

Chief Psych copy

Clinical Review of Gender Dysphoria Service
Monash Medical Centre
Southern Health
May 2004

Confidential Report

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1. EXECUTIVE SUMMARY

Introduction

The Clinical Review of the Gender Dysphoria Service was conducted by the Chief Psychiatrist under the authority of the *Mental Health Act 1986* (the Act). The review was undertaken in response to concerns raised by the service regarding the funding of the service and to concerns raised by some consumers regarding clinical processes at the service. The review was held at the request of the Director Mental Health, Department of Human Services.

The Gender Dysphoria Service (GDS) is part of the Southern Health mental health program. It is one of only two such services in Australia, the other being in Sydney. The GDS has a unique service arrangement in its combination of public and private service delivery components. The public component operates essentially as an initial referral point and provides a co-ordinating function for decision-making processes from initial assessment through to discharge, including decisions in relevant cases for gender reassignment surgery. Most of the specialist assessments and ongoing treatment and therapy are provided by specialist private practitioners who bill patients under Medicare.

The Clinical Review team was aware that the GDS, and the area of gender reassignment itself, has been subject to some debate among various community groups and individuals. It was not the function of the review to enter the broader community debate or to determine the future of the service, but to examine the standards of treatment and care within the existing service. The Mental Health Branch has simultaneously reviewed the service's activity data as a basis for considering future funding and governance models.

Scope of the Review

The purpose of the review was to assess the standards of clinical practices, policies and procedures in the GDS and to make recommendations as appropriate. The focus of the review was on the publicly funded components of the service. Private practitioners clinical records were outside the purview of the Chief Psychiatrist and were not examined.

The review included on site attendances on 24 and 25 May 2004 at the service's location at Monash Medical Centre as well as examination of other relevant material, including policies and procedures, and discussions with service management. The review was informed by the *Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorders (Sixth Version)* ('the Standards') and by contemporary standards of clinical practice and documentation that are applied within Victorian public mental health services. The review was conducted by the Chief Psychiatrist and four senior clinicians who were appointed as authorised officers under the Act for the purpose of the review.

The review examined a sample of randomly selected individual patient records against the standards relating to the continuum of clinical care including referral, assessment, treatment planning, clinical decision-making, discharge planning and case closure. Interviews were conducted with key service management, clinicians and private providers associated with the service.

Status of the Clinical Review

Consistent with the Clinical Review process this report contains patient identifying information derived from the consideration of individual patient records and is confidential to the Director of Mental Health, the Chief Psychiatrist, the Chief Executive and Director of Psychiatry, Southern Health. Recommendations for practice improvements where necessary, are made in the report and will be discussed with the service. A response to the recommendations and the service's plan for implementation of the recommendations will be sought by the Chief Psychiatrist.

2. RECOMMENDATIONS

The Chief Executive, Southern Health, ensures that:

2.1. ORGANISATIONAL STRUCTURE

- An organisational structure that promotes accountability, improves clinical decision-making and effectiveness and enhances service capacity is created.
- The management of the service is strengthened to ensure the operational functions of the service and reporting relationship to the Mental Health Program are effectively addressed.
- Processes are developed to enhance the interface between the public and private components of the service with respect to roles and responsibilities.

2.2. REFERRALS AND ASSESSMENT

- The standard letter sent by the service to referrers and to specialist private providers is reviewed for appropriateness.
- The service clarifies its purpose and functions and this is made available in written form.
- The role and functions of the administrative support secretary are reviewed.
- All patients receive a full psychiatric examination including a mental state examination and this is documented.
- All patients are assessed against DSM IV or ICD10 classifications and this is noted in assessment reports and a diagnosis provided.
- Patients receive assessments from transgender specialist psychiatrists prior to referral for physician and surgeon reviews.
- Patients have a detailed physical examination from an appropriately qualified medical practitioner as part of the overall assessment and this is made available to the service, prior to approval for gender reassignment surgery.
- All assessments by the service's psychiatrists are informed by detailed written reports from other specialists involved in the patient's treatment.
- The roles of the two assessing psychiatrists arranged by the service for each patient is clarified so the treating psychiatrist and the psychiatrist providing a second opinion is evident.
- Differential diagnoses, psychiatric histories and formulations form a routine part of psychiatric assessment reports.
- A clinical risk management plan is evident for patients wherever this is indicated.
- Assessments include efforts to independently verify the views of family or other collateral sources involved.

