

#### *Clinical Review Plan*

4.3 The Clinical Reviewers are to provide the Lead Investigation Contact, within seven (7) days (or as otherwise agreed) of receiving the appointment and these terms of reference:

- (a) a Clinical Review plan;
- (b) an estimate of hours of work required to complete the Clinical Review; and
- (c) confirmation in writing of an ability to meet the due dates for completing the draft and final Clinical Review Reports (see paragraph 4.6 below).

#### *Clinical Review Report*

4.4 The Clinical Review report prepared in accordance with section 136 of the HHBA must specifically address the matters outlined in section 3 above. The Clinical Reviewers are to provide in the body of the report their assessment of the evidence and reasons for their findings.

4.5 A summary of evidence relied upon by the Clinical Reviewers in support of any recommendations is to be included in the Clinical Review report.

4.6 The critical due dates for the Clinical Review are as follows:

- (a) by **date**, (or as otherwise agreed by me) and, following any advice required to ensure any natural justice processes have been satisfied, the Clinical Review Report is to be provided to the Health Service Investigators (noting that the Clinical Review Report, or an executive summary of it, with any necessary redactions in compliance with law, may be released to any interested family and/or public) identifying key issues, findings and any recommendations.

**Commented [MW1]:** Will add 3 month date when pack is progressed formally for DG approval.

#### *Deidentification of witnesses, staff and patients*

4.7 The names of persons providing information to the Clinical Reviewers, and any patient, staff or other names, must be kept confidential and referred to in a de-identified form in the body of the Clinical Review Report (with a legend confirming the identity of those persons included as an attachment), unless I approve a request by the Clinical Reviewers that the identification of a person is essential to ensure that natural justice is afforded to any particular person.

#### *Progress updates and extensions of time*

4.8 The Clinical Reviewers are to notify me about the progress of the Clinical Review at regular intervals, as will be agreed following the submission of the Clinical Review Plan. The progress reports will include an update on progress against the Clinical Review Plan and timeframes, as well as any amendments required to the Clinical Review Plan. While the progress discussions will not require the Clinical Reviewers to address preliminary or substantive findings or conclusions, the progress discussions may incorporate broader discussions to ensure that the Clinical Review remains focused. The progress discussions may include any issues that are barriers to completion of the Clinical Review or any aspect of the Scope of the Clinical Review.

4.9 Any request for an extension of the due date for the Clinical Review Report is to be made in writing to me at least seven (7) days before the due date, with supporting reasons.

Signed this ..... day of ..... 2025.

---

**DR DAVID ROSENGREN**  
**DIRECTOR-GENERAL**  
**QUEENSLAND HEALTH**

RTI PRAT Release

**HEALTH SERVICE INVESTIGATION**  
**PAEDIATRIC GENDER SERVICE**  
**CAIRNS AND HINTERLAND HOSPITAL AND HEALTH SERVICE**

**TERMS OF REFERENCE**

**1. Purpose**

- 1.1. The purpose of this health service investigation is to investigate and report on matters relating to the administration, management and delivery of public sector health services at the Cairns Sexual Health Paediatric Gender Service, Cairns and Hinterland Hospital and Health Service (**Paediatric Gender Service**) (**Investigation**).

**2. Appointment**

- 2.1. In accordance with section 190(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:
- (a) XX
  - (b) XX
  - (c) XX,
- as Health Service Investigators to conduct this Investigation.

- 2.2. The Health Service Investigators must investigate the matters outlined under paragraph 4 below and prepare a Health Service Investigation Report for me in accordance with section 199 of the HHBA.

**3. Clinical Review**

- 3.1. A Clinical Review under Part 6, Division 3 of the HHBA is being undertaken to provide expert clinical advice to the health service investigators in relation to the delivery of health services to children and young people at the Paediatric Gender Service.
- 3.2. The Clinical Review report will be provided directly to the Health Service Investigators in accordance with section 136(2) HHBA.

