender Diversity Service with a single point of entry to facilitate access to the most appropriate multi-disciplinary care. Services will be commissioned under a single or multi-site integrated practice model that builds on the strengths of existing adult gender diversity service offerings. If the service is commissioned across more than one Local Health Network (LHN) or provider, a memorandum of understanding or service agreement will be established between providers that outlines clinical and operational governance arrangements that support service operation as required (i.e. to facilitate shared forms, processes and referral pathways).

The physical service location(s) and design will be based on parameters including population demand, ease of access via public transport and for people from different cultural backgrounds and those with different abilities, ability to provide a 'safe' space for multi-disciplinary care, and close to community gender support services where possible, but not branded as a 'gender clinic'. Outreach/telehealth options will be provided for those unable to attend in person, including people from both metropolitan and regional locations.

Services provided by the Adult Gender Diversity Service will be available via referral from GP, psychiatrist or other appropriately qualified mental health professional, and include multidisciplinary assessment and time-limited support for medical and/or surgical gender affirmation. Following the first year of medical gender affirmation therapy, or when indicated, ongoing management of medical therapy should be provided by the person's GP or via shared care arrangements between the GP and the specialised service.

The proposed multi-disciplinary team comprises the following staff in line with latest clinical practice guidelines for provision of gender-affirming health care for adults:

- > Service coordinator/manager
- > Intake nurse / Nurse consultant
- > Endocrinologist / sexual health physician
- > Psychiatrist (consultant liaison)
- > Mental health clinicians (social worker, psychologist)
- > Gynaecologist
- > Urologist
- > Plastic surgeon
- > Speech pathologist
- > Registrar (endocrinologist / psychiatry)

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- > Peer worker
- > Administrative support.

Further detail regarding recommended Adult Gender Diversity Service staff roles and responsibilities is provided in **Appendix E**, noting that staff FTE recommendations are being finalised by the Project Steering Group.

Proposed FTE requirements over the first 3 years of implementation have been determined based on recommended staffing models in clinical practice guidelines, combined staffing levels at existing adult services, and recent growth in service demand. Service demand and usage data should be reviewed annually over the 3 years post implementation to confirm or adjust FTE requirements. It is expected that initial increases in demand may slow over time as current unmet need is addressed and mainstream providers become more experienced in providing ongoing management of hormone therapy.

Specialised gender diversity surgical service

TGDNB people with gender dysphoria or gender incongruence seeking surgical gender affirmation will be able to access services via the Adult Gender Diversity Health Service. This provides a single point of entry, multi-disciplinary assessment, referral and links to surgical team(s), and pre and post operative surgical, medical and mental health support for people seeking and undergoing surgical gender affirmation in SA.

A phased approach to provision of surgical gender affirmation services in SA will be developed based on assessment of existing clinical expertise and scope of practice to inform initial surgical service locations, collection and review of baseline service demand data, and commencement of surgical positions 3-6 months prior to commencement of surgery. Specific surgical gender affirmation services may be provided at one or more LHNs depending on available surgical expertise, capability and areas of specialisation.

Surgical services should include access to specialist nurse, plastic surgeon, consultant liaison psychiatrist, and as required, other appropriately qualified mental health professional(s), endocrinologist, gynaecologist, urologist, fertility specialist, other surgical specialties. Further detail regarding recommended the Gender Diversity Surgical Service staff roles and responsibilities is provided in **Appendix F**, noting that staff FTE recommendations are being finalised by the Project Steering Group.

Referral for gender affirmation surgery must be from a medical doctor and include information on relevant physical and/or mental health conditions. Although psychiatrist referral is not required, all persons seeking surgical gender affirmation will be seen by the Adult Gender Diversity Health Service consultant liaison psychiatrist as part of the multidisciplinary surgical assessment process.

In cases where surgical affirmation is clinically indicated for a young person prior to formal transition to adult services (e.g. for young people under 18 years), referral may be made by the Child and Adolescent Gender Diversity Health Service to the Adult Gender Diversity Health Service for surgical assessment. This referral must provide the child and adolescent psychiatrist confirmation of gender dysphoria. For these young people, pre/post operative medical and mental health support may be provided by either the Adult Gender Diversity Health Service or the Child and Adolescent Gender Diversity Health Service in liaison with the surgical service, as appropriate.

As demand data for surgical gender affirmation services are not currently available, it is recommended that service demand and usage data be reviewed annually over the first 3 years of service implementation to confirm or adjust FTE requirements as required.

Implementation and evaluation

Given the substantial gap between the current state and the proposed future model of care, and the paucity of data on potential unmet need, particularly for adult gender diversity health services including gender affirming surgery, a staged approach to implementation is proposed over a 3 year period.

All specialised gender diversity health services will implement a continuous quality improvement process to ensure optimal and robust delivery of evidence-informed care. This will include identification of appropriate performance and outcomes measures, annual review of service demand, and more formal evaluation of the model of care post implementation to assess appropriateness and effectiveness of the service in meeting population need.

Appendix A: Glossary of terms

Cisgender	A person whose sense of personal identity and gender corresponds with their sex presumed at birth
Gender affirming health care	A shared-decision making model to support a person in their gender in a way that is tailored to their individual needs, incorporating gender affirming language, psychological and peer support, and support for social affirmation and/or medical/surgical affirmation as being medically necessary and clinically relevant.
Gender diverse	Umbrella term that describes people who do not conform to their society or culture's expectations for males and females. Being transgender is one way of being gender diverse, but not all gender diverse people are transgender. Gender diverse individuals may identify as trans, transgender, gender questioning, gender fluid, and all gender identities and expressions that are different from the sex presumed at birth.
Gender dysphoria	The distress that trans people can feel because of the incongruence of their gender identity and sex presumed at birth or sex characteristics. Not all people who are gender diverse experience gender dysphoria.
Gender expression	How an individual expresses their gender identity to the outside world, as expressed through name, clothing, behaviour, hairstyle etc. Gender attribution is a related concept, being the gender that the outside world assigns to an individual based on this expression.
Gender diversity specialised health services	Health services for people who are TGDNB or gender questioning and seeking specialised assessment and support for social affirmation (child/adolescent), medical affirmation and/or surgical affirmation.
Gender diversity specialised support services	Community-based services providing TGDNB information and resources, social and wellbeing support, and services to support social affirmation.
Gender identity	A person's sense of being male, female, a blend of both or neither. Gender identity can be the same or different from sex presumed at birth.
Gender incongruence	Incongruence between gender identity and sex presumed at birth or sex characteristics.
Mainstream health services	Health services not specific to people who are TGDNB or gender questioning, but which can provide assessment and referral, ongoing medical therapy management (TGDNB adults), and/or counselling and psychological therapies.
Non-binary	A term to describe someone who does not identify exclusively as male or female.
Sex presumed at birth	The sex that was assigned to a person at birth, generally presumed based on physical anatomy, and stated on birth certificates and other legal documents.
Social affirmation	The process by which a person changes their gender expression to better match their gender identity.
Trans	Trans individuals describe their gender in different ways. The term is inclusive of people who describe themselves as transgender, transsexual, having a transgender or transsexual experience or history, non-binary, agender, genderqueer and more. Trans people generally experience or identify their gender as not matching their sex presumed at birth.

Appendix B: Current state analysis summary of recommendations

#	Recommendation
Evidence based approach	
1.	Gender affirming care: The model of care should be based on a gender-affirming approach aimed at supporting health and wellbeing, aligned to latest clinical practice guidelines and standards of care, and should be reviewed and updated when new evidence becomes available.
Service demand and planning	
2.	Service planning: In the absence of robust published data on TGDNB population proportions and service demand, service planning should reflect current demand and usage trends but be reviewed annually at least for the first 3 years of model implementation as additional demand or population data become available. As part of monitoring and evaluation to inform ongoing evolution of the model, service providers and DHW should undertake regular review of outcomes data including PROMS, as well as latest data on population proportions and numbers seeking or undertaking social, medical and/or surgical gender affirmation.
3.	Data collection: SA Health and commissioned services should have robust data collection systems in place to record and report number and demographics of people seeking and/or being referred for gender health services including surgery, wait times, service usage and other data as agreed (in line with relevant data collection and information sharing policy directives/guidelines).
4.	Research: SA Health should formalise/continue research links with academic institutions and peak TGDNB health bodies to participate in ongoing research to address gaps in knowledge regarding gender health needs for people identifying as TGDNB.
Age based specialist services and service transition	
5.	Child/adolescent and adult services: Specialist gender diversity health services should continue to be provided as separate services for children/adolescents and adults, but with clear pathways for transition from adolescent to adult services built into the model of care, and flexibility around age of transition to adult services based on developmental age or other factors. A single source of information about service pathways, phone information and/or referral entry across all ages should be considered as part of model implementation over the next 2-3 years.
Child and adolescent gender diversity health services	
6.	Child and adolescent service design and resourcing: The WCH Gender Service should be appropriately resourced to support staffing requirements for provision of timely access to contemporary TGDNB health care, with clear pathways for transition to adult services.
7.	Child and adolescent multi-disciplinary team: Child and adolescent gender health services should be provided using a formalised, comprehensive multi-disciplinary team model in line with latest clinical practice guidelines. The specialist gender diversity team should include nurse specialist, child and adolescent psychiatrist, other appropriately qualified mental health professional(s), paediatric endocrinologist / paediatrician, fertility specialist, and should provide access to speech pathologist, social worker (if not already on team as 'appropriately qualified health professional'), gynaecologist/andrologist and plastic or other surgeon as indicated. Peer workers should also be available to provide guidance and support for families and/or young people. Formal pathways should be established with private providers for fertility preservation services.

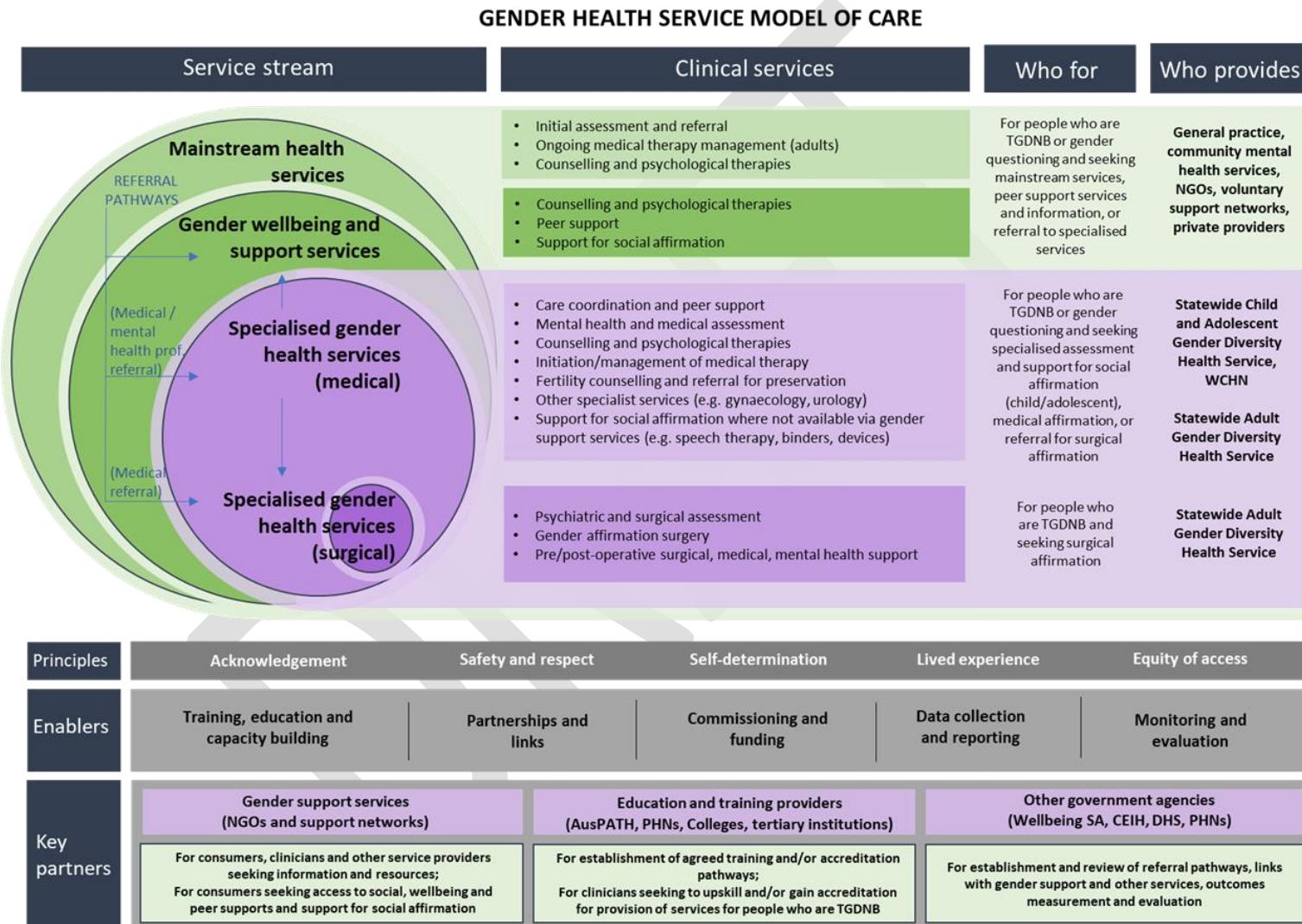
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#	Recommendation
8.	Child and adolescent mental health support: Child and adolescent psychiatrist(s) should continue to play a core role in the SA Health child/adolescent gender diversity multi-disciplinary team for provision of comprehensive mental health assessment and diagnosis of gender dysphoria/incongruence prior to medical therapy, and work alongside other appropriately qualified mental health professionals to provide care and support before, during and if needed, after medical affirmation.
9.	Child and adolescent service location: The state-wide specialised gender diversity health service for children/adolescents should continue to be based at the WCH, but in a co-located space (mental health and medical). For regional clients, services should continue to be provided via telehealth, shared care and/or liaison with local paediatricians, with the option of outreach clinics explored based on future demand. Options for moving to a community (non-hospital) location should be explored as part of review and evaluation of this model of care.
Adult gender diversity health services	
10.	Adult service design and resourcing: Public adult gender diversity health service(s) to support medical gender affirmation should be expanded and resourced to provide a multi-disciplinary service in line with contemporary treatment guidelines and standards of care, and to meet demand across SA.
11.	Role of primary care: The future model should work towards a key role for GPs in initiation and/or ongoing management of hormone therapy for TGDNB adults where possible, with support from specialist adult gender services as required. This will require access to GP training and mentorship programs (see Recommendation 19).
12.	Adult multi-disciplinary team: Adult specialist gender health services (medical and surgical) should be provided using a formalised, comprehensive multi-disciplinary team model in line with latest clinical practice guidelines. The specialist gender diversity team should include nurse specialist, psychiatrist, other appropriately qualified mental health professional(s), endocrinologist, sexual health physician, fertility specialist, speech pathologist, social worker (if not already on team as 'appropriately qualified health professional'), gynaecologist, urologist and plastic surgeon. Peer workers should also be available to provide guidance and support. Formal pathways should be established with private providers for fertility preservation services.
13.	Adult mental health support: Mental health assessment and support for TGDNB adults accessing specialised services should be provided by appropriately qualified mental health professional(s) as part of the multi-disciplinary team, with access to adult psychiatry available for complex cases and/or to support surgical referral and pre/post-operative care.
14.	Adult service location: A single comprehensive SA Health state-wide adult gender diversity specialised service providing support for medical and/or surgical gender affirmation should be established with a single point of entry. Non-surgical services may be based at a single community (non-hospital) location or continue to be provided at more than one location under an umbrella service. Wherever possible, services will be provided for regional clients or those unable to attend in person via telehealth, outreach clinics, shared care and/or liaison with local GPs or specialists.
Gender affirming surgical services	
15.	Surgical service design: Access to surgical gender affirmation services should be included as part of a multidisciplinary and holistic approach for provision of adult gender diversity specialised health services in SA, with a single point of entry. Surgical services should include access to specialist nurse, plastic surgeon, ENT surgeon, consultant liaison psychiatrist, and as required, other appropriately

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#	Recommendation
	qualified mental health professional(s), endocrinologist, gynaecologist, urologist, fertility specialist, other surgical specialties.
16.	Surgical service location: A state-wide gender diversity surgical affirmation service should be established in line with available surgical expertise, and data regarding actual demand for surgical affirmation should be collected to support further decision making regarding the scope and extent of surgical affirmation services that can be delivered sustainably in South Australia.
Other	
17.	Service information: SA Health gender diversity health services, in collaboration with existing TGDNB groups, should develop and maintain comprehensive service information that is easily accessible and culturally appropriate, and promote links to community based TGDNB support services.
18.	Community-based support services: DHW should continue to link with other agencies (e.g. DHS, Wellbeing SA) regarding opportunities to support specialised TGDNB community support services, including those providing information and resources, and support for wellbeing and/or social affirmation (e.g. counselling and psychological therapies for TGDNB adults, peer support services, legal services, accommodation services).
19.	Training and accreditation: Options for delivery of training, education, mentorship programs and/or formalised accreditation for service providers of TGDNB healthcare should be established to not only improve provider skills and confidence in care provision, but also to improve consumer confidence in accessing services known to be 'TGDNB friendly'. Where possible, existing resources or training/accreditation providers should be explored (e.g. AusPATH, SHINE SA, ASHM training modules, PHN training pathways).
20.	Monitoring and evaluation: Clear objectives, expected outcomes and performance measures should be agreed in a detailed monitoring and evaluation framework developed as part of implementation of the model of care. This will be used to inform evolution of the model as required.

Appendix C: Gender health service model summary diagram



Appendix D: Recommended Child and Adolescent Gender Diversity Health Service staffing model

Child and adolescent gender health service staff roles

Health Service Coordinator/ Manager

- > Provide overall child and adolescent service coordination and management
- > Work collaboratively with all levels of management, clinicians, carers, patients, families, support staff, community agencies and other services to facilitate an effective, patient-focussed service
- > Establish service partnerships and links, including clear transition pathways from child/adolescent to adult services, clear referral pathways from mainstream services (e.g. development of GP Health Pathway) and links with community-based gender support services
- > Ensure implementation of policies and best-practice initiatives, including appropriate data collection
- > Manage communication about the service, including coordination/ preparation of materials, resources, website information which suit the needs of diverse communities
- > Coordinate and lead training, research and program evaluation activities, including research grant applications
- > Coordinate medical and other student rotations or placements, and manage peer worker and/or volunteers
- > Maintain the budget and track expenditure

Child and Adolescent Psychiatrist

- > Assess developmental history, gender identity, cognitive and emotional functioning
- > Diagnose gender dysphoria/incongruence and/or other mental health issue
- > Liaise with other mental health providers re co-occurring mental illness, neurodiversity or developmental challenges
- > Counsel adolescent/family on the impact of medical intervention and on options available for fertility preservation
- > Assess adolescent's capacity to provide informed consent to medical therapy, and seek informed consent from legal guardian if required
- > Participate in training, research and evaluation

Mental Health Clinicians

(Social Worker plus Psychologist and/or Mental Health Nurse)

- > Review and triage referrals based on medical or psychiatric urgency
- > Provide care coordination, including coordination of transition to adult services
- > Assess developmental history, gender identity, cognitive and emotional functioning
- > Assess social functioning and level of social/family support, and refer to social, housing, legal or other services as required
- > Provide support for families/carers
- > Identify co-existing mental illness and/or symptoms
- > Provide education about TGDNB identity, available pathways and services
- > Provide referrals/links to community support groups and services
- > Provide psychological therapy to explore gender identity and support social, medical and/or surgical affirmation
- > Assess and respond to risk of self-harm or social determinants impacting health
- > Participate in training, research and evaluation

Child and adolescent gender health service staff roles

Paediatrician, Paediatric/ Adolescent Physician

- > Assess gender identity, and general health and wellbeing including self-harm risk in conjunction with mental health clinician
- > Assess social functioning and level of social/family support
- > Assess stage of puberty and medical co-morbidities
- > Assess adolescent capacity to consent in conjunction with mental health clinician
- > Provide developmentally appropriate information re medical affirmation options including benefits / risks
- > Provide education, advice and medical intervention re sexual health, contraception, menstrual suppression and pregnancy related issues
- > Provide fertility counselling and referral to adolescent gynaecologist
- > Monitor treatment efficacy and side effects
- > Provide counselling re surgical affirmation options and referral where appropriate
- > Participate in training, research and evaluation

Paediatric Endocrinologist

- > Assess stage of puberty and medical co-morbidities, including assessment of complex patients with coexisting endocrine disorders
- > Assess adolescent capacity to consent in conjunction with mental health clinician
- > Provide developmentally appropriate information re medical affirmation options including benefits / risks
- > Prescribe medication for initiation and maintenance of pubertal suppression and gender affirming hormone treatment
- > Monitor treatment efficacy and side effects
- > Provide education, advice and medical intervention re sexual health, contraception, menstrual suppression and pregnancy related issues
- > Provide fertility counselling and referral to adolescent gynaecologist
- > Provide counselling re surgical affirmation options and referral where appropriate
- > Participate in training, research and evaluation

Adolescent Gynaecologist

- > Provide sexual health and fertility counselling, including developmentally appropriate education re fertility preservation options
- > Refer to and liaise with private fertility services as indicated
- > Provide sexual health service and management of gynaecological concerns
- > Provide counselling re gender affirming surgical options, risks, benefits and potential limitations
- > Participate in training, research and evaluation

