

## Terms of Reference for HSE National Clinical Programme for Gender Healthcare Model of Care Working Group

**Version 1.0: 20<sup>th</sup> October 2025**

### **1. Objective**

The HSE National Clinical Programme for Gender Healthcare (NCP) was established to develop a new Model of Care for gender healthcare services in Ireland. Details on the process, and updates on the NCP's progress, can be found at [www.hse.ie/eng/about/who/cspd/ncps/gender](http://www.hse.ie/eng/about/who/cspd/ncps/gender)

A new Model of Care is required given ongoing changes in the field of gender healthcare, both in terms of increased demands on clinical services, and a developing evidence base.

Models of Care are strategic frameworks that describe the recommended structure and mode of service delivery in any particular healthcare domain. The resources required to deliver the service as recommended are typically included within the final Model of Care document.

The purpose of the HSE NCP for Gender Healthcare Model of Care Working Group (hereafter referred to as Model of Care Working Group) is to draft a Model of Care for Gender Healthcare. This work will be informed by the available evidence base, the experience of service users, potential service users, their families, and clinicians working in gender healthcare.

The work of the Model of Care Working Group will result in the development of an initial draft Model of Care document for consultation within the HSE.

An approved Model of Care will:

- Outline a clinical framework for safe and effective delivery of gender healthcare services in Ireland.
- Identify the clinical inputs needed to provide these services.

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- Describe the operational structures needed to provide these services.

### **2. Scope of work**

The scope of the Model of Care Working Group is limited to the formulation of a draft clinical Model of Care. This formulation will be based on the evidence base for gender healthcare, as it exists, and the clinical needs of the population accessing, or intending to access, gender healthcare services in Ireland. The purpose of the Model of Care is to optimise the safety and clinical effectiveness of gender healthcare.

It is anticipated that individuals and organisations will have interests in non-clinical matters relating to gender and gender diversity, and so may seek a forum to discuss matters relating to gender and gender diversity that are not related to the development of the Model of Care. Such matters are not within the scope of the Model of Care Working Group.

### **3. Governance**

The Model of Care Working Group reports quarterly, via the HSE National Clinical Lead for Gender Healthcare as Chair, to the HSE National Group Lead for Children and Young People, who in turn reports to the HSE Steering Group for Gender Healthcare (HSE Steering Group), who then report to the HSE Chief Clinical Officer.

A Clinical Advisory Group for the HSE NCP for Gender Healthcare, convened as a committee of the Royal College of Physicians of Ireland (RCPI), will sit in the RCPI, independently of the HSE, to advise and support the NCP for Gender Healthcare on the development of the Model of Care.

### **4. Programme of work**

Development of the HSE Model of Care for Gender Healthcare will incorporate

1. A review of existing clinical and scientific evidence on clinical needs and outcomes in gender healthcare (termed the Evidence Base Review), and;

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2. An understanding of needs and perspectives of service users, potential service users, their families, and clinicians working in gender healthcare (termed the Experience Base Review).

The HSE Model of Care for Gender Healthcare is to be completed in 2026.

### **5. Meetings**

The Model of Care Working Group will meet every 12 weeks at a minimum, but may meet more frequently as needed. Standard practice will be to meet in person, but online meetings will be offered if possible and appropriate.

The term of the Model of Care Working Group is a maximum of 12 months, starting from the time of first meeting.

Separate work streams will be established as needed to supplement the work of the Model of Care Working Group, via Sub-Groups or other fora.

Meeting quorum is defined by presence of the Chair and at least 50% of the contemporary registered membership of the Model of Care Working Group.

### **6. Membership and Responsibilities**

Membership is formulated with a view to gathering a range of perspectives and expertise considered essential to the development of the Model of Care, including those of people with lived experience, their families and caregivers (in the case of children, young people, and vulnerable adults), and healthcare professionals of various clinical disciplines.

Given the breath and diversity of perspectives and expertise in gender healthcare, it is expected that members of the Model of Care Working Group will be regularly asked to work on projects that source those perspectives and expertise.

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The HSE National Clinical Lead for Gender Healthcare will be Chair and the Programme Manager will be Deputy Chair.

Membership of the Model of Care Working Group can be revised as needed during the term of the Group. The Chair may co-opt new members as needed.

### **7. Professional Conduct**

All members of the Model of Care Working Group are expected to uphold the highest standards of professional behaviour and mutual respect in all interactions and contributions. The Chair is tasked to ensure that these standards are maintained.

Any behaviour that undermines these standards, or that compromises the dignity, safety, or wellbeing of members of the Model of Care Working Group, will be addressed, and may result in removal from the Model of Care Working Group. The Chair is tasked with taking action as needed to maintain the dignity, safety, and wellbeing of members of the Model of Care Working Group.

### **8. Confidentiality**

All members of the Model of Care Working Group are expected to maintain strict confidentiality with respect to the work of the Model of Care Working Group.

Documents must remain confidential until finalised and publically released and/or until written permission is granted by the Chair and NCP Programme Manager.

This applies to all members of the Model of Care Working Group in relation to the following confidential materials:

- Any documents, records, or reports generated or shared by the Model of Care Working Group, draft or otherwise.

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- Any documents, records, or reports generated or shared by sub-groups, or other fora, working on the direction of, or in association with, the Model of Care Working Group, draft or otherwise.
- Any personal details, including contact details, of members of the Model of Care Working Group.

It is understood that the Working Group representatives from TENI, BelongTo, LGBT Ireland, Trans Healthcare Action, and PATHI, will need to update their organisations on progress. It is agreed that verbal reports can be made, but that the materials listed above must remain confidential and cannot be shared without written permission from the Chair and NCP Programme Manager.

Members are expected to adhere to these rules without exception, and to take appropriate measures to ensure the security of all of the confidential materials listed above. The Chair is tasked with acting to ensure that these rules are maintained. Breaches of confidentiality make result in removal from the Model of Care Working Group.

Members must agree to the above in writing using the following text:

'I acknowledge and agree that I am bound by the above undertakings with respect to the confidentiality of the Model of Care Working Group

Signed:

Date: ,

### **9. Conflicts of Interest**

All members of the Model of Care Working Group are expected to declare, at the onset, any conflicts of interests that may compromise, or appear to compromise, their impartiality with respect to the work of the Model of Care Working Group.

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This includes financial, professional, and personal interests relevant to the work of the Model of Care Working Group.

Members must declare if there are no conflicts of interest to disclose.

If during the term of the Model of Care Working Group, any member becomes aware of any conflict of interest that has not been previously declared, then they must declare it immediately to the Chair.

The members of the Model of Care Working Group must agree to the above by **either:**

1. Listing their potential conflicts of interest and then including the following text:  
'I declare that the interest(s) stated above are those that I consider to be relevant and material to the work of the Model of Care Working Group, the NCP for Gender Healthcare, the HSE and/or the RCPI'

Signed:

Title:

Date: '

### OR

2. Signing the following statement:

'I declare that I have no conflicts of interest to declare that I consider to be relevant and material to the work of the Model of Care Working Group, the NCP for Gender Healthcare, the HSE and/or the RCPI'

Signed:

Title:

Date: