

07-03-2025

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**Submission to the Medical Services Advisory Committee (MSAC) Regarding MSAC Application 1754:
Surgical Procedures for Gender Affirmation in Adults with Gender Incongruence**

Submitted on behalf of the Royal Australasian College of Surgeons (RACS)

Introduction

The Royal Australasian College of Surgeons (RACS) valued the opportunity to contribute to this MSAC consultation, Application 1754, supporting the creation of new MBS items for surgical procedures applicable to gender affirmation in adults diagnosed with gender incongruence. We would like to recognize the leadership of the Australian Society of Plastic Surgeons and the Urological Society of Australia and New Zealand in this important area and appreciate their commitment to ongoing work on improving access to healthcare for transgender and gender-diverse people in Australia. RACS has also endeavoured to answer the Survey Questions as located under Appendix 1 of this submission. RACS would also like to recognise the surgical experts in the field, particularly professional bodies like the Australian Society of Plastic Surgeons (ASPS) and The Urological Society of Australia and New Zealand (USANZ). Please refer to these two highly esteem bodies for more expert clinical detail and minutia advise as this application progress.

Background

The Royal Australasian College of Surgeons (RACS) is the leading advocate for surgical standards, professionalism, and education in Australia and Aotearoa New Zealand. It represents over 8,300 surgeons and 1,300 surgical trainees and Specialist International Medical Graduates (SIMGs). As a not-for-profit organisation, RACS funds surgical research, supports healthcare, and provides surgical education in the Indo-Pacific. The College trains surgeons in nine specialties: Cardiothoracic, General, Neurosurgery, Orthopaedic, Otolaryngology Head and Neck, Paediatric, Plastic and Reconstructive, Urology, and Vascular surgery.

RACS's Position

1. Support for Gender Affirming Surgeries

RACS strongly believes that gender-affirming surgical services are an essential part of healthcare for adults with diagnosed gender incongruence. We are aware of the strong evidence that exists, which proves that access to gender-affirming surgery results in significant improvements in health-related quality of life, mental health outcomes, and overall well-being in transgender individuals.¹

2. Need for Clear MBS Pathways

The current absence of dedicated MBS items for gender-affirming surgery creates problems both for patients and surgeons. Transparent, specific MBS item numbers will:

- Facilitate access to care
- Give clarity for surgeons on compliance
- Minimise administrative burden and distress from vague billing practices

We support the ASPS proposal to create new, dedicated MBS items that ensure appropriate care in public and private settings.

3. Multidisciplinary Team (MDT) Requirements

RACS emphasizes that gender-affirming care should be incorporated into a broader care perspective. A well-rounded multidisciplinary team—surgeons, endocrinologists, mental health professionals, and nursing staff—ensures comprehensive care and superior results.²⁻⁴ Guidelines should be clearly stated to involve an MDT before surgery to ensure thorough assessment and support.

4. Surgical Workforce Challenges

There is a pressing need to:

- Encourage greater numbers of surgeons to practice gender-affirming surgery.
- Provide clearly defined training pathways and ongoing professional development.
- Nurture an inclusive, supportive environment in surgical departments, which is representative of diversity and equity.^{5, 6}

We also want to emphasize the importance of non-technical competencies like empathy, cultural competency, and communication in the care of transgender individuals.

Key Issues

1. **Regret and Complication Rates:** The peer-review evidence submitted in the ADAR application supports that the rates of regret for gender-affirming surgery are low and complication rates are no different from other surgical procedures.^{4, 7}
2. **Mental Health Impact:** Evidence underlines that, without access to gender-affirming care, individuals are at increased risks for depression, anxiety, and suicidality.⁸ In contrast, access to surgery leads to measurable improvements in psychological well-being and quality of life.^{9, 10}
3. **Consultation and Consent:** While this application refers only to adults, discussion in the future may relate to issues of age and consent. RACS considers that strong frameworks are required to support ethical and medically responsible practices.¹¹

Conclusion

RACS supports in principle the MSAC Application 1754 and the implementation of specific MBS items for gender-affirming surgery, in line with the positions adopted by our recognised professional bodies and experts in the field the ASPS and the USANZ who should be referred to at great length hence onwards by MSAC. We believe this step is essential to enhance access to healthcare, ensure surgical compliance, and ultimately lead to better health outcomes for transgender adults.

We look forward to continuing to work with ASPS, USANZ, and other stakeholders to progress gender-affirming care in Australia.

Respectfully submitted,

Royal Australasian College of Surgeons (RACS)

Consultation Survey Responses: MSAC Application 1754

Submitted on behalf of the Royal Australasian College of Surgeons (RACS)

1. Describe your experience with the medical condition (disease) and/or proposed intervention and/or service relating to the application summary.

The RACS has a wide representation of the surgical specialties and has participated in active discussions about Gender Affirming Surgery. Our Health Policy and Advocacy Committee (HPAC) has worked closely with key expert stakeholders such as ASPS and the USANZ to address the complexity around surgical interventions for gender incongruence. This includes contributing to various forums, including the *Australian Gender Affirming Surgery Roundtable*, where we have emphasised the need for standardised and equitable access to Gender Affirming Surgery. Both ASPS and USANZ should be a part of any future discussion in relation to this matter and in the pursuit of a comprehensive review. To leave these bodies out would be a detriment to the healthcare system and patients alike.