**4. Scope of Investigation**

- 4.1. The Health Service Investigators must have regard to the Clinical Review report, and attach it to the Investigation Report, as required by section 199(2) of the HHBA.
- 4.2. The Health Service Investigators are to investigate matters relating to the administration, management and delivery of public sector health services to children and young people by the Paediatric Gender Service, focussing on:

### **Establishment**

- (a) the circumstances leading to the establishment of the Paediatric Gender Service including, but not limited to:
- (i) any consultation, both internal and external to CHHHS, in relation to the change made to the existing adult gender services delivered by CHHHS to include a separate paediatric gender service within CHHHS;
  - (ii) identifying and assessing the approval processes and oversight in place for the establishment of the Paediatric Gender Service, including hospital executive, Health Service Chief Executive and/or Hospital and Health Board knowledge and engagement;
  - (iii) whether clinically appropriate model/s of care were adopted for the newly established Paediatric Gender Service;
- (b) the arrangements put in place at the time the Paediatric Gender Service was established for the continued monitoring and evaluation of the suitability, performance, and rationale for the operation of the Paediatric Gender Service, including, but not limited to:
- (i) whether regular service evaluation by CHHHS occurred; and
  - (ii) the adequacy of hospital executive, Health Service Chief Executive and/or Hospital and Health Board oversight associated with the operation of the Paediatric Gender Service as a service within CHHHS;

### **Governance**

- (c) the administration and management of the Paediatric Gender Service from establishment and during its ongoing operation including:

#### *Clinical governance*

- (i) Responsibility for clinical governance within CHHHS in relation to the Paediatric Gender Service and how this is monitored/assessed;
- (ii) assessing the adequacy of the clinical governance framework in place and compliance with that framework;
- (iii) the extent to which the clinical governance has aligned with the endorsed Statewide model of care for the delivery of paediatric gender services through the Queensland Children's Gender Service (QCGS) or, any best practice clinical guidelines and/or service models applicable to the delivery of health services to trans and gender diverse children at the relevant time and where inconsistencies are identified, assessment of the reasons for those inconsistencies;

#### *Professional governance*

- (iv) Assessing the adequacy of credentialing and scope of clinical practice processes;

- (v) Identifying and assessing the framework in place in relation to training, clinical supervision and performance oversight of health practitioners (including Registrars);
- (vi) Determining the adequacy and appropriateness of documentation relating to the processes detailed at paragraphs 4.2(c)(iv) and 4.2(c)(v) above;

#### *Operational governance*

- (vii) Assessing the framework for entry into the Paediatric Gender Service for children and young people, including referral processes and eligibility criteria
- (viii) The adequacy of staffing to deliver the multidisciplinary services **required by the endorsed Statewide model of care for the delivery of paediatric gender services through the QCGS or, any best practice clinical guidelines and/or service models applicable to the delivery of health services to trans and gender diverse children**
- (ix) Assessing the level of utilisation and adequacy of associated monitoring of the Paediatric Gender Service, such as the collection of demographics (eg age) of patients accessing the Paediatric Gender Service.

#### **Service delivery**

- (x) Assessing whether the service delivered **aligns with the endorsed Statewide model of care for the delivery of paediatric gender services through the QCGS or, any best practice clinical guidelines and/or service models applicable to the delivery of health services to trans and gender diverse children.**

#### **Complaints**

- (a) identifying whether any complaints or concerns have been received within the CHHHS about the delivery of health services by the Paediatric Gender Service, including but not limited to, any Public Interest Disclosures made, and assess the adequacy of the CHHHS complaints management processes, including responses provided to these complaints.
- 1.2. The Health Service Investigators are to make recommendations relating to matters within the scope identified in paragraph 4.2 above, including improvements to ensure that health services delivered by the Paediatric Gender Service are delivered in accordance with relevant best practice clinical guidelines and/or service models for the delivery of health services to trans and gender diverse children and young people.
- 1.3. If the Health Service Investigators identify any matters outside the scope, that may require further consideration, please raise with the Lead Investigation Contact (**Attachment A**).

