Supporting Patients Accessing Gender Identity Services

This guide is for GPs on the care of patients accessing NHS Specialist Gender Identity Services (SGIS). Trans people are entitled in law and policy to equal access but health inequalities remain and trans people have not always had a good experience of NHS care. This guide aims to enable GPs to get 'up to speed' on some of the key issues.

Working alongside SGIS, well-informed, sympathetic and helpful GPs can be a vital part of the information and support network for trans people undergoing gender transition.

GPs play a central role in making the initial referral to SGIS, prescribing cross-sex hormones as part of a shared care arrangement and on-going liaison with the SGIS throughout the patient's care. They also support and assist the patient before and after surgery, as well as assisting with document changes and other matters. GPs also arrange local mental health support where needed and may also play a vital harm-minimisation role where patients are self-medicating with cross-sex hormones obtained outside of medical supervision.

For a link to each of the sections of this guide, see the Contents list. You may also find the Quick Tasks menu in the table at the bottom of this page helpful.

Acknowledgements

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Quick Task Menu
I need to refer my patient to a specialist gender identity service ➔ Look up a service ➔ Download a form for an adult or a child/young person
I need a diagram of the care pathway for a patient accessing specialist gender identity services ➔ Download a copy of the diagram
I need to understand the hormone treatment and monitoring regimen ➔ Look up Appendices 2-4 of the Royal College of Psychiatrists Guidance
I need to understand what surgical treatments are available via the NHS ➔ Download a copy of the NHSE guidance
I need to write a report for my patient applying for a Gender Recognition Certificate ➔ Download the HMIC&T guidance and form
I need to inform my patient about sources of support outside the NHS ➔ Navigate to the sources of support page (Section 6)

Table of Contents

1.0 About This Guide

Brighton and Hove Clinical Commissioning Group (B&H CCG) is committed to providing excellent services to all local patients, including those accessing specialist gender identity services (SGIS). GPs have an important role to play in supporting these patients but information about how best to do this is not always easily accessible. This guide was written for GPs but may be useful to a range of primary care staff.

You can go directly to relevant sections of the guide but it will be most useful if read in full and in sequence. You can find a Quick Task Menu in the table on page 1, and a Glossary on page 25 for any unfamiliar terms.

The guide is for information only and does not replace or revise any existing CCG policy. It is not a comprehensive guide to trans people's experiences, trans health or expert management of patients undergoing gender transition. It focuses on providing the busy GP with accessible information on issues arising from working with patients accessing SGIS. This includes:

- Developing understanding about gender and trans people, including terminology issues.
- Straightforward guidance on working respectfully with trans people and providing good quality services.
- Understanding SGIS, the treatment protocols and how to refer patients.
- The key responsibilities of GPs in the shared-care arrangements for people under the care of SGIS.
- Changing identity details on NHS records, information governance issues and report writing.
- Information about supporting patients.

This guide is a developing resource and we welcome feedback and suggestions. Please email BHCCG.CCG@nhs.net with your feedback.

Box 1: Further Sources of Information On Trans Health

E-Learning

- GIRES E-Learning Course for GPs.

NHS Trans Publications

N.B. Some information in these publications is now out of date (e.g. treatment and care pathways). However, general information is still relevant. Titles include:

- Transgender Experiences Information and Support.
- Guidance for GPs, Other Clinicians and Health Professionals on the Care of Gender Variant People.
- A Guide to Hormone Therapy for Trans People.
- Medical Care For Gender Variant Children And Young People: Answering Families' Questions.
- Trans. A Practical Guide for the NHS.

Trans Health & Wellbeing

N.B. Many available resources originate from North America but contain relevant information.

Online

- Age UK Factsheet: Transgender Issues in Later Life
- Capital Health Trans Health Guide

- Centre of Excellence for Transgender Health
- NHS Choices Transgender Health
- Terrence Higgins Trust Sexual Health Guides for Trans Men and Trans Women ++
- Transhealth
- Transgender Health Information Programme
- Unison & GIRES Factsheet: It's just good care - A guide for health staff caring for people who are trans
- World Professional Association for Transgender Health (WPATH) Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People

Books

- Brill, S.A. & Pepper, R. (2008) *The Transgender Child: A Handbook for Families and Professionals*. San Francisco: Cleis Press.
- Erickson-Schroth, L. (eds.) (2014) *Trans Bodies, Trans Selves: A Resource for the Transgender Community.* New York: OUP USA.
- Greatheart, M. (2013) *Transforming Practice: Life Stories of Transgender Men that Change How Health Providers Work*. Toronto: Ethica Press.
- Kaufman, R. 'Introduction to Transgender Identity and Health' in Makadon, HJ., et al (eds.) (2008) *The Fenway Guide to Enhancing the Healthcare of Lesbian, Gay, Bisexual and Transgender Patients*. USA: American College of Physicians.

1.1 Why This Guide Is Needed

Unfortunately, trans people have not always experienced optimal healthcare from the NHS.[1,2,3,4] There are many possible reasons for this, including:

- That the research evidence-base on the health needs of trans people is poor.
- Limited access to training and awareness among some healthcare staff about the health needs of trans people.
- A mistaken assumption that best clinical practice is to treat trans people 'just like everyone else'; leading to health inequalities and trans people's specific needs being overlooked.
- Transphobic and discriminatory attitudes and practices among some healthcare staff, including mistaken beliefs that trans people are inherently mentally ill, confused and/or that being trans is simply a 'life-style' choice.

In many cases, this is not only poor clinical practice but contravenes the law. B&H CCG is determined to ensure that trans people get the best possible healthcare from GPs and other services because:

- Good clinical practice promotes and protects the health of trans people, making the best use of NHS resources.
- Trans people are legally entitled to equal access and quality treatment. This is enshrined in law and local and national NHS policy (see Box 2).
- Active trans communities are constructively working with the NHS in its mission to address health inequalities and provide accessible, effective, legally compliant services. NHS services can expect to be held to account in this.

It is in everyone's interests to improve quality and practice for trans patients. By reading and acting on this guide, you are making a contribution to reducing health inequalities and improving the patient experience.

Box 2: Equality Provisions Promoting Trans People's Rights in Healthcare

Equality Act

Under the Equality Act 2010, 'gender reassignment' is a 'protected characteristic'. People who hold this characteristic are legally protected from discrimination, victimisation and harassment. This covers people who are proposing to undergo, currently undergoing or have undergone a process of gender reassignment. No medical diagnosis or treatment is needed to confer protection. The Act also extends the 'public sector equality duty' to include gender reassignment as one of the 'protected characteristics' for which public bodies must take due regard of: the need to eliminate discrimination, harassment and victimisation; the need to promote equality; and the need to promote good relations.

See:

- *Equality Act 2010: What Do I Need To Know? A Summary Guide For Public Sector Organisations*
- *Equality Act 2010: What Do I Need To Know? A Quick Start Guide To Gender Reassignment For Voluntary And Community Organisations In The Provision Of Goods And Services*
- *Guidance for NHS Commissioners on Equality and Health Inequalities Legal Duties.*

[1] Whittle, S., Turner L., & Al-Alami, M. (2007) *Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination*.

[2] Williams, H., Varney, J., Taylor, J., et al. (2013) *The Lesbian, Gay, Bisexual and Trans Public Health Outcomes Framework Companion Document*.

[3] Hough, K. (2013) *Twitter Trend Reveals Transgender Discrimination from GPs.*

[4] McNeil, J., Bailey, L., Ellis, S., et al. (2012) *Trans Mental Health Study 2012*.

NHS Constitution

"The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion, belief, gender reassignment, pregnancy and maternity or marital or civil partnership status (p. 3)."

B&H CCG Equality and Diversity Statement

"We will provide equality of opportunity and will not tolerate discrimination on grounds of age, disability, gender identity, marriage or civil partnership, pregnancy or maternity, race, religion or belief, gender, sexual orientation, caring responsibilities, socio-economic position, trade union activity or political beliefs – or any other grounds."

2.0 Developing Understanding About Trans People

What this section covers:
➢ New ways of thinking about gender to aid understanding about trans experience. ➢ Trans identities and terms. ➢ Signposting to further information about trans experience.

Some GPs will have worked with trans patients before while others may have limited experience and few opportunities for education and training. This section gives some basic information for thinking about gender in new ways and understanding trans people.

2.1 New Thinking About Gender

It is necessary to broaden understanding about sex and gender because the 'old' models for thinking about this are simply inadequate for making sense of trans people's experience. Thinking in new ways can facilitate discussion about being trans and enable GPs to demonstrate understanding and empathy. This is important when working with patients seeking SGIS.

Some of these ideas may be unfamiliar or challenging, and extended detail about these complex subjects is not possible here but these key concepts may be helpful to understand.

Separating Sex and Gender

Put crudely, 'sex' can be thought of as the physical biological sex characteristics: genes, chromosomes, genital organs, etc. 'Gender' is the more complex social, psychological and emotional phenomenon relating to one's felt and expressed sense of self. For most people, sex and gender seem to align in an uncomplicated way, e.g. a person's sex is 'female' and they identify themselves and are perceived by others as such. The term used for this is to be 'cis-gender'; in other words not transgender.

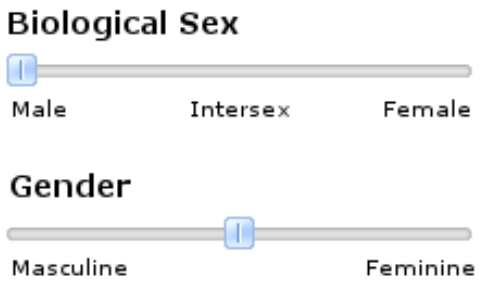
However, for some people sex and gender are not aligned as society usually expects, e.g. a person's sex is female, and others regard them as such, but their deep sense of self is masculine and male. This would be one example of being trans.

Separating the concepts of 'sex' and 'gender' is a helpful way to make sense of the fact that a person's biological sex characteristics do not always determine their felt sense of self as a gendered person.

A Spectrum Not a Binary

We are perhaps used to thinking of sex as a binary: male/female. However, this is misleading. We now understand that for some people, the simple sex designation of male or female does not fit. Historically, such people were called 'hermaphrodites' but this is offensive, out-of-date language now. The term 'Intersex' would be used instead. In clinical terms, Disorders of Sex Development may be used but some patients do not like this.

Similarly, for some people the concept of gender as a spectrum, with masculine and feminine as two points at each end is more helpful than that of a binary. This accommodates people who permanently change their gender or who experience it as a blend of masculine and feminine, or something 'fluid', which shifts. It also allows those who simply feel themselves as traditionally masculine or feminine to express their sense of self too.



Diversity Not Disorder

Much discussion about gender variance, particularly in medical contexts, still uses the language of pathology, e.g. 'gender dysphoria', 'gender identity disorder' (see Section 4.2). Some trans people find this way of thinking and talking about gender variance stigmatising and offensive. It is important to recognise that trans people are simply part of the human gender diversity that exists. The scientific and medical advances enabling physical transition are fairly recent (from around the 1930s onwards) but examples of gender variance can be found throughout human history and societies. The World Professional Association for Transgender Health has called for the 'de-psychopathologisation' of gender non-conformity.[5]

To sum up, separating 'sex' and 'gender', seeing gender as a spectrum instead of a binary and recognising gender diversity can give us a more sophisticated way to understand gender variance and discuss trans people's experiences. If you would like more information about new ways of understanding gender, see Box 3.

Box 3: Thinking About Sex and Gender – Sources of Information
➢ Bornstein, K. (2013) *My New Gender Workbook: A Step-by-Step Guide to Achieving World Peace Through Gender Anarchy and Sex Positivity.* New York: Routledge. ➢ Burn, S. (2014) *Understanding the Changing Landscape of Gender Identity*. PsychologyToday.com. ➢ Teich, NM (2012) *Transgender 101: A Simple Guide to a Complex Issue.* Columbia University Press: New York. ➢ Yarlett, S. (2013) *Non-binary: An Introduction to Another Way of Thinking About Identity.* NewStateman.com.

