

**From:** [David Rosengren](#)  
**To:** [REDACTED]  
**Cc:**  
**Subject:** Draft HIB Cairns Sexual Health  
**Date:** Friday, 6 December 2024 5:46:28 PM  
**Attachments:** [CONFIDENTIAL HIB - Paediatric Gender Service v4.docx](#)

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Again - as discussed - this will be a rapidly progressing situation over the next week as further details are resolved  
Will have a PPQ for next week  
DR

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# Hot Issues Brief

## Cairns Sexual Health: Paediatric Gender Service 6 December 2024

### Issue

- On review of the Paediatric Gender Service at Cairns Hospital it has been identified that there are significant risks relating to credentialling and scope of practice of CTPI clinical care models, and medicolegal concerns relating to consent and reputational risk to the Cairns and Hinterland Hospital and Health Service (CHHHS).
- Clinical issues have been identified of individual clients across the care continuum including variation in follow up time frames and delayed clinical investigations.
- It has been identified that two CTPI clients, who were CTPI old at the initiation of gender affirming hormone treatment did not have parental consent and the parents were not aware of the treatment being provided.

### Background

- There are currently 37 paediatric clients on CHHHS Paediatric Gender Services.
- The age of Paediatric Gender Service clients on medication (17) includes: CTPI CTPI
- Of the total Paediatric Gender Clients (37), 14 are new referrals which are planned to transfer to Childrens Hospital Queensland (CHQ), six are in various stages of pre-medication assessment pathway, and the remaining 17 patients have commenced on active medication treatment.
- Those on medication include CTPI on puberty suppression CTPI on oestradiol CTPI on testosterone CTPI
- The Paediatric Gender Service was commenced without an agreed model of care more than five years ago, managed by CTPI, who was in the position of CTPI.
- A Public Interest Disclosure (PID) was received on CTPI CTPI concerns with clinical decision making CTPI CTPI. A letter was sent to CTPI to cease treating adolescents 14 years and under and that all patients would be referred to CHQ.
- CTPI
- CTPI
- A report identifying concerns and risks across the service was completed in August 2024.

- This report identified concerns regarding the clinical governance of the service, clinical capability of the remaining clinicians with this cohort of clients, medico legal risk regarding treatment initiation in the absence of service protocols and a lack of access to Paediatric Endocrinology or Child Psychiatry Specialists.
- The client records within the service did not meet minimum standards for documentation and have required MDT to understand potential missed comprehensive care treatments.
- Following this report, engagement with Queensland Childrens Gender Service (QCGS) was established to review all clients.
- A meeting was held with QCGS on 9 October 2024 to review the risks raised by CHHHS with the service.
- On 7 November 2024, there was an immediate suspension of any further intake of clients under 18 years of age into the service.
- Further there was the establishment of a multidisciplinary team (MDT) for current clients under 18 years of age, who are accessing the service for Gender Care with the involvement of QCGS Paediatric Endocrinologist, Child Psychiatry and senior Allied Health staff which included minimum standards for documentation.
- All clients under 14 years of age are planned to transfer to QCGS.
- All clients on the waiting list who have not started assessment processes are planned to transfer to QCGS (currently 13 clients under 18 years of age).
- A fortnightly MDT with CHHHS and QCGS commenced on 28 October 2024, to provide specialist involvement into care provision and has been undertaken fortnightly. To date 10 patients have been discussed. All these patients are on the medication pathway and with this specialist review has increased the known risk of treatment undertaken with this cohort.
- There is emerging evidence from MDT that within the Cairns Paediatric Gender Service, clinical assessments usually undertaken to determine gender dysphoria and appropriate medical intervention have not occurred fully in line with Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents.
- The specific clinical issues raised include delay in clinical investigations, with CTPI CTPI having had delayed blood tests (<12 months overdue). CTPI have not had bone mineral density investigations completed or are overdue.
- Delay in follow up. CTPI CTPI
- Consent, Gillick competence documentation is poor with difficulty in determining who and how competence was determined.
- Lack of specialist input, as several clients with possible complex mental health conditions have not had any CYMHS input as a part of their gender care pathway. There has been no paediatric endocrinology or paediatrician as part of care outside of the recently established QCGS MDT pathway. Reference to fertility discussion and referral to private fertility specialist is inconsistent.
- These clinical issues are based on the MDT process relating to 10 of the 17 clients on medication. The remaining seven having not had an MDT present further unknown risk at this time.
- Two patients have no documentation or evidence of parental consent as identified through preparation for the MDT on 25 November 2024, these are currently CTPI CTPI clients who commenced medication treatment as CTPI . CTPI

clients have been on treatment for 1 year and CTPI has been on treatment for 9 months.