## **2. Conduct of the Investigation**

### *Powers and Requirements of Health Service Investigators*

- 2.1. The Health Service Investigators are to be aware of and comply at all times with the provisions of Part 9 of the HHBA which govern the undertaking of this Investigation, including (but not limited to) the duty of confidentiality.
- 2.2. The Health Service Investigators' powers and key responsibilities, including for gathering evidence, managing information, conducting witness interviews and managing any public interest disclosures are set out in "Powers and Requirements for Health Service Investigators" (**Attachment A**). The Key Contacts for the Investigation are also in Attachment A.

#### *Investigation Plan*

- 2.3. The Health Service Investigators are to provide the Lead Investigation Contact, within seven (7) days (or as otherwise agreed) of receiving the appointment and these terms of reference:
  - (a) an Investigation Plan; and
  - (b) confirmation in writing of an ability to meet the due date for completing the draft and final Investigation Report (paragraph 2.6 below).

#### *Investigation Report*

- 2.4. The Health Service Investigators are to prepare an Investigation Report in accordance with section 199 of the HHBA which must specifically address the matters outlined in section 4 above.
- 2.5. The Health Service Investigators are to provide in the body of the Investigation report:
  - (a) their assessment of the evidence, reasons for their findings, reasons for any conclusions or opinions expressed and the basis for each of the recommendations;
  - (b) excerpts from records of interview or witness statements that are credible, relevant, and significant to the findings made and quote these in the body of the report;
  - (c) describe how any natural justice requirements were satisfied in the Investigation.
- 2.6. The critical due dates for the Investigation are as follows:
  - (a) By date, (or as otherwise agreed by me), prior to finalisation, a draft Investigation Report is to be provided to the Lead Investigation Contact for consideration as to whether these Terms of Reference have been met by the Investigation Report.
  - (b) By date, (or as otherwise agreed by me) the final Investigation Report is to be provided to me (noting that such Investigation Report, or an executive summary of it, with any necessary redactions in compliance with law, may be released to the public).

Commented [MW1]: Will complete just prior to final briefing pack - noting 4 months for HSI

#### *Deidentification of witnesses, staff and patients*

- 2.7. The names of persons providing information to the Health Service Investigators, and any patient, staff or other names, must be kept confidential and referred to in a de-identified form in the body of the Investigation Report (with a legend confirming the identity of those persons included in an

attachment), unless I approve a request by the Health Service Investigators that the identification of a person is essential to ensure that natural justice is afforded to any particular person.

*Progress updates and extensions of time*

- 2.8. The Health Service Investigators are to notify me about the progress of the Investigation at regular intervals, as will be agreed following the submission of the Investigation Plan. The progress reports will include an update on progress against the Investigation Plan and timeframes, as well as any amendments required to the Investigation Plan. While the progress discussions will not require the Health Service Investigators to address preliminary or substantive findings or conclusions, the progress discussions may incorporate broader discussions to ensure that the Investigation remains focused. The progress discussions may include any issues that are barriers to completion of the Investigation or any aspect of the Scope of the Investigation.
- 2.9. Any request for an extension of the due date for the Investigation Report is to be made in writing to me at least seven (7) days before the due date, with supporting reasons.

Signed on this ..... day of ..... 202X

\_\_\_\_\_  
**DIRECTOR GENERAL**  
**QUEENSLAND HEALTH**

**From:** [David Rosengren](#)  
**To:** [REDACTED]  
**Subject:** RE: Confidential - Draft ToR  
**Date:** Friday, 24 January 2025 11:57:47 AM

---

Noted

---

**From:** [REDACTED]  
**Sent:** Friday, January 24, 2025 10:05 AM  
**To:** David Rosengren [Irrelevant](#) <[REDACTED]@health.qld.gov.au>; Tim Nicholls [Irrelevant](#) <[REDACTED]@ministerial.qld.gov.au>  
**Subject:** RE: Confidential - Draft ToR

**This email originated from outside Queensland Health. DO NOT click on any links or open attachments unless you recognise the sender and know the content is safe.**

---

Minor comments:

- **Part 9**
  - Can we change the way the 'Paediatric Gender Service' is framed throughout the ToR? There is nothing public about there being a Paediatric Gender Service at Cairns and no HHS authorisation, so can we reframe as the delivery of paediatric gender services at the Cairns Sexual Health Service?
    - E.g. 1.1 - ... delivery of public paediatric gender services sector health services at the Cairns Sexual Health Service, Cairns and Hinterland Hospital and Health Service (**Investigation**).
  - In either Establishment or Governance, can we include liaison with QCGS? Aware in c) iii) the guidelines and models of care are referenced, but would like to know whether there were formal channels for the service to liaise seek advice and referrals to QCGS and whether QCGS at any stage has oversight of the Cairns service.
- **Part 6**
  - Same comment re: Paediatric Gender Service as above
  - The Patient Cohort is limited to current patients on the books – should we not be also looking at the model of care applied to any patient who had been treated by the service in the past? [Irrelevant](#) from QCH made a comment about this the other day.
  - In scope of the clinical review, would also want to ensure that appropriate fertility counselling and advice is also included in the review. Happy if you are satisfied that c)i) would already capture this.

---

**From:** David Rosengren [Irrelevant](#) <[REDACTED]@health.qld.gov.au>  
**Sent:** Thursday, January 23, 2025 9:07 PM  
**To:** Tim Nicholls [Irrelevant](#) <[REDACTED]@ministerial.qld.gov.au>; [REDACTED]  
[Irrelevant](#) <[REDACTED]>  
**Subject:** Fw: Confidential - Draft ToR

FYI for awareness - ToR attached

For discussion tomorrow  
Potential investigators

- - 
  - 
  -
- CTPI

Potential clinical reviewers

- 
- CTPI

\*\*\*\*\*  
\*\*\*\*\*

Disclaimer: This email and any attachments may contain legally privileged or confidential information and may be protected by copyright. You must not use or disclose them other than for the purposes for which they were supplied. The privilege or confidentiality attached to this message and attachments is not waived by reason of mistaken delivery to you. If you are not the intended recipient, you must not use, disclose, retain, forward or reproduce this message or any attachments. If you receive this message in error, please notify the sender by return email or telephone and destroy and delete all copies. Unless stated otherwise, this email represents only the views of the sender and not the views of the Queensland Government.

Queensland Health carries out monitoring, scanning and blocking of emails and attachments sent from or to addresses within Queensland Health for the purposes of operating, protecting, maintaining and ensuring appropriate use of its computer network.

\*\*\*\*\*  
\*\*\*\*\*

This email, together with any attachments, is intended for the named recipient(s) only; and may contain privileged and confidential information. If received in error, you are asked to inform the sender as quickly as possible and delete this email and any copies of this from your computer system network.

If not an intended recipient of this email, you must not copy, distribute or take any action(s) that relies on it; any form of disclosure, modification, distribution and /or publication of this email is also prohibited.

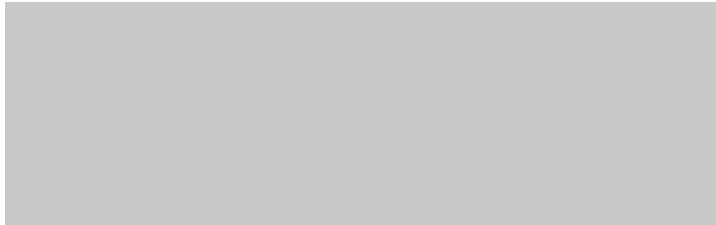
Unless stated otherwise, this email represents only the views of the sender and not the views of the Queensland Government.

Please consider the environment before printing this email.

RTI Release

**From:** [REDACTED]  
**To:** [Tim Nicholls](#)  
**Subject:** Docs for Gender  
**Date:** Monday, 27 January 2025 4:34:00 PM  
**Attachments:** [Media Release for 28\\_01\\_25\\_V3.docx](#)  
[TPs - Gender Services - MINISTER.docx](#)  
[Media Release broader issues 28\\_01\\_25.docx](#)  
[image001.png](#)  
[image002.png](#)

---



RTI Release



# Media release

Minister for Health and Ambulance Services  
The Honourable Tim Nicholls MP

28 January 2025

## Investigation into Paediatric gender health services provided in Cairns

- **Investigations to be instigated into paediatric gender health services delivered at the Cairns Sexual Health Service.**
- **A preliminary review by the Cairns and Hinterland Hospital and Health Service (CHHHS) exposed issues relating to clinical governance and compliance with endorsed clinical guidelines.**
- **A Part 6 (clinical review) and a Part 9 (health service investigation) to be instigated.**

The Minister for Health and Ambulance Services Tim Nicholls today announced that at his direction, Queensland Health Director-General David Rosengren is to commission a Part 6 clinical review and a Part 9 health service investigation into paediatric gender health services provided by the Cairns Sexual Health Service.

