

FAQ ABOUT SURGERY APPROVALS WITH THE GENDER IDENTITY CLINIC (GIC) AT CAMH

Some people have been curious about how many clients the GIC recommends each year as surgical candidates to the Ministry of Health and Long-Term Care for sex reassignment surgery (SRS).

We recommend everyone who meets all the diagnostic, eligibility and readiness criteria required for sex reassignment surgery approval.

Here is the breakdown by year:

	Vaginoplasty	Chest	Hysterectomy	Metaoidioplasty	Phalloplasty	Total
2010	34	7	7	5	5	59
2011	41	18	8	12	11	90

The year 2011 was one of significant change. Dr. McIntosh stepped into the role of Clinic Head and we held a policy retreat in the early part of the year, which resulted in a number of changes including the expectation of a one-year (as opposed to two-year) continuous gender role experience as part of the eligibility criteria. New assessments were put on hold for 2-3 months while we set up approval appointments for existing clients who met the revised criteria, which likely inflated the numbers somewhat that year. Overall, we lost staff time that year with the retirement of a part-time staff member in the winter of 2011, and the addition of a consulting psychiatrist (1 assessment/week) in the fall of 2011.

2012	52	38	23	6	5	124
-------------	----	----	----	---	---	-----

The year 2012 was another year of an active change process at the clinic. On the heels of the release of the World Professional Association for Transgender Health Standards of Care, we adopted the shift from what was then called the Real Life Experience to the Gender Role Experience (GRE), which allowed for greater flexibility in what documentation was collected. We also began piloting a dual approval process where trans men could be approved for a chest and hysterectomy together (or hysterectomy and genital surgery together), which increased the clinic's efficiency. In the spring, we officially dropped the requirement for a legal name change and did not require GRE for chest surgery. Overall, our staffing remained similar over last year—one of our existing consultants added some time in spring 2012. One of our other consultants went on leave in the winter of 2012 and a replacement started in the summer of 2012. We are happy to have Dr. McIntosh on a new schedule which will see him in the clinic an extra half-day a week.

TIMELINES

Some people have wondered about timelines with the clinic. Due to our small staff size relative to the current demand, our wait list is currently lengthy: approximately one year from the time of referral to first appointment. We appreciate how difficult this is for many people and have created a specific resource for people hoping for surgery on how to best use the time from now until your first appointment with us. This is mailed out to people along with the questionnaire, following their referral.

What happens following your first appointment depends very much on the reason you have come and where you are in a transition process, if you are. For those who are seeking surgery, you may be invited for one of two kinds of appointments with us: possible surgery approval appointments, or a follow-up appointment.

Follow-up appointments are offered to those who we have determined do not yet meet all of the diagnostic, eligibility and readiness criteria required to proceed. We generally provide specific feedback and recommendations as part of working with you towards an approval and will see you back in six months for reassessment.

Possible surgery approval appointments are offered to those who we have determined meet all of the diagnostic, eligibility and readiness criteria required to proceed. Possible surgery approval appointments are booked in our next available appointments—we are typically booked a few months in advance.

Following approval, we submit an application to the Ministry. When the application has been processed by the Ministry, they send you a funding decision letter. The letter will clearly outline what service(s) have been approved, the facility where the service(s) are to be provided, the approved cost of the service(s), and a time limit by which the service(s) are to be provided. The process of getting this letter from the time of your approval appointment with us is approximately two months.

Surgeons have their own waiting lists that vary. Dr. Brassard's wait list is typically four to six months, with the exception of phalloplasties, which are often booked further in advance (up to a year since they are more complex surgeries done less often, requiring a team).

OPTIONS REGARDING SURGEONS

We also get a number of questions from people about their options for surgeons. SRS clients may request to go to a provider of their choice for their surgery, whether it is to Dr. Brassard in Montreal (the only surgeon in Canada currently performing genital surgeries), or a provider outside of Canada. This is true except for hysterectomies which must be done within Ontario, related to provincial health policies.

We encourage prospective surgery clients to do their research on prospective providers. Though this is a general policy, it should be noted that the Ministry may decline certain providers due to their high complication rates, and some providers may choose to decline the Ministry's reimbursement. If you select a surgeon that the Ministry does not yet have a relationship with, there will be some extra time needed to determine if an agreement between the two parties can be reached. If not, you will need to make another selection, which requires a new application (applications are surgeon and surgery-specific). There are some additional considerations with having surgery out-of-country (e.g., financial planning, planning for possible complications, a much shorter funding window), which we will be happy to discuss further with clients.

We remind you that FTM chest contouring is not currently an OHIP-insured service.