# TRANSGENDER HEALTH

## Helping your trans patient to live their life more easily.

Gender

# Gender affirming services

**Putting you in charge of your gender journey**

A patient's perspective

> ***Trans life is sacrificing everything for peace of mind***
>
> **@VanessaS2hart**

# INTRODUCTION

The number of people presenting to their GP with a request for assistance with gender-related healthcare, has been steadily rising. As confidence and knowledge in this area of medicine increases, the need for highly specialised services to provide necessary care is reducing.

With this in mind, are we now able to, safely, move effective care from specialist service provision into a primary care setting?

## About this reference guide

This reference guide combines knowledge and theory, together with current international guidance, research and opinion to:

**1.** Inform general practice teams, to give them the confidence to help those patients whose gender identity differs from the one they were assigned at birth.

**2.** Give patients the tools they need to understand what care is available to them, and how to access it, while keeping in mind the considerable knowledge that exists among the trans community.

It serves as an accessible aid, offering top-line guidance and best practice to those who need it, while including references and tools for those who want to further increase their knowledge and understanding.

This publication aims to provide an up-to-date overview of the care that is available. It is relevant to patients, doctors and anyone who wishes to be better informed about the health and wellbeing of a transgender individual*.

***At GenderGP we use the word 'trans' as an umbrella term. When we refer to trans people we mean anyone who is gender diverse, transgender, non-binary, intersex or anywhere on the gender spectrum.**

**GenderGP** is an organisation that was founded by Dr Helen Webberley in response to an urgent need for timely, accessible and affordable help for trans patients in the UK, particularly while they waited for NHS services.

GenderGP combines a modern approach to trans healthcare with the use of digital methodologies for consultations. This has led to the development of robust, comprehensive Appraisal Pathways that utilise the latest developments in telemedicine alongside more traditional approaches – making it available to gender variant people all over the world.

GenderGP was founded on the belief that education is key to raising awareness of issues and reducing transphobia. GenderGP's website is an invaluable resource for the trans community and healthcare professionals alike.

**www.GenderGP.com**

# Forward

Thank you for reading this guide. I hope it will provide some much needed answers to the question:

> ***"can GPs help trans patients in a primary care setting?"***

The answer is unequivocally,


In the past five years, there has been an increase in the numbers of patients coming forward for medical help with their gender identity. There remains political and medical debate on the best treatment options, but new and evidence-based guidance is continually emerging to help physicians in this field. We have collated much of the guidance here, in a bid to support those GPs who want to provide the best possible care to their trans patients.

It is no secret that transgender care has become my passion. I have met so many incredible people from whom I have learned everything I know about what it means to be gender diverse, and the highs - and lows - that come with the persuit of authenticity.

I have studied best practice from across the world. I have been both amazed at the progressive approach taken in some countries and downright distressed at the antiquated approach to trans healthcare in others.

As the transgender community continues to emerge and individuals find the courage to pursure their needs, I have no doubt that transgender healthcare will catch up.

In the meantime, I am delighted that the team of gender specialists at GenderGP have been able to examine the evidence and share their insights into the provision of care for this wonderful group of diverse and inspirational people.

**Dr Helen Webberley**

Follow

Back to Menu

# Acknowledgement

We would like to thank everyone who has contributed to this guide.

Our specific gratitude and appreciation goes to: all the community members who provided their invaluable first hand experiences via twitter; the team from the Trans Youth Care Symposium in Los Angeles (Johanna Olson-Kennedy, Aydin Olson-Kennedy, Darlene Tando) who taught us that we are not alone in our gender-affirmative approach.

Medical student, Chloë Rogers, who gave her unique, progressive insight, reassuring us that our trans patients of tomorrow are in safe hands.

Those countries who are already leading the charge by bringing trans healthcare into a primary care setting. Those medical professionals who are brave enough to provide essential healthcare to help this marginalised community.

Every trans patient we have ever come into contact with who has been generous enough to share their journey and teach us all that we know.

**@ConduitTrans** for his invaluable lived experience and his knowledge of NHS processes, **@mimmymum** for casting her eagle eye over the final content, and the GenderGP team for always standing up for what is right.

Back to Menu

# Understanding gender identity

Not all people feel their gender identity is aligned with the sex they were assigned at birth.

Someone may be born with the genitals usually associated with the male sex, but, in fact, they may realise as they grow up that they identify more as a girl or woman, somewhere between a boy/man and a girl/woman or as neither.

A **trans man or trans boy**, is someone who was assigned female at birth but identifies more as a boy or a man. Pronouns are usually he/him.

A **trans woman or trans girl** is someone who was assigned male at birth but identifies more as a girl or a woman. Pronouns are usually she/her.

A **non-binary person** may feel they don't identify strongly as a man or woman. An agendered person will feel unable to identify as any gender. Their pronouns are, usually, they/them.

Back to Menu

Descriptive language changes and the way we refer to people matters. In some cases, people will feel offended at certain terminology that they feel does not reflect who they are. Pronouns are important and it's not always possible to know an individual's pronouns based solely on their appearance - if in doubt - ASK!

## How might you broach the subject?

A doctor's perspective:

> ***What would you like me to call you? And is that he, she or something else? And is that Mr, Mrs, Miss, Mx, Dr, Professor or something else?***

A patient's perspective:

> ***This is Jay, they asked me to come with them to ask you for some help with their gender.***
>
> ***They identify as non-binary and they would like you to use the pronouns they/them.***

Anyone who feels that their gender identity differs from the one they were assigned at birth, might be referred to as gender expansive, gender non-conforming, gender incongruent, gender variant, gender diverse, transgender or simply 'trans'.

Some trans people are happy to be referred to as 'trans', while other trans people simply wish to be recognised as the gender with which they identify. While some trans individuals are open about their trans history, others prefer to keep it a secret. This could be for various reasons, including personal safety, and must be respected.

Back to Menu

A **cisgender**, 'cis', person is someone who identifies with the gender they were assigned at birth. So that would be someone who is born with a penis and testicles and feels male through and through, or someone who is born with a vagina and ovaries and identifies as female. They are "gender congruent".

**Intersex** people are individuals born with any of several variations in sex characteristics including chromosomes, gonads, sex hormones or genitals that do not fit with society's stereotypical definition of what constitutes a male or female body.[6]

## Gender at a glance

- When a human is born, they are assigned a gender in accordance with their external genitalia - their 'birth-assigned sex'.
- Gender variance describes the feeling that someone's gender identity does not match the sex that they were assigned at birth.
- A trans / transgender person is someone who has feelings of gender variance.
- Gender dysphoria describes the deep distress that is felt when someone's birth-assigned sex. i.e their physical features, do not match their gender identity.
- Gender expression is how someone presents themselves to the world using socially constructed gendered signifiers such as hair, clothes, make-up, accessories etc. Often gender expression will align with gender identity, but this is not always the case, for both trans and cis people.

Stonewall Charity have published a comprehensive **glossary of terms**[7].

## Transition

You can read, first hand, what it feels like to: be trans, transition, experience hate, parent a trans child, be denied care, present as your true self for the first time, come out as trans, hide your identity and finally live as your authentic self, **here** on this Twitter feed.

Follow

## Sexuality

While your gender is who you are, your sexuality is who you are attracted to. A trans person who is attracted to someone of the same gender would be considered to be gay, and a trans person who is attracted to someone of the opposite gender, heterosexual. Of course trans people may also identify as pansexual or bisexual or asexual (or any one of a variety of other terms).

[6] **https://en.wikipedia.org/wiki/Intersex**

[7] **https://www.stonewall.org.uk/help-advice/glossary-terms**

Back to Menu

## Transitioning

Transitioning describes the process by which someone changes their gender expression in order to allow their physical appearance, and how they see themselves, to align with the gender that matches their identity, rather than the one they were assigned at birth.

A patient's perspective:

> ***Transitioning is to live in a way that is more congruent with who you are as a person rather than who others believe you to be, it is a radical act of self love that for many is inescapable.***
>
> ***Transition: Simultaneously the best and worst thing ever. I lost family, solidified friendships, made new friends, got to live as ME, and was able to finally tear down the mental and emotional barriers I'd spent over a decade erecting. In a word: freeing.***

Ultimately the aim for the trans person is to live authentically. There are four key aspects to transitioning - these can happen in any order, or not at all. Just because someone chooses not to undertake one of these stages doesn't make them any less valid:

- **Social transition** - this includes name and pronoun changes, expressing gender through clothing, hair and accessories. This alone can give immense relief to someone needing to live authentically.
- **Medical transition** - many trans people feel that just social transition is insufficient. Therefore to become closer to their authentic selves they take cross-sex hormones which are akin to hormonal replacement therapy (HRT). Many people find great comfort in this and continue to take HRT long term. Others may not ultimately feel that this suits their needs.
- **Surgical transition** Some trans people will also seek surgical procedures to align themselves further. These can vary from facial feminisation to full genital reconstructive surgeries (GRS).
- **Legal transition** - driving licenses, passports, birth certificates can all be legally updated with the person's new name and gender marker.

A patient's perspective:

> ***I look down in the morning - and everything is a little bit better.***
>
> **@erismoth**

A patient's perspective:

> ***The experience of expressing and presenting myself truly for the first time and beginning to transition has felt like falling through the sky - almost the same feeling as being in an aeroplane that suddenly drops in turbulence, or as it comes to land.***
>
> **@alessacatte**

Back to Menu



[10] **https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6546862/**

A patient's perspective:

***Finally live as me: I've been "full time" for over a year now. I could never go back. My highs are higher, so are my lows. I struggle in many ways - but I'm finally truly certain of who I am. I'm living it.***

***This is me tired and leaving work***

**@RozRaidReborn**

## Key Points:

- Some people's gender identity does not match the sex that they were assigned at birth.
- This is a natural variation of what it is to be human, it is not a disease, disorder or condition.
- Some people seek medical assistance to help them to align their body with their gender identity.

## Prevalence

It is estimated that, in the UK, between 1 and 2 percent of the population[12] [13] identifies as a different gender to the sex they were assigned at birth.

Figures from NHS Digital[14] give an idea of how common other conditions are:

Heart disease **1.1%**
Asthma **5.9%**
Cancer **2.4%**
Dementia **0.8%**
Epilepsy **0.8%**
Rheumatoid arthritis **0.7%**

**If gender variance is as common as even 1%, we can see that it isn't as rare as we once considered it to be.**

As the average number of patients on a GP list is 1600, statistically speaking, it can be estimated that every GP will see between 20 and 30 gender diverse people. While a GP may state they have no trans patients, it could be that the patient just hasn't disclosed their trans status.

As with many other sensitive issues, some simple screening questions can open the door for discussion.

### How might you broach the subject?

A doctor's perspective:

> ***Have you ever felt that your gender feels different to the one that you were assigned at birth?***
>
> ***I know that your gender marker on your records says female, is that the gender that describes you best?***

[12] https://www.ncbi.nlm.nih.gov/pubmed/27135657

[13] https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/nhs-workforce-statistics-september-2014-provisional-statistics

[14] https://files.digital.nhs.uk/publicationimport/pub22xxx/pub22266/qof-1516-rep-v2.pdf

Back to Menu

# Primary healthcare team

This guide is intended to inform healthcare professionals, of what can be expected of them, and their patients, of what they can expect, in accordance with UK regulatory directives. We hope this guide will give you the confidence to provide the necessary care, while trans people await access to specialist services.

Guidance:

> ***252. There is a clear and strong case that delaying treatment risks more harm than providing it. The treatment involved is primarily reversible, and the seriously dangerous consequences of not giving this treatment, including self-harming and suicide, are clearly well attested.***
>
> **The Women and Equalities report[34]**

A doctor's perspective:

> ***I do not feel competent to provide healthcare to this group of patients.***
>
> ***This care should be provided solely by the specialist gender clinics.***

While some GPs feel that they do not have the skills or knowledge to help their trans patients, the GMC has clear advice[1] on this matter:

Guidance:

> ***If you feel you lack knowledge and experience about the healthcare needs of trans people you should ask for advice from an experienced gender specialist and address your training need.***
>
> **General Medical Council**

Back to Menu



[34] **https://publications.parliament.uk/pa/cm201516/cmselect/cmwomeq/390/390.pdf**

[1] **https://www.gmc-uk.org/ethical-guidance/ethical-hub/trans-healthcare**

Moreover, some GPs feel unable to help their trans patients, even after specialist intervention. However, the advice[2] on this is also clear;

Guidance:

> ***If you're a GP you should collaborate with a Gender Identity Clinic (GIC) and/or an experienced gender specialist to provide effective and timely treatment for your trans patients***
>
> **General Medical Council**

In its NHS Specialised Services Circular 1620 dated 22 April 2016[3], NHS England has given direction to GPs that they should prescribe hormones and carry out blood tests if asked to do so by a gender specialist.

Guidance:

> ***Transgender and non-binary people will spend a relatively short time under the care of a specialist Gender Identity Clinic. General Practitioners therefore have an important role in the ongoing care of patients when they no longer have a need for specialised gender identity services. The prescribing and monitoring of hormone therapy can be carried out safely in primary care without specialist input, though Gender Identity Clinics are encouraged to provide support to individual General Practitioners when this is requested.***
>
> **NHSE**

Some doctors state that they are only able to share care with NHS services.

A doctor's perspective:

> ***I should only work in collaboration with NHS Gender services.***

Back to Menu

[2] **https://www.gmc-uk.org/ethical-guidance/ethical-hub/trans-healthcare#prescribing**

[3] **https://www.gendergp.com/wp-content/uploads/2018/02/Primary-Care-Responsibilities-in-Prescribing-and-Monitoring-Hormone-Therapy-for-Transgender-and-Non-Binary-Adults.pdf**

NHS England has given specific advice about working with online services such as GenderGP[4].

Guidance:

> ***Regulatory guidance and NHS England's current commissioning protocol supports a decision by a GP to accept a request made by a private on-line medical service to assume responsibility for prescribing, and for monitoring and testing, in cases where the GP is assured that the recommendation is made by an expert gender specialist working for a provider that offers a safe and effective service.***
>
> ***A GP may reasonably decline to accept responsibility for prescribing, monitoring and testing if the GP is not assured that the recommendation for prescribing has been made by an expert gender specialist, as long as the GP is also satisfied that declining responsibility would not pose a significant clinical risk to the individual. It is reasonable for the GP to ask the provider to demonstrate that it has the necessary expertise before responding to the provider's request.***
>
> ***All requests should be considered on a case-by-case basis.***
>
> **NHSE**

However, at all times we must remember the fundamental duty of a doctor according to the GMC [4b]:

> ***Make the care of your patient your first concern.***

Back to Menu

[4] **https://www.gendergp.com/wp-content/uploads/2018/02/GMC-advice-to-GPs-on-online-specialists.pdf**

[4b] **https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice/duties-of-a-doctor**

# Barriers to better care

## Training

*there certainly is no training Pathway for medical practitioners or others who work in this field. It is very much learning by apprenticeship, working with other people and observing. People working in this field generally in the past have come primarily from psychiatry, but more recently genitourinary medicine and family medicine as well.*

**Women and Equality Commission**[15]

Guidance:

*General practitioners may have, or may gain, specialist interest through experience of working in the field, continuing professional development and specialist courses.*

Back to Menu



[15] **https://publications.parliament.uk/pa/cm201516/cmselect/cmwomeq/390/390.pdf**

***The World Professional Association for Transgender Health suggests a range of ways to enhance continuing professional development: 'attending relevant meetings, workshops, or seminars; obtaining supervision from a mental health professional with relevant experience; or participating in research related to gender nonconformity and gender dysphoria***

*(World Professional Association for Transgender Health, 2011: p. 22)*

**The Good practice guidelines for the assessment and treatment of adults with gender dysphoria - RCPsych:[16]**

At the time of writing this guide there is no formal structure of clinical training for the treatment of transgender individuals in the UK, for any clinician. There is little structured training at medical school, foundation or postgraduate level and there is an urgent need for improvement in this area.