2.2 About Trans Identities

Many people think they know who trans people are due to cultural stereotypes and media portrayals. However, trans people are an extremely diverse group: they come from every social, ethnic and economic background, span the entire age range and experience the full range of health needs. Therefore, it makes sense to talk of trans identities in the plural. Below are just some of the terms and identities that GPs may encounter in working with trans people. The core learning point is to be guided by the identity term the person prefers. See the glossary for further terms or the resources in Box 4 for more information.

[5] WPATH (2010) WPATH statement on de-psychopathologisation of gender variance worldwide.

- *Cross dresser (CD)* - Describing a person who wears clothing typically associated with a different gender to express aspects of their personality and/or to gain a sense of happiness and fulfilment. The term 'transvestite' would now be considered out-of-date language.
- *Genderqueer* - A multifaceted term for being other than male or female and outside of a male/female gender binary. May denote one of the following: a) holding more than one gender identity, e.g. both masculine and feminine, b) being without a gender identity, c) moving between genders or with a fluctuating gender identity. Similar and related terms include: Androgyne, Agender, Bi-gender, Non-gender, Gender-fluid, Gender Non-binary and Third-gender.
- *Transgender (Trans)* - An 'umbrella' term to describe people whose experience of gender differs from the assumptions, expectations and social and cultural norms of their society, and who blend, challenge, or cross gender roles. Where an asterisk is added to the term (e.g. Trans*) this denotes that the full range of trans identities are being referred to.
- *Trans man* - A person assigned female at birth but who has a male gender identity and transitions to live as a man. Sometimes used as preferred term to transsexual.
- *Trans woman* - A person assigned male at birth but who has a female gender identity and transitions to live as a woman. Sometimes used as preferred term to transsexual.
- *Transsexual* - A person whose core gender identity as male or female is different than their biological sex and who uses hormones and/or surgery to enable their body to match their gender identity. Some trans people resist this term as a medical label while others embrace it.

Box 4: Further Sources of Information On Trans Experience

Understanding Transgender

E-Learning

- GIRES Transgender Awareness for Employers and Service Providers (see Modules 1 & 3).

Books

- Brown, ML. & Rounsley, CA. (2003) *True Selves: Understanding Transsexualism - For Families, Friends, Coworkers, and Helping Professionals.* San Francisco: Jossey-Bass.
- Centre for HIV and Sexual Health & Trans Bare All (undated). *Living My Life.*
- Stryker, S. (2008) *Transgender History*. Berkeley: Seal Press.
- Stryker, S. & Whittle, S. (eds.) (2006) *The Transgender Studies Reader*. New York: Routledge.
- Teich, NM (2012) *Transgender 101: A Simple Guide to a Complex Issue.* Columbia University Press: New York.

Autobiographical Writing By Trans People

- Boenke, M. (eds.) (2003) *Trans Forming Families: Real Stories About Transgendered Loved Ones* (2nd Edition). Hardy: Oak Knoll Press.
- Bornstein, K. (2014) *A Queer and Pleasant Danger*. Boston: Beacon Press.
- Boylan, JF. (2013) *She's Not There: A Life in Two Genders.* New York: Broadway Paperbacks.
- Diamond, M. (eds.) (2011) *Trans/Love: Radical Sex, Love & Relationships Beyond the Gender Binary.* San Francisco: Manic D Press.
- Green, J. (2004) *Becoming a Visible Man.* USA: Vanderbilt University Press.
- Kailey, M. (2006) *Just Add Hormones: An Insider's Guide to the Transsexual Experience.* Boston: Beacon Press.
- Kellaway, M. & Keig, Z. (eds.) (2014) *Manning Up: Transsexual Men on Finding Brotherhood, Family and Themselves.* Oakland: Transgress Press.
- Morris, J. (1989). *Pleasures of a Tangled Life.* New York: Random House.
- Nestle, J., Howell, C. & Wilchins, R. (eds.) (2002) *GenderQueer: Voices From Beyond the Sexual Binary.* Los Angeles: Alyson Books
- Serano, J. (2007) *Whipping Girl: A Transsexual Woman on Sexism and the Scapegoating of Femininity.* Emeryville: Seal Press.
- Various Authors (2014) *Brighton Trans*formed.* Brighton: Queen's Park Books.
- Valerio, MW. (2006) *The Testosterone Files: My Hormonal and Social Transformation from Female to Male.* Emeryville: Seal Press.
- See here for a further list of trans autobiographies.

