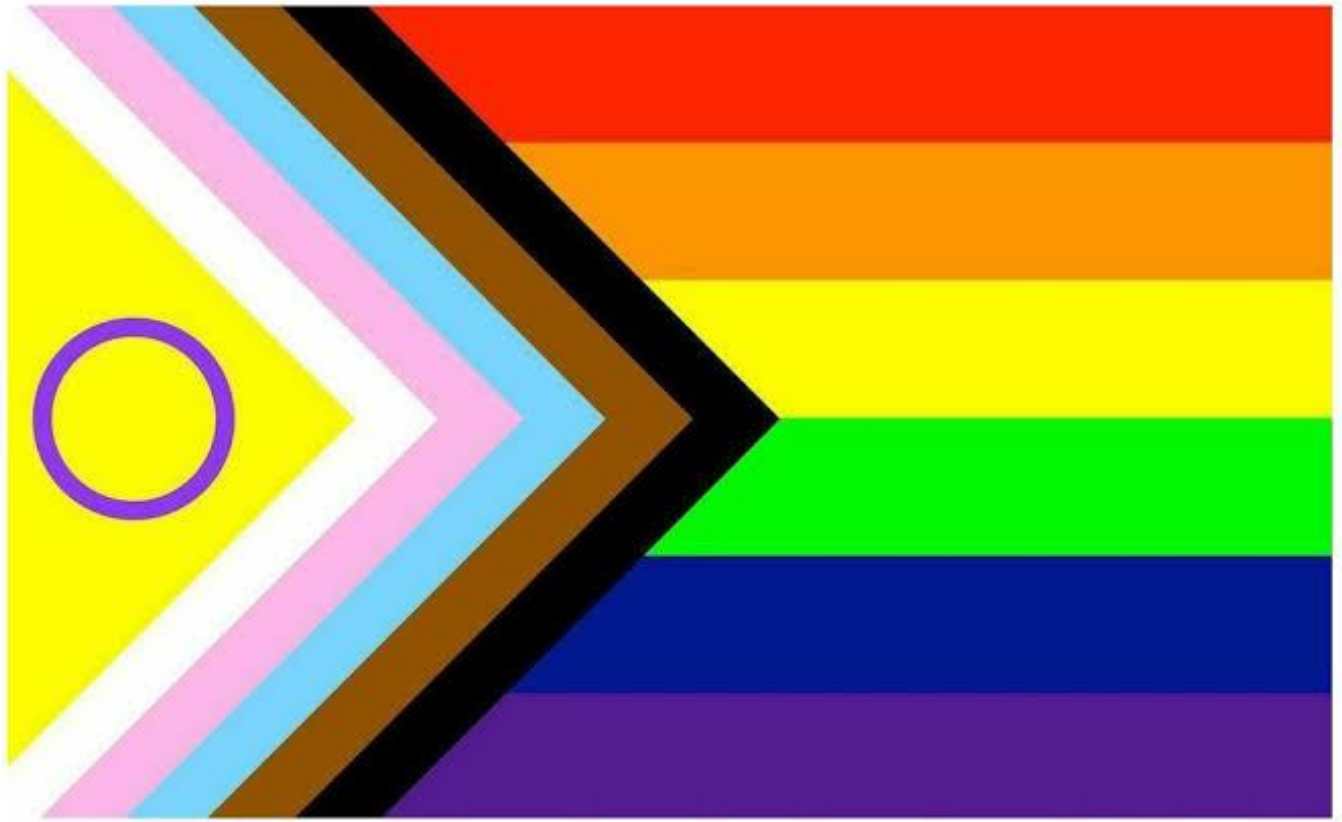
Dr Eugene Priscott
Clinical Director
Sexual Health and HIV Service
Metro North
Sexual Health Physician

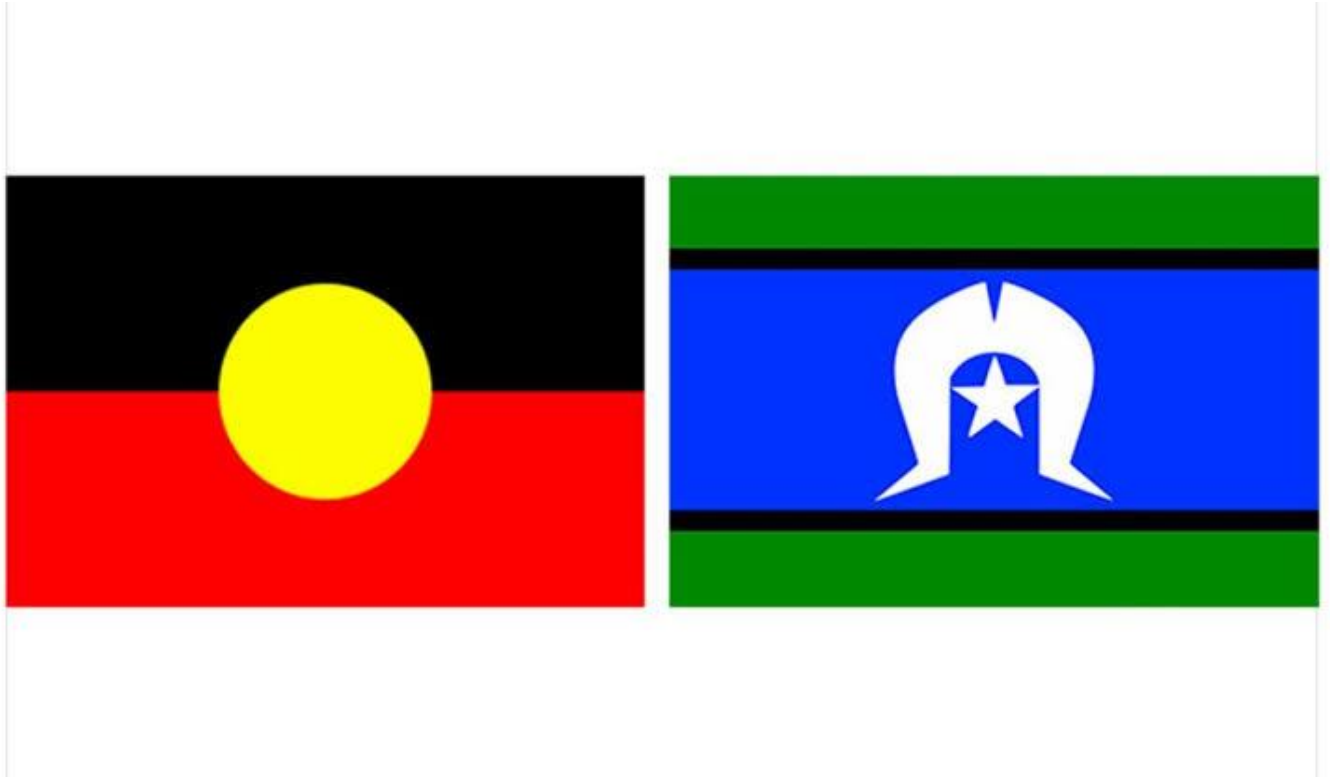
Rebecca Cooley
RBWH Gender Service Coordinator
Senior Social Worker

