

## July News

Hi everyone and apologies for the long silence, it's been a busy stretch at AusPATH. But here's the latest to report on some of the projects we have been working on.

### Membership

AusPATH is larger than it's ever been, with 643 members nationally. But we're also keen to keep our numbers growing.

### Listserv Spam

AusPATH Listserv messages should be appearing in your inbox once more. We think we've solved the problem of emails going straight to Junk or Spam folders, but please let us know at [info@auspath.org.au](mailto:info@auspath.org.au) if this is still a problem.

### Project 491 – Where We're At and What We're Doing Next

Since launching at the beginning of February, we've been adjusting Project 491 to better support families in Queensland who've lost access to gender affirming care. We've got a highly skilled sub-committee of AusPATH members overseeing 491 and their work has been central to keeping the process stable, consistent, and scalable.

A lot of work has gone into setting Project 491 up, and now that the structure is in place, AusPATH is shifting focus to increasing awareness of the support available to families in QLD. The ideal outcome is that we reach the limit of the families we can help, and then use that momentum to find ways to support even more.

Working on Project 491 has offered real insight into how gender affirming care is currently operating in Australia. What's clear is that while hospital-based gender services are essential to the public system, in a time of crisis, such as we're seeing in Queensland, we have to return to the strength of our Standards of Care.

The NHMRC review process is currently underway, but in the meantime, we already have clearly defined standards outlining what a multidisciplinary team is and what it must include. AusPATH believes that we need to trust that. When a state government goes to the extreme measure of limiting or pausing essential services, the existing standards provide a pathway for safe, evidence-based care

regardless of setting. Public Gender Services remain essential in Australia, especially for young people with complex needs.

It's also fair to say that, due to broader workload pressures, AusPATH hasn't yet fully taken advantage of the support and momentum behind Project 491. That's something we want to change. The interest and goodwill around 491 are clear, and now that the core model is in place, we're looking at how to extend its reach and make more families aware of what we offer.

### **Queensland Independent Review of Stage 1 and Stage 2 hormone therapies in public paediatric gender services (IRIS 1+2) – Strategic Update and What We're Doing About It**

*The Independent Review of Stage 1 and Stage 2 hormone therapies in public paediatric gender services (IRIS 1+2)* in Queensland is underway until July 29th, and it's looking like QLD is attempting to replicate aspects of the Cass Review. AusPATH could most certainly be wrong on this, but here's what's making us feel less optimistic:

1. Professor Vine has opted for a social inclusion model to frame the review, meaning that instead of focusing on the evidence and lived experience of trans people and their families, they are prioritising the survey's responses to favour broader public anxieties about gender affirming care.
2. The Survey is placing higher value on some themes and not accounting for others, prioritising: regret, bone density, and cognitive development while ignoring what we actually see in practice: high satisfaction, better mental health outcomes, and improved quality of life.
3. The portal is set up with tight word limits. And while the review has adjusted the word count up from 150 words per box to something closer to 800 words, there is only one final open question where families, allies and community can discuss the perspective of lived experience. When you consider how specific the collection of information around regret, bone density, and cognitive development is for most of the survey (not to mention manageable when processing the final survey), that final open topic box is going to contain an enormous variation of topics - something that will be much more and maybe even impossible to process in a way that does justice to the responses. Now, seeing that all the most meaningful responses around the benefits of GAC (i.e. anecdotes, testimony and lived experience) will be in the one final submission box you can begin to get a sense of why everyone is feeling uneasy about where the Vine Review might be heading.
4. The Terms of Reference make it clear that the Vine Review isn't going to have time to do an in-depth analysis of evidence on Stage One and Two.



Neither is there any guarantee that the IRIS 1+2 survey will influence the outcome of the overall Review. And finally, the Vine Review Team itself have no say over whether a final report will be published and made public. As far as we can tell, its looking like the outcome of the review will remain an internal Queensland Health document.