Documentaries Featuring Trans People

- Davis, K. (2001) *Southern Comfort.* Q-Ball Productions.
- Hart, P. (2010) *Orchids: My Intersex Adventure.* Hartflicker Moving Pictures.
- Haworth, G. *She's a Boy I Knew.* Shapeshifter Films.
- Simmons, J. (2005) *TransGeneration.* Sundance Channel.
- Thomas, A. (2005) *Middle Sexes: Redefining He and She.* Deep Stealth Productions.
- Treut, M. (1999) *Gendernauts: A Journey Through Shifting.* Hyena Films.
- Stoneham, E. (2011) *My Transsexual Summer.* Twenty Twenty Television.
- Ziegler, CR. (2008) *Still Black: A Portrait of Black Transmen.*
- See also the My Genderation project.

2.3 About Gender Pronouns

Gender pronouns are how we refer to a person's gender: he or him, she or her. Many trans people will strongly expect gender pronouns to be used according to the gender that they are now living in. So for a trans man, this would be he or him, for a trans woman, she or her. Preferred pronouns can change over time as a person transitions or discovers more about what feels right. Some genderqueer people may not mind which pronouns are used or may not like gender pronouns being applied to them at all, using non gender-specific terms such as they/them/theirs instead.

There is a rule of thumb to negotiate this complexity: is if it isn't clear, discreetly, tactfully and sensitively ask the person. You may even want to practice a form of wording: "What's your preferred gender pronoun?", "What title do you prefer?" A calmly worded, tactful enquiry is likely to be better received than embarrassed, stumbling, uncertainty over pronouns that risks causing offence.

3.0 High Quality Services for Trans People

What this section covers:
➢ Suggestions for indicators of good quality services – getting it right/getting it wrong. ➢ A special note about children and young people. ➢ A special note on cancer prevention screening.

How an individual GP conducts themselves when trans people access NHS services makes a significant impact on how the patient experiences care. Section 1 showed how in law and policy, trans people are entitled to the same high quality standards of care as any other citizen. This section sets out some ideas about what good quality care might look like and when this falls short.

3.1 Getting It Right

When GPs 'get it right' for trans people, they use good interpersonal skills, demonstrate understanding and awareness, use good clinical judgment and manage care effectively - as with any other patient. However, providing good services for trans people often means using these skills with an understanding of their specific needs and experiences. These are just some indicators of what good quality care might look like and where this can go wrong.

There are also key ways that GPs can 'get it wrong': unwarranted assumptions, stigmatising attitudes, failure to respect the authenticity of the patient's gender identity, getting pronouns and forms of address wrong, treating the patient as a 'specimen' and failure to liaise properly with SGIS are just some examples.. Please see Appendix 1 for more information.

3.2 A Special Note on Children and Young People

Managing the care of gender variant children and young people is highly specialist expert practice and the Tavistock and Portman clinic accepts referrals directly from GPs (see Section 4.5). However, as with adults, GPs have an important role to play. Most of the advice in this guide will be relevant to children and young people. However, there are some significant differences.

Cross-gender play and other expressions of gender variance in childhood are normal aspects of human development that will often never come to the attention of GPs. However, parents may consult GPs when a child's gender development is atypical and/or when a child is expressing unhappiness, distress and anxiety. This may be accompanied by being withdrawn, self-harming or there may be accounts of bullying and exclusion at school. There is emerging evidence that trans young people are especially vulnerable to suicide and self-injury.

