

RPT Minutes

June 16th 2026

Zoom Link: <https://us06web.zoom.us/j/85260784009>

Meeting ID: 852 6078 4009

RPT Members In Attendance: Seb, Natasha, Aysa, Karen, Lisa, Ryan, Rae, Erik, E.M., O.G.

Support roles in Attendance: laura, Rutendo, Holly, Blue

Regrets:

Quorum: Y/N

1. Welcome, and Opening Items (15 minutes)

- Approve the [May](#) minutes
 - Moved: Karen
 - Seconded: Erik
 - Approved: Y
- Approve the June agenda
 - Moved: O.G.
 - Seconded: Rae
 - Approved: Y

2. Preparing for the Conversation with Dr. Vera Etches, CHEO CEO, Dr. Lindy Samson, CHEO Chief of Staff and Karen Macaulay, CHEO Chief Medical Officer, and Vice-President of Acute Care

- Holly provided context for the conversation. The recent National Post article concerning gender affirming care had raised concerns for RPT members and community members, and CHEO agreed to meet with the table to discuss the impact and possible next steps.
- The table prepared for the conversation by naming the main concerns members wanted CHEO to hear:
 - The impact on trust, safety, access, and care for current, former, and future CHEO clients.
 - The impact on CHEO providers and Gender Clinic staff, including physical and psychological safety.
 - How CHEO and the RPT can stay connected if similar issues arise again.

3. Facilitated Conversation with Dr. Vera Etches, Dr. Lindy Samson and Karen Macaulay

- CHEO shared that the article harmed the Gender Clinic team within an already difficult environment for providing gender-affirming care. CHEO had been monitoring social media and protest activity, connecting with security and police, and assessing risk.
- CHEO described safety work under consideration, including clinic layout, exit routes, alert systems, security involvement, emergency management, and clearer communication back to staff, patients, and families.

- Vera said CHEO discussed whether to issue further public statements but was concerned that additional statements could escalate attention and affect staff safety. CHEO's priority is to support the team, sustain the work of the clinic, and continue gender-affirming care.
- Vera emphasized that CHEO remains committed to evidence-based care focused on children, youth, and families. She also noted that the author of the article is no longer providing care in the CHEO Gender Clinic.
- Lindy thanked the RPT for welcoming CHEO into the space and said the situation created concern for both staff safety and the youth and families who rely on the clinic.
- CHEO asked for advice on how to hear more clearly from youth, families, and community members about what is going well and what is not going well in care and organizational response. Holly suggested:
 - Partnering with an organization that works directly with gender-diverse youth, such as Ten Oaks, to host safer and more affirming feedback spaces.
 - Being attentive to informal feedback spaces, such as Reddit, with caution.
 - Using discharge or transition out of CHEO as an opportunity to hear from youth who may feel safer giving more honest feedback after care.
 - Seeking feedback from youth who have transitioned from CHEO to adult providers such as CCHC.
- Members noted that clients may hesitate to give difficult feedback while they are still dependent on scarce care. Vera acknowledged that formal surveys do not always capture the full diversity of experience and invited people to pass along stories, including anonymous stories.
- Vera identified possible areas for continued connection:
 - Feedback on CHEO services.
 - Transition from youth to adult gender-affirming care.
 - Shared awareness of social media or protest-related risk.
 - Real-time sharing of lessons learned and best practices across pediatric, adult, and regional gender-affirming care spaces.
- CHEO identified several takeaways from the conversation:
 - Reassuring messages for providers about continuing referrals to CHEO.
 - Key messages for patients and families.
 - A package of good practices around physical and psychological safety for clinics.
 - Waiting-room messaging.
 - Better discharge feedback and feedback from graduated youth.
 - Continued accountability and follow-up with the RPT as CHEO works through its action list.

4. Conversation Debrief

- Members described the conversation as constructive and positive.

- Aysa noted that CHEO's attention to staff safety showed that the whole organization needs to understand how providing trans care affects the workplace, not only patient care.
- O.G. appreciated CHEO's acknowledgement that security steps had not been communicated clearly enough to the clinic team.
- Karen shared that detailed patient and family feedback can lead to hospital-level learning and policy changes when taken seriously, and offered support to community members who may want help with a feedback or complaint process.
- Ryan also noted that CHEO should consider multiple sources of safety information and not rely only on police assessment when staff or community members identify risk.
- Holly described CHEO's quick response, direct senior leadership involvement, and interest in community partnership as positive signs.

5. **Community and Table Updates** (20 minutes)

- laura shared a community report about difficulty finding a reconstructive urologist willing to repair a stricture following phalloplasty performed at The Ottawa Hospital. Dr. Cormier is working with the patient, but available urology capacity appears limited, and the patient may need to travel to the United States for care.
- E.M. added that the urology component of phalloplasty care at The Ottawa Hospital has not been as integrated as some community members expected. laura will flag the issue to Erik and can also flag it to Drs. Horwood and McCrow, given previous conversations about revision access.
- laura shared updates related to pushback against statements from the American Society of Plastic Surgeons seeking to limit access to gender-affirming care for minors. A Canadian Society of Plastic Surgeons position statement was expected.
- laura shared a medication-safety update related to Depo-Provera and another medication that was not clearly captured in the transcript. The message shared was that there was no immediate need for panic, but long-term use may warrant a check-in with a provider.
- laura shared recent research recognizing trans women's experiences of menstrual cycles.
- Mia, a Community Advisory Table member, is successfully feeding her newborn daughter after receiving lactation support connections.
- E.M. shared information found through Reddit about Horizon Healthcare Ontario and the Toronto Sexual Health Clinic, including possible free virtual gender-affirming care anywhere in Ontario.
- laura reported that Jesse is doing well, has a new job, is recovering from gender-affirming surgery, and hopes to return to the RPT in September.

6. **Activity: Retrospective**

- The table completed an activity to reflect on the work the RPT has done in the past few months.
 - **What we liked:** Members named momentum, working together on the symposium, accomplishing a lot, encouraging progress, connecting in

person, and seeing the impact of coordinated effort. Blue also noted the table's forward-looking mindset and tendency to problem-solve rather than get stuck.

- **What we learned:** Members reflected on advances in gender-affirming care, the importance of keeping an inspirational spirit, building networks and partnerships, noticing “little wins,” valuing the CAT space, and seeing that the RPT is becoming known where it needs to be known.
- **What we longed for / are looking forward to:** Members named wanting more opportunities to connect in person, looking forward to upcoming work, seeing recognition from providers, securing more money/resources, being more directly involved in RPT work, doing more with the website and resource creation, planning community events, and making resources more accessible.

7. Wrap-Up and Next Steps

- CAT recruitment update:
 - laura said the CAT will recruit a new member over the summer. Blue, Holly, and laura have a plan in place, and the target timing to begin sharing recruitment information is mid-July.
 - Organizations were asked to tell Blue, Holly, or laura how much lead time they need to share recruitment information through social media.
 - Laura asked whether any provider organization has capacity to design a simple 8.5 x 11 recruitment poster using already-drafted text.
 - Members were asked to let Blue, Holly, or laura know if they can help place posters in community locations such as the Ottawa Trans Library, Kind Space, or CCHC appointment rooms.
- October in-person meeting updates:
 - The next in-person RPT meeting is scheduled for October 6, 2026, 6-8 pm in the Kaminsky Room at the Civic Campus of The Ottawa Hospital.
 - laura will send a map and more detailed update in September.
 - The group will plan food for people arriving around 5:30 pm.