



# Recommendations Regarding Access to Gender Confirming Surgeries in Ontario

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For the Ministry of Health and Long-Term Care

From Rainbow Health Ontario and Sherbourne Health Centre

12/21/2015

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Jordan Zaitzow, Trans Health Connection Coordinator, [jzaitzow@rainbowhealthontario.ca](mailto:jzaitzow@rainbowhealthontario.ca)  
Loralee Gillis, Research & Policy Coordinator, [lgillis@rainbowhealthontario.ca](mailto:lgillis@rainbowhealthontario.ca)

## PART 1: Recommended Terms and Definitions

Language used to describe the health care needs of trans and gender-diverse people has been rapidly evolving in Ontario to better align with the experiences and perspectives of those communities. It is important that the language used in the proposed regulation is current, and reflects the way people speak about their identities and their needs. The following outlines current language use in progressive practice:

**Transition-Related Surgeries** refer to surgical procedures that are a part of someone’s gender transition.

Transition-related surgeries are often referred to as Sex Reassignment Surgery, or SRS. However this terminology is offensive to many trans and gender-diverse people, and may be experienced as disrespectful. SRS references an inaccurate notion that there is only one surgery – meaning genital surgery, and most commonly meaning genital surgery for trans women – as opposed to the many possible surgeries that an individual may need as part of their transition. It also perpetuates the stereotype that you are not “really” a man or “really” a woman unless you have had genital surgery, and that everyone’s transition culminates with genital surgery. This myth has profoundly negative health impacts on trans and gender-diverse people, particularly trans women.

Sherbourne Health Centre (SHC), Rainbow Health Ontario (RHO) and the providers we train use the terms “transition-related surgeries,” “Gender Confirming Surgeries,” or “GCS.”

**Non-Binary** – Refers to the gender identity of individuals who identify as not exclusively male or female. The World Professional Association for Transgender Health Standards of Care version seven (WPATH SOC7) specify that providers cannot impose a binary gender identity or presentation on their clients as a prerequisite for medical interventions. The WPATH SOC7 support access to medical interventions for non-binary individuals where people experience distress about their gender<sup>1</sup>. The inclusion of non-binary people must be reflected in the regulatory changes.

**Gender-Diverse** – For many years, “trans” has been used as an umbrella term to describe people with gender identities or presentations that differed from what was expected. More and more, “trans” is being replaced by “gender-diverse”, to acknowledge the linguistic and cultural limitations of “trans” as a word to describe all atypical gendered ways of being. We use gender-diverse in this document in addition to “trans”, and include non-binary identities under that definition.

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<sup>1</sup> Coleman E, Bockting W, Botzer M, Cohen-Kettenis P, DeCuypere G, Feldman J, Fraser L, Green J, Knudson G, Meyer WJ, Monstrey S, Adler RK, Brown GR, Devor AH, Ehrbar R, Ettner R, Eyster E, Garofalo R, Karasic DH, Lev AI, Mayer G, Meyer-Bahlburg H, Hall BP, Pfaefflin F, Rachlin K, Robin-son B, Schechter LS, Tangpricha V, van Trotsenburg M, Vitale A, Winter S, Whittle, S, Wylie KR, Zucker K. Standards of care for the health of transsexual, transgender, and gender-nonconforming people, version 7. *International Journal of Transgenderism*, 2012; 13(4):165-232.

## PART 2: Our Vision

Rainbow Health Ontario (RHO) and Sherbourne Health Centre (SHC) share a vision for trans and gender-diverse health care access in Ontario:

- Health care for trans and gender-diverse people is not seen as specialist care, but as part of the mandate of primary health care.
- All trans and gender-diverse people across the province, including those in rural and remote areas, have access to comprehensive and evidence-informed primary care. This may include services delivered through OTN or other technologies.
- Comprehensive trans health care including, where appropriate, access to puberty suppression, hormones and surgery, is available to youth under the age of 18.
- Services are client-centred and support trans and gender-diverse people to be partners in informed decision-making about care choices
- Decisions about treatments (e.g. hormones and surgeries) are accessed through a model of informed consent.<sup>2</sup>
- The system allows for a variety of care pathways, such as hormones only, surgery before hormones, surgery without hormones, and individualized surgical treatment plans.
- Trans and gender-diverse Ontarians have timely access to all necessary surgical interventions and care. Individuals with non-binary gender identities have full access to transition-related services as indicated in the WPATH SOC7.
- Primary health care teams guide clients through the process of preparing for transition-related surgeries. These teams may include but are not limited to family physicians, nurse practitioners, nurses, social workers, psychotherapists, occupational therapists, and client support workers.
- Primary care teams provide surgical referrals within the context of ongoing therapeutic relationships.
- Primary health care teams, surgeons, and the home care system work together to ensure respectful, coordinated care throughout the transition process.
- Primary health care providers who are not already engaged in trans health care are encouraged by their colleges, associations, regulatory bodies and employers to become competent in this work.
- Primary health care providers in Ontario base their practice on a set of core competencies built upon the Sherbourne Health Centre Trans Health Protocols<sup>3</sup>.
- A toolkit is developed to support primary health care providers to learn and implement the core competencies.

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<sup>2</sup> For more information about the informed consent model of care go to: <http://dx.doi.org/10.1080/15532739.2011.675233>. This is a link to the article: Madeline B. Deutsch (2012) Use of the Informed Consent Model in the Provision of Cross-Sex Hormone Therapy: A Survey of the Practices of Selected Clinics, *International Journal of Transgenderism*, 13:3, 140-146.

<sup>3</sup> Bourns, Amy. MD, CCFP. Guidelines and Protocols for Hormone Therapy and Primary Health Care. Sherbourne Health Centre & Rainbow Health Ontario. 2015.  
<http://www.RainbowHealthOntario.ca/resources/guidelines-and-protocols-for-hormone-therapy-and-primary-health-care/>

- Publically funded training is available to health care providers who wish to learn the core competencies and increase their capacity to offer services, including hormone initiation, pre-and post-surgical care, and referral letters for transition-related surgeries.
- Publically funded peer clinical mentorship is available to physicians and nurse practitioners.
- Trans and gender-diverse people are regularly and proactively consulted about their health care needs, and this information is used to plan comprehensive and competent health care services for trans and gender-diverse people across the province.
- Rainbow Health Ontario continues to work in partnership with the MOHLTC, the LHINS, and health care providers across the province to ensure that the needs of trans people are consistently integrated into health care planning in this province.

### PART 3: Recommendation for Regulatory Change

Our recommendation was developed in conversation with community members and service providers from across Ontario. Between November 25th and December 10th we held seven consultations – five with service providers and two with community members. Two consultations were held in person with providers in Toronto and five were held via teleconference with community members and service providers from across the province. At each consultation a draft of this document was shared in advance with participants. We also integrated feedback received over social media and email.

#### Defining Qualified Providers

We have one simple and resounding recommendation in regard to the MOHLTC's proposed changes to the regulation governing referrals for OHIP-funded transition-related surgeries:

*Referral for OHIP-funded transition-related surgeries should be the responsibility of physicians or nurse practitioners with OHIP billing numbers.*

In Ontario physicians and nurse practitioners are the only providers that can refer for patients for any type of OHIP-funded surgery.

#### Defining the Referral Process

Currently in Ontario, trans and gender-diverse people who are approved for OHIP-funded surgery must receive two referral letters from the Gender Identity Clinic at the Centre for Addiction and Mental Health (CAMH). CAMH conducts an extensive psychiatric assessment of trans and gender-diverse people before providing a recommendation for surgery.

We strongly recommend that the requirement for two “assessment letters” based on the outcome of psychiatric evaluations be replaced with a **single surgical referral form** consistent with the process of all other surgical referrals in Ontario where prior approval is required, and in alignment with the WPATH SOC V7.