Emerging Findings from the Risk and Resilience Explored Study (n=485 aged < 26)
➢ Trans young people were nearly two times more likely (48.1% of all young trans participants) to have attempted suicide in their life compared to non-transgender peers in the study (26.2%). ➢ In the past year, trans young people were over four times more likely to have attempted suicide (29.8% vs. 7.2%) and over two times more likely to have thought of suicide (59.3% vs. 27.1%). ➢ In the past year, trans young people were nearly three times more likely to have self-harmed (59.3%) than their non-transgender peers in the study (22.1%).
Source: Pace Press Release (2014) Transgender youth more likely to attempt suicide, survey says.

Children can be self-aware of gender variance at an early age. One small study (n=121) of adult trans people reported that 76% knew they were gender variant before they left primary school, but many

lacked a language for this until later and were anyway discouraged from talking about their feelings.[6] Emerging US research reports that the gender identity of trans children is "deeply held and is not the result of confusion about gender identity or pretence". [7] However, families have reported misunderstanding, barriers, hostility and stigma when trying to get help and support for their children experiencing gender dysphoria. One mother's moving account in response to hysterical and misinformed media reporting about 'sex-swap drugs for nine-year-olds' sets out the issues and is worth reading in full.

There are some important factors to consider in relation to gender variant or gender questioning children and young people.

- As appropriate to developmental maturation, children and young people may express their feelings of gender variance differently from adults. They may be reluctant to confide in adults or may even lack a language to discuss this, being able only to say that 'something's wrong'. A careful, sensitive and age-appropriate approach will be needed to build rapport and explore the issues. However, even very young children can articulate transgender feelings.
- The available treatment options for children and young people are different from those of adults, and GPs can help prepare families accessing SGIS and manage expectations. You can find information about this in Section 4.5.
- Families will also be involved in the care provided. They may also need support, as well as understanding how they can best support the young person. You can find information about local and national sources of support in Section 6.

GPs can play a major role in enabling young people and their families to get timely advice and support while they work out what is the best way forward and access medical services when needed.

Box 5: Further Information On Gender Variant Children and Young People
Mermaids website – Primary source of national support for families of trans children and young people. Also contains information resources. E-Learning ➢ GIRES (2014) Caring for Gender Nonconforming Young People. NHS Choices website ➢ Advice for parents. ➢ Sharon's story. Publications ➢ Allsorts Youth Project (2014) Top tips for working with trans and gender questioning young people. ➢ Brill, S.A. & Pepper, R. (2008) *The Transgender Child: A Handbook for Families and Professionals*. San Francisco: Cleis Press. ➢ Department of Health (2007) A guide for young trans people in the UK ➢ Department of Health (2008) Medical care for gender variant children and young people: answering families' questions. N.B. Some advice on the use of 'hormone blockers' is now out of date (see Section 4) ➢ LGBT Youth Scotland (undated) Coming out. A guide for trans young people. Documentary

[6] Kennedy, N. & Hellen, M. (2010) Transgender Children: More Than a Theoretical Challenge. Graduate Journal of Social Science, 7(2).

[7] Association for Psychological Science (2015) Transgender Kids Show Consistent Gender Identity Across Measures.

- In The Life Media (2012) Becoming Me.

3.3 A Special Note on Screening: Screen for the Organs Present

Trans patients should be offered cancer prevention screening that is not sex-specific in line with standard recommended practice (e.g. bowel screening). However, GPs can be confused about what sex-specific screening is necessary – does a trans man need cervical screening for example? This rule of thumb can guide decision-making: screen for the organs present, not the gender. For example, if a trans man retains a cervix, conduct cervical screening. A trans woman won't need cervical screening, even if she undergoes sex reassignment surgery (genital surgery) as no cervix is present. But she will retain a prostate, so offering prostate-specific antigen testing in line with usual practice would be appropriate. Breast screening should be based on what breast tissue is present.

