

# Role of GPs in managing adult patients with gender incongruence

## 1. Introduction

This guidance seeks to assist GPs in England in the supportive management of adult patients with gender incongruence. It aims to explain what should be provided in primary care, signposts further sources of guidance, and highlights some of the underpinning ethical and legal considerations. The guidance should be read in conjunction with the BMA's guidance [Key Principles for inclusive care of trans and non-binary patients](#).

It is likely that all GPs will be providing Primary Medical Services to this group of patients at some stage. An understanding of the issues involved is therefore necessary to ensure quality care is provided and appropriate referrals are made to specialist services.

Our ultimate aim is to ensure high quality service provision for all patients. The advice contained here is not intended to be exhaustive and we would encourage practices to refer to the sources of information and guidance that are referenced throughout the document.

## 2. Background and terminology

The prevalence of gender incongruence in the population is difficult to determine and has been, and probably is still being, underestimated. The Gender Identity Research and Education Society (GIRES) has suggested that about 1% of the population may experience some degree of gender incongruence.

The terminology used in this area is complex, changing, and can cause distress if not used appropriately. Doctors are encouraged to respect and reflect the language choices that an individual patient uses to describe their own identity.

**Transgender (or trans)** is an umbrella term to describe people whose gender identity is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms. The term 'transsexual' was used in the past as a more medical term and in legislation; it is still used by some people to describe themselves, although many people prefer the term trans or transgender.

**Gender incongruence** is defined in ICD-11 as being characterised by a marked and persistent incongruence between an individual's experienced gender and the assigned sex.

**Gender dysphoria** refers to the psychological and physiological discomfort or distress caused by a discrepancy between a person's gender identity, their sex assigned at birth, and their primary/secondary sex characteristics.



Gender dysphoria is not in and of itself classified as a mental illness. Untreated, gender dysphoria can severely affect the individual's quality of life and potentially lead to mental ill health; it is therefore important that assessment and, where indicated, treatment is available. Doctors should be aware, however, that not all transgender patients will experience dysphoria or distress due to their gender identity and should avoid automatically attributing particular health concerns or conditions to a patient's gender identity.

### 3. Care arrangements and prescribing

#### Initial GP consultation

Patients often find it difficult to confide their feelings of gender incongruence to their GP and this may prevent them from seeking treatment. Such patients are in genuine distress and are seeking help, so GPs should be mindful of the sensitivity of their condition and how difficult it might have been for the patient to have approached a health care professional in the first place. GPs should be aware that a person's outward appearance may not correspond to their gender identity and will need to deal with this situation with understanding.

#### *Forms of address and confidentiality*

It is important that individual preference should be respected. This is not dependent on any official name change. If in doubt, an opportunity should be found to discreetly ask the individual which form of address they prefer, and how they see their own gender identity. Written correspondence should take into account the fact that others in the household may be unaware of the individual's gender circumstances so preferences for written communication should also be noted. Doctors may for example wish to address written correspondence using an initial and surname, rather than using pronouns or titles.

#### **A quick guide to pronouns**

We all have pronouns. The most common ones are 'she', 'her' and 'hers' or 'he', 'him,' 'his'. Some people prefer gender-neutral pronouns, like 'they', 'them,' and 'theirs'. Some people will use different pronouns at different times. Changing pronouns can be an important part of transition. Using the wrong pronoun for someone – for example, referring to someone as 'he' when they prefer to use 'she' – is known as misgendering. This can make people feel invalidated or disrespected, particularly if it occurs repeatedly.

The most straightforward way to determine pronouns is to ask "what are your preferred pronouns"? If you make a mistake, apologise and carry on.

#### *Confidentiality*

A person's gender past should not be divulged to anyone without the patient's consent, and particular care needs to be taken over electronic forms of communication, such as e-referrals, which might make reference to past medical history which is of no relevance to the current medical situation. Disclosures of information about patients with gender incongruence is covered below, including for reasons of clinical necessity.

#### **Changing medical records and disclosures of information**

The Gender Recognition Act 2004 provides safeguards for the privacy of individuals with gender incongruence and restricts the disclosure of certain information. The Act makes it an offence to disclose 'protected information' (i.e. a person's gender history after that person has changed gender under the Act) when that information is acquired in an official capacity.

This means that the 'protected information' can only be disclosed when:

- it is to another health professional; and
- it is for a medical purpose; and
- there is a reasonable belief that the patient has consented to the disclosure.

Patients who are in the processing of transitioning are also entitled to the same protection against disclosure of their gender history.

#### *Changing name and gender on the patient record*

GPs may be asked by patients with gender incongruence to change their name and gender on the practice medical record, and patients have this right to change their personal details direct with the practice. Patients also have the right to change the name and gender on their official NHS registration documents without obtaining a Gender Recognition Certificate. [PCSE guidance](#) sets out in more detail all the steps involved in changing the patient's name and gender on the patient record.

### **Preventative healthcare and screening**

Patients may require access to disease prevention and organ specific screening programmes (such as cervical smears, breast screening or prostate examinations) which are habitually offered only to specific genders and which may not align with the patient's own gender identity.

Doctors should work these patients to ensure that they understand any screening procedures they should continue to have. This may also include providing access to information on how patients may opt out of gender-specific screening calls.

Further information and guidance on NHS population screening for trans and non-binary people can be found [here](#).

Sheffield Health and Social Care has also produced a helpful [leaflet](#).

### **Fertility care**

Doctors who manage patients who are considering surgery and/or endocrine treatments should work with those patients to explore whether they may wish to have biological children in the future and options to preserve this capacity, such as whether gamete storage might be considered. The Human Fertilisation and Embryology Authority (HFEA) has useful information for trans and non-binary patients and their doctors on fertility and fertility treatment issues [here](#).

### **Referral to GIC**

A list of NHS gender identity clinics and details of how to refer can be found [here](#). GPs will need to fill in a referral form, which can be downloaded from each clinic's website. There is no requirement for the patient to undergo a mental health assessment prior to referral. Patients may be accepted at clinics in other regions than where they are based.

### **Prescribing, monitoring and follow-up after gender reassignment treatment**

NHS England's 2018 guidance on [Responsibility for prescribing between primary and secondary/tertiary care](#) expresses clearly that in order to provide the most appropriate level of care to the patient, it is of the utmost importance that the GP is clinically competent to prescribe the necessary medicines, and that any transfers involving medicines with which GPs would not normally be familiar should not take place without full local agreement, and dissemination of sufficient, up-to-date information to individual GPs.

We are aware that GPs are sometimes asked to prescribe hormones for patients with gender incongruence both before and after specialist involvement. NHS England's [Specialised Services Circular SSC1620](#) 'Primary Care Responsibilities in Prescribing and Monitoring Hormone Therapy for Transgender and Non-Binary Adults' states that GPs are encouraged to collaborate with GICs in the initiation and on-going prescribing of hormone therapy and that there is extensive clinical experience of the use of these products in the treatment of gender dysphoria.

The BMA continues to engage with the GMC on issues relating to prescribing and ongoing care arrangements to seek clarification on its guidance. The two circumstances in which GPs may be asked to prescribe for patients with gender incongruence, "bridging prescriptions" and ongoing care following consultation at a GIC, raise different issues and are therefore addressed separately below.

#### *Bridging prescriptions*

Patients should not have to resort to self-medicating due to a failure to commission a timely specialist service, and we continue to advocate for NHS England and NHS Improvement (NHSE/I) to make proper

commissioning arrangements. If the delay for specialist assessment is excessive, GPs do have a role as their patient's advocate in making representation to the commissioning organisation to help ensure timely provision.

As a harm-reduction measure, the Royal College of Psychiatrists has suggested that GPs may prescribe a bridging prescription to cover the patient's care until they are able to access specialist services. The report and its recommendations have been endorsed by a range of Royal Colleges, including the Royal College of General Practitioners.

It must be remembered that prescribers take individual ethical, clinical and legal responsibility for their actions, and when deciding on appropriate management GPs should keep accurate records of their reasoning and decisions. While awaiting specialist assessment, *GPs should attend to their patient's general mental and physical health needs in the same way as they would for other patients, but are not obliged to prescribe bridging prescriptions.*

The GMC [advises](#) in their ethical hub (which does not set new professional standards and is not intended to replace the formal guidance) that GPs should only consider a bridging prescription for an individual patient when they meet **all** the following criteria:

- a) the patient is already self-prescribing or seems highly likely to self-prescribe with from an unregulated source (over the internet or otherwise on the black market);
- b) the bridging prescription is intended to mitigate a risk of self-harm or suicide; and
- c) the doctor has sought the advice of an experienced gender specialist and prescribes the lowest acceptable dose in the circumstances.

#### [Collaboration with a specialist and ongoing prescribing](#)

GMC [advises](#) that GPs "should collaborate with a Gender Identity Clinic (GIC) and/or an experienced gender specialists to provide effective and timely treatment for trans and non-binary patients. This may include: prescribing medicines on the recommendation of an experienced gender specialist for the treatment of gender dysphoria, and following recommendations for safety and treatment monitoring".

NHS England's 2018 guidance [Responsibility for prescribing between primary and secondary/tertiary care](#) reiterates that when clinical responsibility for prescribing is transferred to general practice, it is *important that the GP or other primary care prescriber is confident to prescribe the necessary medicines*. NHS England recommends that these shared care agreements are agreed locally and reflect the following principles:

- *The care is in the best interest of the patient*
- *The care reflects individual, patient-by-patient arrangements*
- *It is considered in a reasonably predictable clinical situation*
- *The care is agreed to be shared between a consultant/specialist and the patient's GP*
- *The patient is always involved in shared care arrangements*
- *All parties provide willing and informed consent*
- *There is a clear definition of responsibility*
- *Clinical responsibility for prescribing is held by the person signing the prescription*
- *The arrangement is supported by a secure communication network for those responsible*
- *The provision of appropriate training and resources to support the arrangement*
- *All appropriate monitoring requirements should be fulfilled*

This helps to ensure that care arrangements are both in the best interest of the patient and supportive of the GPs and other clinicians involved with providing timely and appropriate care.

This advice reaffirms that GPs should approach shared care and collaboration with gender identity specialists in the same way as they would any other specialist. The advice should therefore be read in conjunction with the principles which underpin shared care as set out by the GMC in [Good practice in prescribing and managing medicines and devices](#).

Participating in a formal shared care agreement is voluntary, subject to a self-assessment of personal competence, and requires the agreement of all parties, including the patient.

## 4. Commissioning of services

In England, NHS Gender Identity Clinics (GIC) are commissioned by NHS England and NHS Improvement (NHSE/I), who set the [service specifications](#) for how they work.

There are regional gender identity clinics in England for adult patients. These provide patients with access to a multidisciplinary team, which initiates appropriate assessment and treatment. These services will accept referrals from primary or secondary care. There is no need for the patient to be assessed by mental health services prior to referral, and GPs do not need prior approval from their CCG/ICS (Clinical Commissioning Group/Integrated Care System).

The BMA is concerned about the lack of specialist service provision, the impact this has on patients and the pressures it can place on practices. Patients with gender incongruence require timely care and a holistic approach, addressing their mental health and psychological needs, in addition to their physical response to any treatment.