In some instances, primary care providers may require additional documentation from other health and mental health care providers. Clients requiring hysterectomy, gonadal surgeries, or genital surgeries will need to submit a letter of recommendation from a second provider to their primary care providers. The second provider could be one of any of the following:

- ✓ Registered Nurse
- ✓ Nurse Practitioner
- ✓ Occupational Therapist
- ✓ Physician
- ✓ Psychologist
- ✓ Psychotherapist
- ✓ Social Worker
- ✓ Any master's level trained mental health professional

The primary care provider will keep this letter on file and make it available to OHIP on request. These requirements are summarized in **Table 1** below:

**Table 1: Documentation Requirements for OHIP-funded Transition-Related Surgeries**

Type of Surgery Requested	Surgical Referral Form	Letter of Recommendation from Second Provider
<input type="checkbox"/> Augmentation mammoplasty or breast reconstruction <sup>4</sup> <input type="checkbox"/> Bilateral mastectomy and chest reconstruction <sup>5</sup> <input type="checkbox"/> Permanent Hair Removal <sup>6</sup>	<p style="text-align: center;">✓ <b>Required</b></p> <p style="text-align: center;">See Sample Form below on page 8</p>	
<input type="checkbox"/> Hysterectomy and Salpingo-Oophorectomy <input type="checkbox"/> Orchiectomy	<p style="text-align: center;">✓ <b>Required</b></p> <p style="text-align: center;">See Sample Form below on page 11</p>	<p>✓ <b>Required</b></p>
<input type="checkbox"/> Metoidioplasty <input type="checkbox"/> Phalloplasty <input type="checkbox"/> Penectomy <input type="checkbox"/> Vaginoplasty <input type="checkbox"/> Vulvoplasty	<p style="text-align: center;">✓ <b>Required</b></p> <p style="text-align: center;">See Sample Form below on page 14</p>	<p>✓ <b>Required</b></p>

<sup>4</sup> Although this surgery is not currently covered by OHIP, we are including it in this form because it is recognized in the WPATH SOC v. 7 as medically necessary.

<sup>5</sup> Although chest reconstruction not currently covered by OHIP, we are including it in this form because it is recognized in the WPATH SOC v. 7 as medically necessary. It is done in conjunction with mastectomy.

<sup>6</sup> Although this procedure is not currently covered by OHIP, we are including it in this form because it is recognized in the WPATH SOC V7 as medically necessary.

**Physicians and nurse practitioners** who provide referrals will ensure that they are informed by the WPATH SOC7. This process will put the responsibility for ensuring adherence with WPATH SOC7 in the hands of clinical providers, instead of funders and/or government administrators.

Physicians, nurse practitioners and other providers will develop competence to support trans and gender-diverse people throughout the transition process, as outlined in the WPATH SOC, with training provided by RHO.

## Coordinated Care Planning

Currently CAMH requires prospective surgery applicants to demonstrate their readiness for surgery as a prerequisite for qualifying for surgery.

We support the need to ensure that patients undergoing transition-related surgeries have appropriate services and supports in place, however the burden of securing these supports should not rest primarily on the patient and should not act as a barrier to surgical access.

The concept of readiness assessments needs to be replaced with **coordinated care planning** that is offered as a support to trans people to enable them to obtain optimal care from services across the health care spectrum such as primary care providers, surgeons, other specialists and home care or other rehabilitation services

**Sample Form A: Request for chest and breast surgeries and/or permanent hair removal**

Please use this form to request OHIP funding for transition-related chest and breast surgeries and permanent hair removal.

The form must be completed by a physician or nurse practitioner with an OHIP billing number. The provider who completes the form should be primarily responsible for coordinating the care of the patient.

Throughout this document you will be asked to confirm the various criteria that patients need to meet to qualify for OHIP-funded surgery. By signing off on these criteria, you are indicating that either you have confirmed them yourself, or you have confirmed them in consultation or partnership with other qualified providers.