- **CTPI**
- At this stage as this is emerging there has been no communication on the items raised above or actions taken to date with patients or wider staff of the service. A communication strategy is being completed for review and will include open disclosure occurring for all patients and families.

## Actions to date

- MDT with QCGS and CHQ has completed 10 of the 17 medication clients with seven remaining to be completed by Monday 9 December 2024.
- **CTPI**
- **CTPI**
- Escalation through HSCE CHHS with DG, DDG and CEO CHQ.
- CHHS has requested experienced medical expertise through CHQ to undertake clinical review of patients within Cairns Paediatric Gender Services.
- Meeting held 6 December 2024 with DDG, QCGS and CHQ on immediate prioritisation of the remaining 7 patients' patients through MDT by COB 9 December 2024, open disclosure, and clinical review actions.
- Open disclosure planning to be undertaken on completion of MDT 6 December 2024, including overview of issues for each client and feedback to be provided, including who will action this. These will be completed with medical, patient and family present in person at Cairns.
- Clinical review to be coordinated to commence within the next week.
- To be confirmed by 6 December 2024, that remaining 17 patients on medication management will be transferred to CHQ for ongoing treatment provision.
- Media holding statement to be provided.

## Media response

- A media holding statement is required.

## Contact person

[REDACTED] Cairns and Hinterland Hospital and Health Service,  
contactable **Irrelevant**

**From:** [REDACTED]  
**To:** [REDACTED]  
**Cc:** [REDACTED]  
**Subject:** Re: Draft HIB Cairns Sexual Health  
**Date:** Saturday, 7 December 2024 6:18:47 PM

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All good questions - the teams started pulling together answers to some of them yesterday  
- I'll get some updates by COB Monday  
Let me know if need anything prior

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**From:** [REDACTED]  
**Sent:** Saturday, December 7, 2024 5:55:36 PM  
**To:** David Rosengren [Irrelevant] @health.qld.gov.au  
**Cc:** [REDACTED]  
**Subject:** RE: Draft HIB Cairns Sexual Health

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Questions on Cairns:

- Can we have more background on the Model of Care and Best Practice, including:
  - Model of care for adults – who can prescribe?
  - Model of care for paediatrics - transferred to QCH, psychiatrist and then puberty blockers prescribed by psychiatrist?
    - Is there a separate model of care for under 14s?
    - What are the consent requirements? Is consent obtained to commence treatment with the service and subsequent consent required for initiating treatment with puberty blockers?
    - Are the 14 new referrals to QCH now going through the appropriate treatment pathway?
    - How are the 6 in the pre treatment pathway to be referred?
      - What are the guidelines for surgical interventions both for adults and paedes
  - More background on Sexual Health Clinics State-wide:
    - What is their scope for gender services?
    - Are there any others state-wide that have set up paediatric gender services?
  - How was the paediatric model stood up? Did it have resources/support/supervision from QCH?
  - Theoretically pharmacies have dispensed these treatments to paediatrics, why hasn't it been flagged at the point of dispensing?
  - **CTPI** [REDACTED]
    - Who was made aware of the August report on risks of the service?
    - What is being done now to ensure the safety and healthcare of the children?
    - What will be done to ensure that the families of the children are looked after and supported?