2.3. TREATMENT AND CARE

- Goals of treatment are indicated for each patient.
- The clinical record contains notation of the monitoring and evaluation of the patient including co-morbid psychiatric conditions.
- Documentation of discussion of treatment options with the patient occurs.
- There is evidence of education of the patient and family and other identified collateral sources about the impact of gender reassignment and other related issues.
- There is evidence of an appropriate level of communication between the service's providers and other providers to ensure continuity of treatment and care.
- Quality of the 'real life test' experience of patients is monitored, documented and considered in assessments.
- The service obtains reports of hormone treatment received by patients and notes the clinician with responsibility for monitoring treatment.
- A detailed rationale for hormone therapy is evident.
- Discussion with the patient of reproductive consequences of hormone treatment is evident.
- Patients are provided with education about hormone treatment and sign consent and release forms for treatment.

2.4. PATIENT REVIEWS AND CLINICAL DECISION MAKING

- The service establishes a framework for the systematic review of patients by treating psychiatrists and relevant team members. Recommendations for gender reassignment procedures are discussed and agreed and detailed reports including a formulation and rationale are provided for independent review.
- Criteria are established for approval for gender reassignment surgery and hormone treatment.
- The service appoints an independent clinical co-ordinator to convene processes to consider patients' readiness and eligibility for gender reassignment procedures.

2.5. DISCHARGE PLANNING AND CASE CLOSURE

- Discharge planning is evident for each patient.
- The service develops criteria for case closure.
- All patient records are reviewed and cases closed as appropriate.

2.6. DOCUMENTATION STANDARDS

- The service develops a suite of documentation standards and forms to track referrals, assessment, treatment and care, clinical reviews and decision-making, discharge planning and case closure processes.

- Next-of-kin details are routinely recorded.
- All patients are assigned a hospital medical record with a unique registration number.
- Regular clinical audits occur to monitor the standard of documentation practice.

2.7. PATIENT CONFIDENTIALITY

- Patient consent is obtained for their treatment to be discussed with non-treating team personnel.

2.8. POLICIES AND PROCEDURES

- A policies and procedures manual covering all aspects of service delivery is developed to ensure consistency in clinical practice.

2.9. MEDICO-LEGAL ISSUES

- Consent and release forms are reviewed for appropriateness.
- The process of obtaining consent for surgical procedures is reviewed.

2.10. PHYSICIANS AND SURGEONS

- The service's psychiatrists ensure referrals and recommendations for gender reassignment procedures to physicians and surgeons are accompanied by appropriately detailed reports.

2.11. ALLIED HEALTH PROVIDERS

- Access to psychological assessments is improved.
- Access to counselling support for patients and families is improved.

2.12. RELATIONSHIP WITH OTHER SERVICE PROVIDERS

- The standard of referrals and information to be provided between the service and other service providers to ensure continuity of care is addressed by the service.

2.13. STAFFING PROFILE, EDUCATION AND TRAINING

- The service's staffing profile is reviewed and strengthened.
- Position descriptions to recruit new staff and for the evaluation of current staff are developed.
- A succession plan to ensure continuation of knowledge, expertise and leadership to sustain the service's viability is developed.

2.14. QUALITY ASSURANCE, PROGRAM EVALUATION AND COMPLAINTS MANAGEMENT

- Performance indicators against which the service can be measured are articulated.
- The Clinical Director, Mental Health Program, is authorised to conduct internal reviews of the service.
- A complaints management system is formalised.