Dr Graham Neilsen
Sexual Health Physician
Gender Service, RBWH

Dr Jane MacLeod
GPwSI,
Gender Service, RBWH



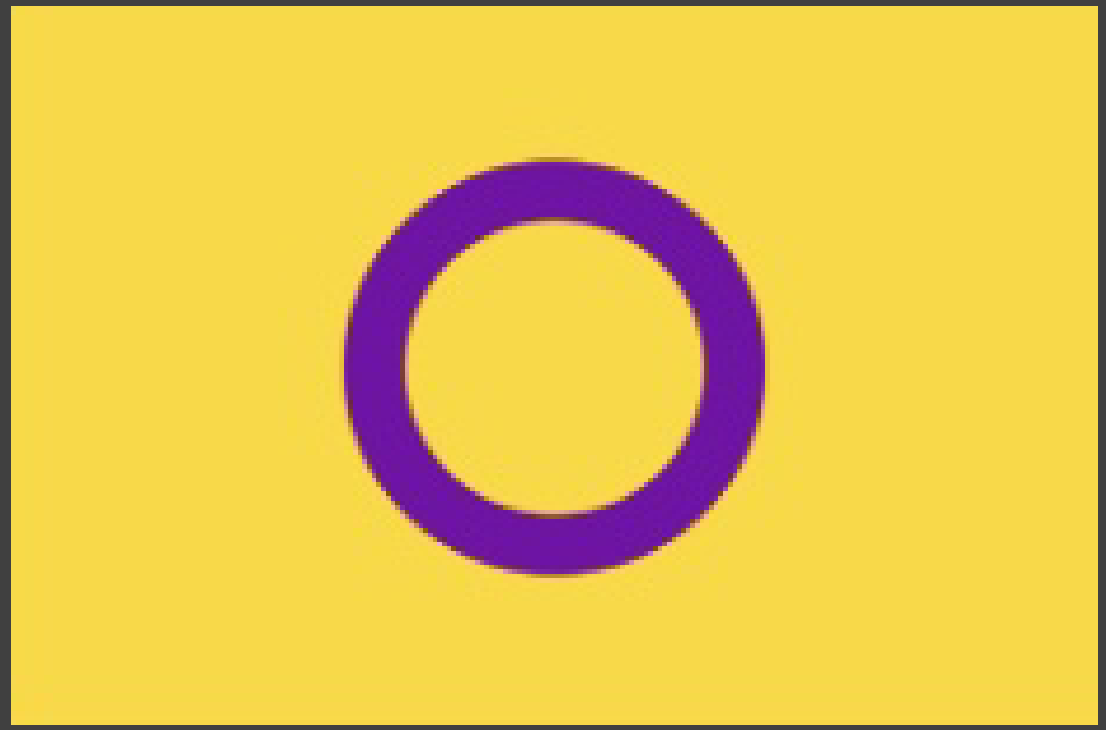
We acknowledge the traditional custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and emerging.



Do you know what groups these flags represent?

Which group is represented by the following flag?

Which group is represented by the following flag?



Which group is represented by the following flag?

Which group is represented by the following flag?

Which group is represented by the following flag?

Intersex Transgender Gender-queer Non-binary Agender

RBWH Gender Service

Metro North Hospital and Health Service | Queensland Government

WHO can be referred to RBWH Gender Service?

Trans and gender diverse people aged 17 years and older, who reside in Qld.

WHAT services are provided and who's in the team?

- Psychosocial support and counselling
- Psychiatry service
- Medical service – gender affirming hormone treatment [GAHT]
- Voice therapy

How can GPs refer their patients?

- Follow referral requirements
- Use healthpathway for extra guidance
- Refer via smart referrals or e-referral (Medical Objects)
- Contact Gender Service for advice and support

Are there other referral options in Brisbane?

Brisbane North

/ ... / LGBTIQ+ Health Requests / Transgender Medicine Assessment

Transgender Medicine Assessment

This pathway is for transgender medical, psychological, and surgical services. See also LGBTI Community Support.

Public

There is no publicly-funded surgery available.

Children's Health Queensland Gender Services

Specialist outpatient and interdisciplinary team care for children diverse in gender identity. Telehealth services available across Queensland.

1. Check the services.
2. Check criteria.
3. Prepare the required information.
4. Contact the service.
5. Inform the patient or carer.
   - Ensure they are aware of the referral and the reason for being referred.
   - Advise that their first appointment may not always be with a specialist.
   - To take all relevant pathology and radiology reports (including the imaging films) to appointments.
   - To advise of any change in condition or circumstance (e.g., getting worse) as this may affect the referral.
   - To contact their general practice team if they do not hear from the service within 2 to 3 weeks.
6. For more information, contact the Referral Centre.

Royal Brisbane and Women's Hospital Gender Service

Multidisciplinary team care for adults with gender dysphoria or diverse gender behaviour or identity. Telehealth services available across Queensland.

1. Check the services.
2. Check the criteria and exclusions.
3. Prepare the required information, and note that referrals for this service will no longer be accepted without results of all blood tests.
4. Contact the service.
   - Phone **(07) 3647-0701** to speak to a nurse or the program coordinator.
   - Send a written request to the Referral Centre via eReferral.
     - To download templates, see Hospital eReferral Templates.
     - If unable to attach investigations or use eReferral, fax to **1300-364-952**.
5. Inform the patient:
   - Ensure they are aware of the request and the reason for being assessed.
   - Advise that their first appointment may not always be with a specialist.
   - Instruct them to take all relevant radiology films and reports (including the imaging report) to appointments.
   - To advise of any change in circumstance (e.g., getting worse or becoming pregnant) as this may affect the request for assessment.
   - To contact their general practice team if they do not hear from the service within 2 to 3 weeks.
6. For more information, contact Central Patient Intake.

Private

People with private health insurance cover may be eligible for services in the community. Suggest to patients that they contact their health insurer for details of coverage.

Search Australian Professional Association for Trans Health (AusPATH) for the following specialists:

- plastic surgeons
- gynaecologists
- psychiatrists
- general practitioners
- endocrinologists
- psychologists
- speech pathologists
- paediatricians.

Where can GPs find information on local services and support available?

Request

- Consider arranging psychological services to support the patient in their "coming out" process.
- If significant mental health concerns:
  - request non-acute mental health assessment.
  - consider arranging support from a psychologist with interest in transgender health.
- Provide information about transgender community support for patient and family see LGBTIQ+ Community Support.
- Consider requesting transgender medicine assessment if:
  - not comfortable prescribing or managing hormone reaffirming treatment.
  - biochemical targets cannot be reached or maintained.
  - patient wishes to discuss additional therapeutic choices.
  - complex co-morbidities or complications of therapy develop.
  - planning major surgical intervention, to manage hormonal regimen.
- Consider arranging assessment by fertility services before the initiation of gender affirming treatment.
- If any concerns, seek endocrinology advice or transgender medicine advice, or refer to a general practitioner with expertise in transgender health.