We are likely to plan a trip on the 20<sup>th</sup>

Thanks,



**From:** David Rosengren **Irrelevant** @health.qld.gov.au>

**Sent:** Friday, December 6, 2024 5:31 PM

**To:** [Redacted]

**Cc:** [Redacted]

**Subject:** Draft HIB Cairns Sexual Health

Again - as discussed - this will be a rapidly progressing situation over the next week as further details are resolved

Will have a PPQ for next week

DR

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RTI Release

**Theresa Stinson**

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**From:** [Redacted]  
**Sent:** Thursday, 16 January 2025 1:48 PM  
**To:** [Redacted]

**Cc:** [Redacted]  
**Subject:** CONFIDENTIAL UPDATED HIB - Cairns Sexual Health - Paediatric Gender Service  
**Attachments:** UPDATED HIB - Cairns Sexual Health - Paediatric Gender Service.docx; UPDATED HIB - Cairns Sexual Health - Paediatric Gender Service.pdf; Attachment 1 - Additional information.pdf; Attachment 2 - Statement.docx

Good afternoon

Please find enclosed an updated Hot issues brief (HIB) prepared by Cairns and Hinterland HHS. Updates are highlighted yellow for ease of reference.

In December, the Chief of Staff asked some follow-up questions (which were responded to in an Attachment to the HIB and shared with the Minister's office at the time). Cairns and Hinterland have refreshed that document, so I've kept it attached (Attachment 1). They've also prepared a statement (Attachment 2).

This HIB has been distributed to an exclusive group.

Kind regards

[Redacted]



[Redacted]



Queensland Health acknowledges the Traditional Custodians of the land across Queensland, and pays respect to First Nations Elders past, present and future.

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RTI Release

# Additional information

## Cairns Sexual Health Service Paediatric Gender Service 16 January 2025

- The Cairns Sexual Health Service (CSHS) established an unfunded Paediatric Gender Service without an agreed model of care and delivered it for more than 13 years. It appears that fractions of FTE from the existing Sexual Health Service have been utilised for this.
- From current patient case lists there is documentation that Gender Affirming Hormone Therapy (GAHT) and puberty suppression has been initiated in children under the age of 18 from June 2022, but anecdotally there may have been patients treated earlier than this.

### Are the new referrals to QCH now going through the appropriate treatment pathway?

- There are now 17 new referrals currently waitlisted in Cairns Paediatric gender service whilst the ongoing resourcing and model of care is determined.

### How are the patients in the pre-medical pathway to be referred?

- **CTPI** clients have been identified in the pre-medical (assessment) treatment. Assessments are continuing for this cohort. **CTPI** low risk clients who are early in the assessment pathway are yet to be discussed with QCGS MDT. Discussions are being held with QCGS to complete this once **CTPI** commences at the end of January 2025.

### Theoretically pharmacies have dispensed these treatments to paediatrics, why hasn't it been flagged at the point of dispensing?

- All **CTPI** patients currently on puberty suppression alone have had appropriate consultation with the QCGS to enable prescription.
- There are **CTPI** patients currently on puberty suppression in total.

### What is being done now to ensure the safety and healthcare of the children?

- Clients on the waitlist:
  - This waitlist is now at 17 clients, whilst the ongoing models for the service are finalised.
- Clients in assessment phase:
  - All clients who have started an assessment process, have continued with their progress through the assessment pathway.
  - Those who have completed the assessment but have not had a medication pathway initiated, are not progressing further, until the future service model is determined.
  - All clients who have commenced medication have now had an MDT. This has identified any additional clinical investigations required, such as blood tests and bone mineral density, along with multidisciplinary care requirements, such as CYMHS involvement. Ongoing care will be provided in conjunction and under the guidance of QCGS.
  - **CTPI** have been appointed to the CSHS from 20 January 2025 with training and experience relevant for the gender service.
  - CHHS has credentialed three medical officers for puberty suppression, two of which are employed within the CSHS.

### What will be done to ensure that the families of the children are looked after and supported?

- MDTs supported by QCGS clinicians was completed for majority of clients on 9 December 2024. Since then, **CTPI** additional clients have been identified to be discussed with QCGS MDT. These clients are early in the assessment process, have not yet socially transitioned. Discussions are underway with QCGS to complete these once the **CTPI** commences on 20 January 2025.
- Open disclosure with clients and families is to be completed in Cairns following the outcome of the MDTs and clinical audits and legal advice regarding consent. Ongoing care will be provided by QCGS and may be supported by CHHS clinicians.

## DRAFT STATEMENT

The Minister for Health and Ambulance Services has ordered an investigation into the paediatric gender service in Cairns after the Cairns and Hinterland Hospital and Health Service identified concerns around the processes associated with its model of care.