It follows a preliminary review conducted by the Cairns and Hinterland Health and Hospital Service (CHHHS) in late 2024, after concerns were raised about apparently unauthorised paediatric gender services provided by the Cairns Sexual Health Service (CSHS), adherence to treatment guidelines and clinical governance.

Stage 1 hormone therapy (“puberty blockers”) and Stage 2 hormone therapy (“gender affirming hormones”) were being delivered in a way that may not have aligned with *the Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents* or complied with standards for clinical documentation.

On 21 May 2024, a Public Interest Disclosure (PID) was received regarding prescribing of a puberty blocker to a 12-year-old and concerns with clinical decision making. Concerns included the lack of multi-disciplinary consultation, in accordance with best practice, which must be held for all young people 14 years and under who seek to commence treatment with puberty blockers.

Minister Nicholls said, “The Cairns Sexual Health Service delivered an apparently unauthorised paediatric gender service without an agreed model of care. The service was delivered to 42 paediatric gender services clients, 17 of whom were prescribed Stage 1 or Stage 2 hormone therapy.”

“A recent internal review undertaken of the CSHS identified deficiencies relating to credentialing and scope of practice and medicolegal concerns relating to patient and parental consent.

“Clinical variation and delay was identified, including delayed blood tests or bone mineral density tests in some patients.

“The client records did not meet minimum standards for documentation around multidisciplinary team discussions or consensus. Reference to fertility discussions and referral to private fertility specialists was inconsistent.

“In short, assessment, diagnosis and treatment may not have aligned with Australian treatment guidelines,” Minister Nicholls said.

On 7 November 2024, any further intake of clients under 18 years of age into the service was suspended and referrals were waitlisted.

On 20 January 2025, government received advice regarding the next steps to be taken in relation to disclosure to patients and families regarding consent matters and clinical concerns.

## **PART 6 AND PART 9 INVESTIGATIONS IN CAIRNS**

The investigation into the clinical governance and services within the Cairns Sexual Health Service will include a clinical review (Part 6) and a health service investigation (Part 9) under the *Hospital and Health Boards Act 2011*.

“The Part 6 clinical review will focus on the health services delivered to patients through the service.

“It’s critical that children and adolescents with gender dysphoria receive appropriate diagnosis, care and treatment.

“The Part 9 health service investigation will examine the governance framework and pathways of clinical care processes for paediatric gender services.

“The findings of the investigation and clinical review will be used in the assessment of paediatric gender services across Queensland, not just for the Cairns and Hinterland HHS,” Minister Nicholls said.

The Part 6 clinical review is due to be completed by 30 April 2025 with the Part 9 health service investigation report due 30 June 2025. We will release these reports in line with the Crisafulli Government’s commitment to transparency.

## **ENDS**

**Contact:** David McLachlan **Irrelevant**



# Media release

Minister for Health and Ambulance Services  
The Honourable Tim Nicholls MP

28 January 2025

## Independent Review into puberty blockers

- **Issues with Cairns Sexual Health Service raise concerns about paediatric gender therapies State-wide.**
- **Broader review of the evidence for hormone therapy treatment for paediatric gender services to be undertaken.**
- **Immediate pause of hormone therapy for public patients under the age of 18.**

The Queensland Government has instigated a Part 6 clinical review and Part 9 health service investigation into clinical governance issues in Cairns, relating to the provision of paediatric gender services, including Stage 1 (puberty suppression with puberty blockers) and Stage 2 (gender-affirming hormones) hormone therapies.