Brisbane North

/ ... / LGBTIQ+ Health Requests / LGBTIQ+ Community Support

LGBTIQ+ Community Support

Request

Open Doors Youth Service

Support services for young people with diverse genders, sex and sexualities. Youth Workers conduct an initial appointment to discuss individual support requirements.

1. Contact the service:
   - Phone **(07) 3257-7660**
   - Email referral@opendoors.net.au
   - Online referral form
2. Inform the patient of location – 5 Green Square Close, Fortitude Valley, Q, 4006
3. For more information:
   - email: opendoors@opendoors.net.au
   - see website

Queensland Aids Council (QuAC) – Clinic 30 Mental Health Service

Person-centred counselling and support.

1. Check service details – appointments are available Monday to Friday, 9 am to 5 pm.
2. Contact the service:
   - Fax the referral and GP Mental Health Plan to **(07) 3852-5200**.
   - Phone **(07) 3017-1777** to book appointment
3. For more information, see website.

Helplines and online support

- ACON – for LGBTI health and HIV prevention and support
- Beyond Blue (for anyone feeling depressed or anxious) – phone **1300-224-636** or chat online
- Headspace (mental health service for ages 12 to 15) – phone **1800-650-890** or chat online
- Lifeline (support for anyone having a personal crisis) – phone **13-11-14** or chat online
- PFLAG – Parents and Friends of Lesbians and Gays
- QLife (counselling and referral service for LGBTI people) – phone **1800-184-527** or chat online
- ReachOut (youth mental health service) – visit website for information or use online forum
- Suicide Call Back Service (for anyone thinking about suicide) – phone **1300-659-467**
- QuAc Diverse Voices (peer-to-peer support) – phone **1800-184-527** (3 pm to 12 am AEST), or chat online (3 pm to 12 am AEST).

General support and information for patients

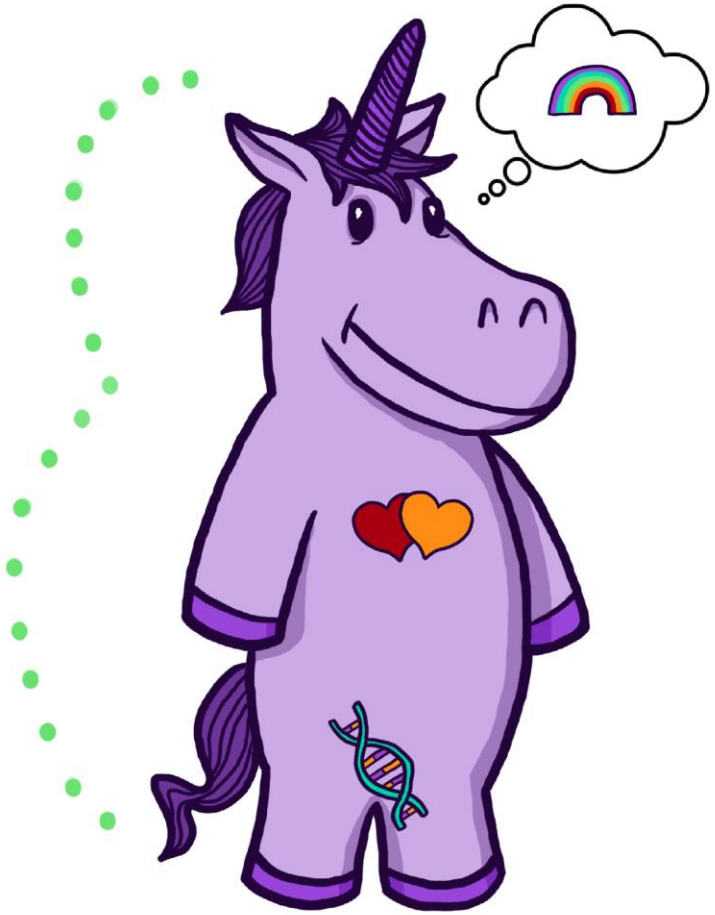
- Australian Transgender Support Association Queensland Inc – Links
- ReachOut.com – LGBTQIA+ Support Services
- Minus 18 – Australia's Youth Driven Network for LGBTIQ Youth
- Ygender – a peer led social support and advocacy group for trans/gender diverse young people
- Australian Government Department of Human Services – Updates to Medicare Details: Updating Your Name, Date of Birth, or Gender

The questions you may be worried about asking…

“Aren’t sex and gender the same thing?”

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



Gender Identity

- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)

Gender Expression

- Feminine
- Masculine
- Other

Sex Assigned at Birth

Female | Male | Other/Intersex

Physically Attracted to

- Women
- Men
- Other Gender(s)

Emotionally Attracted to

- Women
- Men
- Other Gender(s)

To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

“Isn’t gender diversity ***just*** a recent trend?

New South Wales

TRANS HISTORY

ACU AUSTRALIAN CATHOLIC UNIVERSITY

THE GENDER CENTRE INC

acon HERE FOR HEALTH

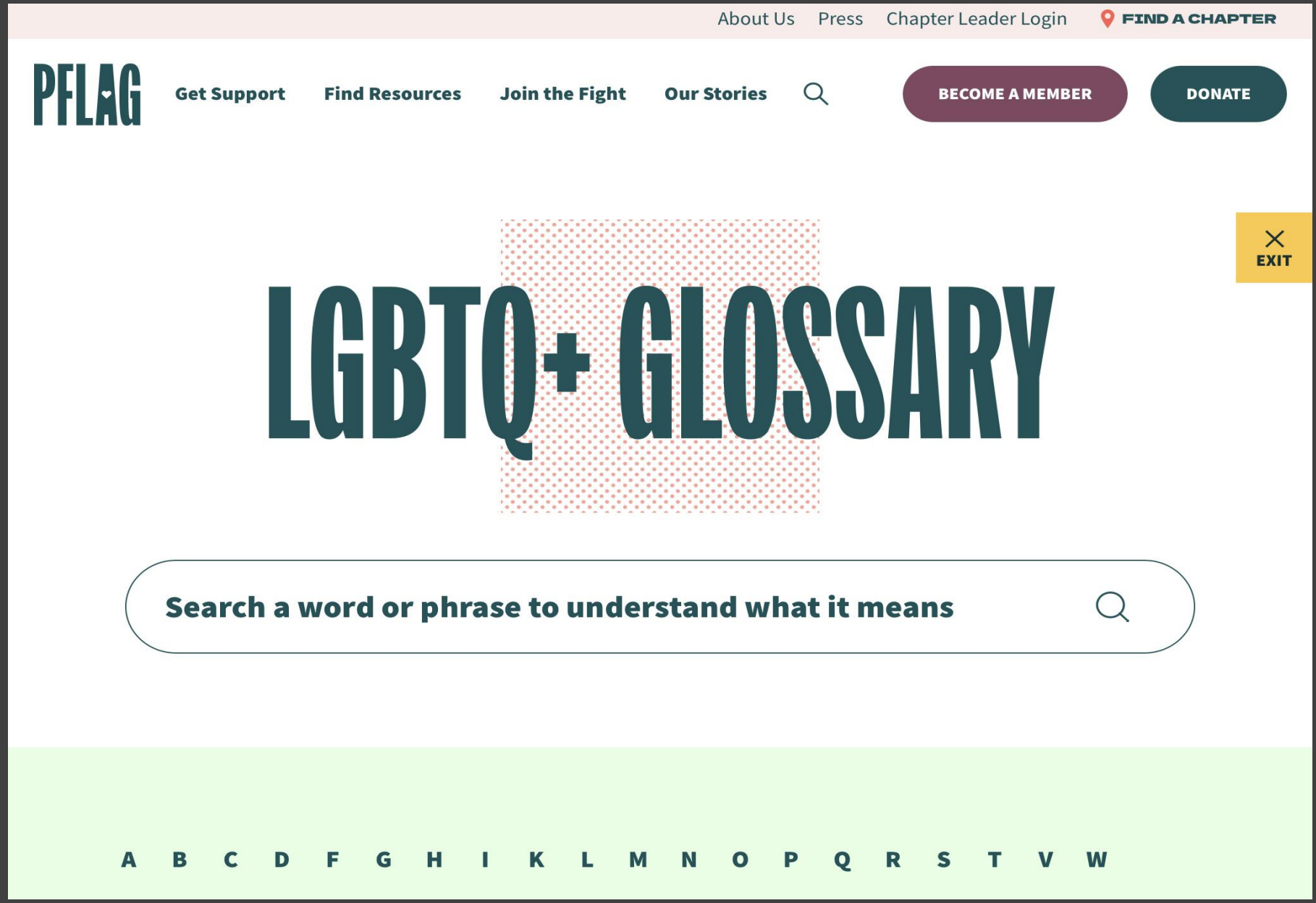
Professor Noah Riseman
Australian Catholic University

“Why are there are ***soooooo*** many different terms!?!”

There ***are*** many different terms…

- Natal sex
- Gender incongruence
- Gender dysphoria
- Cisgender
- Transgender
- Gender diverse
- Non-binary
- Gender Fluid
- Agender
- Bigender
- Trigender
- Demi-guy; Demi-girl
- Gender queer
- Brotherboy; sistergirl
- Two-spirit

- Misgendering
- Dead-naming



https://pflag.org/glossary/

“How can we, as GPs, best look after our transgender, gender diverse and non-binary patients?”

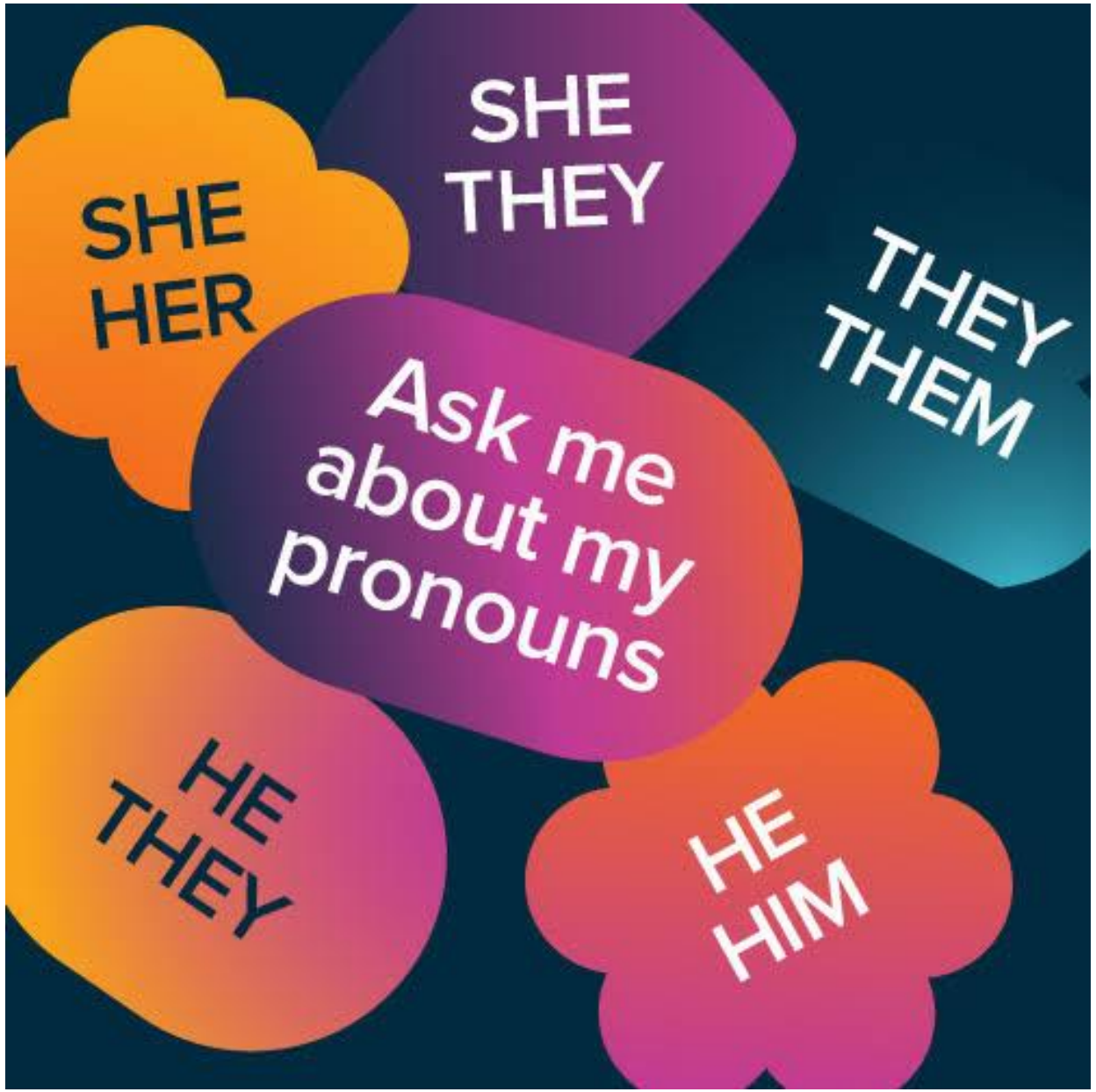
Gender affirming approach

1. Use a trauma-informed approach
2. Don’t make assumptions
3. Normalise inclusive, gender-neutral language
4. Use patient’s preferred name and correct pronouns
5. Ask relevant questions and explain reasons for questions
6. Be sensitive when talking about people’s bodies
7. Be sensitive where it comes to physical examination

Preferred name

Correct gender

Correct Pronouns



Case discussions

Case 1
Wilma

Wilma is a 28 year-old trans female. She is a new patient.

