

Nottinghamshire   
Local Medical Committee

Representing and supporting GPs

# Managing Transgender Patients: Guidance for General Practice



## Document Version Control

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## Glossary of Terms

**Cisgender or Cis:** Someone whose gender is the same as the sex they were assigned at birth.

**Deadnaming:** A term used by trans people who experience being called by their birth name by someone after they have changed their name as part of their transition.

**Gender dysphoria:** A term used to describe a person's sense of distress or discomfort caused due to a disparity between their gender identity and assigned gender at birth.

**Gender expression:** How a person chooses the way to express their gender identity through appearance and personal behaviours relating to societal gender expectation.

**Gender identity:** Someone's intimate and personal sense of their own gender referencing, whether this is as a man, woman, non-binary or other.

**Intersex:** A term used to describe someone who at birth, has the biological attributes of both sexes and do not fit the 'typical' male or female categorisation. However, Intersex people may identify as male, female or non-binary.

**Non-binary:** A general term used for someone whose gender identity does not sit within the category as binary male or female.

**Transgender/Trans:** Someone whose gender does not align or sit comfortable with the sex they were assigned at birth. Trans is considered as an umbrella term used for a wide variety of descriptors.

**Transition:** The steps taken by someone to achieve the gender for which they identify. This may involve medical intervention such as multiple surgical procedures or hormone therapy, but each person's transition journey will be different.

**Trans man:** A shortened term for *Transgender Man*; a person that was assigned female at birth but who identifies as male gender. A term that is sometimes referred to as FTM (female-to-male).

**Trans woman:** A shortened term for *Transgender woman*; a person that was assigned male at birth but who identifies as female gender. A term that is sometimes referred to as MTF (male-to-female).

## Introduction

The purpose of this document is to provide practice staff with practical guidance on engaging and supporting transgender or gender reassignment patients. Following an increase in the number of queries into Nottinghamshire Local Medical Committee (LMC), it was identified that there was a need to deliver a training opportunity for practices to identify and engage with an ambassador from the transgender community. In July 2020, the LMC invited Zaffy Simone as practice advisor for a national learning disability charity, to present virtually and speak of his personal experiences of liaising with general practice and the difficult and timely process of his transitioning journey. This event provided an opportunity for Nottinghamshire general practice staff to pose questions and gain a better understanding of engaging with a member of the transgender community and provide them support from resources available.



Following the success of this event, the LMC set about creating a support document for practices to understand what measures are to be undertaken by primary care and signpost them to additional sources of guidance. This document acts as a resource guide for practice staff and does not supersede published government or NHS England guidance.

## Background on Gender Incongruence

NHS Gender Identity Clinics (GIC) describe Gender Incongruence - Gender Incongruence of Adolescence and Adulthood is characterized by a marked and persistent incongruence between an individual's experienced gender and the assigned sex, which often leads to a desire to 'transition', in order to live and be accepted as a person of the experienced gender, through hormonal treatment, surgery or other health care services to make the individual's body align, as much as desired and to the extent possible, with the experienced gender. The diagnosis cannot be assigned prior the onset of puberty. Gender variant behaviour and preferences alone are not a basis for assigning the diagnosis. (ICD 11).



Within the period 2014-2019, NHS Gender Identity Clinics (GIC) in England have seen a significant 240% overall increase of patient demand for referrals into their services (Royal College of General Practitioners, 2019). This increase in demand and workload for patients with gender incongruence and the impact on practices within primary care cannot be underestimated.

With this expected increase of patients seeking transgender healthcare attending general practice and the sensitivity surrounding this subject for all parties involved, the importance of understanding and delivering appropriate engagement with our patients becomes more important and necessary.

## Legislation to Protect Gender Incongruence Patients

### Equality Act 2010

Within this Act, gender reassignment is categorised as one of the nine protected characteristics protecting a person from discrimination, harassment and victimisation, if they are 'proposing to undergo, is undergoing or has undergone a process (or part of a process)' of gender reassignment, (legislation.gov.uk, 2020).

### Gender Recognition Act 2004

The Gender Recognition Act 2004 allows gender incongruence patients to apply for a Gender Recognition Certificate (GRC). This certification allows the patient to receive legal recognition of their acquired gender and enables them to obtain a new birth certificate. The Act safeguards the privacy of an individual with a GRC by defining information relating to the gender recognition process as 'protected information' and constitutes an offence to disclose a person's gender history (without consent) once the gender has changed under the Gender Recognition Act 2004 (British Medical Association, 2020).

British Medical Association (BMA) guidance states that 'protected information' can only be disclosed in the circumstances defined as:

- *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.*



Practices are encouraged to involve the patient at the earliest opportunity to determine what information can be disclosed. Ensure that information disclosed is clinically relevant to the condition that the patient is being referred for and that the patient has consented to share and perhaps, offer to copy the patient into any correspondence, such as the referral letter.

## Initial Patient Contact

Like many organisations, general practice has an aspiration to deliver the best possible primary healthcare service for its patient population. Within this, GPs and their staff are required to show the same level of patient care, support, sensitivity, respect, dignity and understanding to those presenting as gender incongruence or transgender patients, as they would for any other patient visiting their practice.

The way in which practice staff address patients who are undergoing transition or have transitioned is extremely important for all those involved. The initial engagement for patients with practice reception staff may be the first step taken by your patient to seek medical treatment and advice. Often, patients with gender incongruence may find it difficult to confide their feelings to a GP due to the fear of potential ridicule, individual shame or guilt, (British Medical Association, 2020).

Practice staff are advised that a person's outward appearance may not necessarily correspond to their gender identity and this can often be found in the early stages of the patient's journey. Sometimes 'misgendering' a person can be an honest and genuine mistake by any member of the public. If practice staff do unfortunately misgender someone, offer an apology for the mistake and provide that reassurance to your patient or visitor.

Good communication is key to all engagements with your practice patients, but consideration must be given to the sensitive nature and potential for distress of your patient presenting for the first time, either through telephone or in person. Practice staff are encouraged to consider for awareness that sometimes Trans women's voices may sound as what is considered as 'masculine' on the telephone. This is where knowledge of your gender incongruence and non-binary patients can play a significant part in those moments of interaction with practice staff and the patient relationship.

*“Of all the things that could offend a trans person or lead them to feel misunderstood, excluded and distrustful, mistakes involving forms of gender-related speech are perhaps the most upsetting. Potentially they are also easiest to pay attention to getting right.” (England Gender Identity Clinics, 2012).*

## Getting Pronouns Right

The advice of the LMC is to engage with your patient at the first opportunity to establish correct terminology and use of pronouns and establish how your patient prefers to be addressed. Whilst terminology can be complex, it is important to respect the request and preference of your patient and to take care in addressing them appropriately. If uncertainty exists over pronouns to be used for your patient, most important advice is to ask them and seek clarification to prevent potential cause for upset, (British Medical Association, 2020). If staff are unsure how to address someone, you may consider:

- *“how do you prefer to be addressed?”*
- *“what pronouns do you prefer people to use when referring to you?”*

Within the table below are some examples of pronouns that may be commonly used but the list is certainly not exhaustive. If you get someone’s pronouns wrong, quickly apologise and correct yourself. To use incorrect pronouns after being corrected is considered misgendering and can be perceived as unacceptable behaviour.

<b>Pronouns</b>	<b>Refers</b>
“he/him/his”	specific to male gender
“she/her/hers”	specific to female gender
“they/them/theirs”	Gender non-specific and considered gender neutral
“Ze/Zir/Zirs”	Gender non-specific and considered gender neutral
“Ne/Nem/Nir”	Gender non-specific and considered gender neutral

Employers within primary care have a responsibility to ensure that all practice staff are sufficiently trained to understand engagement with transgender reassignment patients (General Medical Council, 2020). Through engagement with local GICs and LGBTQ+ agencies, there are opportunities for practices to seek training sessions for practice staff and these events are encouraged. Furthermore, practices are encouraged to engage with their LMC who can arrange such events.

## Referrals for Treatment

The responsibility for commissioning of gender services lies with NHS England through the establishment of eight national Gender Identity Clinics (GICs) and 4 pilot regional GICs, providing patient assessment and treatment within multidisciplinary teams. These GICs provide clinical services for patient referrals received from both primary and secondary care facilities within these assigned catchment areas.

For those practices residing within Nottingham and Nottinghamshire County, *The Nottinghamshire Centre for Transgender Health* is an NHS clinic specialising in GICs providing support for adults seeking transgender healthcare. However, in addition this clinical service will accept clinical referrals for patients who have had their 17<sup>th</sup> birthday.

For those patients under the age of 17 years of age, a specific service for young people has been commissioned by NHS England as The Gender Identity Development Service (GIDS) with centres in London, Leeds and outreach clinics in Birmingham, Exeter and Cardiff. Early engagement with Child And Adolescent Mental Health Services (CAMHS), in respects to this cohort of patients is advisable.

*Good practice guidelines* published by The Royal College of Psychiatrists in 2013, provides informative guidance for general practitioners on initial assessment for a patient diagnosis of gender incongruence, (British Medical Association, 2020):

- *Take full history, including mental health assessment.*
- *After diagnosis, discuss with patient if they have a preference, for a particular way forward.*
- *A routine general and sexual health screening should be offered.<sup>1</sup>*
- *When referring patients, the GP should consider whether there are any co-existing conditions, mental or physical health issues, which need to be taken into account<sup>2</sup>.*

GPs are encouraged to engage in a shared care approach with gender identity specialists at the earliest opportunity to establish a collaborative care pathway for transgender healthcare. A physical examination by a GP is not indicated.

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<sup>1</sup> The GPC does not believe there is robust evidence to support this statement, and screening activities are not covered by Essential or Additional Services within the GMS contract.

<sup>2</sup> [Gender dysphoria services: a guide for General Practitioners and other healthcare staff](#)

## Screening

The national screening programme provides invitation for disease prevention for various clinical conditions such as breast cancer, cervical cancer, bowel cancer and abdominal aortic aneurysm (AAA). Often uncertainty can occur when patients begin transition and these national screening programmes may not necessarily identify and recall correct patients for screening. Therefore, understanding what screening procedures correctly relate to transgender and non-binary people as patients, is essential for practice staff.

Public Health England (PHE) has published the following guidance to explain the adult NHS screening programmes that are available for invitation within the NHS.

### Screening for Transgender and Non-Binary People

Trans women and non-binary people assigned male at birth who are registered with a GP as female:

- ✓ *are invited for breast screening*
- ✓ *are invited for bowel cancer screening*
- ✗ *do not need cervical screening as they do not have a cervix*
- ✗ *are not routinely invited for abdominal aortic aneurysm (AAA) screening but can request screening*

Trans women and non-binary people assigned male at birth who are registered with a GP as male:

- ✗ *are not routinely invited for breast screening but can request screening*
- ✓ *are invited for bowel cancer screening*
- ✗ *do not need cervical screening as they do not have a cervix*
- ✓ *are invited for AAA screening*

Trans men and non-binary people assigned female at birth who are registered with a GP as female:

- ✓ *are invited for breast screening*

- ✓ *are invited for bowel cancer screening*
- ✓ *are invited for cervical screening*
- ✗ *are not invited for AAA screening*

Trans men and non-binary people assigned female at birth who are registered with a GP as male:

- ✗ *are not routinely invited for breast screening but can request screening*
- ✓ *are invited for bowel cancer screening*
- ✗ *are not routinely invited for cervical screening but can request screening*
- ✓ *are invited for AAA screening but do not have a high risk of AAA*

*Trans men who are pregnant should be offered the same antenatal and newborn screening tests as all other pregnant individuals. (Public Health England, 2019)*

The above information can be accompanied with PHE produced leaflet titled **NHS population screening: information for trans and non-binary people** found on [www.gov.uk](http://www.gov.uk) website.



## Prescribing

General practice is often requested to provide prescriptions for hormone therapy of patients before or after clinical specialist involvement. This follows guidance produced within [Specialised Services Circular SSC1417](#) by NHS England, encourages GPs to work in collaboration with GICs to initiate and provide on-going hormone therapy prescriptions.