The independent external investigation into the Cairns Paediatric Gender Service will investigate the establishment of the gender service in early 2011, the clinical governance surrounding the management of the service and make recommendations on how Hospital and Health Services introduce new services in a robust and safe manner.

Leena Singh, Chief Executive of Cairns and Hinterland Hospital and Health Service said that the Health Service undertook an audit and internal review of its paediatric gender service in late 2024 following the departure of clinicians from the service.

“The internal review identified areas where the Health Service needs to improve its processes to ensure a wholistic patient and family approach is taken for children who present for an assessment for gender dysphoria,” Ms Singh said.

“Our review also identified the need for greater parent and/or guardian support to help families understand this complex diagnosis, including how clinicians make the diagnosis, as well as support to adjust to this diagnosis as a family.

“The local review identified the need to ensure clinical assessments to determine gender dysphoria and any medical interventions occur in line with the current Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents.”

“It is important that we treat the whole patient including any mental health concerns in conjunction with, or prior to, making a diagnosis of gender dysphoria.”

Ms Singh emphasised that the internal review did not find any evidence of patient harm.

“Paediatric gender care is a rapidly evolving and complex field which detailed medical, psychological, family and social considerations,” said Ms Singh.

“We are working with clinical advisors to ensure we have a robust structure for medical and psychological assessment and the right skill mix of paediatric mental health and paediatric endocrinological care.

Chief Executive Leena Singh said that the health service’s “foremost goal is to ensure the safety and wellbeing of the young people seeking support for gender care services”.

ENDS

# Hot Issues Brief

## Cairns Sexual Health – Paediatric Gender Service

16 January 2025

### Issue

- The Cairns Sexual Health Service (CSHS) established an unfunded Paediatric Gender Service without an agreed model of care and delivered it for more than 13 years. It appears that fractions of Full-time Equivalent (FTE) from the existing Sexual Health Service have been utilised for this.
- On review of the Paediatric Gender Service at Cairns Hospital, it was identified that there were deficiencies relating to credentialling and scope of practice of CTPI clinical care models, and medicolegal concerns relating to consent and reputational risk to the Cairns and Hinterland Hospital and Health Service (CHHS).
- Clinical variation was identified of individual clients across the care continuum including variation in follow up timeframes and delayed clinical investigations. No direct harm to the patients has been identified.
- It was identified that two CTPI at the initiation of gender affirming hormone treatment, did not have parental consent confirmation on their files and in the absence of the documentation, CHHS has taken the approach that the parents are not aware of treatment being provided. Both children were considered by the Sexual Health Service as Gillick Competent.
- Following the review, clinical details of all clients <17 years old and on active treatment were discussed at a multidisciplinary team (MDT) meeting in conjunction with Queensland Children's Gender Service (QCGS) and the Children's Health Queensland (CHQ) HHS.
- Following the submission of a HIB on 6 December 2024 relating to this information, CHHS received a request for further information from the Minister's office, which has been provided in Attachment 1 and updated 16 January 2025.
- A statement on gender dysphoria has been prepared (Attachment 2).

### Background

- There are currently 42 paediatric clients on CHHS Paediatric Gender Services.
- The age of Paediatric Gender Service clients on medication (17) includes: CTPI
- Of the total Paediatric Gender Clients, 17 are new referrals which are planned to transfer to CHQ for management, eight are in various stages of pre-medication assessment pathway, and the remaining 17 patients have commenced on active medication treatment.
- The Paediatric Gender Service was commenced without an agreed model of care more than 13 years ago, having grown over the past 5 years, managed by CTPI, who was in the position of CTPI
- CTPI a Public Interest Disclosure was received CTPI and concerns with clinical decision making CTPI
- A letter was sent to CTPI directing that a multi-disciplinary consultation must be held for all young people 14 years and under who seek to commence treatment with puberty blockers in accordance with best practice.
- CTPI
- An internal review of the service identified concerns around the clinical governance of the service, clinical capability of the remaining clinicians with this cohort of clients, potential

medicolegal risk regarding treatment initiation in the absence of service protocols and a lack of access to Paediatric Endocrinology or Child Psychiatry Specialists.