Gender – female

Pronouns – she/her

Preferred names – Willamena or Wilma

Natal sex – male

Legal name – Willamena Rose Mason

Wilma has recently moved to town for work.

PMHx
Gender dysphoria – diagnosed 3 years ago
Depression
?ADHD
?ASD

Medications
Sertraline 50mg daily

Allergies – nil known

<u>Social</u>

moved to Gladstone 2 months ago for work as waitress
Lives with friend

Sexuality – asexual –has never been sexually active

Smoking – never

Alcohol – rare, 1-2 standard drinks 1-2 times per year

No other substances

Family history

Nil significant

Examination

BP 110/70

BMI 22

Investigation results-

All normal

No STI or BBV testing as has never had sexual contact

She would like to commence feminising gender affirming hormone treatment (GAHT)

Wilma’s GP refers her to the Gender Service.

Wilma’s first appointment is via Telehealth with the social worker from Gender Service, who assesses Wilma in terms of gender incongruence and psychosocial well-being.

Wilma is also orientated to the Gender Service.

As Wilma has already been diagnosed with gender dysphoria she doesn’t need to go through the diagnostic process.

Wilma would like to start feminising hormones.

Wilma is very interested in feminising speech therapy.

Wilma is interested in seeing the psychiatrist re possible ADHD and ASD.

The social worker discusses Wilma at the next multidisciplinary team meeting and Wilma is booked in with Sexual Health Physician and Psychiatrist and flagged as wanting speech therapy.

Wilma is seen by the Psychiatrist and is diagnosed with ASD and ADHD and commenced on treatment.

The psychiatrist discusses her at next multidisciplinary team meeting and she is booked in for review by the psychiatry registrar.

Wilma is seen by the Sexual Health Physician.

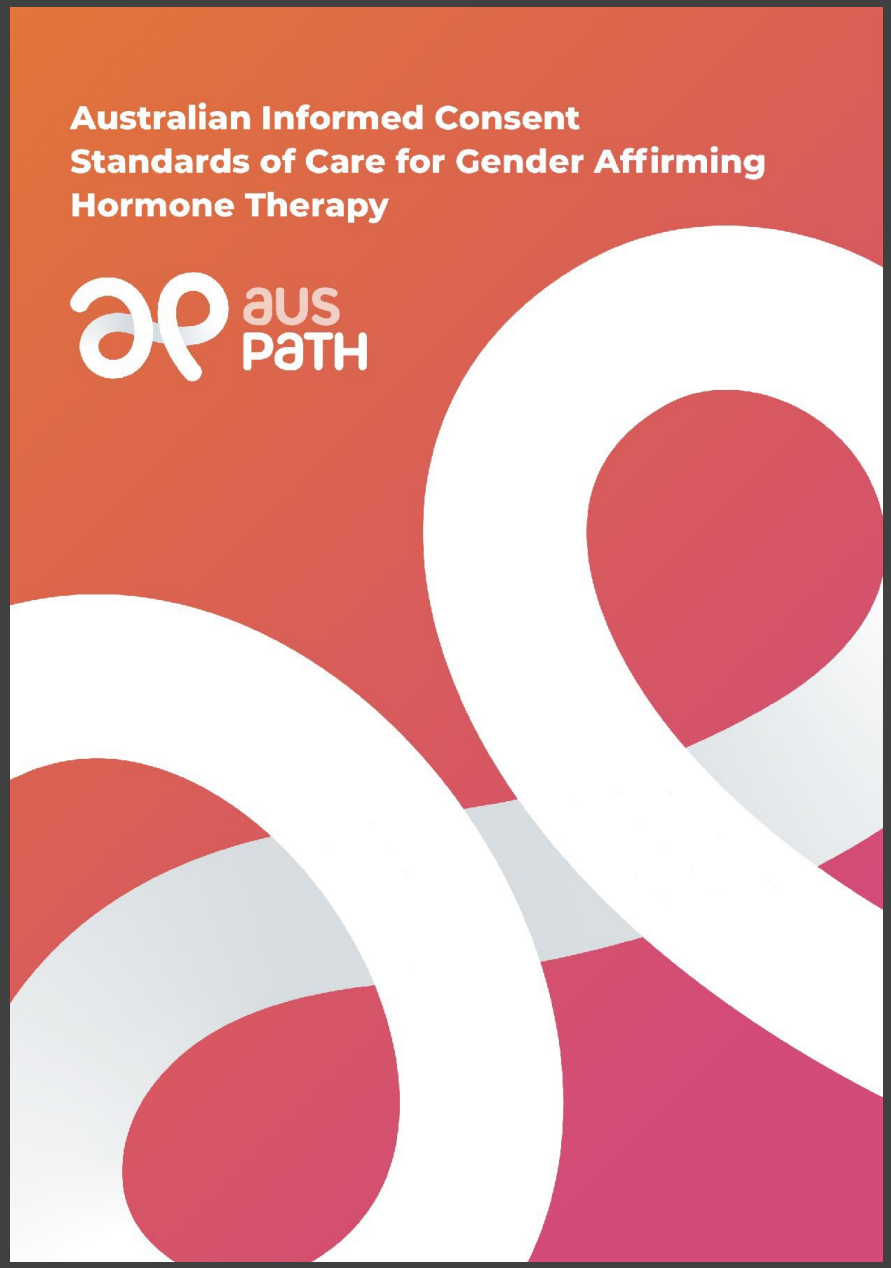
She is medically assessed for suitability for feminising GAHT.

An informed consent process is used.

What gender affirming hormone treatment is most appropriate for Wilma?

- Oestrogen – oral versus topical? dose?
- Testosterone blocker – type?, dose?
- What about progesterone?

Where do you get your guidance from with regards to hormone treatment?



https://auspath.org.au/standards-of-care/

Prescribing Feminising Hormones

- Feminising medications usually include a combination of estrogen and an androgen-blocker.
- Some trans feminine people choose not to use anti-androgens
- A general principle is to start at low doses of estrogen and titrate upwards

The following tables outlines formulations available in Australia:

Estrogens

Hormone	Route	Starting dose	Max dose
Estradiol	PO	2-4mg, OD	8mg, OD
Estradiol	GEL	1g, OD	2g, OD
Estradiol	Patch	50-100mcg, twice weekly	200mcg, twice weekly
Estradiol	Implant	100mg, 6-12 months	200mg, 6-12 months

https://auspath.org.au/standards-of-care/

Anti-Androgens and Progesterone

Product	Route	Trade name	Starting dose	Max dose
Spironolactone	PO		50mg, BD	200mg, OD
Cyproterone	PO		12.5mg, OD	25mg, OD
Progesterone	PO		100mg, OD	200mg, OD

https://auspath.org.au/standards-of-care/

Typical changes from Estrogen (varies from person to person)

Average timeline	Effect of Estrogen
1–3 months after starting estrogen	• softening of skin • decrease in muscle mass and increase in body fat • redistribution of body fat to buttocks and hips • decrease in sex drive • fewer instances of waking up with an erection or spontaneously having an erection; some trans women also find their erections are less firm during sex, or can't get erect at all • decreased ability to make sperm and ejaculatory fluid
Gradual changes (maximum change after 1–2 years on estrogen)	• nipple and breast growth • slower growth of facial and body hair • slowed or stopped balding • decrease in testicular size

https://auspath.org.au/standards-of-care/

Typical changes from Anti-Androgens (varies from person to person)

Average timeline	Effect of blocking Testosterone
1–3 months after starting anti-androgens	• decreased testosterone in the body • decrease in sex drive • fewer instances of waking up with an erection or spontaneously having an erection; some trans women also have difficulty getting an erection even when they are sexually aroused • decreased ability to make sperm and ejaculatory fluid
Gradual changes (usually at least 2 years)	• slower growth of facial and body hair • slowed or stopped balding • slight breast growth (reversible in some cases, not in others)

https://auspath.org.au/standards-of-care/

Changes expected whilst on feminising hormone therapy:

☐ **Permanent changes:**

- Breast and nipple development
- Decreased testicular size
- Atrophy (shrinkage) of the penis leading to possible penile pain with erections

☐ **Reversible changes:**

- Softening of skin
- Decreased muscle mass and increased body fat
- Decreased libido
- Reduced spontaneous morning erections
- Reduced ability to achieve or sustain an erection
- Reduced ability to ejaculate and reduced volume of ejaculatory fluid
- Slowed or stopped balding
- Slowed rate of growth of facial and body hair
- Improved cholesterol

https://auspath.org.au/standards-of-care/

Wilma commences-

- Oestrodial tablet 2mg daily with plan to titrate up to a maximum of 8mg daily (4mg BD)
- Cyproterone ½ x 50 mg tablet daily

The Sexual Health Physician discusses Wilma at the next multidisciplinary team meeting.

Wilma will have follow up with the GPwSI and already has follow up booked with the psychiatry registrar.

Wilma is booked in for the speech therapy program.

Wilma will have a blood test prior to her medical review appointment in 3 months time.

What oestradiol range will you be aiming for on her blood tests?

Is there a level that is concerning?

What happens to prolactin and when should we be concerned?

Hormone monitoring

- For feminising therapy, aim for estradiol levels in the endogenous estrogen 'female' reference range (250–1000 pmol/L) and total testosterone levels to < 2 nmol/L (although some patients may prefer a higher testosterone level).

Levels should be monitored at baseline, every 3-4 months for the first year, and then annually once levels are adequate and stable. During the first year, request both reference ranges to assist with monitoring (Cheung et al., 2020).

Blood testing to include but not limited to:

- full blood count (FBC)
- urea and electrolytes (U+E)
- renal (RFT) and liver function test (LFT)
- glucose
- estradiol (E2)
- testosterone (TEST)
- Luteinising hormone (LH)
- lipids

https://auspath.org.au/standards-of-care/

At her 3 month review

Wilma is very happy with physical changes.

She has reduced sex drive and fewer spontaneous erections and is happy with this.

Her mood remains good.

Her oestradiol level is 200 pmol/L and testosterone level is 0.7 nmol/L.

All other results are normal.

Wilma has started speech therapy and is practising her exercises.

Wilma’s GP is happy to continue prescribing hormones and monitoring Wilma.

Wilma is discharged from our medical team but can be referred back at any stage.

What does the GP have to be aware of when asked to adjust hormone therapy?

Case 2
Dylan

Dylan is a 26 year old Trans male.

Gender – male
Pronouns – he/him
Preferred name – Dylan or DJ
Natal sex – female
Legal name = “dead name”

You have been Dylan’s GP for a few years.

Dylan has had gender incongruence since teens and socially transitioned as a teen. He did not have puberty blockers as his parents were concerned.

PMHx

Asthma as a child

Migraine with aura

Has never had cervical cancer screening

Medications - nil

Allergies - nil known

Social

Lives with partner Ryan, cis male

Sexuality – “gay”…(but is at risk of pregnancy)

Smoking – 15-20 cigarettes

No alcohol.

No other substances.

Family history – nil significant

Examination

BP 105/70

BMI 20.

The results of all investigations are normal.

Dylan is referred to the Gender Service.

Dylan’s first appointment is via Telehealth with the Social Worker from the Gender Service.

Dylan is interested in masculinising hormones and “top surgery” as he has significant dysphoria about chest/breasts.

He is not sure whether he would like biological children in the future.

Dylan currently uses condoms always for contraception.

The Social Worker discusses Dylan at multidisciplinary team meeting and Dylan is booked in with a Psychologist for diagnostic assessment.

Dylan sees the Psychologist for 4 appointments. He is diagnosed with gender dysphoria.

The Psychologist discusses Dylan with the multidisciplinary team and he is given appointments with the Psychiatrist and the Sexual Health Physician.

While waiting for his appointment, Dylan sees his GP for cervical cancer screening.

His cervical cancer screening comes back as low-risk and he is put on the practice recall for repeat cervical cancer screening in 5 years.

Dylan sees the Psychiatrist and his diagnosis of gender dysphoria is confirmed.

He receives a letter of diagnoses which will be required prior to gender affirming surgery.

Dylan is seen by the Sexual Health Physician.

Dylan is provided with information about-

- Gamete preservation
- Masculinising GAHT

He is medically assessed for suitability for masculinising hormones.

An informed consent process is used.

Why might some people choose different testosterone options?

Prescribing Masculinising Testosterone

- There are several different formulations of testosterone available, and patient preference should determine which is used.
- Some people may wish to learn to self-inject a short-acting preparation such as testosterone enanthate (Primoteston) or testosterone esters (Sustanon), or they may prefer to visit the clinic for long-acting testosterone undecanoate (Reandron).
- To access PBS-subsidised testosterone a second opinion is required from an endocrinologist, sexual health physician, or urologist. This may be a face to face or telehealth consultation, or GPs may consult with one of these specialists on behalf of their patient, depending on local services available.