Nurse Consultant

- > Conduct psychosocial and physical health screening as part of intake assessment
- > Provide education to patients and families/carers re medical assessment process and treatment options
- > Administer medical treatments and assess for adverse outcomes
- > Provide psychosocial support to adolescent and family/carers
- > Provide care coordination, including coordination of transition to adult services
- > Provide referrals/links to community support groups and services
- > Participate in training, research and evaluation

Child and adolescent gender health service staff roles

Registrar (Paediatric / Child Psychiatry)

- > Participate in multi-disciplinary assessment
- > Assess stage of puberty and medical co-morbidities
- > Provide developmentally appropriate information re medical affirmation options, benefits and risks
- > Provide education, advice and medical intervention re sexual health, contraception, menstrual suppression and pregnancy related issues
- > Provide fertility counselling and referral to adolescent gynaecologist
- > Monitor treatment efficacy and side effects
- > Participate in training, research and evaluation

Peer Worker (family/carer, consumer)

- > Provide lived experience support to patient and/or families/carers
- > Provide information and links to relevant community support groups and networks
- > Support transition to adult services
- > Manage/train volunteer peer workers as required

Administrative support

- > Receive all in-coming communication and manage correspondence
- > Provide administrative support to both the gender diversity mental health and medical teams
- > Organise and manage referrals and waiting lists
- > Schedule and co-ordinate patient appointments, with aim to minimise financial/social burden on patients/families
- > Organise meetings and teaching events, and provide secretariat support
- > Support the health service manager in day-to-day operation of the service

Appendix E: Recommended Adult Gender Diversity Health Service staffing model

Adult gender health service staff roles

Health Service Coordinator / Manager

- > Provide overall adult gender health service coordination and management
- > Work collaboratively with all levels of management, clinicians, carers, patients, families, support staff, community agencies and other services to facilitate an effective, patient-focussed service
- > Establish service partnerships and links, including clear transition pathways from child/adolescent to adult services, clear referral pathways from mainstream services (e.g. GP Health Pathway) and links with community-based gender support services
- > Ensure implementation of policies and best-practice initiatives, including appropriate data collection
- > Manage communication about the service, including coordination/ preparation of materials, resources, website information
- > Coordinate and lead training, research and program evaluation activities, including research grant applications
- > Coordinate medical and other student rotations or placements, and manage peer worker and/or volunteers
- > Maintain the budget and track expenditure

Intake Nurse / Nurse Consultant

- > Review and triage referrals, and collect further information as required from referees
- > Conduct psychosocial and physical health screening as part of intake assessment
- > Allocate to most appropriate gender health service provider (if multisite) based on agreed criteria (e.g. clinical need, geographic location) and ensure equity of access for regional referrals, people with different abilities and/or from different cultural backgrounds
- > Provide care coordination, including coordination of transition from child and adolescent services where relevant
- > Provide patient education re medical assessment process and treatment options
- > Provide referrals/links to community support groups and services
- > Participate in training, research and evaluation

Endocrinologist / Sexual Health Physician

- > Diagnose gender dysphoria/incongruence, in conjunction with psychiatrist as required
- > Assess capacity to consent, in conjunction with mental health clinician as required
- > Assess medical co-morbidities, including assessment of complex patients with coexisting endocrine disorders
- > Provide information re options for medical affirmation including benefits and risks
- > Prescribe medication for initiation and maintenance of gender affirming hormone treatment, and/or maintenance of pubertal suppression medication
- > Monitor treatment efficacy and side effects, and liaise with GP re provision of ongoing maintenance therapy
- > Provide education, advice and medical intervention re sexual health, contraception, menstrual suppression and pregnancy related issues
- > Provide fertility counselling and referral to gynaecologist
- > Provide counselling re surgical affirmation options and referral where appropriate
- > Participate in training, research and evaluation

Adult gender health service staff roles

Psychiatrist (Consultant Liaison)

- > Assess gender identity, cognitive and emotional functioning
- > Diagnose gender dysphoria/incongruence and co-existing psychological or psychiatric health issues
- > Assess and liaise with other providers re potential impact of mental illness, neurodiversity or developmental challenges on medical or surgical outcomes
- > Assess need and provide documented support for surgical affirmation treatment
- > Provide support and/or referral for psychological treatment for mental illness, neurodiversity or developmental challenges as indicated
- > Provide counsel on the impact of medical and/or surgical intervention
- > Assess capacity to consent to medical/surgical intervention, if required
- > Participate in training, research and evaluation