**1. Patient Details**

<b>First Name (on OHIP card)</b>	
<b>Last Name (on OHIP card)</b>	
<b>OHIP Number</b>	
<b>DOB</b>	
<b>Preferred Name:</b>	

**2. Provider Details**

<b>Name</b>	
<b>Last Name</b>	
<b>Billing Number</b>	
<b>Phone</b>	
<b>Fax</b>	
<b>Email</b>	
<b>Mailing Address</b>	

**3. Requested Surgery/Surgeries**

<input type="checkbox"/> Augmentation mammoplasty or breast reconstruction <sup>7</sup> <input type="checkbox"/> Bilateral mastectomy and chest reconstruction <sup>8</sup>	<input type="checkbox"/> Permanent Hair Removal <sup>9</sup>
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**4. Surgical Eligibility**

I the undersigned: ...

- confirm that the patient meets the criteria for gender dysphoria
- confirm that I have positively assessed this patient’s capacity to consent to treatment.
- confirm that I have no concern that this client has serious mental health concerns **OR** that I have managed this client’s mental health concerns through support and referral.
- confirm that I have reviewed the procedure(s) indicated above with the patient, made them aware of potential risks and complications, and have outlined reasonable timelines for recovery and expectations for surgical/procedural results.
- confirm that the patient has consented to this treatment
- confirm that in consultation with this patient, I have ensured that appropriate post-operative care and supports are available and have been arranged locally

\_\_\_\_\_  
 Signature of Provider

\_\_\_\_\_  
 Date

<sup>7</sup> Although this surgery is not currently covered by OHIP, we are including it in this form because it is recognized in the WPATH SOC v. 7 as medically necessary.

<sup>8</sup> Although chest reconstruction not currently covered by OHIP, we are including it in this form because it is recognized in the WPATH SOC v. 7 as medically necessary. It is done in conjunction with mastectomy.

<sup>9</sup> Although this procedure is not currently covered by OHIP, we are including it in this form because it is recognized in the WPATH SOC V7 as medically necessary.

**Sample Form B: Request for hysterectomy and/or gonadal removal**

Please use this form to request OHIP funding for transition-related hysterectomy and/or gonadal removal.

The form must be completed by either a physician or nurse practitioner with an OHIP billing number. The provider who completes the form should be primarily responsible for coordinating the care of the patient.

Throughout this document you will be asked to confirm the various criteria that patients need to meet to qualify for OHIP-funded surgery. By signing that you confirm these criteria, you are indicating that either you have confirmed them yourself, or you have confirmed them in consultation or partnership with other qualified providers.

**1. Patient Details**

<b>First Name (on OHIP card)</b>	
<b>Last Name (on OHIP card)</b>	
<b>OHIP Number</b>	
<b>DOB</b>	
<b>Preferred Name:</b>	

**2. Provider Details**

<b>Name</b>	
<b>Last Name</b>	
<b>Billing Number</b>	
<b>Phone</b>	
<b>Fax</b>	
<b>Email</b>	
<b>Mailing Address</b>	

**3. Requested Surgery/Surgeries**

<input type="checkbox"/> Hysterectomy and Salpingo-Oophorectomy	<input type="checkbox"/> Orchiectomy
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#### 4. Surgical Eligibility

I the undersigned...

- confirm that the patient meets the criteria for gender dysphoria
- confirm that I have positively assessed this patient’s capacity to consent to treatment.
- confirm that I have no concern that this client has serious mental health concerns **OR** I have managed this client’s mental health concerns through support and referral.
- confirm that I have reviewed the procedure(s) indicated above with the patient, made them aware of potential risks and complications, and have outlined reasonable timelines for recovery and expectations for surgical/procedural results.
- confirm that the patient has consented to this treatment
- confirm that the patient has completed 12 continuous months of hormone therapy as appropriate to the patient’s gender goals (unless hormones are not clinically indicated for the individual)<sup>10</sup>
- confirm that in consultation with this patient, I have ensured that appropriate post-op care and supports are available and have been and arranged locally<sup>11</sup>
- confirm that I have received a letter of recommendation in support of this client’s request for Gender Confirming Surgery. I have kept this letter on file, and will make it available to OHIP on request.