3. THE CLINICAL REVIEW

3.1. BACKGROUND AND PURPOSE

As part of the National Mental Health Strategy in 1992, the Commonwealth, State and Territory Health Ministers made a range of commitments concerning the reform of mental health services. One commitment was the development and pursuit of optimal standards to ensure continuous improvement in the quality of mental health services.

Pursuant to section 105 of the *Mental Health Act 1986* (Victoria), the Chief Psychiatrist is responsible for the medical care and welfare of persons receiving treatment or care for a mental illness. As part of Victoria's commitment to continuous quality improvement in mental health services and in exercise of the Chief Psychiatrist's responsibilities under the Act, the Mental Health Branch developed a protocol for conducting clinical reviews of mental health services.

Clinical Reviews, conducted by the Office of the Chief Psychiatrist, examine how treatment and care is provided to individuals at a particular service. Clinical Reviews are conducted by a team of senior clinicians appointed as authorised officers under the terms of the *Mental Health Act*.

Clinical Review is premised on the belief that opportunities exist for improving care on the basis of peer review of clinical practice. By definition, this involves a series of judgements and opinions of experienced clinicians regarding the quality and effectiveness of psychiatric treatment and care. The review identifies areas of good practice and those aspects of clinical practice where alternative treatment activities and methods of operating may enhance service quality.

Clinical Reviews are typically of an entire area mental health service but can also be utilised to examine standards of treatment and care of discrete service components. The Gender Dysphoria Service was reviewed in this context with specific terms of reference.

3.2. TERMS OF REFERENCE FOR THE CLINICAL REVIEW OF THE GENDER DYSPHORIA SERVICE

Purpose

To review the standards of clinical policies, procedures and practices in the Gender Dysphoria Service in relation to accepted contemporary practice models for this area of clinical specialty.

Objectives

- To examine intake and referral policies and procedures including initial screening processes, and non-accepted referrals.
- To examine the consistency of assessment protocols and practices with recognised international standards.
- To examine clinical decision-making processes relating to approval for gender reassignment surgery.
- To examine internal clinical and case review mechanisms.
- To examine discharge processes and practices.

- To examine quality assurance, program evaluation and complaints processes.
- To examine organisational, professional and clinical accountability mechanisms for the Service's operations.

Methodology

- Examine policies, protocols and procedures relating to intake, assessment, and treatment and care.
- Review a sample of clinical records of current patients in the program, including those approved for surgery.
- Review a sample of documentation relating to non-accepted referrals.
- Review a sample of documentation relating to discharged patients.
- Interview key senior staff and other staff as required.

3.3. THE REVIEW TEAM

The Review Team comprised the following senior clinicians:

Associate Professor Amgad Tanaghow, Chief Psychiatrist, Department of Human Services (Review Team Leader)

Professor Graham D Burrows, Director Mental Health Clinical Service Unit, Austin Health

Mr Conrad Hauser, Senior Clinical Psychologist, Spectrum Personality Disorder Service for Victoria, Eastern Health

Ms Deanna Clancy, Senior Clinical Advisor, Office of the Chief Psychiatrist, Department of Human Services

Ms Bee Mitchell-Dawson, Senior Clinical Advisor, Office of the Chief Psychiatrist, Department of Human Services.

4. THE GENDER DYSPHORIA SERVICE: ORGANISATIONAL FRAMEWORK

4.1. DEFINITIONS

Definitions

Gender Identity Disorders are characterised by strong and persistent cross-gender identification accompanied by persistent discomfort with one's assigned sex (DSM IV)¹.

Gender Dysphoria relates to a confused or emotional state characterised by anxiety, depression and restlessness about gender identity.