The British Medical Association (BMA) are aware that concerns exist from GPs in regards General Medical Council (GMC) publication on [Advice on Treating Transgender Patients](#), describing elements of prescribing. These are considered as two independent prescribing actions placed on primary care. One considered as “bridging prescriptions” for pre-specialist care intervention at a GIC and the other is ongoing GIC assessment prescriptions.

However, these prescribing requests placed onto general practice automatically lead to remind prescribers that ethical, clinical and legal responsibilities in undertaking such action is placed on the GP. The importance that the GP or other primary care prescribers are confident and competent to prescribe the necessary specialist medicines in which GPs would not fully familiar with, is documented within the NHS England’s 2018 [Responsibility for prescribing between primary and secondary/tertiary care](#), (British Medical Association, 2020).

For those patients awaiting GIC assessment, there is no obligation for the GP to prescribe bridging prescriptions in the interim. However, the GP has an ethical responsibility to the mental and physical needs of the patient and are advised to consider prescribing management with collaborative working with GIC specialists to provide suitable prescribing treatment. In addition, patients experiencing excessive delays for specialist treatment should not have to resort to self-medicating.

GPs should approach shared care and collaboration with gender identity specialists in the same way as they would any other specialist. The advice should be read in conjunction with the GMC principles set out in [Good practice in prescribing and managing medicines and devices](#) and Nottinghamshire Area Prescribing Committee (Notts APC) [resources library](#).

However, GPs are advised that *“participating in a shared care agreement is voluntary, subject to a self-assessment of personal competence, and requires the agreement of all parties, including the patient”*, (British Medical Association, 2020).

## LMC Frequently Asked Questions - Practical Advice

Nationally, LMCs are frequently asked questions about the complex issues that practices face when looking after patients who are transitioning or have changed gender marker. Here are some common situations faced by practices and suggestions on how to deal with them with kind permission from Wessex LMC.

### **Scenario 1 - Patient has requested to change name and gender marker. How do I manage this?**

Primary Care Support England (PCSE) has published the following guidance:

#### **How should I advise PCSE of a patient gender re-assignment?**

It is important that practices are aware of the steps that need to be taken when a patient changes gender. Following the process will ensure continued patient care and ensure there isn't an impact on your practice payments.

**Please note:** Patients may request to change gender on their patient record at any time and do not need to have undergone any form of gender reassignment treatment in order to do so.

GP practice notifies PCSE of gender change via the [enquiries form](#) and include:

- ✓ the patient's name
- ✓ NHS number
- ✓ confirmation that patient is aware of need for creation of a new NHS number

When a patient changes gender, they are given a new NHS number and must be registered as a new patient at your practice. All previous medical information relating to the patient needs to be transferred into a newly created medical record.