Much training in the field remains psychiatrically focused and is gained in an experiential manner, lacking standardisation.

## Concerns regarding the treatment of trans patients.

There is a lot of fear around the treatment of trans people, particularly those under the age of 18. Individuals can be scared to come forward for help[17] and there is also fear on the part of the doctor, who might feel under prepared.

A patient's perspective:

***Parenting a trans child is scary. There's no support from the NHS and we were made to feel like criminals from one particular GP. We've been treated with suspicion and doubt simply for supporting our child and wanting to see her happy. Attitudes need to change. Fast.***

**Anon**

[16] **https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/cr181-good-practice-guidelines-for-the-assessment-and-treatment-of-adults-with-gender-dysphoria.pdf**

[17] **https://www.stonewall.org.uk/system/files/lgbt_in_britain_-_trans_report_final.pdf**

Back to Menu

# Research

Although it is often cited that more research in this area is needed to inform future care, there is an abundance of research that confirms that access to gender-affirmative care allows trans people to live their lives more easily.[18]

Outcome measures such as mental health scores, employment and school attendance rates, as well as life satisfaction scores[19] have all been shown to increase when a person has the right support in their gender identity.

Back to Menu

[18] **https://www.liebertpub.com/doi/10.1089/trgh.2017.0004**

[19] **https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5882508/**

## The importance of affirmation

Outdated and flawed research[20] has hampered the care of trans people for many years. Studies followed very young children who were experimenting with gender behaviour, but did not turn out to be trans. This was interpreted as a high incidence of regret, when actually these individuals were never trans in the first place and would never have qualified for medical intervention.

Current expert opinion is that people with longstanding feelings of gender incongruence that persist into puberty and adulthood are extremely unlikely to change their mind.[21] They may change the path they wish to take, but for the majority, their feelings of gender variance will persist - however these feelings might manifest.

Although it is very tempting to ask patients whether they are 'sure' about their feelings, trans people will have done a huge amount of soul searching before presenting for medical help and care needs to be taken to ensure the language used is respectful.

### How might you broach the subject?

A doctor's perspective:

> ***I am sure you have done a lot of thinking and research around your gender feelings. Can I ask you to share your thoughts with me about your gender, the support you have around you and your hopes for the future.***
>
> ***Hormone treatments will result in some irreversible changes, do you know what these are? Can I ask what your feelings about the future are?***

## Real life experience (RLE)

Real life experience, known as RLE, describes the situation where a trans person is expected to live in their gender role in order to somehow prove a commitment to their gender identity. Understandably, many find it insulting and degrading to have to prove themselves in this way.

Some providers / practitioners will still insist on this before allowing access to medical care or support for name changes on legal documents.[8]

A patient's perspective:

> ***I was told by my GP/CCG that I had to live as female full time for 6 months before they would even refer me to a GIC!!***
>
> **@DavinaM1612**

[20] **https://growinguptransgender.com/2017/12/03/the-end-of-the-desistance-myth/**

[21] **https://www.ncbi.nlm.nih.gov/pubmed/26825472**

Back to Menu

As there is no rule book or standardisation of RLE it remains highly subjective as to whether or not it can be considered as having been 'satisfied'. Unless the specialist practitioner is fully conversant with all aspects of gender expression, there are times when complaints of "hoop jumping" are justified, as are doubts surrounding the efficacy of such practices.

Additionally, there are many facets to a journey of gender transition, and there may be social reasons at home, or work, why the time might not be quite right for someone to change their name or clothes or external gender appearance. That does not make a person's gender identity any less valid.

Many trans people feel that they are unable to confidently present to the world as their true gender, without the help of the physical effects of hormones, and yet they are often required to do so in order to access the treatment they need. This can cause a great deal of anxiety.

There is more to be gained from the medical practitioner listening to the patient, hearing their experiences and encouraging them to share their journey, rather than expecting them to "prove" their gender variance by conforming to a list of preconceived expectations of what it means to be a man or woman.

In order to be approved for gender confirmation surgery, one criterion is that the person has to have lived in that gender role for a period of time. This aims to prevent "regret" should it ultimately prove to be too difficult to live in their authentic gender role rather than prove their identity.[9]

However, fixed criteria such as this are problematic for some patients who feel that they are better placed than anyone, to be able to govern their own stages of transition. Current studies indicate that quality of life for trans patients wishing to undergo surgery improves after sex reassignment surgery.[10]

Guidance:

> ***215: The requirement to undergo "Real-Life Experience" prior to genital (reassignment / reconstructive) surgery must not entail conforming to externally imposed and arbitrary (binary) preconceptions about gender identity and presentation. It must be clear that this requirement is not about qualifying for surgery, but rather preparing the patient to cope with the profound consequences of surgery.***
>
> **The Women and Equalities Report 2016** [11]

Back to Menu

[8] **https://twitter.com/MyWebDoctorUK/status/1146767224155385856**

[9] **https://www.england.nhs.uk/wp-content/uploads/2019/07/service-specification-gender-dysphoria-services-non-surgical-june-2019.pdf**

[11] **https://publications.parliament.uk/pa/cm201516/cmselect/cmwomeq/390/390.pdf**

# Patient Groups

## Adults

Adults who have not yet presented for treatment, will have gone through the puberty directed by their birth-assigned sex. This means they may require the alteration of primary and secondary sex characteristics associated with their assigned birth sex.

Their appearance may appear to be less well aligned with their true gender identity meaning they are more prone to social stress and be more at risk of abuse and hate crimes[22]. Subsequently, their mental health scores may be lower, particularly if they are then denied access to attempts at validating their gender identity.

### A patient's perspective:

***Experience hate: When it's online, it's just exhausting and enraging for me. I woke up this morning to 42 notifications from anti-trans people, after I commented on an article.In person: just plain terrifying when it's overt. When it's just "looks"... It makes me feel subhuman.***

**Anon**

Belief and support are vital for this group, and many patients ask their GP to provide simple medical care in the form of hormones as used with hormone replacement therapy in cisgender people. Hormones can give patients tremendous confidence to face the world in their real gender identity.

### A patient's perspective:

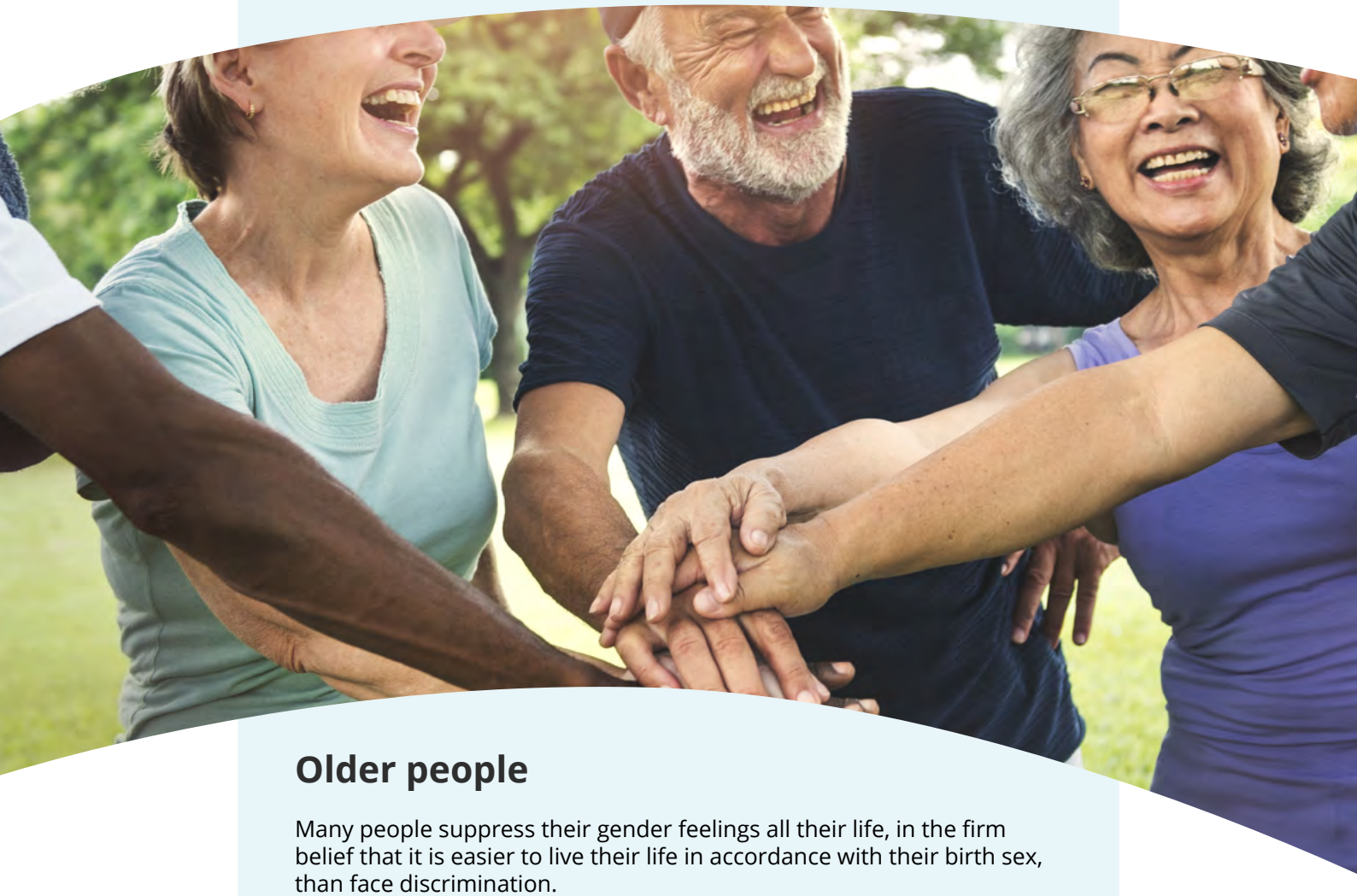
***This is me when I did a talk on DV in the LGBT community for international women's day 2 years ago.***

**@KeKe_McC**

Back to Menu



[22] **https://www.bbc.com/news/uk-48756370**



## Older people

Many people suppress their gender feelings all their life, in the firm belief that it is easier to live their life in accordance with their birth sex, than face discrimination.

Many factors may contribute to this suppression, however, as age advances these may start to reduce. Factors including the death of elderly parents, relationships breaking down, children leaving home and the approach of end of life may precipitate an older person presenting in later life with the mission to realise their true gender before they die.

### A patient's perspective:

> ***Hide my identity: Exhausting. I'm awful at lying, and keeping something so intensely personal felt like constantly lying to everyone I knew. Now, that's reversed, I don't hide being trans, but I don't advertise it. I still obscure my past somewhat, but it feels more authentic.***
>
> **Anon**

It is never too late for gender affirmation[42], and many people medically and surgically transition even though they have co-existing morbidities. Of course it is a balance of risk versus benefit, and that is a discussion between doctor and patient to come to the best decision given all the facts.

Back to Menu



[42] **https://www.theguardian.com/society/2018/nov/17/age-nothing-do-with-it-transition-later-life-transgender**

A patient's perspective:

*I have vague dreams of another life, a very different, less happy, less content and incomplete life. Then I realise those are not my dreams but memories of my past.*

*I discovered myself very late on – I was 55 when I first released the feelings from their internal blocks and almost 56 before I accepted and embraced the fact that the feelings were knowledge and the authentic me.*

**Anon**

## Towards the end of life

Guidance:

*Many hard won battles were simply ignored for an 'easier' transition in to care as the patient's mental health deteriorated.*

*The devastating impact which this can have on the patient, but also their loved ones, cannot be underestimated.*

**Allison O'Kelly, Queen's Nurse and Clinical Lead in Memory Services in East Cornwall[44]**

As people get older, issues such as autonomy, independent living, capacity to make informed decisions and death all begin to rise to the surface. Many trans people fear their identity may cease to be recognised as they become older, will their true gender identity be respected in a place of care and on their death certificate? It can help significantly to make advanced life planning decisions so that everyone is aware of a person's wishes for when they may not be able to communicate them effectively[43]. The protected characteristics under The Equality Act 2010 are lifelong and must be respected whatever the situation. This may produce challenges for care giving organisations and clear policies must be in place to avoid discrimination and poor treatment.

[43] **https://www.gendergp.com/the-importance-of-getting-dementia-services-right-for-trans-people/**
[44] **https://www.gendergp.com/the-importance-of-getting-dementia-services-right-for-trans-people/**

Back to Menu

## Children

Prepubertal children do not need any hormonal intervention to affirm their gender. Medical intervention is not needed until puberty starts.

At home and school they may receive support to socially transition, ie use names, pronouns, clothes and affects that reflect their gender identity.

Forcing a trans child to express the gender they were assigned at birth can be extremely distressing.

A patient's perspective:

> ***The joy you feel at seeing your child's happiness comes with the terrible fear of knowing how hard their life will be. Dealing with transphobic family members has been the hardest part for her and for me.***
>
> **@TarynDeVere**

Research and anecdotal evidence shows that children who are supported to explore and express their gender have better outcomes in terms of happiness, school success and social relationships.[23] [24]

A patient's perspective:

> ***For me as a parent, my initial feelings were love, loss, grief, confusion and fear. Two years later, my overwhelming love for him remains constant and my feelings have moved to acceptance, trust and hope. I am still fearful about how others will treat him.***
>
> **@LadyLarchfield**

[23] **https://www.researchgate.net/publication/320773620_A_QUALITATIVE_STUDY_OF_TRANSGENDER_CHILDREN_WITH_EARLY_SOCIAL_TRANSITION_PARENT_PERSPECTIVES_AND_CLINICAL_IMPLICATIONS**

[24] **https://pediatrics.aappublications.org/content/pediatrics/137/3/e20153223.full.pdf**

Back to Menu

A parent may bring their child to the doctor for advice. Current thinking is that for the best mental health outcomes, children should be listened to and believed when they are expressing ideation that their gender differs from that assigned at birth.[25]

Support from their healthcare professional is essential, and no harm can come by 'affirming' the child and allowing them to express their feelings in a safe environment.

An early referral to NHS specialised services is warranted as waiting lists are long. The NHS young person's service is able to help the child and family explore all the ideas around gender identity and what it means for them. Not all patients will seek medication, but for those that do, it is important that they can be supported in a timely manner so that intervention can begin at the onset of puberty.

Not all young people are supported by their families and they can find it difficult to get the help they need. They may present for medical help without the consent of their parents or guardian and their wishes must be taken into account as an individual who can make informed decisions.[26] [27]

A patient's perspective:

***When my daughter told us she is a girl, it was as if I finally had the last piece of a puzzle and could make sense of the whole. She had to turn our world upside down, for a time, to turn hers the right way up.***

**@transmum1**

## Adolescents

As children approach adolescence they may or may not be aware that their natural puberty will bring with it some significant body changes. Young trans children, who are very well socially transitioned, may lose sight of the fact that the puberty they experience is going to reflect the gender they were assigned at birth, rather than their gender identity.

Others, however, are more than aware that, if nothing is done, the secondary sex characteristics of their birth-assigned gender will develop. This can be extremely distressing and is only avoidable with the use of hormone blockers (GnRH analogues). This is the same treatment that has been successfully used for many years to suspend precocious puberty.

Back to Menu

[25] **https://twitter.com/MyWebDoctorUK/status/1147749363881521152**

[26] **https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/0-18-years**

[27] **https://www.gendergp.com/gillick-competency-and-body-autonomy-of-transgender-youth/**

There are early intervention programmes at the NHS specialist children's service, the Tavistock and Portman[28], but in reality only a handful of adolescents are able to access this at the beginning stages of puberty, and it may well occur that parents and young teens ask their GP to help in the interim period.

A young person who is given puberty blockers at the right time[29] will not have to go through the 'wrong' puberty. Their subsequent hormonal treatment will then enable them to develop some secondary sex characteristics that are in line with their gender identity. It also means that they will not have to undergo so many 'rectifying' surgeries or be as identifiable as trans in the future.[30]

## A patient's perspective:

***I started my transition whilst still a trainee engineer. Being more comfortable in myself freed up a lot of headspace for learning and working better.***

**@TrisCanfer**

Although many doctors fear intervening with medication in young people, the act of 'watchful waiting' is not a neutral option.[31] [32] Puberty brings irreversible changes to the body that may ultimately require surgery to reverse, or will act to identify that person as trans for the rest of their life. This can be very distressing, and potentially dangerous for them.

Stonewall's 'Trans Report' provides an overview of the profound impact that violence and discrimination is having on the quality of life of trans people in Britain today.[33]

[28] **https://gids.nhs.uk/our-early-intervention-study**

[29] **https://growinguptransgender.com/2018/08/14/dr-jo-olson-kennedy-on-puberty-blockers-and-hormones/**

[30] **https://www.macleans.ca/society/health/what-happens-when-your-son-tells-you-hes-really-a-girl/**

[31] **https://www.florenceashley.com/uploads/1/2/4/4/124439164/ashley_watchful_waiting_doesn%E2%80%99t_mean_no_puberty_blockers_and_moving_beyond_watchful_waiting.pdf**

[32] **https://www.gendergp.com/trans-ethics-with-florence-ashley-the-gendergp-podcast-s2-e6/**

[33] **https://www.stonewall.org.uk/system/files/lgbt_in_britain_-_trans_report_final.pdf**

Back to Menu

A patient's perspective:

***Without your services I know my daughter would not be here today The NHS waiting times of 2 years for blockers when already into puberty at 13 was too long and would have caused lasting physical damage. The blockers given by shared care with our GP saved my daughters life and having successfully completed her GCSE's She now looks forward to A levels and life.***

**Anon**

Despite much emotive public debate on the matter, puberty blockers are reversible[35] and puberty resumes as normal on stopping them. They buy time for that young person to explore their gender identity and the journey that lies ahead of them. With such high levels of suicidal ideation by young trans people, often due to intense feelings of gender dysphoria, their use can be life-saving. With waits for a first appointment with specialist child and adolescent NHS services of more than two years.[36] (as at date of publication), many parents and young trans teens want to be able to ask their doctor to prescribe and administer this medication.

In the UK, young people are able to be involved in decisions about their healthcare at a young age, as long as they have capacity to understand. Once the criteria for gender dysphoria are met and capacity to make decisions on medical intervention assessed through Gillick competency protocols, there is no reason why a well-informed doctor, nurse or pharmacist cannot prescribe for this patient group.[37]

Excellent guidance for the treatment of gender diverse children and adolescents has been published by The Royal Children's Hospital, Melbourne, Australia.[38]

[35] **https://gids.nhs.uk/puberty-and-physical-intervention**

[36] **https://gids.nhs.uk/about-us**

[37] **https://www.livescience.com/62893-transgender-kids-puberty-blockers-hrt-hormones.html**

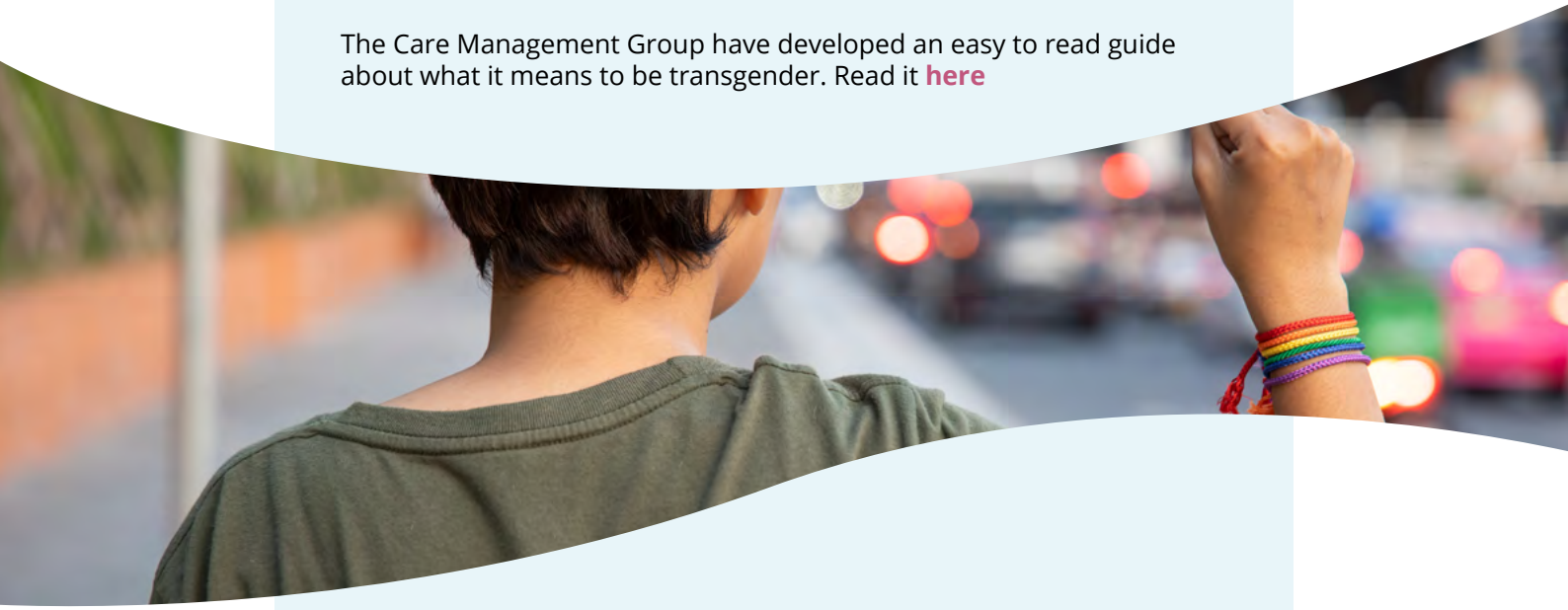
[38] **https://www.rch.org.au/uploadedFiles/Main/Content/adolescent-medicine/australian-standards-of-care-and-treatment-guidelines-for-trans-and-gender-diverse-children-and-adolescents.pdf**



## Learning disabilities

Gender expression is a natural part of human identity. We are all on the gender spectrum somewhere and while most of us will identify with the gender we are assigned at birth, others may not. Gender does not take into account learning ability, although the ability to express feelings of gender incongruence may be hampered in this group. There will be clues, verbal and non-verbal, that may give us the telltale signs that feelings of a mismatch exist, between how someone's gender is perceived and how it is experienced. Nobody should be prevented from living their life authentically[39].

The Care Management Group have developed an easy to read guide about what it means to be transgender. Read it **here**



## Autistic spectrum

There is a recognised overlap between the gender spectrum and the autistic disorder spectrum with the 'dual diagnosis' occuring more frequently than might be expected.

Although someone may be on the autistic spectrum this is not a reason to discount their gender identity. The individual's human rights must be respected.

There is also an overlap in the presentation of people with personality disorder, post-traumatic stress disorder, autism and gender dysphoria[40].

[39] **https://www.learningdisabilitytoday.co.uk/learning-disability-support-provider-launches-pioneering-easy-read-transgender-guide**

[40] **https://www.liebertpub.com/doi/pdf/10.1089/trgh.2019.0024**

Back to Menu

Social difficulties and withdrawal, lower mental health scores, difficulties with relationships at school, work and home, are all more common in these groups. A key question is whether people are wrongly diagnosed as being on the autistic spectrum, when in fact they are really gender dysphoric.

Conversely, having gender incongruence is not currently completely socially acceptable in all circles, and many feel the need to suppress their feelings. Perhaps people on the autistic spectrum are less able or inclined to follow these social rules, and are more able to outwardly express their gender identity?

Whatever the reasoning, both 'labels' may co-exist and must be respected individually.[41]

[41] **https://www.autism.org.uk/about/what-is/gender.aspx**

## Key Points:

- Pre-pubertal children do not require any medical intervention for their gender, but they will need support and acceptance.
- While it is not a requirement for a referal to GIDS, some individuals may benefit from mental health support through **CAHMS**[41b].
- GIDS waiting lists can be significant so, where relevant, an early referral is recommended.
- Adolescents may be prescribed reversible puberty blocker injections to suspend puberty and prevent the development of unwanted secondary sex characteristics.
- Older teens may be prescribed gender-affirming hormones to allow them to go through the puberty that matches their gender identity. Although hormones will eventually produce irreversible changes, these take many months / years to develop.
- Adults and older adolescents presenting for care will already have been through the 'wrong' puberty which can exacerbate feelings of gender dysphoria.
- Trans people who have learning difficulties may present challenges, but their gender identity needs acceptance and support.
- There is an overlap between people who are on the autistic spectrum and the gender spectrum, and both need individual attention and care.
- People's gender identity needs to be respected throughout the duration of their life.
- Advanced life planning is essential so that a person's wishes can be respected when they are no longer able to make informed decisions.

[41b] **https://www.nhs.uk/using-the-nhs/nhs-services/mental-health-services/child-and-adolescent-mental-health-services-camhs/**

Back to Menu

# Transgender care: specialist or generalist?

## A patient's perspective:

> ***Be denied care: Typically this goes as a cycle. Appointment made; hopeful -> explained oh so nicely why they won't help me -> intense depression. That's just at GPs. I haven't even seen a GIC yet, and it's been over 3 years since I asked to be referred.***
>
> **@RozRaidReborn**

While transgender care is an evolving branch of medicine, the management of patients follows a similar Pathway to that of many conditions treated in general practice[44b] - which is what makes the family doctor so well placed to lend their support.

GPs are the first port of call, within the medical profession, for a trans person, and play an immensely important role in their general day-to-day wellbeing. GPs can initiate treatment, continue treatment that has been started, and support a trans person until the end of their life.[45]

## Guidance:

> ***In an ideal world, people should have direct access to primary care and be referred by their GP for secondary and tertiary health provision as is clinically appropriate, and in the same way as for any other patients. Only when the patient needs access to a gender identity service provider would the National Specialist Commissioning Group become involved.***
>
> **RCPsych, 2013:[46]**

[44b] **https://www.acpjournals.org/doi/10.7326/AITC201907020**

[45] **https://www.thebodypro.com/article/american-college-of-physicians-releases-comprehensive-transgender-care-guide**

[46] **https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/cr181-good-practice-guidelines-for-the-assessment-and-treatment-of-adults-with-gender-dysphoria.pdf**

Back to Menu

Guidance:

*Hormone treatment can be initiated once a working diagnosis of gender dysphoria is obtained. This may be managed effectively by the GP, but a local endocrinologist, GP with special interest or other gender specialist may provide back-up if the GP is not confident about following hormone treatment guidelines (see Annex D). Those service users who are already self-medicating should be brought into a prescribed regime as soon as possible. However, insisting that the service user stop hormone treatment altogether at this point is not necessarily the safest health option, since it can cause serious stress and have adverse physical and psychological consequences. Some clinicians suggest a 'bridging' prescription for an agreed period – up to three months – to tide a service user over until a basic health profile is available and then, if necessary, the prescription can be modified to accommodate any contraindications that may be found.*

---

*it is possible for hormone treatment to be initiated locally by the GP, if he or she is comfortable with undertaking this treatment, or by a local endocrinologist, or by both these clinicians working together'*

**DOH, 2008:**[47]

A patient's perspective:

*Getting support from the GP was crucial in helping my trans son, both with this mental health and physical wellbeing.*

**Anon**

Back to Menu



[47] **https://www.nelft.nhs.uk/download.cfm?doc=docm93jijm4n1063.pdf&ver=1226**

# The Royal College of General Practitioners (RCGP)

**The RCGP has stated that:** 'GPs are most often the first point of contact with the health care system for individuals questioning their gender. In some cases, GPs can be the first people they confide in about their gender identity or uncertainties about their gender identity. General practice plays a vital role in ensuring these patients receive the care they need. GPs are expected to approach the holistic care of gender-questioning and transgender patients as they do with every patient – openly, respectfully, sensitively and without bias.' and have developed an e-learning package for GPs [48] [49].

Guidance:

> *The National LGB&T Partnership welcomes that the RCGP have established a position on the role of the GP in caring for gender-questioning and transgender patients and recommendations for ensuring these patients receive equal access to the highest standard of care. We particularly welcome the assertion that* ***"GPs are expected to approach the holistic care of gender-questioning and transgender patients as they do with every patient – openly, respectfully, sensitively and without bias"*** *and the recognition that* ***"The gaps in education, guidance and training for GPs around treating gender dysphoria for both adults and children, and managing broader trans health issues, also needs to be urgently addressed"****, particularly the recommendation that* ***"if GPs feel a lack of knowledge or experience about the healthcare needs of trans people, they…address their training needs as part of continuing professional development."***
>
> **The National LGB&T Partnership [50]**

Back to Menu

[48] **https://www.rcgp.org.uk/about-us/news/2019/june/rcgp-calls-for-whole-system-approach-to-improving-nhs-care-for-trans-patients.aspx**

[49] **https://elearning.rcgp.org.uk/mod/page/view.php?id=9380**

[50] **https://nationallgbtpartnership.org/2019/06/28/the-role-of-the-gp-in-caring-for-gender-**

# Creating a trans-friendly practice[51]

For a trans patient, coming into their GP surgery to discuss their gender can be incredibly daunting. There are some simple steps that can be taken by the surgery to put the patient at ease. The following checklist is a good place to start:

- Do you have signs or leaflets representing the transgender community?[52]
- Has your staff been trained on issues specific to transgender health?[53]
- Do you have a non-discrimination policy that covers sexual orientation and gender identity?[54]
- Do you have experience in caring for transgender patients? Specifically, are you able to provide medical advice on how to manage hormones, after-surgery care, and health screening in the trans population?
- Have you got facilities in place to update names and gender marker?
- Are you able to support trans patients in updating their medical records both within the GP practice and wider NHS documentation?
- Are you able to provide the necessary facilities for trans people to feel comfortable (For instance: a gender-neutral bathroom, a safe and comfortable waiting room environment, protocol for using requested name and pronoun, etc.)?
- Have all staff received training on transgender sensitivity?
- Is your practice visibly trans friendly?
  If not then consider your leaflets, posters, website, social media. (sample poster available on next page)
- Are you aware of the current issues facing the trans community? The GenderGP blog is a good place to start[50b].

Pride in practice offers NHS endorsed training and support materials:
**www.prideinpractice.org**

[50b] **https://www.gendergp.com/blog/**

[51] **https://www.self.com/story/6-things-every-transgender-person-should-know-about-going-to-the-doctor**

[52] **https://www.self.com/story/6-things-every-transgender-person-should-know-about-going-to-the-doctor**

[53] **https://mermaidsuk.org.uk/professionals/training/**

[54] **https://www.streathamgp.co.uk/practice/practice-policies/equality-and-diversity-policy/**

Back to Menu

# WE WELCOME

**ALL** RACES AND ETHNICITIES
**ALL** RELIGIONS
**ALL** COUNTRIES OF ORIGIN
**ALL** GENDER IDENTITIES
**ALL** SEXUAL ORIENTATIONS
**ALL** ABILITIES AND DISABILITIES
**ALL** SPOKEN LANGUAGES
**ALL** AGES
**EVERYONE.**

WE STAND **HERE WITH YOU**
YOU ARE **SAFE HERE.**

## First presentation

Trans people of all ages spend many months and years reflecting on their gender feelings. They often conduct extensive research into the best solutions that fit with their needs, and the needs of those who are close to them. Aydin Olson Kennedy, licensed clinical social worker and Executive Director at the Los Angeles Gender Centre describes this as the 'coming in' phase of transition, before 'coming out' to others.[55]

### A patient's perspective:

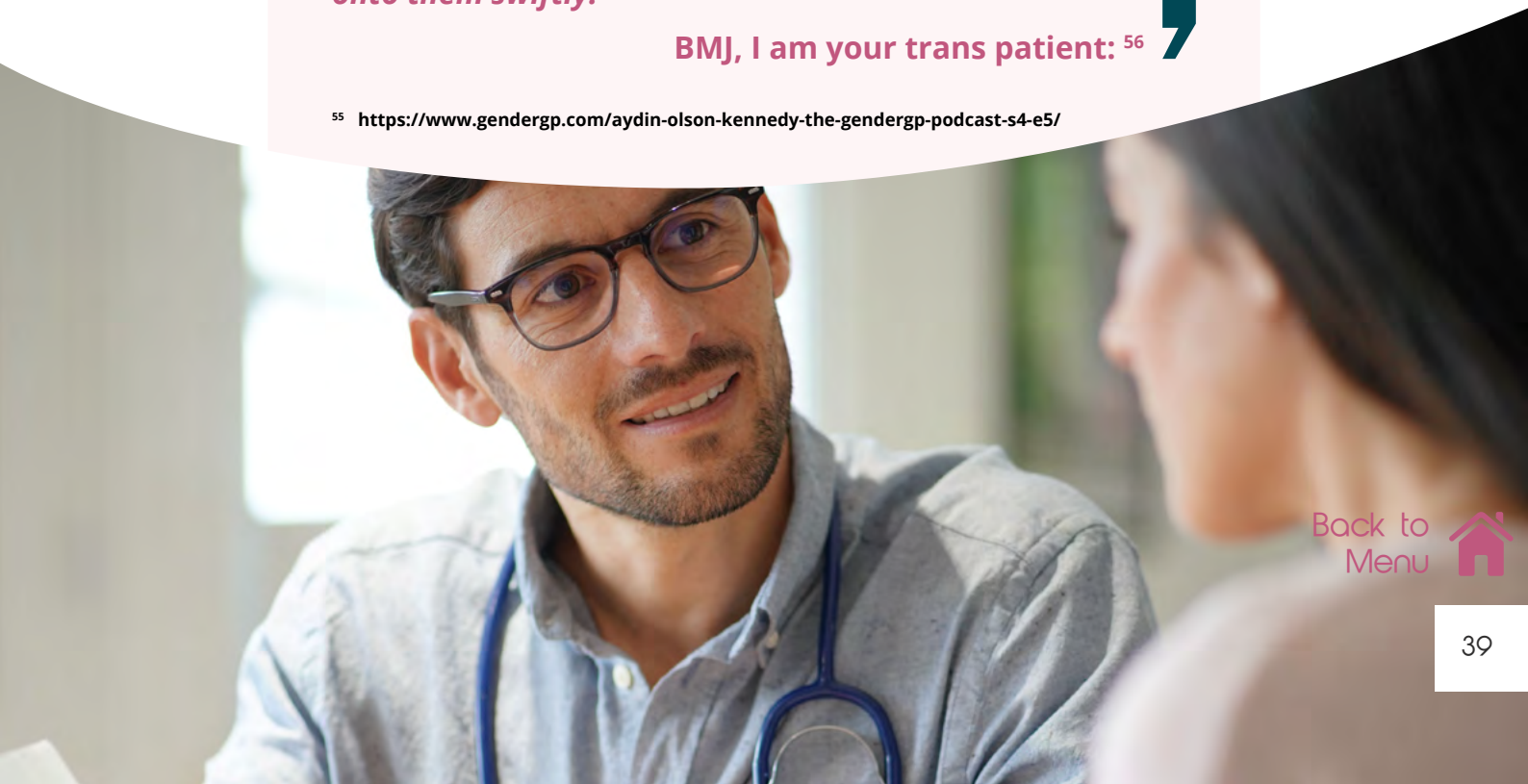
> ***I am not coming out as transgender, I am coming out as myself.***
>
> **@luci_virgo**

Having worked out a plan, an individual may summon up the courage to ask their doctor for help. Many patients find this terrifying and have no idea how their news might be received. Many doctors feel exactly the same. However, the first conversation is critical in creating trust and confidence that the medical team will be able to provide the support necessary for the ongoing journey.

### Guidance:

> ***I might come to you for help with medical transition. Most likely, this will just mean routine prescription and management of my hormone therapy; but sometimes it'll be my first disclosure. It's okay if you're not familiar with the care Pathways: but you should know that they exist and where to find them, and take steps to move me onto them swiftly.***
>
> **BMJ, I am your trans patient: [56]**

[55] **https://www.gendergp.com/aydin-olson-kennedy-the-gendergp-podcast-s4-e5/**



Back to Menu

How the conversation might go:

## Patient:

*Doctor I need to discuss a sensitive issue with you. I feel much more like a man than a woman.*

*I don't feel like a man or a woman. I think I might identify in between – non-binary.*

## Doctor:

***Thank you for sharing that information with me. It's not something I have a lot of experience of, but I'll help as much as I can. I need to do some research first, so let's make an appointment in a couple of weeks so we can go through this together. Is there anything you can recommend that I might read?***

[56] **https://www.bmj.com/content/357/bmj.j2963.full**

Back to Menu

While many healthcare professionals may feel they lack expertise in the treatment of trans patients, this is not deemed a viable reason to withhold care. There are plenty of excellent resources and guidance available from around the world, as well as gender specialists, such as the team at GenderGP, who will willingly support where needed.

The GMC gives the following advice to GPs:

## Guidance:

> ***If you feel you lack knowledge and experience about the healthcare needs of trans people you should ask for advice from an experienced gender specialist and address your training need.***
>
> **General Medical Council**[57]

[57] **https://www.gmc-uk.org/ethical-guidance/ethical-hub/trans-healthcare**

Back to Menu

# Considerations in primary care

## General care

"Trans broken arm syndrome" describes the situation in which healthcare providers assume that all medical issues - from mental health problems to broken arms - are somehow related to a patient being trans.

The fact that a patient within a practice is trans should be irrelevant unless the condition with which they are presenting specifically requires the disclosure.

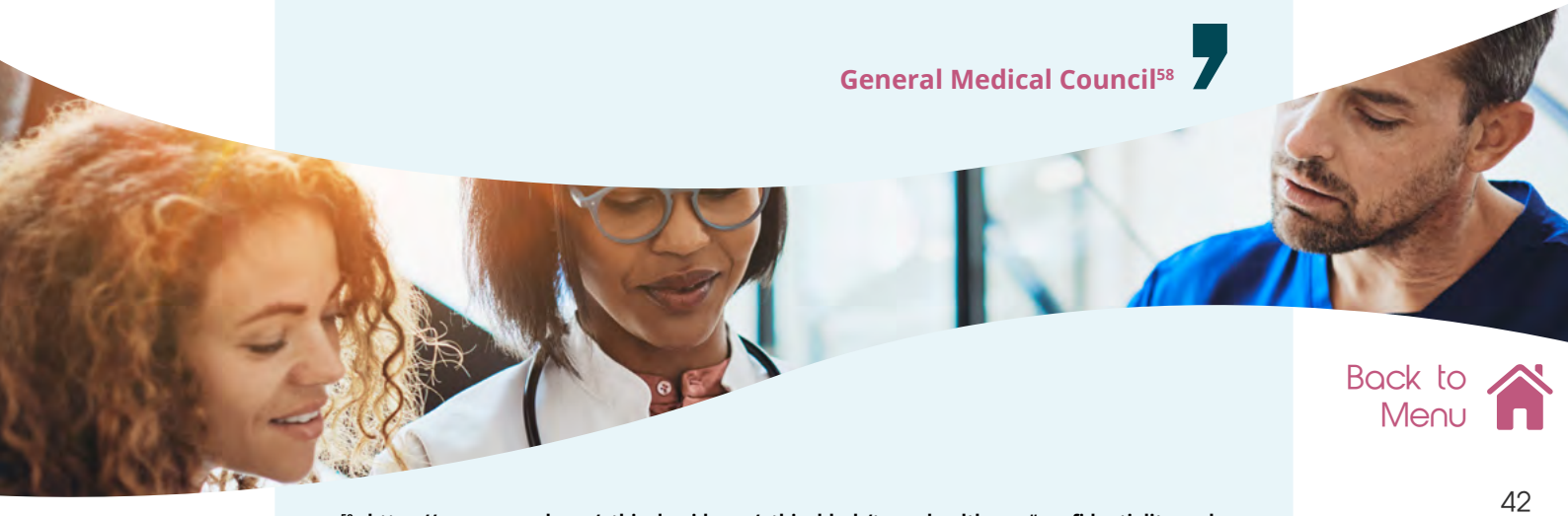
This is particularly important in modern day general care where patients often see a different GP every time they visit the surgery.

Unless absolutley relevant to the condition being presented, there is no reason to disclose the fact that a person is trans, and to do so may be in breach of their human rights.

However, if they have had a procedure that may influence their treatment then it may be necessary to bring this information to the attention of the medical practitioner. For example, someone who had had genital reassignment surgery being referred for abdominal pain, this would be a relevant past history to note.

Guidance:

> ***It is unlawful to disclose a patient's gender history without their consent.***
>
> ***When communicating with other health professionals, gender history doesn't need to be revealed unless it is directly relevant to the condition or its likely treatment.***
>
> **General Medical Council[58]**



Back to Menu



[58] **https://www.gmc-uk.org/ethical-guidance/ethical-hub/trans-healthcare#confidentiality-and-equality**

**How might you broach the subject?**

A doctor's perspective:

***Mr Jones has been suffering with hip pain and we would value your opinion on whether surgery would be of benefit (Disclosure would be inappropriate here).***

---

***Mrs Smith has been suffering with urinary problems and we would like your advice. She was assigned male at birth and thus has a prostate gland and we wonder whether this needs investigating further.***

---

***I am going to refer you to a surgeon about your knee. If you were to need surgery it would be important for them to know about your feminising hormones. Is it OK for me to mention your medication and the reason for taking it?***

## Gender dysphoria

Some trans people may have acute discomfort with a part of their body or a personal feature that relates to their assigned sex at birth. This is known as gender dysphoria. The opposite is 'gender euphoria' which occurs when the physical appearence aligns with the gender identity. This is something which trans people describe they have felt after gender confirmation surgery.

A patient's perspective:

***I'm still surprised how happy I feel, sometimes I forget what it was like pre-transition (and, honestly I don't want to remember). Replacing gender dysphoria with gender euphoria is a amazing thing.***

**@Fizzsnap**

For a trans woman, gender dysphoria may be caused by her voice, facial hair or stature, as it will be an unwanted reminder that she was assigned male at birth.

For a trans man, this may be breasts, periods, voice, or smaller stature.

Back to Menu

It is important to note that gender dysphoria can change over time as people can focus on different parts of their body and gender presentation.

As everyone is different, the intensity of their gender dysphoria will also vary. Being trans is not a tick box exercise. What is problematic for one person, may not be an issue for another. Approach each person as an individual.

### How might you broach the subject?

A doctor's perspective:

> ***I would like to help you in any way I can. Can I ask if there is anything in particular that causes you distress, anything I may be able to help you with?***

## Initiating treatment

Guidance:

> ***This guidance in no way prevents GPs from prescribing hormones or hormone replacement treatment to any group of patients, rather it seeks to encourage GPs to acquire relevant specialist knowledge through best practice which is required to support patients in their care.***
>
> **Royal College of Psychiatrists London: 2013** [63]

The waiting lists for NHS specialist Gender Identity Clinics are very long, and many people find these waits incredibly distressing.[59] In addition to this, many trans people have very simple needs that can easily be addressed by their local primary care service.[60] Many countries have used guidelines that are specifically designed for implementation in every day evidence-based primary care,[61] but the UK has been slow to follow. Having said that, there is now increasing talk about a future where primary care plays a much more prominent role.

There are GPs that would like to help their patients but, due to a lack of clear guidance, many are unclear on exactly what their role can be. This is further complicated by the message that the care of trans patients is a specialised area of medicine.

Back to Menu

[59] **https://www.theguardian.com/society/2019/feb/26/trans-patients-in-england-face-soul-destroying-wait-for-treatment**

[60] **https://www.uptodate.com/contents/primary-care-of-transgender-individuals**

[61] **https://transcare.ucsf.edu/guidelines/introduction**

Guidance:

*183. GPs in particular too often lack an understanding of: trans identities; the diagnosis of gender dysphoria; referral Pathways into Gender Identity Services; and their own role in prescribing hormone treatment. And it is asserted that in some cases this leads to appropriate care not being provided.*

**Women and Equalities report 2016[62]**

*GPs are usually at the centre of treatment for trans people, often in a shared care arrangement with other clinicians. GPs may prescribe hormones and make referrals to other clinicians or services, depending on the needs of the particular service user. Sometimes a GP has, or may develop, a special interest in gender treatment and may be able to initiate treatment, making such local referrals as necessary. Otherwise referrals may be made to a specialist Gender Identity Clinic (GIC) where there are multidisciplinary teams of professionals. Private treatment with a gender specialist may be preferred by the service user.*

*The assessment may be carried out by the GP if he or she feels competent to undertake it. If not, then the GP should refer the service user to a local mental health or gender specialist. Where the individual expresses a convincing long-term discomfort with their phenotype and with the associated gender role, a provisional diagnosis of severe and persistent gender variance may be made, although this may remain open for reconsideration. If the GP has reason to believe that there are co-existing conditions that may need prior, or parallel, treatment, those conditions too may require a referral to a relevant local health professional. However, treatment for the gender condition should not be delayed unless strictly necessary for clinical reasons.*

**DOH, 2008 [64]**

[62] **https://publications.parliament.uk/pa/cm201516/cmselect/cmwomeq/390/390.pdf**

[63] **https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/cr181-good-practice-guidelines-for-the-assessment-and-treatment-of-adults-with-gender-dysphoria.pdf**

[64] **https://www.nelft.nhs.uk/download.cfm?doc=docm93jijm4n1063.pdf&ver=1226**

Back to Menu

## Continuing care

Once a person starts hormone therapy, they may wish to maintain that treatment regimen for the rest of their life, and this will require the support and care of their GP.

Guidance:

**Although gender variance is alleviated to a greater or lesser extent by treatment, to the point that many individuals say that they no longer experience any discomfort, they may, nonetheless, continue to need hormone therapy and monitoring throughout life. This will usually be the responsibility of the GP.**

**DOH - Department of Health, 2008: [65]**

There is clear guidance from NHS England on the role of the GP in the care of a patient who has been assessed and recommended for treatment by the GIC:

***General Practitioners should collaborate with Gender Identity Clinics in the initiation and on-going prescribing of hormone therapy, and for organising blood and other diagnostic tests as recommended by the Gender Identity Clinics.***

***General Practitioners are also expected to co-operate with Gender Identity Clinics in patient safety monitoring, by providing basic physical examinations (within the competence of General Practitioners) and blood tests and diagnostic tests recommended by the Gender Identity Clinic. Hormone therapy should be monitored at least 6 monthly in the first 3 years and yearly thereafter, dependent on clinical need.***

**NHSE, 2016 [66]**

Doctors can feel confident in using their expertise in administering hormone therapy to provide ongoing treatment to their trans patients. Where additional support is required, gender specialist input can provide reassurance and guidance. This is the same way that GPs and specialists have worked together for years, and we must make this joint approach available to our trans patients.

Back to Menu



[65] **https://www.nelft.nhs.uk/download.cfm?doc=docm93jijm4n1063.pdf&ver=1226**

[66] **https://www.gendergp.com/wp-content/uploads/2018/02/Primary-Care-Responsibilities-in-Prescribing-and-Monitoring-Hormone-Therapy-for-Transgender-and-Non-Binary-Adults.pdf**

## Common scenarios

The following are common scenarios in General Practice and can all be managed appropriately in Primary Care using current knowledge and appropriate published guidance, such as that found at the end of this guide. Consider these scenarios and how you could best help the following patients:

- Patient A is self-medicating with hormones imported from Thailand. They have requested that their doctor prescribe the medication instead so that they can be assured that it is from a safe source.
- Patient B has moved area and has a new GP. They have asked the GP to continue the prescription of the Sustanon injections recommended by the GIC.
- Patient C is 19 and has identified as female from a very young age. She has presented fully as female since the age of 12 and has had laser hair removal. She is desperate to stop any more muscular and skeletal changes happening to her body, and would really like to use some oestrogen HRT paches. She was hoping that her GP would prescribe Zoladex and Evorel.
- Patient D has some complex mental health issues and has anxiety, depression and social withdrawal. She requests a referral to an NHS Gender Identity Clinic.
- Patient E has been referred to an NHS Gender Clinic but has been told that the waiting list is 18 months. She feels suicidal.
- Patient F has been through the GIC process and they have recommended a hormone regime which needs to be prescribed by the GP.

## NHS Gender Markers

All trans people have the legal right to be called by the correct name and pronoun. Many trans people report the hurt that is caused by being misgendered in their GP surgery. While this can cause considerable distress, it can be easily remedied.

It is a legal right for a person to change their name and gender on their NHS record and an individual would be able to bring a civil claim against any body refusing this request.

There is a simple process accepted by the Department of Health which changes the name and gender marker on GP and hospital records. There is no requirement for a legal change by deed poll or a gender recognition certificate, or a medical report to accompany this wish.

[67] **https://www.gov.uk/change-name-deed-poll**

[68] **https://gpnotebook.com/simplepage.cfm?ID=x20100810201516329264**


Back to Menu

## The process for changing gender marker

The process for changing gender marker on NHS records is relatively straightforward:

**1.** Patient writes a letter to their GP and hospital stating that they would like to be referred to by their new name and gender marker. (See **appendix** for sample letter)

**2.** The letter is forwarded to the NHS Registration Office to make the change.

**3.** The Registration Office then writes to the Personal Demographics' Service National Back Office, who will create a new identity with a new NHS number.

**4.** The current records held by the GP will be requested and the information transferred to the new identity and the records released back to the GP.

In order to obtain documents such as new passports[69], driving licences[70] and Gender Recognition Certificates (GRC), GPs may also be requested to provide written evidence of a patient's permanent transition and any associated treatments (See **appendix** for sample letter).

## Gender Recognition Certificates (GRC)

In the case of the GRC, a substantial amount of detail is required by the Gender Recognition Panel, including dates of the start of the change in gender role, hormone therapy regimes, surgery dates and procedures. A template for the report from the doctor or psychologist is provided on the UK Government website (See **appendix** for sample letter).[71]

A patient's perspective:

> ***Presenting as me for the first time: Exhilarating. I was so scared, felt so exposed. I'd worn a dress in private a few times, and that joy was still there, but now eclipsed by the fear.When those I met accepted me, that joy grew to eclipse the fear. I'll always remember that.***
>
> **Anon**

[69] **https://www.gov.uk/change-name-deed-poll**

[70] **https://gpnotebook.com/simplepage.cfm?ID=x20100810201516329264**

[71] **https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/786903/t452-eng.pdf**

Back to Menu

## Screening and diagnosis

It is important to remember that changing gender marker on medical records may affect the screening procedures that a patient is automatically called for. Screening should be offered in accordance with a person's anatomy rather than their gender marker.[72]

A trans man may still have a cervix.

A trans woman will have a prostate gland and this needs to be considered when presenting with urinary symptoms.

Both trans men and trans women may have breast tissue that requires screening mammography.

**NHS Wales** has developed advice on screening for trans individuals[72b].

### How might you broach the subject?

A doctor's perspective:

**When it is known that the patient is trans:**

*Mr Smith, may I ask whether you feel that you require any screening procedures that are offered on the NHS? I am thinking about things like cervical and breast screening.*

*Mrs Jones, your urinary symptoms could be to do with your prostate gland, would it be OK to do an examination and a blood test?*

**When it is not known that the patient is trans:**

*Here's a list of screening that we can offer patients. Is there any that you think are relevant to yourself, on the list? Are there any other types of screening you think may be relevant, for whatever reason?*

Back to Menu

[72] **https://www.gov.uk/government/publications/nhs-population-screening-information-for-transgender-people**

[72b] **https://www.nhsdirect.wales.nhs.uk/lgbt/Screening%20for%20trans%20people/**

# Referral to a Gender Identity Clinic

In the UK there are a few specialised centres that receive referrals for adults, these are known as Gender Identity Clinics (GICs). Centres specialising in the care of children and adolescents are called Gender Identity Development Services (GIDS).[73]

Details on how to refer a patient to a GIC are found on the NHS website.[74]

As time has gone on and as more and more people feel able to come forward for help and support with their gender, waiting lists for the specialised clinics have lengthened with some patients waiting up to four years to be seen.

While some trans people may have needs that require specialist input, and those who require surgery need to go down this Pathway, worldwide expert opinion recognises that much routine care for trans patients can be provided in a primary care setting. This approach is currently being rolled out in other countries, as well as being trialled in the UK[75]. This represents a straightforward solution to what is, for many patients, becoming an increasingly unmanageable situation.

**Patients do not need to be referred to mental health services in order to access gender services[76].**

## How might you broach the subject?

A doctor's perspective:

***"I can refer you to an NHS gender clinic, however the waiting lists are very long. Is there anything you would like me to help you with in the meantime?"***

[73] **https://www.nhs.uk/live-well/healthy-body/how-to-find-an-nhs-gender-identity-clinic/**

[74] **https://www.nhs.uk/live-well/healthy-body/how-to-find-an-nhs-gender-identity-clinic/**

[75] **https://www.statnews.com/2019/07/01/new-guidelines-primary-care-physicians-transgender-care/**

[76] **https://www.nhs.uk/live-well/healthy-body/how-to-find-an-nhs-gender-identity-clinic/**

Back to Menu

Due to the long waiting lists a number of trans people may turn to self medication or private providers. For those people who do enter into the GIC or GIDS services, a number of them may still feel that care is not well delivered.

## Guidance:

> ***146. Trans people also have specific needs regarding Gender Identity Services, which provide: gender reassignment / confirmation treatment through Gender Identity Clinics (GICs); and the GIDS for children and adolescents. Here too, trans people face a range of problems with services as they are currently provided. We received significant evidence of the toll taken (in poor mental health, self-harming and suicide attempts) by untreated gender dysphoria.***
>
> **The Women and Equalities Commission, 2016** [77]

Trans people are entitled to the same level of excellent care as any other member of society. If specialist centres are not matching up to the standards required, alternative provision of care, including via GP surgeries, is an obvious alternative.

> ***229. The evidence is overwhelming that there are serious deficiencies in the quality and capacity of NHS Gender Identity Services. In particular, the waiting times that many patients experience prior to their first appointment (in clear breach of the legal obligation under the NHS Constitution to provide treatment within 18 weeks) and before surgery are completely unacceptable.***
>
> **The Women and Equalities Commission** [78]

Back to Menu

[77] **https://publications.parliament.uk/pa/cm201516/cmselect/cmwomeq/390/390.pdf**

[78] **https://publications.parliament.uk/pa/cm201516/cmselect/cmwomeq/390/390.pdf**

## Waiting times

It is well documented that waiting times to treatment on the NHS for trans patients are considerable and far exceed the 18 weeks laid out in the constitution.

In such cases, GPs are required to look for alternative providers to work alongside, this may include private services if that is the patient's choice.

GenderGP can help in providing a shared care alternatives or additional support for GPs, where required.

> ***If a patient has to wait more than 18 weeks before starting treatment for a physical or mental health condition and the treatment is not urgent, the CCG (or NHS England, if the patient has been referred to a consultant-led specialised service) must take all reasonable steps to ensure that an appointment is offered. This must be with a suitable alternative organisation that can start your treatment earlier than if the patient were to continue to wait for treatment from the provider chosen when the original referral was made.***[79]

## Private Care

Many patients worry that if they access private services while waiting for the specialised gender clinics, they may be penalised.

As emphasis on patient choice within the NHS grows, it is increasingly recognised that patients are entitled to choose freely between NHS and private treatment, whether provided as a private service by an NHS body or by the independent sector, at different points in their overall care.

Guidance:

> ***Patients have the same right as other patients to private treatment in the UK or in Europe, funded by the NHS, as long as proper letters of referral are obtained and the proposed provider abroad meets contemporaneous standards of care.***
>
> **RCPsych:** [80]

Back to Menu

[79] **https://www.gov.uk/government/publications/the-nhs-choice-framework/the-nhs-choice-framework-what-choices-are-available-to-me-in-the-nhs**

[80] **https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/cr181-good-practice-guidelines-for-the-assessment-and-treatment-of-adults-with-gender-dysphoria.pdf?sfvrsn=84743f94_2**

Guidance:

- *Patients who are entitled to NHS-funded treatment may opt into or out of NHS care at any stage.*
- *Patients may pay for additional private health care while continuing to receive care from the NHS. Private and NHS care should be kept as clearly separate as possible.*
- *Patients who have had a private consultation for investigations and diagnosis may transfer to the NHS for any subsequent treatment. They should be placed directly onto the NHS waiting list at the same position as if their original consultation had been within the NHS.*
- *All doctors have a duty to share information with others providing care and treatment for their patients. This includes NHS doctors providing information to private practitioners.*

BMA Medical Ethics Department: [81]

*NHS organisations should not withdraw NHS care simply because a patient chooses to buy additional private care.*

*The NHS should continue to provide free of charge all care that the patient would have been entitled to had he or she not chosen to have additional private care.*

NHSE: [82]

Back to Menu

[81] https://publications.parliament.uk/pa/cm201516/cmselect/cmwomeq/390/39008.htm

[82] https://www.gov.uk/government/publications/nhs-patients-who-wish-to-pay-for-additional-private-care

## Going abroad for treatment

If a patient's treatment cannot be provided on the NHS, within a time period that's medically justifiable, then they may be entitled to NHS-funded treatment in another European Economic Area (EEA) country or Switzerland. There are certain qualifying criteria that need to be met, as set out on the NHS website.[83] [84]

The GP's role is to support the trans patient if their choice is to explore surgery options outside of the UK, particularly given long waiting times.

## Legal requirements when treating trans patients

Some GPs may feel they lack experience with treating trans patients. However, they must ensure that any personal beliefs they may have around gender variance, are put to one side. The treatment of the patient is paramount, as it would be with any other condition.

Gender reassignment is a protected characteristic under the Equality Act 2010[85]. This gives anyone the right to have their gender identity acknowledged and respected.

The NHS commissions services for transgender patients and these services include[86]:

- **Psychological support**
- **Hormone therapy**
- **Voice therapy**
- **Hair removal**
- **Fertility preservation**
- **Surgery**

There is no option for a healthcare professional in the UK to refuse to make these services available to trans patients who request them[87]. People are entitled to treatment by law as stated in the case of North West Lancashire Health Authority v A, D & G, Court of Appeal, 1999[88].

**Doctors who feel personally unable to provide care must refer patients to a colleague who can help.**

[85] **https://www.equalityhumanrights.com/en/advice-and-guidance/gender-reassignment-discrimination**

[86] **https://www.nhs.uk/conditions/gender-dysphoria/treatment/**

[87] **https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/personal-beliefs-and-medical-practice/personal-beliefs-and-medical-practice**

[88] **https://swarb.co.uk/north-west-lancashire-health-authority-v-a-d-and-g-ca-29-jul-1999/**

Back to Menu

Prescribing and monitoring under shared care protocols with specialists can help to alleviate any concerns. However, GPs are uniquely positioned to provide a holistic view of the patient and should provide any relevant insights to the gender specialist regarding any medication currently being taken that may impact their care.

It is important to note that any disability or neuro diverse condition is not a reason, in and of itself, to refuse treatment.

## Conversion therapy

In 2017, the Coalition against Conversion Therapy, launched a Memorandum of Understanding (MoU2) against conversion therapy with the backing of all major psychological, psychotherapeutic and counselling organisations in the UK.

The MoU2 was supported by the British Psychological Society (BPS), British Association for Counselling and Psychotherapy, and the UK Council for Psychotherapy in October 2017.

It was also supported by Stonewall, NHS England and NHS Scotland.

It is not possible, lawful or ethical to try and persuade someone that their identity is in any way unreal or can be reverted to their birth gender. However, many people report that they have been subjected to conversion therapy of some kind or another.[89]

The practise is now banned in 18 US states, Malta and some parts of Spain with other countries set to follow suit.

Any attempt at encouraging a person to embrace a cisgender identity rather than a trasgender identity, can be regarded as an attempt to convert them to a 'preferable' identity. We should be aware of this when we exercise caution with patients. You can read more about this **here**.

Guidance:

> ***'conversion therapy'*** *is an umbrella term for a therapeutic approach, or any model or individual viewpoint that demonstrates an assumption that any sexual orientation or gender identity is inherently preferable to any other, and which attempts to bring about a change of sexual orientation or gender identity, or seeks to suppress an individual's expression of sexual orientation or gender identity on that basis.'*
>
> **Stonewall 2017** [91]

## Coercion

Gender identity is as innate as eye colour or sexuality, you cannot and should not try to pursuade anyone that they are anything other than what they percieve themselves to be.[92a]

[89] **https://www.globalcitizen.org/en/content/uk-transgender-medics-conversion-therapy-lgbtq/**

[91] **https://www.cosrt.org.uk/wp-content/uploads/2018/08/UKCP-Memorandum-of-Understanding-on-Conversion-Therapy-in-the-UK-WEB.pdf**

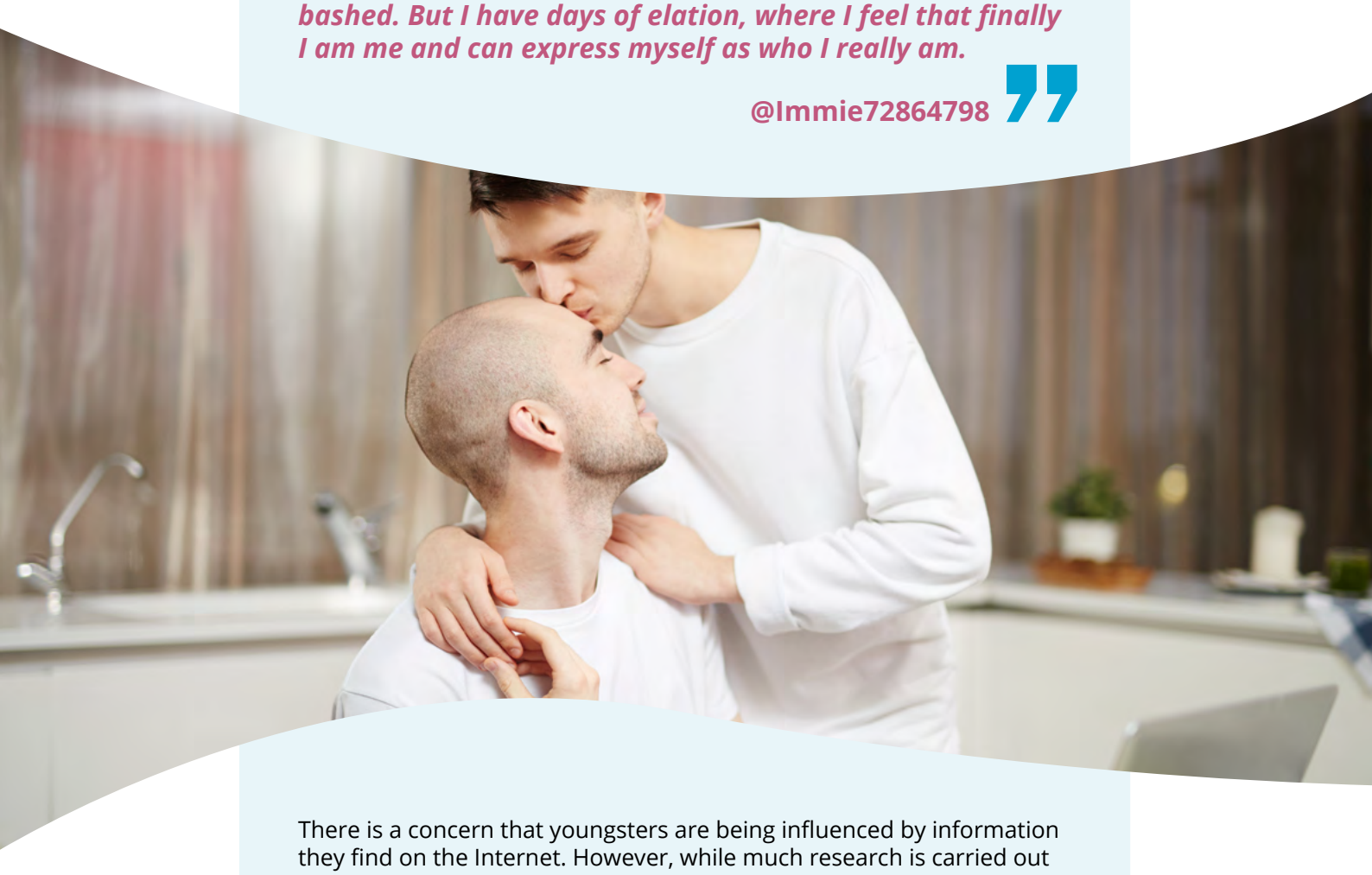
[92a] **https://www.nhs.uk/conditions/gender-dysphoria/symptoms/**

Back to Menu

## A patient's perspective:

***No one would ever choose to do it. Tiring, emotionally draining, economically draining, and it is physically and mentally demanding being on HRT. I am scared of being bashed. But I have days of elation, where I feel that finally I am me and can express myself as who I really am.***

**@Immie72864798**



There is a concern that youngsters are being influenced by information they find on the Internet. However, while much research is carried out by trans people as part of the process of understanding their gender identity, the act of developing this understanding is as much about giving a name to their feelings as it is about finding evidence that they are not alone.

Los Angeles based Darlene Tando, a specialist in the care of trans youth, makes the following analogy:

## Guidance:

***Imagine a scenario when you are busily rushing from place to place, overwhelmed by work and then you pass by a restaurant and the smell reminds you that you are hungry, and you need to eat. It wasn't the restaurant that made you hungry, it merely served to remind you that those feelings were there all along, you just hadn't noticed them.***

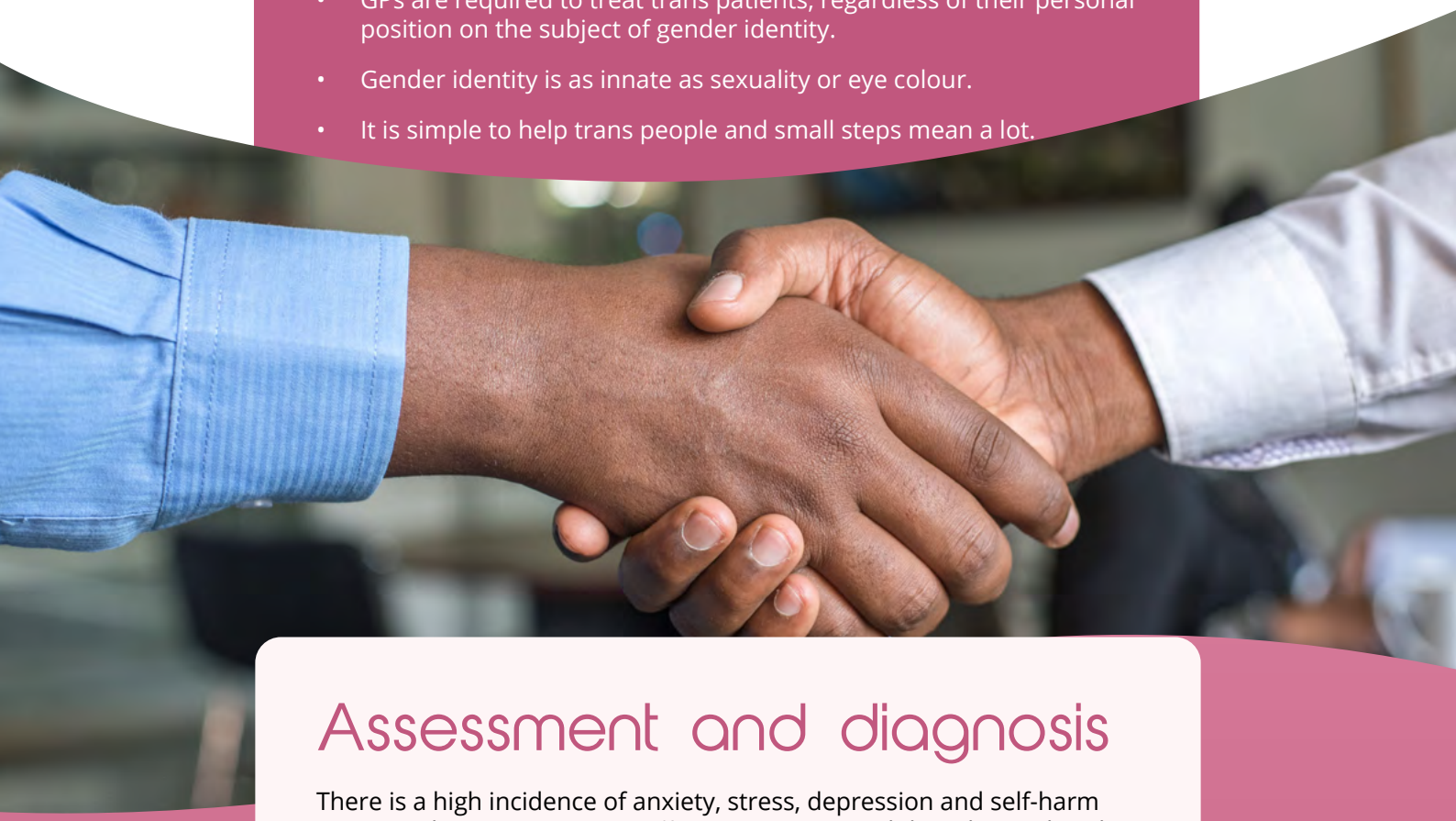
**Darlene Tando, 2019** [92b]

[92b] **http://www.darlenetando.com/**

Back to Menu

## Key Points:

- It is no longer a rare event in General Practice for gender variant people to come forward for help.
- If someone's gender identity is not relevant to their current medical needs, it should not be disclosed or referred to.
- The first response from the GP is immensely important to get right.
- Some people have intense feelings about the characteristics of their birth gender, 'gender dysphoria'
- Many trans patients have needs that can be easily managed in primary care.
- Steps can be taken to make your practice more trans friendly.
- Many trans people resort to self-medication.
- Names and pronouns are immensely important and easily changed on medical records.
- Trans patients need screening and investigations relevant to their anatomy rather than their gender.
- There are long waiting times for specialist clinics and services need to be modernised and improved.
- GPs are required to treat trans patients, regardless of their personal position on the subject of gender identity.
- Gender identity is as innate as sexuality or eye colour.
- It is simple to help trans people and small steps mean a lot.



# Assessment and diagnosis

There is a high incidence of anxiety, stress, depression and self-harm amongst the trans community[93]. However, research has shown that this is more in response to not having the help and support trans people need to live their lives more easily, rather than necessarily any direct result of their gender identity. Help and support may come from many areas of life - friends and family, work colleagues, medical and wellbeing professionals.

[93] **https://publichealthmatters.blog.gov.uk/2017/07/06/mental-health-challenges-within-the-lgbt-community/**

Back to Menu

Gender incongruence has been declassified as a mental illness by the World Health Organisation (WHO) and now sits under the classification of 'Conditions Related to Sexual Health' in ICD-11 and this will help to depathologise this increasingly common presentation to primary care.[94]

The declassification of gender incongruence from a mental health illness to a condition of sexual health has helped to depathologise the medical intervention for trans people. In the same way we don't diagnose someone as gay, or make a diagnosis for someone who is requesting contraception, making a diagnosis of someone's innate gender identity is problematic.

Trans people request the right to self-identify their gender, and not to have it diagnosed by a doctor.[95] A doctor who is to prescribe medication or perform surgical procedures, needs to satisfy themselves that that intervention is warranted and safe, but at the same time, the expertise of the patient in their own body must be given the respect it deserves.

While there is a high rate of mental illness in patients who are not able to express their authentic gender, this manifests as stress, anxiety and depression. Access to affirmative therapy alleviates this and treatment must not be withheld due to low mental health scores.

Gender identity disorder, manifesting as part of a psychotic mental health condition, is extraordinarily rare and can be excluded by a competent healthcare professional.

Guidance:

> ***Before treatment begins, a thorough assessment should be undertaken of service users' past and present gender experiences, the anticipated gender development, and any historical and current discomfort with the phenotype. This should take place as soon as possible after they first seek medical help for their gender concerns. It may take more than one session, but will vary from person to person, and will depend on a number of factors, one of which will be the stage at which the individual presents for treatment. As suggested above, this could be anything from an early acknowledgement of the gender discomfort, to an advanced stage of physical and psychological transition. A suggested approach to this exploration is set out in Annex C.***
>
> **DOH, 2008: [96]**

Back to Menu

[94] **http://www.euro.who.int/en/health-topics/health-determinants/gender/gender-definitions/whoeurope-brief-transgender-health-in-the-context-of-icd-11**

[95] **https://www.wma.net/policies-post/wma-statement-on-transgender-people/**

[96] **https://www.nelft.nhs.uk/download.cfm?doc=docm93jijm4n1063.pdf&ver=1226**

## Criteria for treatment

The following recognised criteria from the World Professional Association of Transgender Health (WPATH) applies to all medical and surgical interventions:[97]

- persistent and well-documented gender dysphoria
- capacity to make fully informed decisions and to consent to treatment
- if significant medical or mental health concerns are present, they must be reasonably well controlled.

Currently, a full and detailed personal history of an individual's gender identity is taken by gender specialists, these are used to inform them on courses of gender affirmative treatment.

[97] **https://www.wpath.org/publications/soc**

## Counselling and support

There is a high incidence of poor mental health among transgender individuals. It is important to note that this is often directly related to how trans individuals are treated in society, as opposed to poor mental health being inherent in this cohort.

GPs need to be aware of this and to offer support with mental health. Many trans patents do not want counselling directly related to their gender but they may want a suitably trained expert to help.

GenderGP offers trans affirmative counselling, both in supporting patients through issues relating directly to their gender identity, as well as more broad mental health issues.

Counselling should NOT be seen as a prerequisite to getting medical support.

### How might you broach the subject?

A doctor's perspective:

> ***Some people find that talking to someone can help them to get through the difficulties they are facing. Would this be useful for you?***
>
> ***It sounds like there are some conflicts in your life between what you want and what your family expects from you. Do you think it would be helpful to talk this through with someone?***

A patient's perspective:

> ***Thank you for your support. You keep not only my life, but also my children's. Without your support, I would not have my life. I can now feel a lot better as a woman.***
>
> **Anon**

Back to Menu

# Medical management

The medical needs of trans people can be both simple and complex. Acceptance, support and belief are fundamental to securing the wellbeing of the patient.

## Hormone therapy

The principles of treatment are simple and the treatment itself is safe and well established.[98]

**1.** Suppress the hormone that would naturally be produced by the gonads (ovaries or testicles).

**2.** Administer hormones to allow a person's body to align with their gender identity.

The GnRH analogues (triptorelin, goserelin) are well known to GPs in their role in suppressing natal hormone production when used for precocious puberty, hormone impacted cancers and endometriosis. The same principle guides their use for trans patients, and they are excellent at suppressing hormone production in trans patients who are at **tanner stage 2 or beyond.** This is in accordance with the **guidelines** followed by GIDS.

Hormone replacement is vital for bone health, and for alleviating induced menopause and andropause caused by the GnRH analogues. Hormones are prescribed exactly as they would be for women and men who are finding that their natural hormone production has declined or is insufficient. The same dose of injection (Nebido, Sustanon) or patch (Evorel, FemSeven, Estradot) or pill (progynova) or gel (Oestrogel, Sandrena) is used and then the doses titrated so that the hormone levels match with age-related targets for that gender.

Robust guidance 'Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People' has been produced by the Centre of Excellence in Transgender Health at the University of San Fransisco.[99]

This guidance succeeds in 'equipping primary care providers and health systems with the tools and knowledge to meet the healthcare needs of their transgender and gender nonconforming patients.' And provide detailed information on the management of trans patients.

Trans masculine people may prefer to have testosterone as their primary sex hormone rather than oestrogen. This can be achieved medically using the same preparations that are used when helping cisgender males who have low testosterone. In the UK, this is available as injections and gels with the aim of achieving blood levels within the male range.

Back to Menu

[98] **https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5226129/**

[99] **http://transhealth.ucsf.edu/trans?page=guidelines-home**

Trans feminine people may wish to have oestrogen and progesterone, and this can be given as pills, patches and pesseries, or in some countries, injections and implants. The preparation, dosage and expected blood levels are identical to female hormone replacement therapy.

Trans women who cannot access GnRH agonists for whatever reason, can be prescribed other anti-androgens such as spironolactone or finasteride. This is required in order to suppress the natural testosterone so that the oestrogen therapy can take effect.

Some non binary people may wish to adjust their bodies with hormones to alleviate their dysphoria or to align themselves more closely with their gender identity. With informed discussion this can be made possible for them.

## A patient's perspective:

> ***Before treatment it just wasn't feasible for me to go on being alive. Being alive was something I did because I had to, then because of my wife and children. Now I am happy, and looking forward to a life where my outward appearance matches the person I am, how I think, how I feel.***
>
> **Anon**

Back to Menu

## Self-medication

Many trans people who have faced long waits for care resort to buying medication for themselves, without a prescription.[101] GMC guidance notes this as a criteria which may allow a GP to prescribe a 'bridging prescription' to provide interim care while a patient waits for specialised services.

Trans people who embark on their own unsupervised treatment regime would be better managed, and at considerably less risk of harm, if they were under the supervision of their GP. There is published guidance by the Endocrine Society in the Journal of Clinical Endocrinology and Metabolism, for the prescribing and monitoring of hormone therapy in Primary Care.[103]

## Unlicensed medicines

Very few medications are specifically licenced for the use in treatment of gender dysphoria. However, off-licence medications are frequently prescribed by GPs for medical conditions without issue, and competent physicians will be familiar with this practice and aware that it is known to be safe and effective when other medical options are not available.

Hormone therapies have been used, effectively, and safely for decades in the treatment of gender dysphoria. As with all medications, care should be taken to explain to patients what the treatment entails and any potential side-effects.

Guidance:

> ***Most of the medications used for the treatment of gender dysphoria are not licensed for this specific indication, although GPs will be familiar with their use in primary care for other purposes. Our guidance allows for prescribing outside the terms of the licence ('off-licence') where this is necessary to meet the specific needs of the patient, and where there is no suitably licensed medicine that will meet the patient's needs.***
>
> **General Medical Council [104]**

### How might you broach the subject?

A doctor's perspective:

> ***The hormone patch and blocker that I am going to prescribe you, while not licensed specifically for use in treating gender dysphoria, are well known to be safe and effective for this use.***

[101] **https://www.theguardian.com/society/2019/feb/26/trans-patients-in-england-face-soul-destroying-wait-for-treatment**

[102] **https://www.gmc-uk.org/ethical-guidance/ethical-hub/trans-healthcare#prescribing**

[103] **https://academic.oup.com/jcem/article/102/11/3869/4157558**

[104] **https://www.gmc-uk.org/ethical-guidance/ethical-hub/trans-healthcare#prescribing**

Back to Menu

## Key Points:

- There is a higher incidence of mental health issues amongst trans people who are denied support and care, but being trans is not a mental illness.
- If someone says they are trans, the default should be that they are believed and their gender identity accepted.
- You cannot make someone trans or more trans by believing them or offering support.
- There is abundant research to show that intervention is safe and leads to better outcomes.
- While medications recommended for the treatment of gender dysphoria are unlicensed, they are supported by documented effectiveness and satisfaction levels by patients.

## Side effects

What may be considered by a cis individual to be the 'adverse side effects' of gender affirming hormone treatment, are likely the very reason trans patients seek to have HRT prescribed.

Trans men prescribed testosterone will find that their voices break, facial hair will grow and their bodies will masculinise.

Trans women prescribed oestrogen will see breast development, a reduction of muscle mass and redistribution of body fat. Skin may soften and emotional responses may change.

Young trans people who receive medication to block their natural puberty and then continue on to gender-affirming hormone therapy, will develop secondary sex characteristics that match their gender identity. This gives trans youth the opportunity to have a 'puberty with peers' along with the chance to be unidentifiable as trans to the public observer as an adult.

As with cis patients, there is increased risk of certain health conditions in taking HRT and the benefits should be balanced against any risk, which is the case when prescribing any medication.

In practice, hormone therapies are very safe for trans people and the improvement in mental health has been shown to offset any negative side effects.[105]

## Informed consent

While healthcare professionals are experts in their own field, a course of treatment should only be embarked upon with the understanding and cooperation of the patient. Patients are the experts in their own feelings and bodies and how treatment may impact on their daily lives.[106]

As with many other long-term healthcare condition, a collaborative approach between a healthcare professional and patient in developing a joint management plan is essential to produce the best outcomes.

Once a healthcare plan is agreed, consent forms can help protect patients and prescribers, and good templates are available. [107]

[105] **https://www.endocrineweb.com/professional/gender-identity/transgender-hormone-therapy-safe-when-monitored-certain-risks**

[106] **https://journals.sagepub.com/doi/full/10.1177/0022167817745217**

[107] **https://www.gires.org.uk/wp-content/uploads/2014/09/Informed-Consent-Forms-June-2018.pdf**

Back to Menu

Whe it comes to transition, the medical journey is not a simple one from A to B. Adjustments may need to be made as time progresses. Plans made around medical transition may alter, as may prescribed dosage, format and frequency. Treatment may be paused, or even stop altogether. Families, work environment, politics and the public may all impact a trans patient's  speed and direction of medical transition. Some patients may choose to stop treatment during times of personal stress, and then restart again later. This is all part of the journey, and in no way invalidates a trans person's gender, or their continued wish to transition. As such, it is important that healthcare providers offer opportunities for discussion and the updating of healthcare plans.

Gender is a journey, sometimes people change direction, whatever direction they take, it is always a step forward.

Guidance:

> ***A Care Plan may be drawn up jointly between the service user and the clinician (GPs are not obliged to do this formally), but it may be necessary to amend or even abandon the Care Plan when circumstances change. Trans people often need to 'feel' their way forward, in their own time.***
>
> **DOH, 2008: [108]**

## An important note on physical examination

Many trans people find their genitals an extreme source of discomfort.[109] There is no requirement to examine the genitals of a person who is presenting with feelings of gender variance, and no medical reason for doing so, prior to commencing hormone therapy.

Young people do not need to start any medical intervention until they reach tanner stage 2 of puberty. The onset of puberty and elevation of natal hormones can easily be diagnosed by taking a medical history and blood test, without any need for a potentially distressing physical examination.

If a physical examination is required for any medically valid reason, then sensitivity in the use of language, particularly in reference to gendered body parts, is vital.

### How might you broach the subject?

A doctor's perspective:

> ***I really think the only way that I am able to help is for me to do a physical examination. What's the best way for me to do this, do you think, as I'd like to get this right.***

[108] **https://www.nelft.nhs.uk/download.cfm?doc=docm93jijm4n1063.pdf&ver=1226**

[109] **https://transcare.ucsf.edu/guidelines/physical-examination**

Back to Menu

## Fertility

Hormonal and surgical therapy for gender affirmation may impair fertility in trans patients. The degree to which this may be the case is unknown, and it is best to counsel and advise on fertility preservation techniques early on in the patient's journey.

The Human Fertilisation and Embryology Authority have information for trans and non-binary people seeking fertility treatment.[110] Their advice is to store gametes wherever possible. This is not commissioned by NHS Gender Clinics, so it would be beneficial to the patient to be referred to their local fertility centre as soon as it is known that they are considering any hormonal intervention.

Fertility preservation may be harder for trans youth preparing to start hormone blocking medication. Many fertility clinics in the UK may not treat patients due to their age or developmental stage. However, while their fertility will be impared while taking hormone blockers, it will be returned once treatment is stopped. This allows for the possibility to pause treatment to preserve fertility at a future date. Careful counselling is needed to communicate the medical impact of blocking and hormone therapy, while balancing against the negative impact of dysphoria. The desire not to preserve fertility should not be used as a reason to deny treatment to a young person.

### How might you broach the subject?

A doctor's perspective:

> ***Can I ask what your thoughts are on fertility and having children in the future. It may not be a priority now, but it is something that you may consider down the line. Can we explore some options for preserving your fertility in the same way that we do for other medical conditions that may affect fertility?***

It is important to note that infertility is no longer a forgone conclusion when it comes to trans masculine individuals. There have been numerous cases of trans men who have gone on to give birth to healthy babies after pausing their testosterone treatment for the requisite period of time.[111]

> ***Can I ask what your goals are in terms of medical intervention. I know that people's wishes vary, it would help me if you could tell me what you are hoping to achieve?***

Back to Menu



[110] **https://www.hfea.gov.uk/treatments/fertility-preservation/information-for-trans-and-non-binary-people-seeking-fertility-treatment/**

[111] **https://www.gendergp.com/the-dad-who-gave-birth-with-freddy-mcconnell-the-gendergp-podcast-s4-e3/**

## Psychological support

Many people associate being transgender with the need for psychological assessment and therapy. It is true that if someone is distressed for whatever reason, then the talking therapies can offer significant relief and support - this is true of everyone, not just members of the trans community.

Transition is fraught with challenges, impacting every facet of a trans person's life as they know it. Psychological support and exploration can help a person to find their way and provide much needed support. However, care should be taken that psychological evaluations should not be used as a measurement tool to 'confirm' a patient's gender identity, or to convince a trans person to continue or revert to a cisgender presentation.[112]

The benefits of having a "counsellor in your back pocket"[113] to call upon when life gets tough, or when there are tricky decisions to be made, is not a concept which is unique to someone with gender variance.

While counselling is not and should not be mandatory, it should be available as and when it is required.

## Presenting in the authentic gender

If a person's sex characteristics do not align with the gender with which they identity, they may wish to use methods to shape their body. Trans masculine people often use tight chest garments or binders to give the appearance of a flat chest and a male shape. They may additionally use a 'packer' in their underwear to alleviate dysphoria and present more closely as male.

Trans feminine people may 'tuck' their penis away so that it doesn't cause an unwanted prominence, and may use padding in bras or around the hips to create a more feminine outline.

All of these devices can alleviate gender dysphoria for the user, but may have physical or medical side-effects with prolonged use. It is recommended that medical providers ask if any body altering methods are being employed by the patient, and offer appropriate medical support and advice.[114]

## Hair Removal

Facial hair can be an enormous source of distress to trans feminine people. As well as being a noticeable 'male' social marker, regrowth during the day causes issues with make-up and is a common cause of dysphoria.

Hair removal is one of the treatments funded by the NHS, although CCG funding policies vary from area to area. It is advised that GPs supporting a trans patient should familiarise themselves with their local CCG policy and signpost their patient accordingly.

There are two types of hair removal available to trans feminine people through the NHS – electrolysis and laser treatment. Assessment of the suitability of treatment needs to be carried out by a qualified person. However, many people find that what is offered by the NHS is inadequate so supplement this with private treatments. For trans patients living in an area where CCG funding is not available, private treatment may be the only option.

Back to Menu

[112] **https://journalofethics.ama-assn.org/article/should-mental-health-screening-and-psychotherapy-be-required-prior-body-modification-gender/2016-11**

[113] **https://www.gendergp.com/gendergp-roadshow-qa/**

[114] **https://transcare.ucsf.edu/guidelines/binding-packing-and-tucking**

## Voice therapy

Trans people can often have dysphoria around their voice as a result of misgendering. This can be particularly worrying for them when using the telephone, as there are no visual cues. Trans women who have not had access to surgery or vocal feminisation training may be regularly misgendered or identified as trans, based on their voice.

Voice therapy can help and services are available on the NHS as well as via private practitioners, there are also apps specialising in voice feminisation.[115]

**Note for reception staff**. The sound of a patient's voice over the phone may not align with what is anticipated based on the patient's record. In such instances, reception staff should be respectful and follow patient verification protocols as they would with any other patient.

Sample exchange:

**Receptionist:**

***Hello how may I help you?***

**Patient:**

***I need to see the doctor. My name is Anne Smith, my DOB is 10.07.76***

***Of course, we have an appointment at x, does that work?***

***Perfect, thank you.***

## Surgery

For trans men, the most commonly requested procedure is 'top surgery', which removes any breast tissue to create a masculine chest. There are two different procedures available, which are chosen based on the amount of tissue to be removed.

Male genital surgery is less popular with trans men as it is extensive and requires several surgeries. Currently, there are three main surgical techniques that are used, however these are constantly being developed and improved upon.

Many trans men choose not to undergo genital surgery, due to the invasive nature of the procedures and the surgical outcomes.

For trans women, breast augmentation, facial feminisation and female gender affirmation surgery are popular. The uptake of genital surgery by trans women is much higher than trans men, as the surgical procedures are more advanced in their development and have less complications.

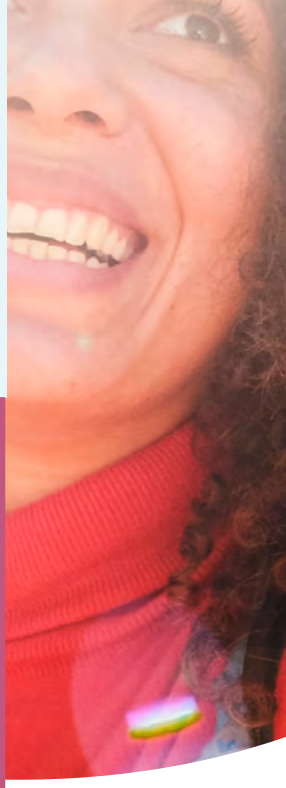
[115] **https://publicdocuments.sth.nhs.uk/pil2198.pdf**

Back to Menu

Some surgical procedures are available on the NHS, however, these can only currently be accessed via referral from an NHS GIC.

Trans people vary enormously in what, if any, surgery they desire. Many do not wish to have any surgery at all and this in no way invalidates their gender identity.[116]

[116] **https://www.stonewall.org.uk/truth-about-trans#gender-reassignment**



## Key Points:

- There are very long waiting times for specialist services, and not all patients may wish to access them.
- The criteria for medical intervention are simple and clear and trans people are able to self-identify.
- A supportive GP is crucial to the long-term happiness and health of a trans person.
- It is well within the scope of practice for a GP to initiate medical treatment in patients of all ages, and there is ample guidance available.
- Hormone therapy is safe and effective at increasing life satisfaction scores.
- GnRH Analogue hormone blockers and HRT medication are familiar medicines to a general practitioner and well within the scope of their prescribing capabilities.
- Gamete storage options should be discussed prior to starting treatment.
- Psychological support and counselling should be available when needed to support someone through their transition.
- Informed consent requires a bi-directional flow of information between patient and practitioner.
- Routine physical genital examination is unnecessary and can be extremely distressing.
- Trans patients on hormones will require lifelong prescribing and monitoring.
- GPs are frequently asked to help with letters of support for gender marker change.
- Surgery is an option wanted by some, but not all trans people.
- Voice therapy can help alleviate gender dysphoria and should be signposted, where available, for trans feminine patients.
- Some trans people may alter their body shape by using methods that might require medical oversight, support and guidance.
- In the absence of structured training in the area of transgender healthcare, medical professionals should reference published research and guidance from reputable international sources.
- Patients are entitled to seek private care or care abroad if the NHS is unable to provide their treatment within the prescribed time frame.

Back to Menu

# Collaboration with GenderGP

GenderGP has treated and supported thousands of trans patients, both psychologically and medically, since it began in 2015.

We operate according to a gender affirmative model, which is accepted best practice internationally. Working on the ethical principles of autonomy and self-determination, GenderGP works in accordance with the informed consent model of care. Research shows that the health outcomes for trans people who are affirmed in their gender are greatly improved, and our patients are testament to this.

## How do we work?

Where medical intervention is required and agreed, GenderGP provides the patient with regular treatment summaries which they can share with their doctor. These summaries include details of the patient's medication, the blood tests they need and any other important information that their GP needs to know. The treatment summaries include full instructions on the doses of medication that are required, any blood tests and how to send the blood results for assessment.

## The GenderGP Appraisal Pathway

The GenderGP Appraisal Pathway involves a robust system of bi-directional information. This flow goes backwards and forwards between the patient, as the expert in their own gender, and our team of gender specialists, as the expert in their chosen discipline e.g: counselling, psychology or medicine. Together we agree on a treatment Pathway that will deliver the best outcomes for the individual.

## Our Gender Specialists

We work with an international network of healthcare providers including doctors, nurses, counsellors, psychologists and clinically skilled co-ordinators, who have all been carefully selected due to their training, qualifications and passion for gender-affirming care.

## Support from GenderGP

Collaboration between gender specialists and the patient's GP has many benefits:

- The patient has access to timely, safe, gender care while waiting for access to NHS services, which currently have very long waiting lists.
- The patient will be able to reduce their own personal risks by eliminating the need to purchase medication from unregulated sources without proper monitoring.
- GenderGP supports GPs with specialist supervision to prescribe appropriate medications, perform blood tests and analyse results, until NHS specialist treatment becomes available.
- There is a two-way sharing of the patient's medical history which leads to safer and more comprehensive care and better outcomes.
- Once the Appraisal Pathway has been completed, the patient's GP will be advised on which blood tests are necessary to safely monitor the treatment and medication, and at what intervals they need to be performed.

For further information, resources, support, advice and training visit www.GenderGP.com.

# Recommended Reading

**The Royal Children's Hospital Melbourne - Australian Standards of Care and Treatment Guidelines for trans and gender diverse children and adolescents**

**University Of San Fransisco and California** - Center of Excellence in Transgender Health - **Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People**

**The Endocrine Society** - **Endocrine Treatment of Gender-Dysphoric/ Gender-Incongruent Persons: An Endocrine Society * Clinical Practice Guideline**

**The American Academy of Pediatrics** - **Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents**

**The University of Waikato, New Zealand** - **Guidelines for gender affirming healthcare for gender diverse and transgender children, young people and adults in Aotearoa New Zealand**

**World Professional Association of Transgender Health** - **Standards of Care_FullBook_1l.indd**

Back to Menu

# Conclusion

The number of trans people coming forward for trans related healthcare is increasing rapidly and NHS gender services are struggling to cope with demand.

Primary Care services are continually being asked to provide better care for their trans patients, but many feel unable, unwilling or ill-equipped to do so.

There is a wealth of evidence and guidance which permits a well-intentioned and well-informed GP surgery to provide an excellent level of care for this patient group.

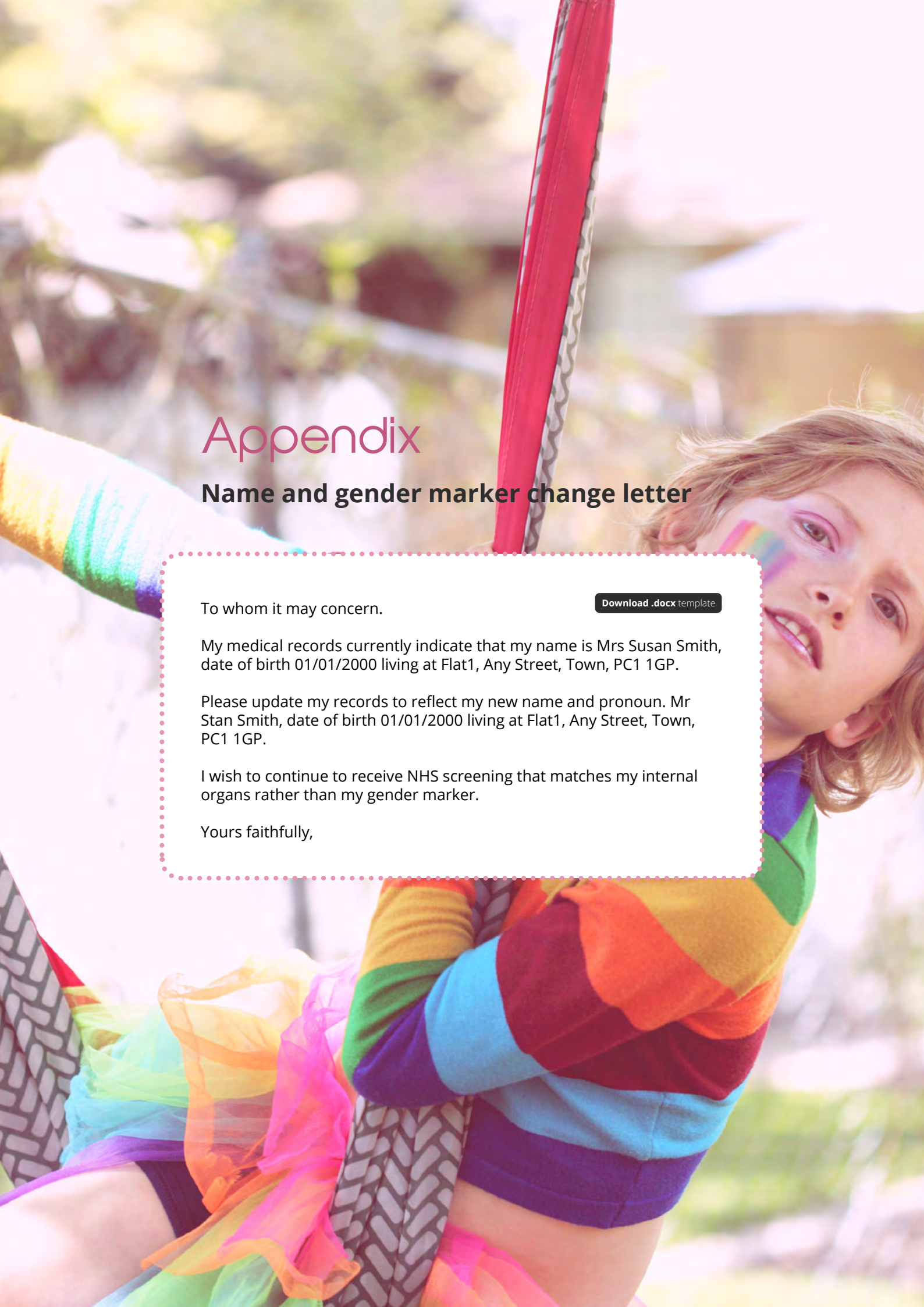
This is a highly rewarding area of clinical medicine, small steps can make such a difference.

GenderGP is here to support GPs in providing excellent levels of care to trans patients of all ages.

We welcome any questions and discussion on any of the topics covered in this guide.

For more information please visit our website at: **www.GenderGP.com** or visit out Help Centre: **https://www.gendergp.com/our-help-centre/**

Back to Menu



# Appendix

## Name and gender marker change letter

Download .docx template

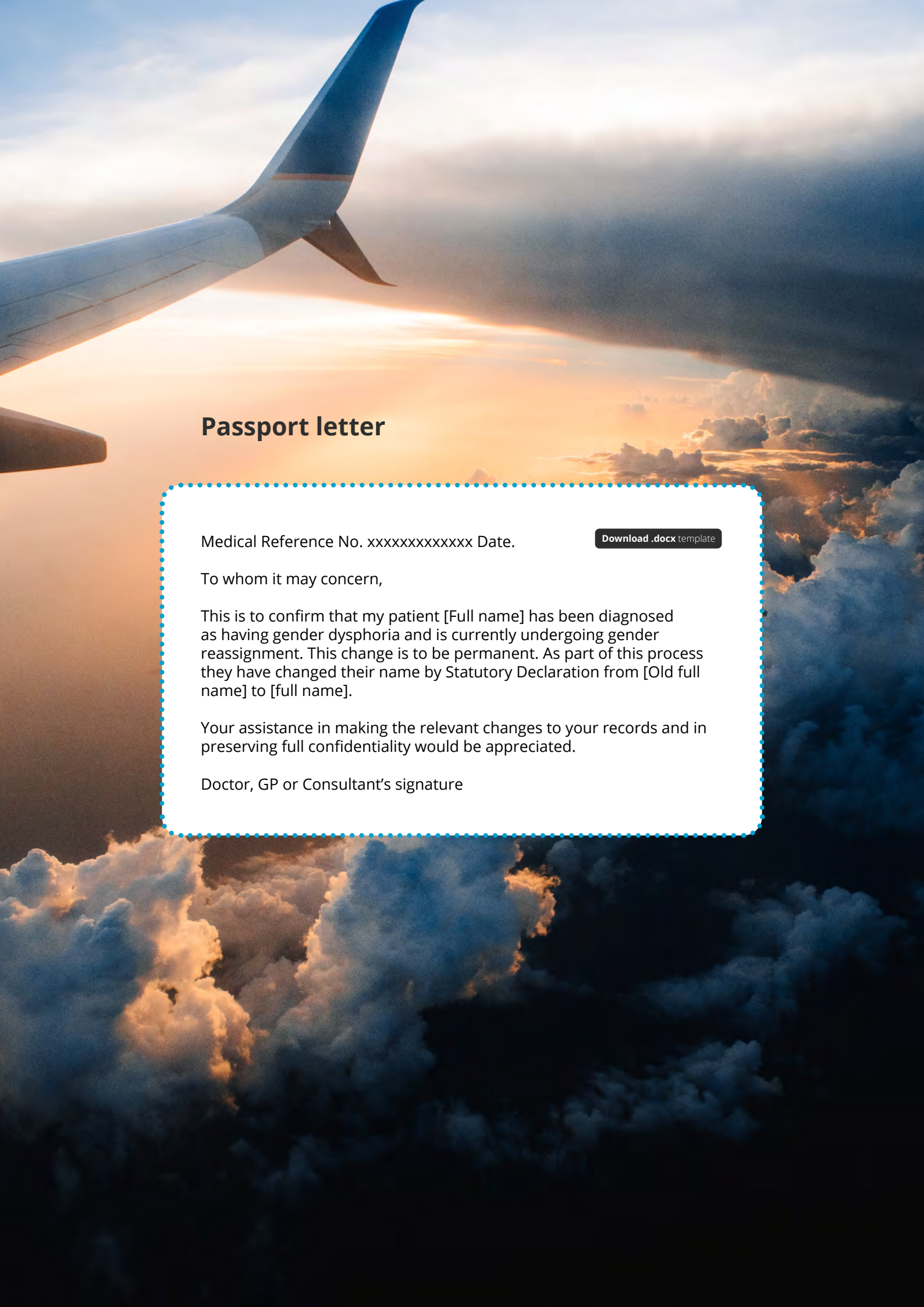
To whom it may concern.

My medical records currently indicate that my name is Mrs Susan Smith, date of birth 01/01/2000 living at Flat1, Any Street, Town, PC1 1GP.

Please update my records to reflect my new name and pronoun. Mr Stan Smith, date of birth 01/01/2000 living at Flat1, Any Street, Town, PC1 1GP.

I wish to continue to receive NHS screening that matches my internal organs rather than my gender marker.

Yours faithfully,



# Passport letter

Download .docx template

Medical Reference No. xxxxxxxxxxxxx Date.

To whom it may concern,

This is to confirm that my patient [Full name] has been diagnosed as having gender dysphoria and is currently undergoing gender reassignment. This change is to be permanent. As part of this process they have changed their name by Statutory Declaration from [Old full name] to [full name].

Your assistance in making the relevant changes to your records and in preserving full confidentiality would be appreciated.

Doctor, GP or Consultant's signature

# Medical report pro-forma for gender recognition[117]

Download .docx template

Gender Recognition Act 2004

To be completed by the applicant's registered medical practitioner or registered psychologist.

Your details - the registered medical practitioner/registered psychologist

1. Your title

2. Full name

3. Practice address & postcode

4. Telephone number

5. GMC/HPC registration no.

6. Are you practising in the field of Gender Dysphoria? Yes / No
About your patient

7. Patient's name

8. How long has the patient been under your care?

9. Has your patient been diagnosed with gender dysphoria or a gender-related disorder?

10. Has your patient had surgical treatment for the purpose of modifying their sexual characteristics?

11. Please provide details of the gender related diagnosis for which your patient is being or has been treated.
Copies of previous diagnosis reports can be provided if they contain sufficient detail. Details can be provided on a separate document if that document is identified in the space below.

12. You should list the drugs prescribed and the specific surgical procedures that your patient has undergone for purpose of modifying sexual characteristics. If your patient has not undergone surgery for this purpose, one of their reports will need to explain why not.

13. Report made on (date) ..... /..... / ..... By (signature)

[117] **https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/786903/t452-eng.pdf**

# Recommended Charities and Support

GO TO **LIST**