Transsexualism is defined as a desire to live and be accepted as a member of the opposite sex, usually accompanied by a sense of discomfort with, or inappropriateness of, one's anatomic sex, and a wish to have surgery and hormonal treatment to make one's body as congruent as possible with one's preferred sex (ICD: F64.0).

¹ Diagnostic and Statistical Manual

ICD10² diagnostic guidelines state that for the diagnosis of transsexualism to be made, the transsexual identity should have been present persistently for at least 2 years, and must not be a symptom of another mental disorder, such as schizophrenia, or associated with any intersex, genetic, or sex chromosome abnormality.

The **Harry Benjamin International Gender Dysphoria Association** has produced a professional consensus about the psychiatric, psychological, medical, and surgical management of gender identity disorders. The *Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorders (Sixth Version)* 2001, (referred to throughout this report as 'the Standards') as well as reviewers' professional judgements about contemporary standards of clinical practice was used to inform this review.

4.2. SERVICE BACKGROUND

In Australia there are two known services specialising in assessment for gender reassignment surgery. One is in Sydney and the other is the Gender Dysphoria Service at Monash Medical Centre (MMC). Most Australian states have psychiatrists and physicians experienced in the treatment of transgendered persons.

The MMC service has a long history and evolved from a specialist clinic established at Queen Victoria Hospital (QVH). The service was transferred to MMC in 1987 following the amalgamation of QVH and Prince Henry's Hospital. The MMC service was originally managed through the Acute Health division of the hospital but subsequently transferred to the management of the Southern Health Mental Health Program in 1995.

4.3. SERVICE FACILITIES

The GDS is located with the Clayton Community Mental Health Service (CMHS) in a modern building with a pleasant environment in Clayton Road, within walking distance of MMC. The Sexuality and Relationship Counselling Service at MMC is also located in the same building. The GDS has a designated administrative office but shares all other amenities such as interview rooms, conference room and other administrative support facilities with other mental health services on the floor.

4.4. ORGANISATIONAL STRUCTURE AND STAFFING

Organisationally the GDS is a component of the Mental Health Program of Southern Health. This brings it within the responsibility of the Clinical Director of the Mental Health Program who reports to the Chief Executive of Southern Health.

The GDS is unique in its service arrangement in that its operations fall partly within the public mental health service and partly in the private sector. The key functions of the public component are to be a receiving point for referrals, and their initial management, and then to provide a co-ordinating function for subsequent referral to specialist private providers and ongoing decision making as individuals move through the program. The vast majority of clinical activity is delivered by private providers which is beyond the direct purview of the Mental Health Program.

At the time of the review, directly employed staff of the GDS comprised a part-time (0.1EFT) psychiatrist Director, a part time (0.3EFT) administrative support secretary, and a sessional (0.1EFT) clinical psychologist.

² Integrated Classification and Diagnostic Tool for Community-Based Mental Health Services

Recommendations

- ***An organisational structure that promotes accountability, improves clinical decision-making and effectiveness and enhances service capacity is created.***

- *The management of the service is strengthened to ensure the operational functions of the service and reporting relationship to the Mental Health Program are effectively addressed.*
- *Processes are developed to enhance the interface between the public and private components of the service with respect to roles and responsibilities.*
- *The service's staffing profile is reviewed and strengthened.*
- *A succession plan to ensure continuation of knowledge, expertise and leadership to sustain the service's viability is developed.*

5. THE GENDER DYSPHORIA SERVICE: CLINICAL PRACTICE

5.1. ACCESS AND REFERRALS

Referral data provided by the service showed there were 711 referrals during the period 1993-2003. Area of origin was recorded for 662 persons.

Table 1: Number of referrals for the 1993-2003 by area of origin

<i>Area of origin</i>	<i>Number of persons</i>	<i>Percentage</i>
Victoria	425	59.8%
Interstate	231	32.5%
New Zealand	5	0.7%
Overseas (Japan)	1	0.1%
Not recorded	49	6.9%

Of the 711 referrals, 93 persons (13.1%) did not attend for assessment and 51 persons (7.2%) attended only once.