2. What do you see as the benefit(s) of the proposed medical service, in particular for the person involved and/or their family and carers?

Benefits are far reaching:

- **Improved Mental Health:** Reduce rates of depression, anxiety, and suicidality in transgender people.
- **Better Quality of Life:** Convergence of appearance with gender identity greatly enhances well-being.
- **Family and Carer Support:** Clear pathways and funding reassure families and carers that their loved ones are receiving validated, high-quality care.

3. What do you see as the disadvantage(s) of the proposed medical service, in particular for the person involved and/or their family and carers?

Potential disadvantages are mainly logistical and systemic:

- **Access and Waiting Lists:** An inadequate surgical workforce, along with restricted public funding, might lead to lengthy waiting lists.
- **Geographical Equity:** Access for patients living in rural or regional areas to the expertise of specialized surgical teams may be problematic.
- **Out-of-Pocket Costs:** Even when MBS items are applicable, ancillary costs might impose a financial burden.

Critique: For example, USANZ has informed the college that the proposed fees of many of the genital gender affirmation procedures don't match the surgical procedures and complexities. RACS support our colleagues at USANZ that this relates to the lack of understanding of what is involved in certain procedures. For example, the fee for a skin sparing mastectomy is \$1993.85; and the proposed fee for a phalloplasty is somewhere between \$1400 and \$2400. We understand that the proposed fee schedule is subject to further review, and RACS encourages MSAC to discuss these matters further with USANZ.

4. What other benefits can you see from having this intervention publicly funded?

- **Equity of Access:** Public funding ensures equity of access for all patients, regardless of socio-economic status, to receive necessary care.
- **Standardization of Care:** Procedures funded through MBS provide incentives for adhering to best practice guidelines and MDT involvement.
- **Reduced Health Care Burden:** Improvement in mental health outcomes has the effect of reducing the utilisation of mental health services in the longer term.

5. What other services do you believe need to be delivered before or after this intervention, e.g., Dietician, Pathology, etc.?

Comprehensive care requires:

- **Mental Health Support:** Pre- and post-operative psychological assessments and therapy.
- **Endocrinology:** Hormonal assessments and ongoing management.
- **Speech Therapy:** For voice alignment, if required.
- **Physiotherapy:** Post-surgical rehabilitation.
- **Dietetics:** Support during transition phases and post-surgery recovery.

Critique: Following advice from USANZ there may be a slight lack of description of who should be operating, and what training is required. This may warrant a “Grandfather clause” or something along that line, with further stipulation of training requirements to ensure adequate understanding of patient’s needs and care (including psychological, endocrine, and surgical care), good outcomes, and low complication rate.

6. Do you agree or disagree with the proposed population(s) for the proposed medical service?

Agree.

The proposal is in line with the current international standards, such as the World Health Organization’s (WHO) International Classification of Diseases (ICD-11) classification. Non-binary persons need to be recognized as they form a substantial number in the trans population and present similar health burdens.

7. Have all the associated interventions been adequately captured in the application summary?

No, Focusing on adults and the surgical aspects of gender affirmation is welcome. Any future guidelines need to ensure MDT involvement and pre-/post-operative care pathways explicitly.

Critique: Concerns exist as to the unanticipated consequence impacting specialties and certain procedures. Respectfully, a plastic surgeon can perform 4–5 masculinization mastectomies per day, whereas a free flap phalloplasty, done well, requires two surgeons and a full day. RACS encourages MSAC to discuss any potential knock-on effects with our professional bodies USANZ and ASPS.

8. Do you agree or disagree with the comparator(s) to the proposed medical service?

Agree

The comparators represent standard care without access to gender-affirming surgery, reflecting the enormous health disparities found in individuals who are denied these procedures.

9. Do you agree or disagree with the clinical claim made for the proposed medical service?

Agree.

The clinical claim is well-supported by evidence demonstrating low regret rates, manageable complication rates, and substantial improvements in mental health and quality of life.

10. Do you agree with the proposed service descriptor?

Agree.

It accurately captures both the scope and intent of the surgical gender-affirming procedures in adults.

11. Do you agree with the proposed service fee (\$1,335.70 AUD)?

No

While the fee appears reasonable considering the complexity of these procedures, it needs to be periodically reviewed to cover the costs associated with multidisciplinary care and surgical expertise.

Critique: There are outlier concerns which was brought to our attention by the expert body USANZ. Reimbursement for phalloplasty seems too low. The issue we see here unfolding is whether private hospitals will be reasonably reimbursed or whether it won’t generate income for them. Therefore, will such procedures be profitable and hence offered, by the private sector? This may create an adverse health economic rippling effect. RACS encourages MSAC to consult professional bodies USANZ and ASPS.

12. Do you have any additional comments on the proposed intervention and/or medical condition (disease) relating to the proposed medical service?

RACS highlights that Gender Affirming Surgery surgeons need continuous training and support. Workforce shortages and the delivery of quality care will be met through clear pathways and incentivisation.

13. Do you have any comments on this feedback survey? Please provide comments or suggestions on how this process could be improved.

The survey process is comprehensively clear. A recommendation would be to include a section to gather insights into the possible barriers to implement proposed changes and ensure practical considerations are addressed in policy development.

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