- The client records within the service did not meet minimum standards for documentation around MDT discussions or consensus.
- Following the internal review, engagement with QCGS was established to discuss clinical details of all clients (<17 years of age) who were on treatment.
- On 7 November 2024, any further intake of clients under 18 years of age into the service was suspended and referrals were waitlisted.
- Further, there was the establishment of an MDT for current clients under 18 years of age, who are accessing the service for Gender Care with the involvement of QCGS Paediatric Endocrinologist, Child Psychiatry and senior Allied Health staff which included minimum standards for documentation.
- All clients on the waiting list who have not started assessment processes remain on a waitlist whilst resourcing and models for the service ongoing are finalised.
- A fortnightly MDT meeting with CHHS and QCGS commenced on 28 October 2024, to provide specialist involvement into care provision. Clinical journey of all 17 clients were reviewed retrospectively, against the current Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents.
- There is suggestion from MDT that within the Cairns Paediatric Gender Service, clinical assessments undertaken historically to determine gender dysphoria and appropriate medical intervention have not occurred fully in line with the current Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents.
- There has been delay in clinical investigations. For example, CTPI having had delayed blood tests (<12 months overdue). CTPI have not had bone mineral density investigations completed or are overdue. Whilst there is no immediate concerns for the patients safety, such variation is not considered best practice care.
- Delay in follow up, CTPI
- Consent and Gillick competence documentation is poor with difficulty in determining who and how competence was determined.
- Lack of specialist input, as several clients with possible complex mental health conditions have not had Child and Youth Mental Health Service input as a part of their gender care pathway. There has been no paediatric endocrinology or paediatrician as part of care outside of the recently established QCGS MDT pathway. Reference to fertility discussion and referral to private fertility specialist is inconsistent.
- These clinical issues are based on the MDT process relating to all 17 clients.

# CTPI

- Over the past two months, CTPI parents have raised concerns with the Health Service regarding CTPI questions regarding competency and diagnosis.

# CTPI

- No communication has occurred with staff of the service regarding these issues. A communication strategy is being completed for review and will include open disclosure occurring for all patients and families.

## Actions to date

- **CTPI**
- **CTPI**
- Escalation has occurred through the Chief Executive, CHHS with the Director-General, Queensland Health, Acting Clinical Director, Queensland Children's Gender Service (A/CD, QGCS) and Chief Executive, CHQ.
- On 6 December 2024, a meeting was held with the A/CD QGCS and CHQ on immediate prioritisation of the remaining seven patients through MDT, (which occurred by 9 December 2024), open disclosure, and clinical review actions.
- Recruitment of **CTPI** will commence on 20 January 2025.
- Additional 0.4 FTE specialist in sexual health with experience in gender medicine commenced 16 December 2025.
- Review of care to assess harm and delay of procedures has been undertaken with input from Paediatric Endocrinology, Paediatric and Gender Services Consultants through Director Medical Services.
- Secure coverage of consultant support from Mental Health, Paediatrics, and Sexual Health services to ensure continued provision of holistic Multi-Disciplinary Team service for current patients that have completed MDT with QGCS.
- Provision of information required to undertake consent review and await advice on outcome for open disclosure requirements and appropriate contact source identification for each client of the service. This includes medication, assessment and referrals that are awaiting.
- CHHS has credentialed three specialists who are eligible to prescribe Leuprorelin (Lucrin), two sexual health specialists with experience in gender Medicine and a paediatric endocrinologist.
- Access to Lucrin for the indication of gender dysphoria will be restricted to those clients after consensus from MDT discussion and offered by specialists credentialed for the same.

## Media response

- A media statement has been prepared and copy submitted with this HIB.

## Contact person

Leena Singh, Health Service Chief Executive on telephone **Irrelevant**

**From:** [David Rosengren](#)  
**To:** [Tim Nicholls](#); [REDACTED]  
**Subject:** Fw: Confidential - Draft ToR  
**Date:** Thursday, 23 January 2025 9:07:08 PM  
**Attachments:** [DRAFT - Health Service Investigation TOR - Paediatric Gender Service v2.docx](#)  
[DRAFT - Clinical Review - Terms of Reference - Paediatric Gender Service v2.docx](#)

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FYI for awareness - ToR attached

For discussion tomorrow  
Potential investigators

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Potential clinical reviewers

- [REDACTED]
- [REDACTED]

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## CLINICAL REVIEW

### PAEDIATRIC GENDER SERVICES – CAIRNS HOSPITAL AND HEALTH SERVICE

#### TERMS OF REFERENCE

#### 1. Purpose

- 1.1 The purpose of this Clinical Review is to conduct a clinical review and provide expert clinical advice to Health Service Investigators about the health services provided to children and young people at the Paediatric Gender Service, Cairns and Hinterland Hospital and Health Service (**CHHS**) (**Clinical Review**).