Mental Health Clinicians (Social Worker, Psychologist)

- > Assess social functioning and level of social/family support, and refer to social, housing, legal or other services as required
- > Identify co-existing mental illness and/or symptoms
- > Provide education about TGDNB identity, available pathways and services
- > Provide referrals/links to community support groups and services
- > Provide psychological therapy to explore gender identity and support social, medical and/or surgical affirmation
- > Assess and respond to risk of self-harm or social determinants impacting health
- > Participate in training, research and evaluation

Gynaecologist / Urologist

- > Provide sexual health and fertility counselling, including education re fertility preservation options
- > Refer to and liaise with other gynaecological services and/or private fertility services as indicated
- > Provide sexual health service and management of gynaecological / urological concerns
- > Provide counselling re gender affirming surgical options, risks, benefits and potential limitations
- > Participate in training, research and evaluation

Plastic surgeon

- > See **Appendix F Gender Diversity Surgical Service staffing model** for details

Speech pathologist

- > Provide education re voice changes that may occur during medical therapy, voice development and communication
- > Teach efficient voice production focussing on gender specific characteristics
- > Provide support for training options including self-guided practice

Registrar (Endocrinology / Psychiatry)

- > Participate in multi-disciplinary assessment
- > Assess medical and/or psychiatric or psychological co-morbidities
- > Provide developmentally appropriate information re options for medical/surgical affirmation including benefits and risks
- > Provide education, advice and medical intervention re sexual health, contraception, menstrual suppression and pregnancy related issues

Adult gender health service staff roles

- > Provide fertility counselling and referral to gynaecologist
- > Monitor treatment efficacy and side effects
- > Participate in training, research and evaluation

Peer Worker

- > Provide lived experience support to patient and/or families/carers
- > Provide information and links to relevant community support groups and networks
- > Coordinate consumer/community engagement and feedback
- > Support transition from child and adolescent services
- > Manage/train volunteer peer workers as required

Administrative support

- > Receive all in-coming communication and manage correspondence
- > Organise and manage referrals and waiting lists
- > Schedule and co-ordinate patient appointments, with aim to minimise financial/social burden on patients
- > Coordinate and manage service billing
- > Provide administrative and clerical support to the team
- > Organise meetings and teaching events, and provide secretariat support
- > Support the health service manager in day-to-day operation of the service

Appendix F: Recommended Gender Diversity Surgical Service staffing model

Gender diversity surgical service staff roles ^(a)

Clinic Coordinator / Clinical Nurse Consultant

- > Provide clinical operational direction to ensure efficient and effective management and coordination of the gender health surgical clinic
- > Schedule and manage clinic and surgical lists
- > Collaborate with the multidisciplinary team to facilitate optimal surgical outcomes and collect data on performance indicators (including PREMs and PROMs)
- > Support quality improvement and achievement of safety and quality standards
- > Develop specialised education resources for patients and clinicians regarding surgical gender affirmation and available services
- > Act as a liaison person between the surgical team, the Adult Gender Diversity Health Service and the GP to promote continuity of care

Plastic surgeon

- > Ensure relevant criteria for surgery have been met
- > Conduct pre-operative surgical consultation to discuss surgical procedure(s) and post-operative course including different techniques, advantages/ disadvantages, limitations, risks and possible complications
- > Obtain written informed consent
- > Provide surgical treatment, post-operative care and consultation with other clinicians involved in care
- > Refer for other surgeries not able to be conducted by the surgical team
- > Participate in training, research and evaluation (including specific to gender diversity healthcare)

Consultant liaison psychiatrist

- > See Appendix E Adult Gender Diversity Health Service staffing model for details

Other surgical specialists (urology, gynaecology, ENT)

- > In liaison with plastic surgeon, ensure relevant criteria for surgery have been met
- > Conduct pre-operative surgical consultation and obtain written informed consent
- > Provide surgical treatment, post-operative care and consultation with other clinicians involved in care
- > Participate in training, research and evaluation (including specific to gender diversity healthcare)

Administrative support

- > Provide administrative and clerical support to the team, including management of correspondence
- > Organise and manage referrals and waiting lists
- > Coordinate and manage service billing

(a)Excluding theatre resource requirements

DRAFT FOR CONSULTATION

For more information

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