<b>Details regarding letter of recommendation</b>	
<b>Provider Type</b> <sup>12</sup> (indicate with a check)	<input type="checkbox"/> Nurse <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physician <input type="checkbox"/> Psychologist <input type="checkbox"/> Psychotherapist <input type="checkbox"/> Social Worker <input type="checkbox"/> Master’s level trained mental health professional
<b>Name</b>	
<b>Credentials</b>	
<b>Accrediting body or college</b>	

<sup>10</sup> Transition includes a large variety of different pathways. Some individuals may require gonadal or other surgeries without hormone use.

<sup>11</sup> This criterion is expected to change in the coming year when an updated version of WPATH SOC7 is released. Patients will no longer need a letter of recommendation from a secondary provider. This form should be amended accordingly.

<sup>12</sup> As the referral process moves from tertiary care into primary care, we can expect that this entire process will be managed by interdisciplinary primary health care teams, or where appropriate solo practice providers in partnership with community-based supports in the client’s home community. However, where these types of primary care supports are not available the Gender Identity Clinic at CAMH or other tertiary care providers can provide the letter of recommendation.

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<b>Phone</b>	
<b>Email</b>	

\_\_\_\_\_

Signature of Provider

\_\_\_\_\_

Date

**Sample Form C: Request for Genital Surgeries**

Please use this form to request OHIP funding for transition-related genital surgeries

The form must be completed by either a physician or nurse practitioner with an OHIP billing number. The provider who completes the form should be primarily responsible for coordinating the care of the patient.

Throughout this document you will be asked to confirm the various criteria that patients need to meet to qualify for OHIP-funded surgery. By signing that you confirm these criteria, you are indicating that either you have confirmed them yourself, or you have confirmed them in consultation or partnership with other qualified providers.

**1. Patient Details**

<b>First Name (on OHIP card)</b>	
<b>Last Name (on OHIP card)</b>	
<b>OHIP Number</b>	
<b>DOB</b>	
<b>Preferred Name:</b>	

**2. Provider Details**

<b>Name</b>	
<b>Last Name</b>	
<b>Billing Number</b>	
<b>Phone</b>	
<b>Fax</b>	

<b>Email</b>	
<b>Mailing Address</b>	

**3. Requested Surgery/Surgeries**

<input type="checkbox"/> Metoidioplasty	<input type="checkbox"/> Penectomy
<input type="checkbox"/> Phalloplasty	<input type="checkbox"/> Vaginoplasty
	<input type="checkbox"/> Vulvoplasty

#### 4. Surgical Eligibility

I the undersigned...

- confirm that the patient meets the criteria for gender dysphoria
- confirm that I have positively assessed this patient’s capacity to consent to treatment
- confirm that I have no concern that this client has serious mental health concerns **OR** I have managed this client’s mental health concerns through support and referral.
- confirm that I have reviewed the procedure(s) indicated above with the patient, made them aware of potential risks and complications, and have outlined reasonable timelines for recovery and expectations for surgical/procedural results.
- confirm that the patient has consented to this treatment
- confirm that the patient has completed 12 continuous months of hormone therapy as appropriate to the patient’s gender goals (unless hormones are not clinically indicated for the individual)<sup>13</sup>
- confirm that the patient has 12 continuous months of living in a gender role that is congruent with their gender identity<sup>14</sup>
- confirm that in consultation with this patient, I have ensured that appropriate post-op care and supports are available and have been and arranged locally
- confirm that I have received a letter of recommendation in support of this client’s request for Gender Confirming Surgery. I have kept this letter on file, and will make it available to OHIP on request.