The following table describes the testosterone formulations available in Australia:

https://auspath.org.au/standards-of-care/

Testosterones

Formulation	Route	Dose*
Testosterone undecanoate 1g/4ml	Instramuscular injection	1000mg, 10-12 weekly (first two doses six weeks apart)
Testosterone enanthate 250mg/1ml	Instramuscular injection	250mg, 2-4 weekly
Testosterone esters 250mg/1ml	Instramuscular injection	250mg, 2-4 weekly
Testosterone 1% gel sachet 50mg/5g	Transdermal	50mg/5g, OD
Testosterone 5mg gel patch	Transdermal	5mg/24 hour patch, 5mg OD
Testosterone 1% gel pump pack 12.5mg/1.25g	Transdermal	12.5mg/actuation, 50mg OD
Testosterone 2% gel pump pack 23mg/1.25g	Transdermal	23mg, OD
Testosterone 5% cream 50mg/1ml	Transdermal	2ml, 100mg OD

*Some patients may prefer to start at a lower dose and titrat dose from commencement.

https://auspath.org.au/standards-of-care/

Typical changes from Testosterone (varies from person to person)

Average timeline	Effect of testosterone
1–3 months after starting testosterone	• decreased estrogen in the body • increased sex drive • vaginal dryness • lower/bottom growth (clitoris) - typically 1–3 cm • increased growth, coarseness, and thickness of hairs on arms, legs, chest, back, & abdomen • oilier skin and increased acne • increased muscle mass and upper body strength • redistribution of body fat to the waist, less • around the hips • increased sweating and change in body odour • mood changes may occur
1–6 months after starting testosterone	• menstrual periods stop
3–6 months after starting testosterone	• voice starts to crack and drop within first 3–6 months, but may take at least a year to finish changing
1 year or more after starting testosterone	• gradual growth of facial hair (usually 1–4 years) • possible balding

https://auspath.org.au/standards-of-care/

Changes expected whilst on masculinising hormone therapy

☐ **Permanent changes:**

- Increased facial and body hair
- Deepened voice
- Enlargement of erectile genital tissue (phallus / clitoris)
- Possible balding

☐ **Reversible changes:**

- Increased libido
- Body fat redistribution
- Coarser and oilier skin
- Acne of face, chest and back
- Stopping of menstrual periods
- Vaginal dryness
- Raised cholesterol
- Increased blood pressure
- Mood changes

https://auspath.org.au/standards-of-care/

Dylan has an appointment with a fertility specialist. He has egg retrieval and gamete preservation.

Dylan sees his GP and has support to quit smoking with nicotine replacement therapy and regular counselling.

He successfully quits smoking.

He is motivated by his desire for gender affirming surgery and having “top surgery”.

Dylan has a medical review appointment and sees the Sexual Health Physician.

He chooses testosterone undecanoate 1g for his testosterone and the Sexual Health Physician prescribes his initial PBS Authority script

PBS Authority Prescription requirements

TESTOSTERONE UNDECANOATE

Source General Schedule

Body System GENITO URINARY SYSTEM AND SEX HORMONES > SEX HORMONES AND MODULATORS OF THE GENITAL SYSTEM > ANDROGENS

⚠ Authority Required

Androgen deficiency

Clinical criteria:

- Patient must have an established pituitary or testicular disorder.

Treatment criteria:

- Must be treated by a specialist general paediatrician, specialist paediatric endocrinologist, specialist urologist, specialist endocrinologist or a Fellow of the Australasian Health Medicine; or in consultation with one of these specialists; or have an appointment to be assessed by one of these specialists.

The name of the specialist must be included in the authority application.

What monitoring will Dylan require in terms of blood tests?

Dylan is aware testosterone is not a contraceptive and treatment in pregnancy can cause foetal malformations.

He will continue to use condoms always for contraception and is aware of emergency contraception.

Dylan fills his script and books in with his GP for his first testosterone injection.

He has a booster injection with the practice nurse at 6 weeks and blood test for trough testosterone just prior to his third dose at week 12.

This **trough testosterone level is 37nmol/L (preferred range: 10-20)*** and FBC is normal.

The GP calls the Gender Service for advice.

What would be your recommendation in this situation?

With this adjustment, Dylan’s trough testosterone remains between 10 and 20 nmol/L and his FBC remains normal.

Dylan had moderately severe acne to his face, back and chest but has seen his GP and commenced treatment with his GP.

Dylan is very happy with the physical and emotional changes and deepening of his voice.

Dylan had discomfort with penetrative sex and has tried using more lubricant.

This hasn’t really helped and dryness and pain are significantly impacting Dylan’s sex life.

What would you recommend?

Topical oestrogen is very helpful and Dylan now has no pain with penetrative sex.

Dylan’s GP is comfortable prescribing Dylan’s testosterone nd monitoring Dylan.

Dylan is discharged from the Gender Service with advice he can be referred back as needed.

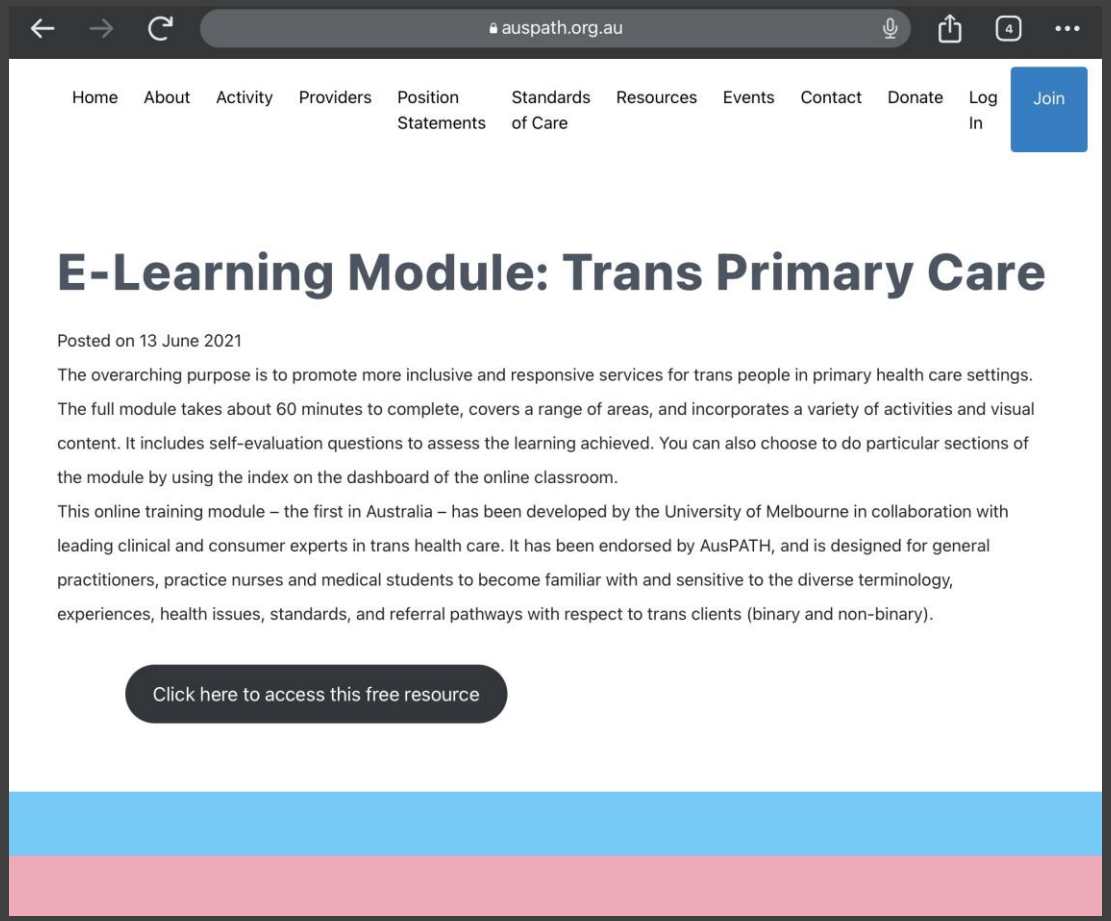
What are the long term and monitoring requirements?