Our position is summarised as:

- Confirmation of diagnosis and commencement of initial treatment for gender incongruence should be made by a specialist service to which the patient is referred by the GP, as reflected in the NHS [service specifications](#).<sup>1</sup> Access to these specialist services should be prompt in order to ensure patients receive safe, timely care.
- If timely access at a regional centre is not possible, additional intermediate capacity should be commissioned locally by NHS England to ensure safe and effective care pending specialist involvement. An example of an [intermediate service is commissioned by NHSW in Wales](#) – this could be used as a model for intermediate care in England.
- Ongoing repeat prescribing of patients with gender incongruence should be provided by trained clinicians who have both the resources and experience to provide the necessary standard of care. This can either be through specialist prescribing (facilitated through the electronic prescription service) or through properly funded [shared-care arrangements](#) with GPs who have consented to provide this service, or through locally commissioned alternative providers within primary care. For more information, see our statement commissioning services.
- Comprehensive, locally commissioned (funded by NHS England), quality controlled services for the ongoing care of patients once they have been discharged from specialist services is vital to ensure patient safety.
- Clinicians in primary care should be supported by specialists when prescribing for patients with gender incongruence. Before a patient can be discharged from a GIC, the gender service must confirm what arrangements have been commissioned locally, provide detailed recommendations and guidance to enable clinicians to take over responsibility for ongoing care, and should ensure consent from primary care for that transfer of responsibility. Arrangements must be in place for patients and clinicians to receive rapid specialist advice in future should this be required. If such arrangements are not in place in primary care, or if the GP feels unable to take transfer of responsibility, the patient should remain under secondary care or intermediate care services until such time as any barriers are resolved.

### *Service provision from GIC clinics*

We have had reports of some Gender Identity Clinics asking GPs to review patients who had already been referred to the GIC, due to long waiting times. Practices have been asked to do extensive review including a mental health assessment confirming if the patient still need their services, and the GIC has also written to the patient to confirm the ongoing need and to discuss any issues with the GP.

<sup>1</sup> Page 5, summary of NHS pathway of care.

It is the responsibility of GICs to manage their waiting lists – not practices – and they should be approaching patients directly themselves to explore whether they still want access to their services. This work is not part of GMS services and are adding a significant workload for each patient, for practices already crumbling under pressure.

This waiting list initiative should be funded similarly to local pathways for support and funding to introduce local measures on other waiting lists. It has never been the role of GP to verify waiting lists.

This is another example of the urgent need for commissioning of GID services as well as a commissioning framework of mental health services both in children and adults, so that they work in unison.

## Further information and resources for GPs

### Legislative context

The [Gender Recognition Act 2004](#) covers the legislative processes involved in a transgender person gaining legal recognition in their acquired gender. The [Equality Act 2010](#) legally protects people from discrimination in the workplace and in wider society. Gender reassignment is a protected characteristic under the Equality Act 2010. A person has the characteristic of gender reassignment if they are proposing to undergo, are undergoing or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex.

'Gender identity' is recognised as a protected characteristic under both UK Human Rights legislation and the European Convention on Human Rights.

There is no requirement for the "process" described in the legislation to be a medical process, and no requirement for a person to be under medical supervision or to undertake any surgical or medical treatment in order to benefit from this legal protection. It is also unlawful to discriminate against someone because you believe them to be transgender (i.e. to have the protected characteristic of gender reassignment), whether they are or not. This is called discrimination by perception.

The general presumption in law is that people should be treated according to the gender in which they identify. This is also both the BMA's policy position and established good practice throughout the NHS.

### Education and training

The BMA continues to lobby to ensure that transgender healthcare is part of both undergraduate and postgraduate training.

The RCGP offers an e-learning module on gender variance. Further details are available [here](#).

BMJ subscribers can also access [BMJ Best Practice – Gender dysphoria in adults](#)

Royal College of Physicians [Gender Identity Healthcare Credentials \(GIH\)](#)

### General guidance and best practice

The GMC have created a [trans healthcare hub](#) that gives information on how to treat trans and non-binary people which covers a range of issues on how to support patients

The [RCGP position statement](#) on the role of GPs in caring for gender-questioning and transgender patients covers a number of key areas.

Primary Care Support England has [Information on registering a patient's gender reassignment](#).

The World Professional Association for Transgender HealthCare has produced [Standards of Care](#).

### Service specifications

NHS England's service specifications for [Non-Surgical Interventions](#) and [Surgical Interventions](#). NHS England guidance for GPs on [prescribing and monitoring hormones](#) and on handling [requests from private medical service providers](#).

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