#### 2. Appointment

- 2.1. In accordance with sections 124(c) and 125(1) of the *Hospital and Health Boards Act 2011 (Qld)* (**HHBA**), following my assessment that they have the necessary expertise or experience, I have appointed the following persons as Clinical Reviewers to conduct this Clinical Review:

- (a) XX
- (b) XX
- (c) XX.

- 2.2. The Clinical Reviewers must review and provide expert clinical advice on the matters outlined under '3. *Scope of the Clinical Review*' below and in accordance with section 136 of the HHBA, prepare and provide a Clinical Review Report to the Health Service Investigators appointed to undertake the Cairns Sexual Health Paediatric Gender Services Health Service Investigation under Part 9 of the HHBA.

#### 3. Scope of the Clinical Review

- 3.1 The Clinical Reviewers must review and provide expert clinical advice about the health services provided to all children and young people currently receiving care or treatment (this includes those under assessment) at the Paediatric Gender Service, CHHS (Patient Cohort) including:

- (a) reviewing the patient records of the Patient Cohort;
- (b) developing a sequence of key events and significant clinical decision-making points relevant to the health services provided to the Patient Cohort;
- (c) reviewing the health services provided to the Patient Cohort, and the overall management of, (including admissions, assessment, examinations, investigations, diagnoses, treatments and discharge plans), against the Queensland Children's Gender Service (QCGS) endorsed Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents (currently version 1.3), and any other relevant best practice clinical care guidelines and/or service model, including:
  - i. whether there was timely and clinically appropriate assessment, treatment, follow-up, referral, and escalation of the Patient Cohort,

- ii. whether there was adequate multi-disciplinary input into the health services provided to the Patient Cohort,
  - iii. considering the level of compliance with existing policies and procedures (State-wide and local), including informed consent, and the standard and quality of care provided to the Patient Cohort,
  - iv. whether there was appropriate clinical documentation of the health services provided to, and overall management of, the Patient Cohort,
- (d) assess the appropriateness of the standard of care delivered by CHHHS, including policies, procedures and/or guidelines in place for the relevant health services received by the Patient Cohort.
- (e) assess compliance by CHHHS with the Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents (currently version 1.3), any other relevant best practice clinical guidelines and/or service models for the Patient Cohort.
- 3.2 The Clinical Reviewers must make findings in respect of the matters outlined in paragraph 3.1 above, in a report under section 136 of the HHBA, which may include recommendations, about the ways in which the safety and quality of the public sector health services can be maintained and improved.
- 3.3 If the Clinical Reviewers identify any other children and young people that are receiving health services from the Paediatric Gender Service that should be included within the scope of the Clinical Review, this should be immediately raised with the Lead Investigation Contact (**Attachment A**).
- 3.4 If the Clinical Reviewers identify any matters outside the scope that may require further consideration, or a matter that may require the need to stop the Clinical Review under section 134 HHBA, or to make a mandatory notification under the *Health Practitioner Regulation National Law (Queensland)*, please raise with the Lead Investigation Contact (**Attachment A**).

#### **4 Conduct of the Clinical Review**

##### *Powers and Requirements of Clinical Reviewers*

- 4.1 The Clinical Reviewers are to be aware of and comply at all times with the provisions of Part 6 Division 3 of the HHBA which govern the undertaking of this Clinical Review, including (but not limited to) the duty of confidentiality, requirements regarding stopping of a Clinical Review and the protection for certain Clinical Review reports.
- 4.2 The Clinical Reviewers' powers and key responsibilities, including for gathering evidence, managing information, conducting witness interviews, requesting specialist assistance (including legal advice), natural justice requirements, and managing any public interest disclosures and other notifications, or media requests are set out in "*Powers and Requirements for Clinical Reviewers and Health Service Investigators*" (**Attachment A**). The Key Contacts for the Clinical Review are also in Attachment A.