Are there guidelines and other resources and training programs?

On Demand

ASHM & ACON's Trans And Gender Diverse Sexual Health Care E-Learning

https://ashm.org.au/training_cat/ashm-acons-trans-and-gender-diverse-sexual-health-care-e-learning/


auspath.org.au
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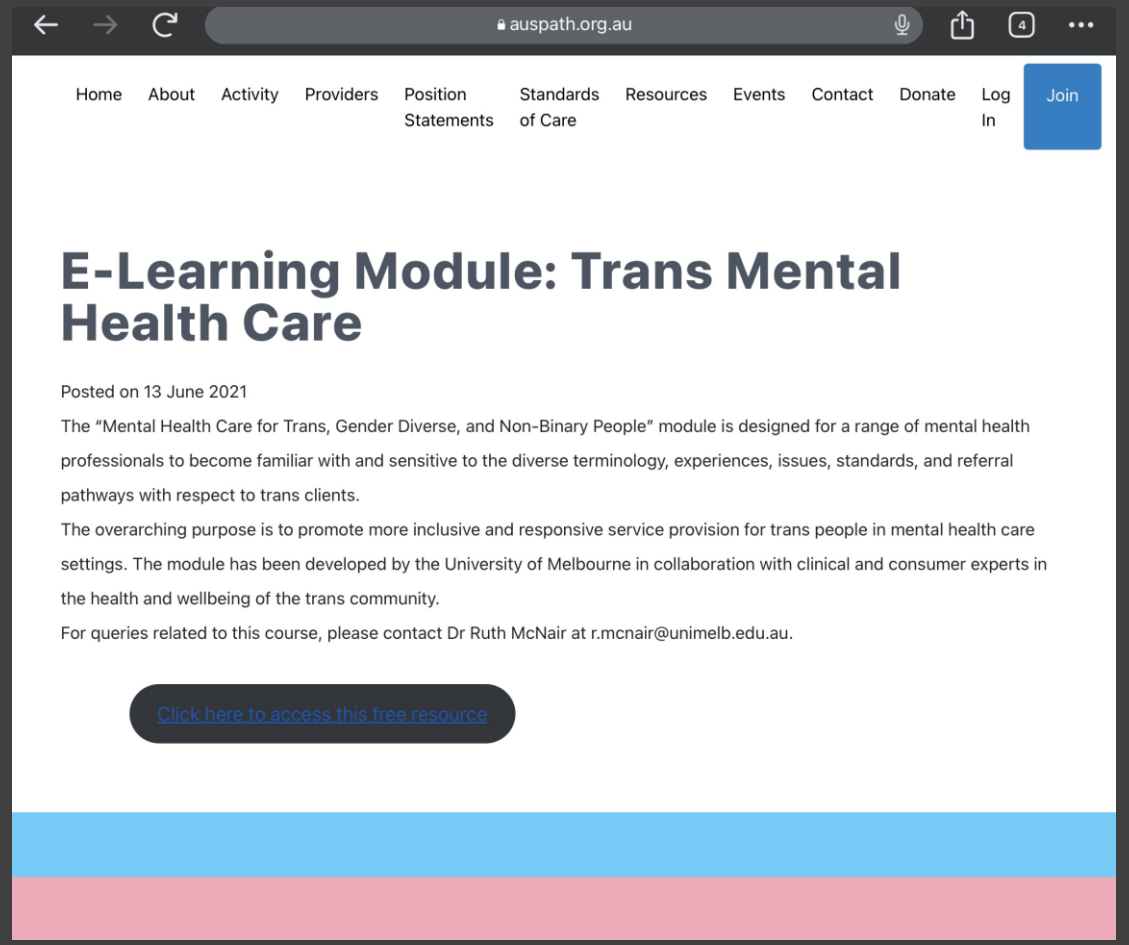
E-Learning Module: Trans Primary Care
Posted on 13 June 2021
The overarching purpose is to promote more inclusive and responsive services for trans people in primary health care settings. The full module takes about 60 minutes to complete, covers a range of areas, and incorporates a variety of activities and visual content. It includes self-evaluation questions to assess the learning achieved. You can also choose to do particular sections of the module by using the index on the dashboard of the online classroom.
This online training module – the first in Australia – has been developed by the University of Melbourne in collaboration with leading clinical and consumer experts in trans health care. It has been endorsed by AusPATH, and is designed for general practitioners, practice nurses and medical students to become familiar with and sensitive to the diverse terminology, experiences, health issues, standards, and referral pathways with respect to trans clients (binary and non-binary).
Click here to access this free resource


auspath.org.au
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E-Learning Module: Trans Mental Health Care
Posted on 13 June 2021
The "Mental Health Care for Trans, Gender Diverse, and Non-Binary People" module is designed for a range of mental health professionals to become familiar with and sensitive to the diverse terminology, experiences, issues, standards, and referral pathways with respect to trans clients.
The overarching purpose is to promote more inclusive and responsive service provision for trans people in mental health care settings. The module has been developed by the University of Melbourne in collaboration with clinical and consumer experts in the health and wellbeing of the trans community.
For queries related to this course, please contact Dr Ruth McNair at r.mcnair@unimelb.edu.au.
Click here to access this free resource

Upcoming

AusPATH Biennial Conference 2023

AusPath 2023 Conference

2 – 4 November 2023, Melbourne, Australia

The **Australian Professional Association for Trans Health (AusPATH)** is pleased to host the AusPATH 2023 Conference in collaboration with the **Professional Association for Transgender Health Aotearoa (PATHA)**. This three-day face-to-face conference will be hosted at Pullman on the Park in East Melbourne on Wurundjeri Woi Wurrung country from 2-4 November 2023. Thursday 2 November will be dedicated to interactive workshops, and Friday 3 November to Saturday 4 November will be the main scientific program days.

The **AusPATH Conference** is convened by The Australian Professional Association for Trans Health (AusPATH). AusPATH is Australia's national peak body for professionals involved in the health, rights and well-being of all trans people – binary and non-binary. The conference encourages all disciplines involved in trans healthcare to come together and to share knowledge, experience, and expertise to improve the lives of trans people and their communities. **The AusPATH Conference** will offer opportunities for professional development and networking for a multidisciplinary audience, bringing together researchers, primary healthcare providers, community, specialist clinicians, general practitioners, policy experts, academics and mental health practitioners.

On behalf of AusPATH and PATHA, we look forward to welcoming you to Melbourne.

http://auspathconference.com.au/

Other questions…

Can you discuss the age at which hormone therapy is indicated?

Is there going to be extensive psychiatric services available as most of these are unaffordable for our patients?

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