Together with international evidence and recent policy decisions, these events have raised serious concerns about the provision of Stage 1 and Stage 2 hormone therapy to patients under the age of 18 in Queensland's public health system.

Minister for Health and Ambulance Services Tim Nicholls said, "There is contested evidence surrounding the benefits of Stage 1 and Stage 2 hormone therapy for children and adolescents with gender dysphoria emerging from studies throughout the world.

"France, Finland, Norway, Denmark and Sweden have all tightened regulations around prescribing hormone therapy to children and adolescents.

"More recently, the Government of the United Kingdom has changed legislation to restrict the prescription and supply of puberty blockers to children.

"The Queensland Government has already announced on 4 January 2025 that it does not support expansion of the Queensland Children's Gender Service (QCGS) and it has paused further delivery of the evaluation recommendations, pending further consideration by government.

"Queensland has not yet undertaken its own review of the evidence for Stage 1 and Stage 2 hormone therapy.

"Following the directive to the Director-General of Queensland Health regarding the operation of the Cairns Sexual Health Service, I have also directed the Director

General to commission an independently led broad review of the evidence for Stage 1 and Stage 2 hormone therapies for children in Queensland.

“The lead reviewer will be independent of the Department and the Terms of Reference for the review will be settled in consultation with them.

“The purpose of the broader review is to undertake an independent and robust investigation of best practice in this field,” Mr Nicholls said.

The review will have a broad focus including engaging of expert clinicians, conducting interviews and receiving submissions from stakeholders, and taking into account any other relevant matters that arise throughout the course of the review.”

Children’s Health Queensland (CHQ) currently operates the Queensland Children’s Gender Service (QCGS), established as a state-wide service in 2017.

As of June 2024, the service had 547 children and adolescents actively receiving care.

Minister Nicholls said, “There is a need to maintain confidence in public health services, particularly those delivered by Queensland Health for children.

“The Director-General will also issue a Health Service Directive to pause the intake of new patients under the age of 18 years for Stage 1 and Stage 2 hormone therapy in Queensland Health facilities.

“Patients who are already on a treatment plan with QCGS would be exempt, similar to the steps implemented in the UK,” Mr Nicholls said.

The immediate pause will come into effect following today’s announcement and will remain until the Government considers and acts on the outcomes of the Review.

QCGS will continue to offer clinical support for children and adolescents experiencing gender dysphoria including psychiatric and psychological support, counselling and other clinically recommended medical interventions.

**ENDS**

**Contact:** David McLachlan **Irrelevant**

## PAEDIATRIC GENDER SERVICES – 28 JANUARY 2025

### BACKGROUND

- Today I am making several announcements on behalf of the Queensland Government relating to hormone therapies for children and adolescents with gender dysphoria in public facilities.
- Paediatric gender care is a rapidly evolving area of health involving complex medical, psychological, family and social considerations.
- There are three core reasons underpinning today's announcements:
  - Firstly, the apparently unauthorised provision of paediatric gender services within the Cairns Sexual Health Services resulting in 17 children currently receiving hormone therapy in a way that may not align with treatment guidelines.
  - Secondly, criticisms of both the Queensland Children's Gender Service (QCGS) and the independent evaluation undertaken of the service in 2024 from clinicians and others.
  - Thirdly contested international evidence for the appropriateness and safety of hormone therapy for those under 18 years of age.
- The Government has already announced on 4 January 2025 that it does not support expansion of the QCGS and it is pausing further delivery of the evaluation recommendations pending further consideration.
- The medical affirmation treatment available for gender dysphoria is typically described in three stages:
  - Stage 1: puberty suppression with puberty blockers.
  - Stage 2: gender-affirming hormones.
  - Stage 3: surgical interventions, which must be accessed privately.
- In Queensland and Australia more broadly recent evidence shows, about a third of young people who meet the criteria for gender dysphoria receive some form of medical treatment.

- The scope of the QCGS service evaluation in July 2024 did not examine the evidence base underpinning stage 1 and stage 2 hormone therapy.

## **1. CAIRNS CLINICAL ISSUE**

- The Cairns Sexual Health Service delivered an apparently unauthorised paediatric gender service without an agreed model of care.
- The service was delivered to 42 paediatric gender services clients, 17 of whom were initiated on Stage 1 or Stage 2 hormone therapy.
- On 21 May 2024, a Public Interest Disclosure was received regarding the prescribing of a puberty blocker to a 12-year-old and concerns with clinical decision making.
- Concerns included the lack of multi-disciplinary consultation, which must be held for all young people 14 years and under who seek to commence treatment with puberty blockers, in accordance with best practice.
- An internal review undertaken in late 2024 of the Cairns Sexual Health Service identified deficiencies relating to credentialling and scope of practice and medicolegal concerns relating to patient and parental consent.
- Clinical variation and delay was identified, including delayed blood tests or bone mineral density tests in some patients.
- It was also found the client records didn't meet minimum standards for documentation around multidisciplinary team discussions or consensus. Reference to fertility discussions and referral to private fertility specialists was inconsistent.
- In short, assessment, diagnosis and treatment may not have aligned with Australian treatment guidelines.

## **CAIRNS ACTIONS**

- In response to the issues, today the government is announcing investigations into the provision of paediatric gender health services delivered at the Cairns Sexual Health Service.

- A Part 9 - Health Service Investigation and a Part 6 - Clinical Review will be conducted under the *Hospital and Health Boards Act 2011*.
- The Part 6 clinical review will focus on the health services delivered to patients through the service.
- It's critical that children and adolescents with gender dysphoria receive appropriate diagnosis, care and treatment, in line with guidelines and accompanied by appropriate documentation.
- The Part 9 health service investigation will examine the governance framework and pathways of clinical care processes for paediatric gender services.
- The findings of the investigation and clinical review will be used in the assessment of paediatric gender services across Queensland, not just for the Cairns and Hinterland HHS.
- I have also tasked the Director-General to work across the state to ensure similar services have not and will not be offered in other locations, outside the QCGS governance framework.

## **2. STATE-WIDE INDEPENDENTLY LED REVIEW INTO STAGE 1 AND STAGE 2 HORMONE THERAPY**

- In combination with emerging international evidence and policy decisions, the circumstances in Cairns have raised serious concerns about the provision of paediatric gender treatments involving Stage 1 and Stage 2 hormone therapy to patients under the age of 18 in Queensland's public health system.
- Queensland has not yet undertaken its own review of the evidence for Stage 1 and Stage 2 hormone therapy.
- Today, I am announcing a review of the evidence for Stage 1 and Stage 2 hormone therapy for children with gender dysphoria in Queensland's public hospital system.
- The review will be led by an independent external consultant and the Terms of Reference for the review will be settled in consultation with them.

- The review will encourage wide participation including with clinicians and professionals with relevant expertise, as well as young people and their families.
- The review will have a broad focus including conducting interviews and receiving submissions from stakeholders, and taking into account any other relevant matters that arise throughout the course of the review.
- A final written report is to be provided to Government within 10 months of the Reviewers being appointed.

### **IMMEDIATE ACTION TO PAUSE PAEDIATRIC HORMONE THERAPY**

- While this review is taking place, there is a need to maintain confidence in public health services, particularly those delivered by Queensland Health for children.
- I am also announcing an immediate pause on new public patients, under the age of 18, receiving Stage 1 and Stage 2 hormone therapy in all Queensland Health facilities.
- The Queensland Government will take immediate action, similar to the pause implemented in the UK.
- A binding Health Service Directive will immediately pause the intake of new patients in Queensland Health facilities.
- Patients who are already on a treatment plan with QCGS will be exempt.
- The immediate action pause will remain in effect until such time as the Government considers and acts on the outcomes of the Review.
- QCGS will continue to offer clinical support for children and adolescents experiencing gender dysphoria including psychiatric and psychological support, counselling and other clinically recommended medical interventions.
- We remain committed to delivering quality and appropriate care to those who need it.
- Children's healthcare is one of the most significant responsibilities we have. As parents, friends and as a State. We owe it to children to ensure care is grounded on solid evidence and we act with caution.

- It is with these principles at the forefront that I have made this decision.

RTI Release