The referral source was recorded in 686 (96.5%) cases as follows:

Table 2 : Number of referrals for the period 1993-2003 by referral source

<i>Referral source</i>	<i>Number of referrals</i>	<i>Percentage</i>
General Practitioner	517	72.8%
Psychiatrist	158	22.2%
Endocrinologist	9	1.3%
Youth Worker	1	0.1%
Prison	1	0.1%
Not recorded	25	3.5%

Referral pathway and process

Recommendations

- *The referral protocol is reviewed to include more explicit referral criteria, including exclusion criteria.*
- *The standard letter sent by the service to referrers and to specialist private providers is reviewed for appropriateness.*
- *The service clarifies its purpose and functions and this is made available in written form.*
- *The role and functions of the administrative support secretary are reviewed.*

5.2. ASSESSMENT AND DIAGNOSIS

Recommendations

- ***All patients receive a full psychiatric examination including a mental state examination and this is documented.***
- ***All patients are assessed against DSM IV or ICD10 classifications and this is noted in assessment reports and a diagnosis provided.***
- ***Patients receive assessments from transgender specialist psychiatrists prior to referral for physician and surgeon reviews.***
- ***Patients have a detailed physical examination from an appropriately qualified medical practitioner as part of the overall assessment and this is made available to the service, prior to approval for gender reassignment surgery.***
- ***All assessments by the specialist psychiatrists are informed by detailed written reports from other specialists involved in the patient's treatment.***
- ***The roles of the two specialist psychiatrists arranged by the service for each patient is clarified so the treating psychiatrist and the psychiatrist providing a second opinion is evident.***
- ***Differential diagnoses, psychiatric histories and formulations form a routine part of psychiatric assessment reports.***
- ***A clinical risk management plan is evident for patients wherever this is indicated.***
- ***Assessments include efforts to independently verify the views of family or other collateral sources involved.***

5.3. TREATMENT AND CARE
PSYCHOTHERAPY AND OTHER TREATMENT

REAL LIFE EXPERIENCE

HORMONAL TREATMENT

Recommendations

- ***Goals of treatment are indicated for each patient.***
- ***The clinical record contains notation of the monitoring and evaluation of the patient including co-morbid psychiatric conditions.***
- ***Documentation of discussion of treatment options with the patient occurs.***
- ***There is evidence of education of the patient and family and other identified collateral sources about the impact of gender reassignment and other related issues.***
- ***There is evidence of an appropriate level of communication between the service's providers and other providers to ensure continuity of treatment and care.***
- ***Quality of the 'real life test' experience of patients is monitored, documented and considered in assessments.***
- ***The service obtains reports of hormone treatment received by patients and notes the clinician with responsibility for monitoring treatment.***
- ***A detailed rationale for hormone therapy is evident.***

- *Discussion with the patient of reproductive consequences of hormone treatment is evident.*
- *Patients are provided with education about hormone treatment and sign consent and release forms for treatment.*

5.4. PATIENT REVIEWS AND CLINICAL DECISION MAKING

INTERNAL CLINICAL AND CASE REVIEW

DECISION MAKING REGARDING SURGERY

Recommendations

- ***The service establishes a framework for the systematic review of patients by treating psychiatrists and relevant team members. Recommendations for gender reassignment procedures are discussed and agreed and detailed reports including a formulation and rationale are provided for independent review.***
- ***Criteria are established for approval for gender reassignment surgery and hormone treatment.***
- ***The service appoints an independent clinical co-ordinator to convene processes to consider patients' readiness and eligibility for gender reassignment procedures.***

5.5. DISCHARGE PLANNING AND CASE CLOSURE

Recommendations

- ***Discharge planning is evident for each patient.***
- ***The service develops criteria for case closure.***
- ***All patient records are reviewed and cases closed as appropriate.***