<b>Details regarding letter of recommendation</b>	
<b>Provider Type</b> <sup>15</sup> (indicate with a check)	<input type="checkbox"/> Nurse <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physician <input type="checkbox"/> Psychologist <input type="checkbox"/> Psychotherapist <input type="checkbox"/> Social Worker <input type="checkbox"/> Master’s level trained mental health professional
<b>Name</b>	
<b>Credentials</b>	
<b>Accrediting body or college</b>	

<sup>13</sup> Transition includes a variety of different pathways. Some individuals may require gonadal or other surgeries without hormone use.

<sup>14</sup> While taking into account considerations of safety, comfort and security.

<sup>15</sup> As the referral process moves from tertiary care into primary care, we can expect that this entire process will be managed by interdisciplinary primary health care teams, or where appropriate solo practice providers in partnership with community-based supports in the client’s home community. However, where these types of primary care supports are not available the Gender Identity Clinic at CAMH or other tertiary care providers can provide the letter of recommendation.

<b>Phone</b>	
<b>Email</b>	

\_\_\_\_\_  
 Signature of Primary Care Provider

\_\_\_\_\_  
 Date

**PART 5: RHO and CPATH Provider Survey**

On Monday November 30<sup>th</sup>, RHO and CPATH released a joint survey to conduct a baseline assessment of Ontario health care providers' capacity to provide referral for trans-related surgeries. We have used this information to substantiate our recommendations in this document.

**Survey Participants**

Participation in the survey was limited to health and mental health professionals in Ontario who currently serve trans and gender-diverse clients. Of over 400 people who began our survey, three hundred and fifty nine (N=359) met the inclusion criteria, and two hundred and ninety six providers completed the survey (n=296) Providers were not required to answer every question, so there is some variation in the number of respondents to each question.

There were respondents from every **LHIN** in the province (**See Table 2 below**).

**Table 2: Distribution of Survey Respondents by LHIN**

Answer Options	Response Percent	Response Count
1. Erie St. Clair	4.4%	13
2. South West	6.1%	18
3. Waterloo Wellington	4.4%	13
4. Hamilton Niagara Haldimand Brant	10.6%	31
5. Central West	2.0%	6
6. Mississauga Halton	5.8%	17
7. Toronto Central	37.5%	110

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8. Central	3.8%	11
9. Central East	8.9%	26
10. South East	3.1%	9
11. Champlain	6.1%	18
12. North Simcoe Muskoka	0.7%	2
13. North East	2.0%	6
14. North West	4.4%	13
<b><i>answered question</i></b>		<b>293</b>

This suggests that a foundation for access to primary health care exists across the province for trans and gender-diverse people.

A wide variety of professionals responded to the survey including physicians, nurses and mental health professionals. **(See Table 3 below).**

**Table 3: Distribution of Survey Respondents by Profession**

Answer Options	Response Percent	Response Count
Family/Primary Care Doctor	11.7%	42
Nurse Practitioner	8.9%	32
Nurse	13.6%	49
Social Worker	24.2%	87
Psychotherapist	13.4%	48
Psychologist	5.6%	20
Psychiatrist	1.7%	6
Counsellor/Mental Health Worker	8.9%	32
Occupational Therapist	0.3%	1
Other (please specify)	11.7%	42
<b>answered question</b>		<b>359</b>

Those who indicated their profession as “other” included managers, executive directors, youth workers, surgeons, specialists, and providers of alternative medicines and treatments.

A large portion of the respondents worked in mental health settings (**n=136**) – either in private practice (**n=70**) or in a community setting (**n=66**). A significant portion of respondents worked in a primary health care setting (**n=107**). The variety of practice settings is summarized in **Table 4** below.

**Table 4: Practice Settings**

Answer Options	Response Percent	Response Count
Private Practice (e.g. psychotherapist, psychologist with a private business)	21.7%	70
Community Mental Health Organization	20.5%	66
Community Health Centre	18.0%	58
Hospital	12.4%	40
Family Health Team	11.5%	37
Other Primary Health Care Team Setting (FHO,	3.1%	10

FHG, FHN)		
Solo Primary Care Physician Practice	0.6%	2
Other (please specify)	12.1%	39
<b>answered question</b>		<b>322</b>

### Capacity to provide referrals

Many providers had between one and five trans or gender-diverse clients in their practice (**n=153**). A significant number of providers had over 200 clients in their practice (**n=12**). **Table 5** below outlines the distribution of clients per practice.