**However, it's still very important that as many people complete the IRIS 1+2 Survey as possible. In particular members of AusPATH have an invaluable contribution to make from their professional perspective.**

Over the last fortnight, AusPATH has been brainstorming some kind of guide to make filling out IRIS 1+2 easier. But really, at the end of the day AusPATH members need to draw on their individual experiences and professional knowledge to fill in the questions as best you can.

### **AusPATH Guide for its professional members to complete IRIS 1+2.**

1. Go to the Survey site and make a copy of the questions. The survey can be access [here](#).
2. Answer the questions on a separate word, pages or google doc and save those answers.
3. When answering the IRIS 1+2 survey questions try to avoid getting too angry or frustrated by how leading the questions are. Importantly, try to stay on topic. While we can't confirm this, it's not out of the question that the assessors of the IRIS 1+2 will be looking to remove anything they don't consider relevant to the question, regardless of whether you do.
4. Keep a copy of your questions, as once submitted you won't have access to your responses.
5. Go for a walk, talk with your colleagues, and invest in a little self-care.

### **AusPATH 's Lived Experience Survey to complete after IRIS 1+2.**

For Families and those with lived experience, your voices are essential and have clearly not been included as part of the Vine Review. To remedy this, AusPATH has created its own lived-experience survey:

[OUR VOICES MATTER: A COMMUNITY SURVEY ON TRANS HEALTHCARE IN QUEENSLAND](#)

We're asking those with lived experience—young people, families, carers; anyone directly impacted—to share their stories of how gender affirming care has helped them. We need to make sure first-hand accounts of the benefits of Gender



Affirming care are front and centre, especially if the IRIS 1+2 review is setting up to exclude or marginalise in the way that the Cass review did.

We'll keep the survey open through July and August and present the stories to the QLD Health Minister and media in November.

You can also access the adjacent survey on the AusPATH website in our Latest Activity section, [here](#) and I would especially like to acknowledge the work of Ian Down at LHA for his help in the drafting of survey.

**Please encourage the families and community you work with to complete the Our Voices Matter Surveys.**

## **AusPATH 's General Guide for complet ing IRIS 1+2.**

And finally, For healthcare professionals, or anyone else who wants to make a submission but doesn't feel they have enough knowledge here's a link to a third IRIS 1+2 submission option:

[Queensland Vine Review - Draft Responses to Submission Questions](#)

The draft responses are currently available on AusPATH's ***Latest Activity*** page. They've been compiled by a range of experts, groups, and organisations to provide useful information and references to help make your submission more relevant and well-informed. Please use this material to guide and shape your submission. Please don't copy and paste. AusPATH really wants to acknowledge just how much work has gone into this document by the various participants in the short time we've had.

## **Anti Discrimination Changes in NSW**

As of 1 July, the NSW Pride Bill comes into effect, including formal protections against suppression and conversion practices. This is a significant legislative shift, and one we see as deeply relevant to AusPATH's work. While the law is now in place, its practical impact will depend on how well it's understood – and how confidently community and health professionals can apply it when they see or hear about these practices in their professional work.

We're looking at ways to up-skill our members to be better informed and quicker to report. As a first step, AusPATH has submitted a complaint to the Anti-Discrimination Board of NSW regarding Therapy First's published protocols for practicing Gender Critical psychotherapy. We'll continue to keep members updated as the complaint progresses.



## **WPATH 2028**

AusPATH submitted a bid to host WPATH 2028. We are delighted to announce that we have made it to the final four cities. It is now up to WPATH members to vote. The voting opportunity will be circulated to WPATH members soon. **Please look out for this if you are a WPATH member and don't forget to vote for Sydney!**

## **For next time:**

- Leading the world on Gender Affirming Care at our Hobart 2025 Conference.
- Hope for Public Access to Gender Affirming Surgery in Australia grows
- AusPATH is in pre-planning for an Australian GAC Psychologist's Standard of Care

Oh and happy Pride Month for June!

Eloise,

CEO of AusPATH