

3 February 2025

Dear MSAC Secretariat

**1754 - Patient consultations and surgical procedures for gender affirmation in adults with gender incongruence**

The AMA is writing to reaffirm our support changes proposed by the Australian Society for Plastic Surgeons Inc. (Application 1754) to the current funding arrangements for surgical procedures and better facilitation of a multi-disciplinary best model of care framework for adult patients pursuing medical interventions for gender affirmation.

We understand that the application is now at the stage of being considered by the PICO Advisory Sub-Committee (PASC) and Evaluation Sub-Committee (ESC), and the PICO framework for assessment has been used, investigating the Population, Intervention, Comparator and Outcome.

The PICO confirmation comes to conclusions that the AMA supports, regarding the positive outcomes to the intended population of those experience gender incongruence, who would benefit from the proposed updates to the Medicare Benefits Schedule (MBS).

Gender-affirming care is linked with a range of positive health outcomes for people who are trans and gender diverse. Cross-sectional data of more than 27,000 participants indicates that having a health provider that understands someone's gender identity and treats them with respect is associated with **significant reductions in depression and suicidal thoughts**.<sup>i,ii</sup> There is a need to update the MBS to promote to promote multidisciplinary care frameworks. The provision of gender-affirming treatment, like all medical care, should include discussion with patients about the risks and benefits of each potential treatment pathway, including acknowledging areas and treatments for which evidence is still emerging. Where the long-term effects of treatments are unknown, this should be clearly communicated with patients along with information about identified short- and medium-term effects. Treatment and legal guidelines are important resources that doctors should use to guide their provision of gender-affirming treatments.<sup>iii,iv,v</sup>

We reiterate as per our previous correspondence to the MSAC regarding the application, that the current funding arrangements are not fit for purpose and the absence and/or inadequate funding for a multidisciplinary best model of care framework for patients pursuing medical interventions for gender affirmation is potentially detrimental to both physical, emotional and mental aspects of their health.

Yours sincerely

Dr Danielle McMullen  
**President**

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<sup>i</sup> Kattari SK et al (2020) *Correlations between healthcare provider interactions and mental health among transgender and nonbinary adults*. SSM Population Health 2020; 10(April):100525.

<sup>ii</sup> Kattati EK et al (2016) *Exploring the relationship between transgender-inclusive providers and mental health outcomes among transgender/gender variant people*. Social Work and Health Care 2016;55(8):635-650.

<sup>iii</sup> Telfer M et al (2020) *Australian Standards of Care and Treatment Guidelines for trans and gender diverse children and adolescents*. Retrieved 09/2021 from:

<https://www.rch.org.au/uploadedFiles/Main/Content/adolescent-medicine/australian-standards-of-care-and-treatment-guidelines-for-trans-and-gender-diverse-children-and-adolescents.pdf>

<sup>iv</sup> Cheung AS et al (2019) *Position statement on the hormonal management of adult transgender and gender diverse individuals*. Medical Journal of Australia 2019;211(3):127-133.

<sup>v</sup> Inner City Legal Centre (2019) *Transgender children and medical treatment: the law*. Retrieved 09/2021 from: <https://www.iclc.org.au/wp-content/uploads/2019/06/Getting-treatment-final-version-1-August.pdf>