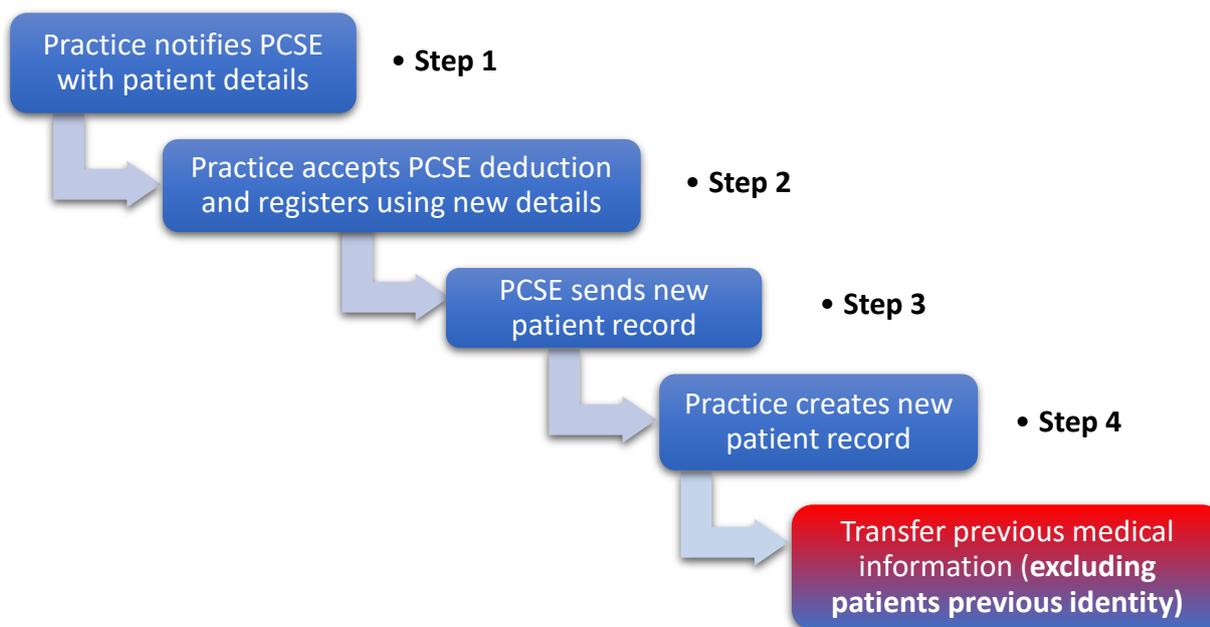
**Any information relating to the patient's previous identity should not be included in the new record.**

**Important:** Do not update the patient's original record with their new NHS number. If this happens, they will not be registered and will miss out on continuity of care.

When the patient informs the practice that they wish to change gender, the practice must inform the patient that this will involve a new NHS number being

issued, which is not reversible. To revert back to their original gender, they would receive a third NHS number. The practice should confirm this has been discussed with the patient when notifying PCSE.

The process is as follows:



If the gender is being re-assigned from male to female, the screening team will contact the practice for no cervix confirmation. Additionally, if the gender is being re-assigned from female to male, screening will become the responsibility of the practice.

It is important that practices complete the new registration for the patient within five working days to ensure no interruption to patient care.

**Please note:**

When registering new patients please do not use Select 'I' (Indeterminate) as the sex category. Please only select either 'M' for Male or 'F' for Female. This ensures that the appropriate screening invitations go correctly to individuals. (Primary Care Support England, 2020)

## Nottinghamshire LMC advice:

Practices within the county have experienced some difficulty in PCSE registration changes and concerns regarding removing patients references to their gender within their medical records. These cohort of patients undergoing gender incongruence treatment may have extensive medical records documenting their mental and physical health. Removal of gender referencing from these medical records would prove difficult and timely for GPs and leave the records incomplete. However, through good discussions with your patient, emphasise the importance of preserving their medical record information for future care pathway referrals and to ensure safe clinical management of their care. An alternative measure is to redact Name and Gender from the patient records that make specific reference to a gender marker. **Always involve the patient in these discussions and decisions at the earliest opportunity to put in place something that reassures the patients of their data.**

Furthermore, a practice within Wessex LMC membership has produced a very helpful patient discussion checklist and kindly allowed sharing of this work within this Nottinghamshire LMC guidance. This checklist can be viewed as Appendix 1 to this document.

### **Scenario 2 - I have to refer my transgender patient to a hospital outpatient clinic. Can I do this and what information should I disclose in the referral letter?**

The **GMC** advice on this is as follows:

*If your patient requests treatment for gender incongruence, referring them to a Gender Identity Clinic (GIC) or an experienced gender specialist without delay will likely be the best option. An experienced gender specialist will have evidence of relevant training and at least two years' experience working in a specialised gender incongruence practice such as an NHS GIC.*

*Every patient's treatment journey will be different and GICs aim to provide care packages tailored to individual need. By focusing on your patient's priorities and concerns and exploring with them the options available, you can collaborate with GICs to provide effective care and a positive experience for your patient.*

*All GPs in England, Northern Ireland and Scotland may refer their patients directly to a GIC and do not need to refer them to a mental health service for assessment beforehand. GPs in England don't need to seek prior approval from their Clinical Commissioning Group (CCG).*

### **Disclosing gender history**

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. The gender status or history of transgender and non-binary people should be treated with the same level of confidentiality as any other sensitive personal information. However, there will be circumstances where it is appropriate to disclose this information - with your patient's consent - so that the service you are referring to is aware that your patient may have specific needs.