5.6. DOCUMENTATION STANDARDS

Recommendations

- *The service develops a suite of documentation standards and forms to track referrals, assessment, treatment and care, clinical reviews and decision-making, discharge planning and case closure processes.*
- *Next-of-kin details are routinely recorded.*
- *All patients are assigned a hospital medical record with a unique registration number.*
- *Regular clinical audits occur to monitor the standard of documentation practice.*

5.7. PATIENT CONFIDENTIALITY

Recommendation

- *Patient consent is obtained for their treatment to be discussed with non- treating team personnel.*

5.8. POLICIES AND PROCEDURES

Recommendation

- *A policies and procedures manual covering all aspects of service delivery is developed.*

5.9. MEDICO-LEGAL ISSUES

Recommendations

- ***Consent and release forms are reviewed for appropriateness.***
- ***The process of obtaining consent for surgical procedures is reviewed.***

5.10. PHYSICIANS AND SURGEONS

Recommendation

- ***The specialist psychiatrists ensure referrals and recommendations for gender reassignment procedures to physicians and surgeons are accompanied by appropriately detailed reports.***

5.11. ALLIED HEALTH PROVIDERS

Recommendations

- ***Access to psychological assessments is improved.***
- ***Access to counselling support for patients and families is improved.***

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5.12. RELATIONSHIP WITH OTHER SERVICE PROVIDERS

Recommendation

- *The standard of referrals and information to be provided between the service and other service providers to ensure continuity of care is addressed by the service.*

6. TRAINING AND EDUCATION

6.1. STAFF SUPERVISION, EDUCATION AND TRAINING

Recommendation

- *Position descriptions to recruit new staff and for the evaluation of current staff are developed.*

7. QUALITY ASSURANCE, PROGRAM EVALUATION AND COMPLAINTS MANAGEMENT

Quality Assurance and Program Evaluation

Recommendations

- *Performance indicators against which the service can be measured are articulated.*
- *The Clinical Director, Mental Health Program, is authorised to conduct internal reviews of the service.*

Complaints Management

Recommendation

- *A complaints management system is formalised.*

8. CONCLUSIONS

The Gender Dysphoria Service has been maintained over a considerable period of time and over a few health service reorganisations through the interest and commitment shown by staff associated with the service.

The service received limited public mental health funding to provide a co-ordination role for the assessment of persons with gender dysphoria. It also received some funding towards assisting selected patients to meet their Medicare gap payment costs for surgical gender reassignment procedures.

Persons referred to the service were assessed by two of three private psychiatrists experienced in treating patients with gender identity issues. Gender reassignment surgery was performed by two private surgeons and hormone therapy was provided by a private endocrinologist who all held honorary appointments at Monash Medical Centre.

Allied health services were provided largely through private provider arrangements with speech therapists and a clinical psychologist all with long association with the service. The service also funded sessions of a clinical psychologist who provided psychometric testing and assessment for patients referred by the psychiatrist.

The records of private practitioners were outside the scope of the Clinical Review and the thirty-five records examined at the service had limitations in this regard and could not be considered as complete records of the interventions provided. The purpose of the Clinical Review was to examine standards of practice at the service and to recommend improvements where these were identified. The service clearly needs to review its referral processes and ensure its purpose and functions are defined for referrers. It also needs to develop processes to underpin assessment, clinical review and decision making to ensure consistency in standards of practice.

The development of a standardised suite of documentation would greatly improve opportunities to follow assessment and treatment pathways and decisions made in the continuum of treatment and care. The service also needs to develop criteria for acceptance into its program and to establish a rigorous process for approving eligibility for gender reassignment procedures. Discharge planning needs to occur and criteria must be developed for case closure wherever this is identified. Workforce issues of succession planning, training and education needs to be addressed if the service is to be sustained in the future. An appropriate organisational framework would ensure clinical accountability and governance issues are met.