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Dear Associate Professor Dean,

On behalf of the Royal Australasian College of Surgeons (RACS), we would like to congratulate and support you in your capacity as the President of the Australian Society of Plastic Surgeons (ASPS), and ASPS's hard work in relation to *The Australian Gender Affirming Surgery Roundtable* held last 2nd December 2023 in Sydney, and its subsequent report.

Medicare rebates

RACS recognises the need for improved surgical services for gender incongruence which exist in Australia today. RACS also accepts that there is a lack of transparency associated with tax-payer-funded gender affirming surgery services for adults in the form of Medicare rebates for private hospital treatment and state-based public hospital services. The lack of clarity for Medicare Benefits Schedule (MBS) items to claim can cause distress for surgeons who simply wish to be follow the right compliance regime provided by Medicare.

USANZ and HPAC

At a recent Urological Society of Australia and New Zealand (USANZ) and Australia and New Zealand Urological Nurses Society ASM 2024 meeting, a full workshop and a separate plenary session on this very topic was conducted in February 2024. It highlighted the importance of this surgery to all our fellows and trainees. Our Chair of RACS Health Policy and Advocacy Committee (HPAC) Professor Mark Frydenberg (urology surgeon) delivered a very important lecture on '*Diversity & Inclusion*' at the USANZ Annual Scientific Meeting on our behalf which supports the MSAC Application 1754 '*A new MBS Item for Patient consultations and surgical procedures for gender affirmation in adults with gender incongruence*'. Professor Frydenberg's insightful comments alongside HPAC help to create RACS's current position.

RACS's Position

RACS with the assistance of HPAC, would like to add further comments. Only a handful of Australian surgeons offer certain gender-affirming procedures. However, RACS would emphasize the need to have the whole transition process fully funded, inclusive of a psychology team, multidisciplinary team (MDT), nursing team, endocrinology team, all other relevant surgical specialties etc. The main debate is when is the appropriate age, who decides that, and can one perform gender reaffirming surgery to a minor with parental and MDT consent. Does one have to wait until the age of consent, with the understanding that much of the psychological damage and bullying occurs for individuals who are under 16 years of age. Great to see this area advance , and we must strongly support the MBS item number submissions.



Conclusion

To summarise, RACS have assisted in this space in the past and collaborated with our RACS ACT Committee on the issues reflected within the Gender Affirming Surgery Report and the MSAC consultation 1754. Our narrative as guided by our fellows via HPAC and the ACTC has been consistent along the following points-

1. In principle Gender Affirming Surgery should be strongly supported
2. Further clarity is required regarding proof that a multidisciplinary team was established prior to making decisions regarding surgery and claiming surgical MBS items (i.e. 1754 - Patient consultations and surgical procedures for gender affirmation in adults with gender incongruence).
3. Clarity is required regarding the consent processes if the patient is under 16 years old. Alternatively, item numbers should be limited to only apply once the adolescent reaches age of consent.
4. Specific surgical challenges include-
 - a. a need for surgical teams - plastics, urology, colorectal,
 - b. how to construct a good surgical team,
 - c. how to encourage more surgeons to be involved in care,
 - d. emphasizing the other non-technical qualities and competencies required etc.

RACS supports the ASPS advocacy to the Australian Federal government to add gender-affirming surgery to Medicare, and we look forward to working collaboratively with the ASPS regarding the above points and when the Federal Department of Health and Aged Care explores the possibilities of adding 21 items to the MBS.

When the time is right, may we suggest a meeting of minds between ASPS and RACS with our clinical leads in this field so as to better unite our efforts for positive change.

Yours sincerely,



Associate Professor Kerin Fielding
President, RACS

CC: Professor Mark Frydenberg, Councillor, Chair Health Policy and Advocacy Committee