

Paul Murphy
Dáil Éireann Leinster
House Kildare Street
Dublin 2

17th February 2025

Dear Deputy Murphy,

REF PQ: 6650/25

We were asked to comment on a Parliamentary Question directed to the Minister for Health on a recent posting for a Senior Medical Social Worker at the National Gender Service.

Provision of any clinical intervention (including gender affirming hormone therapy and surgical intervention) is based on a fundamental clinical principle that to recommend any clinical intervention the apparent benefits should exceed any apparent risks. The approved model of care in practice at the National Gender Service (NGS) is based on a multidisciplinary assessment that takes into account all aspects of a person's health and wellbeing over their lifetime, rather than focusing only on gender and gender dysphoria. This assessment results in a formulation of risk and benefit that informs a recommendation on clinical intervention. An outline of the assessment process is on our website www.nationalgenderservice.com

While gender is one important aspect of the risk/benefit assessment, we also explore non-gender aspects like social health and occupational function. This is because the most common complications of medical transition are a decline in social function, a decline in general wellbeing, and a deterioration in mental health. To reduce the risk of these complications, we must understand a person as a whole person in a social context.

We do not recommend prescribing gender affirming hormone therapy in the absence of a comprehensive holistic multidisciplinary assessment, or if after such an assessment, the apparent risks exceed the apparent benefits.

Given the complexity of care encountered in clinical practice at the NGS at present, and the current level of staff and resources, waiting times at the National Gender Service at present are unacceptably long. People are currently waiting up to four and four and a half years for their first appointment. Our website www.nationalgenderserviceireland.com has updates on current waiting times, and information on clinical resources that might be useful while people wait to be seen.

Further investment and service development is needed to shorten waiting times. Autism specific supports would also be needed. Business cases for additional staff and clinical space were submitted a number of years ago to address this deficit in capacity. Some of these cases were approved last year, but did not proceed to recruitment, as we were prohibited from recruitment by the HSE recruitment embargo. This year, some posts were advertised and contact details were made available for staff within the service who would be familiar with the requirement of the posts.

In the current context, clinical complexity is greater than it has ever been before, with people presenting for assessment with multiple unaddressed clinical needs. When clinical risks and/or needs are identified, they are addressed either by referral to community services, other specialist services, or by the multidisciplinary team (MDT) within the NGS.

We trust the above is useful in answering this query.

Yours sincerely,

Dr. Yagoub Gader

Consultant Endocrinologist

St Columcille's Hospital Loughlinstown