**Table 5: Number of clients in practice**

Answer Options	Response Percent	Response Count
1-5	51.3%	153
6-10	16.8%	50
11-20	13.4%	40
21 - 50	7.7%	23
51 - 100	3.0%	9
101 - 200	3.7%	11
200+	4.0%	12
<b>answered question</b>		<b>298</b>

Practices with greater than 200 patients were located in Toronto, Peterborough, St. Catharines, and Ottawa.

Many providers outside of CAMH have written support letters for clients either for hormones or privately funded surgeries. Over twenty per cent of our sample have written at least one such letter of recommendation (see **Table 6** below).

**Table 6: Respondents who have written recommendation letters**

Answer Options	Response Percent	Response Count
Hormone treatments	39.2%	120

Chest and breast surgeries	22.2%	68
Gonadal and/or genital (i.e. orchiectomy, oophorectomy, vaginoplasty, metoidioplasty, phalloplasty, etc.) surgical procedures	21.9%	67
<b>answered question</b>		<b>309</b>

Amongst physicians, the rates were much higher. Almost **95%** of physicians (**n=35**) have written at least one letter of recommendation (see **Table 7** below).

**Table 7: Physicians that have written recommendation letters**

Answer Options	Response Percent	Response Count
Hormone treatments	94.6%	35
Chest and breast surgeries	59.5%	22
Gonadal and/or genital (i.e. orchiectomy, oophorectomy, vaginoplasty, metoidioplasty, phalloplasty, etc.) surgical procedures	54.0%	20
<b>answered question</b>		<b>37</b>

Similarly nurse practitioners had higher rates of experience than the sample as a whole. Over **50%** of nurse practitioners (**n=14**) have written at least one letter of recommendation (see **Table 8** below).

**Table 8: Nurse Practitioners who have written recommendation letters**

Answer Options	Response Percent	Response Count
Hormone treatments	51.9%	14
Chest and breast surgeries	22.2%	6
Gonadal and/or genital (i.e. orchiectomy, oophorectomy, vaginoplasty, metoidioplasty, phalloplasty, etc.) surgical procedures	37.0%	10
<b>answered question</b>		<b>27</b>

While significant capacity already exists within the province to provide recommendations, the large majority of respondents to our survey (**85% or n=251**) indicated that they were interested in receiving training from RHO to increase their skill and capacity to refer people for GCS.

## Appendix A: Related Policy Recommendations

1. **Ensure access to GCS for those under the age of 18**

The WPATH SOC7 reference “age of majority” as a criterion for surgery eligibility. This criterion is not applicable for medical interventions in Ontario. Providers in our province assess the patient’s capacity to consent regardless of age. Those who are deemed able to consent can then consent to treatment. Consent to GCS must follow this same procedure.

2. **Add male chest reconstruction to the OHIP formulary of insured services**

The WPATH SOC7 clearly identifies male chest reconstruction as a medically necessary procedure. It must be added to the OHIP formulary.

3. **Add breast augmentation mammoplasty to the OHIP formulary of insured services**

The WPATH SOC7 clearly identifies breast augmentation mammoplasty as a medically necessary procedure. It must be added to the OHIP formulary.

4. **Add permanent hair removal to the OHIP formulary of insured services**

The WPATH SOC7 clearly identifies permanent hair removal as a medically necessary procedure. It must be added to the OHIP formulary.

5. **Establish feedback mechanisms for trans and gender-diverse people**

Establish permanent well-supported feedback mechanisms to ensure the voices of trans and gender-diverse people are included in MOHLTC planning processes relating to the health of trans and gender-diverse people in Ontario.