For example, if you are referring a trans man for treatment to a gynaecology service, letting the clinic know in advance should allow them to make sure that clinical, administrative and support staff respond appropriately to your patient and care for them in a manner that respects their dignity.

### **Nottinghamshire LMC advice:**

It is essential to involve the patient at the earliest opportunity to determine what recorded information can be disclosed. Ensure that information disclosed is clinically relevant to the condition that the patient is being referred for and that the patient has consented to share. Offer to copy the patient into any correspondence between the practice and hospital clinic, such as the referral letter.

### **Scenario 3 - A transgender male patient (changed identity to male) but has not undergone surgery to remove female reproductive organs. He has asked to continue cervical screening. What do I do?**

If the gender is being re-assigned from female to male, screening will become the responsibility of the practice.

It is possible via Open Exeter to download and complete a blank cervical screening form. If this is completed in male identity with the appropriate clinical history, then the lab will process the sample with a male identity.

The responsibility for cervical screening in this situation passes from the national programme to the GP practice.

### **Nottinghamshire LMC advice:**

Engage with the patient and highlight the importance of accurate medical records and health risks associated with potential withdrawals from screening programmes. Document the patient decision on their medical records and consider how patient recall will be co-ordinated by the practice and how this will be recorded on their medical records.

If the patient declines recording this information within their medical records, practices are encouraged to give the results to patient and update the records for non-specific coding for ongoing screening recalls. In addition, inform the patient of future recall date and advise to make appointment for screening.

#### **Scenario 4 - I have a patient who is transitioning. I'm not sure what pronoun to use. What should I do?**

Using the correct pronoun is very important to Trans or non-binary people. The GMC advice should be followed. Be aware that a pronoun may change during the process of transition.

#### **Use the patient's preferred name and title.**

The way you address patients who are transitioning or have transitioned is extremely important. Taking care to use the right (i.e. the patient's preferred) name and title shows that you are treating them with respect. If you are not sure how you should address someone, ask them:

- *"how do you prefer to be addressed?"*
- *"what pronouns do you prefer people to use when referring to you?"*

**Further information can be found on Page 8 of this document.**

### **Nottinghamshire LMC advice:**

Engage with your patient at the first opportunity to establish correct terminology and use of pronouns and establish how your patient prefers to be addressed. It is worth considering informing staff members and annotating this information on the patient's clinical records. Whilst terminology can be complex, it is important to

respect the request and preference of your patient and to take care in addressing them appropriately. Making those steps to communicate correctly with your patient will strengthen those relationships.

**Scenario 5 - My patient has been seen in the Gender Identity Clinic (GIC) and I have been asked to prescribe some hormone treatments. I'm not sure I should be doing this.**

The British Medical Association (BMA) are aware that concerns exist from GPs in regards to General Medical Council (GMC) publication on [Advice on Treating Transgender Patients](#), describing elements of prescribing. These are considered as two independent prescribing actions placed on primary care. One considered as “bridging prescriptions” for pre-specialist care intervention at a GIC and the other is ongoing GIC assessment prescriptions.

However, these prescribing requests placed onto general practice automatically lead to remind prescribers that ethical, clinical and legal responsibilities in undertaking such action is placed on the GP. The importance that the GP or other primary care prescribers are confident and competent to prescribe the necessary specialist medicines in which GPs would not fully familiar with, is documented within the NHS England's 2018 [Responsibility for prescribing between primary and secondary/tertiary care](#), (British Medical Association, 2020).

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

However, GPs are advised that *“participating in a shared care agreement is voluntary, subject to a self-assessment of personal competence, and requires the agreement of all parties, including the patient”*, (British Medical Association, 2020).

**Nottinghamshire LMC advice:**

GPs are responsible for their prescribing responsibilities for their patient population and should not be pressured into prescribing where they feel to do so, is unsafe or involves unacceptable risks to the patient (Royal College of General Practitioners, 2019). However, early engagement with GICs and Nottinghamshire Area Prescribing Committee (Notts APC) [resources library](#) would provide opportunity for collaborative working and provide prescribing guidance required for transgender healthcare patients.

## Weblink Resources

### Weblink Support Services & Resources for Patients

<a href="#">Help &amp; Advice   Stonewall</a>
<a href="#">LGBT+ Service Nottinghamshire (lgbtplusnotts.org.uk)</a>
<a href="#">The Nottingham Centre for Transgender Health (nottinghamshirehealthcare.nhs.uk)</a>
<a href="#">Bassetlaw Health (bassetlaw-health.co.uk)</a>
<a href="#">Notts Trans Hub (wordpress.com)</a>
<a href="#">Nottingham Chameleons</a>
<a href="#">LGBT+ Service Nottinghamshire   Trans Unite</a>

### Weblink Resources for GPs and Practice Staff

<a href="#">Trans healthcare - GMC (gmc-uk.org)</a>
<a href="#">Homepage   Gender Identity Development Service (GIDS)</a>
<a href="#">Gender dysphoria - Treatment - NHS (www.nhs.uk)</a>
<a href="#">Gender incongruence in primary care (bma.org.uk)</a>
<a href="#">How to find an NHS gender dysphoria clinic - NHS (www.nhs.uk)</a>
<a href="#">CAMHS supporting LGBT+ young people (nottinghamshirehealthcare.nhs.uk)</a>
<a href="#">RCGP Gender Variance eLearning Course (rcgp.org.uk)</a>
<a href="#">Gender dysphoria in adults - BMJ Best Practice</a>

# Appendix 1

*(Insert Practice Header)*

## Gender Incongruence (ICD-11) and changing medical records

### Patient Discussion Checklist

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
- It is for a medical purpose
- There is a reasonable belief that the person has consented to the disclosure

People with gender incongruence have the right to change their name and gender on official NHS registration documents without obtaining a Gender Recognition Certificate. A new NHS number will be issued to the patient, and their medical records can show no evidence of their previous gender.

1. To what extent do you wish your notes to be redacted to show no evidence of your previous gender? (considerations – relevant clinical information may no longer be on the notes, previous clinic letters not kept on the record, future GPs/surgeries will have limited access to patient information without discussion with the patient)

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2. Once gender is changed on medical records, **patients will not be called to cancer screening programmes** that people of their previous gender would have been called for (i.e. cervical screening, breast screening). How, if at all, would you like to be called for these programmes? (consider – ‘pop up’ warning on notes, secure file kept by Surgery and patient notified in person that screening due)

.....

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.....

3. It is important to note that a move to another GP provider will mean that knowledge of the person’s circumstances (including this agreement) will be lost. How, if at all, would you like your new practice to be informed of your gender incongruence history? (consider – not informing them is the default position, the patient would be best seeing a regular GP and discussing their history and need for relevant cancer screening in the future)

.....  
.....  
.....

4. Are there any other considerations that you would like to document with regard to your medical record, and how we keep/share your medical information?

.....  
.....  
.....

5. The person must be offered a printed version or digital link to the Public Health England document *‘NHS population screening: information for trans and non-binary people’*

I confirm that this is an accurate record of the conversation that I have had with the undersigned clinician regarding recording of gender in my medical records. I understand that this document will be stored securely (digitally) at ..... Surgery and will not transfer with my notes in the event of registration with an alternative Primary Care provider.

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

GP Name: \_\_\_\_\_

GP Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*\*Practice stamp*

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This guidance has been produced by the author Stuart Hague in his role as Practice Liaison Officer at Nottinghamshire Local Medical Committee, to provide transgender guidance to general practice colleagues. The information contained within is accurate on 18<sup>th</sup> May 2021. The guidance within this document is not compulsory and is at the discretion of the reader.

To report any inconsistencies or inaccuracies within this guidance email [liaison@nottslmc.co.uk](mailto:liaison@nottslmc.co.uk)

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