Trans patients will 'drop out' out of automated sex-specific screening recall systems if they change their gender designation on NHS computer systems. GPs and patients will need to ensure that screening continues and patients should be informed of this. As GPs will need to make individual arrangements for these patients, the following suggestions may be useful:

- Explain to the patient that they may not be recalled for some types of screening when changing their gender designation.
- Inform the patient what screening would be appropriate for them and which types may be affected. Ask them to work with the practice to ensure that this happens.
- Conduct the screening according to the organs/tissues present – see above.
- Where relevant, confidentially and with the patient's permission, identify the patient as trans on paperwork/forms accompanying the samples. It is critical that the reason for this is explained and consent given. Advise the testing facility of the need to keep the patient's trans status strictly confidential.
- Provide a copy of the results to the patient for future reference.
- Where possible, issue a reminder for future screening via the practice-based patient database. However, the patient should also be advised to keep a note of when screening is due and to request this if they do not receive an automated reminder.

Clinic T, the local trans sexual health clinic, conducts cervical screening for trans men and NHS Wales has produced some resources that may provide useful general information (see Box 6). For expert advice, readers should contact the following:

- The Health Promotion Cancer Team at Sussex Community NHS Trust.
- Public Health England Cancer Screening Programmes.

Box 6: Resources On Health Screening For Trans People

- Centre of Excellence for Transgender Health (2014) *General Prevention and Screening*.
- Potter, M. (undated) *Tips For Providing Paps To Trans Men*.
- National LGBT Health Education Centre (undated) *If You Have It, Check It: Overcoming Barriers to Cervical Cancer Screening with Patients on the Female-to-Male Transgender Spectrum [slide set].*
- NHS Wales (undated) *Screening For Life Transgender Information.*

4.0 Understanding the Patient Groups

It is impossible to say how many trans people there are in the UK because this information is not often officially recorded and there is no agreed definition of transgender. Many trans people never access SGIS or ever declare their trans status in an official context. However, a best estimate based on 2007 data suggested that:

- 12,500 people had presented for treatment at SGIS and this number was doubling every 6.5 years.[8] Sussex showed the highest ratio: 45 per 100,000 aged over 16, compared to a national average of 20 per 100,000.[9]

Brighton and Hove has a reputation for welcoming diversity and an active and vibrant trans community, with its own social resources, cultural events and political engagement. For example, the city hosts the UKs Trans Pride festival each year. There is every reason to think that the number of people coming forward locally for SGIS will grow and clinicians working in Brighton and Hove can expect to see an increasing number of trans people, including children, young people and their families.

This guide focuses on people who seek or undergo treatment from SGIS in England because GPs have an important role to play in supporting these patients. However, before looking at SGIS, it is important to note two other groups of trans patients:

- Trans people who do not need to access SGIS – Some trans people do not want to use bio-medical treatments to express their gender and do not want access to SGIS. In some cases, the transition experience is an entirely social one, e.g. change of name, style of dress, self-presentation etc., which does not require any medical services. Also, trans people have a host of health needs that are not connected to their gender, which can and should be managed in primary care.

- Former, discharged SGIS patients – Patients continue to see their GP throughout their care at a SGIS for on-going hormone treatment and monitoring in a shared care arrangement. This continues after discharge from the SGIS (see Section 4.6). In some instances, a re-referral to a SGIS will be necessary because patients require surgical procedures they had originally discounted, or specialist surgery for post-operative complications, which can arise some years after the original procedure. However, if the GP can safely and competently coordinate care with specialist advice and input from a SGIS, a re-referral is not always necessary.

4.1 Understanding Specialist Gender Identity Services

SGIS are specialist clinics that provide services to people who are experiencing concerns or problems with their gender and who need access to expert clinical care. There are seven clinics for adults in England and one for children and young people (see Box 7). They are consultant-led and generally staffed by psychiatrists, psychologists, endocrinologists, speech and language therapists and support staff. Services offered vary significantly but will usually focus upon core activities of:

- Psychological, clinical and diagnostic assessment.

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[8] GIRES (2011) *The Number of Gender Variant People in the UK - Update 2011*.

[9] Reed B, Rhodes S, Schofield P, Wylie K. (2009) *Gender Variance in the UK: Prevalence, Incidence, Growth and Geographic Distribution*.

- Endocrinology assessment and hormone treatment (or referral for this).
- Referral for surgical procedures.
- Some direct service provision (or referrals) such as speech and language therapy, electrolysis and limited mental health support.

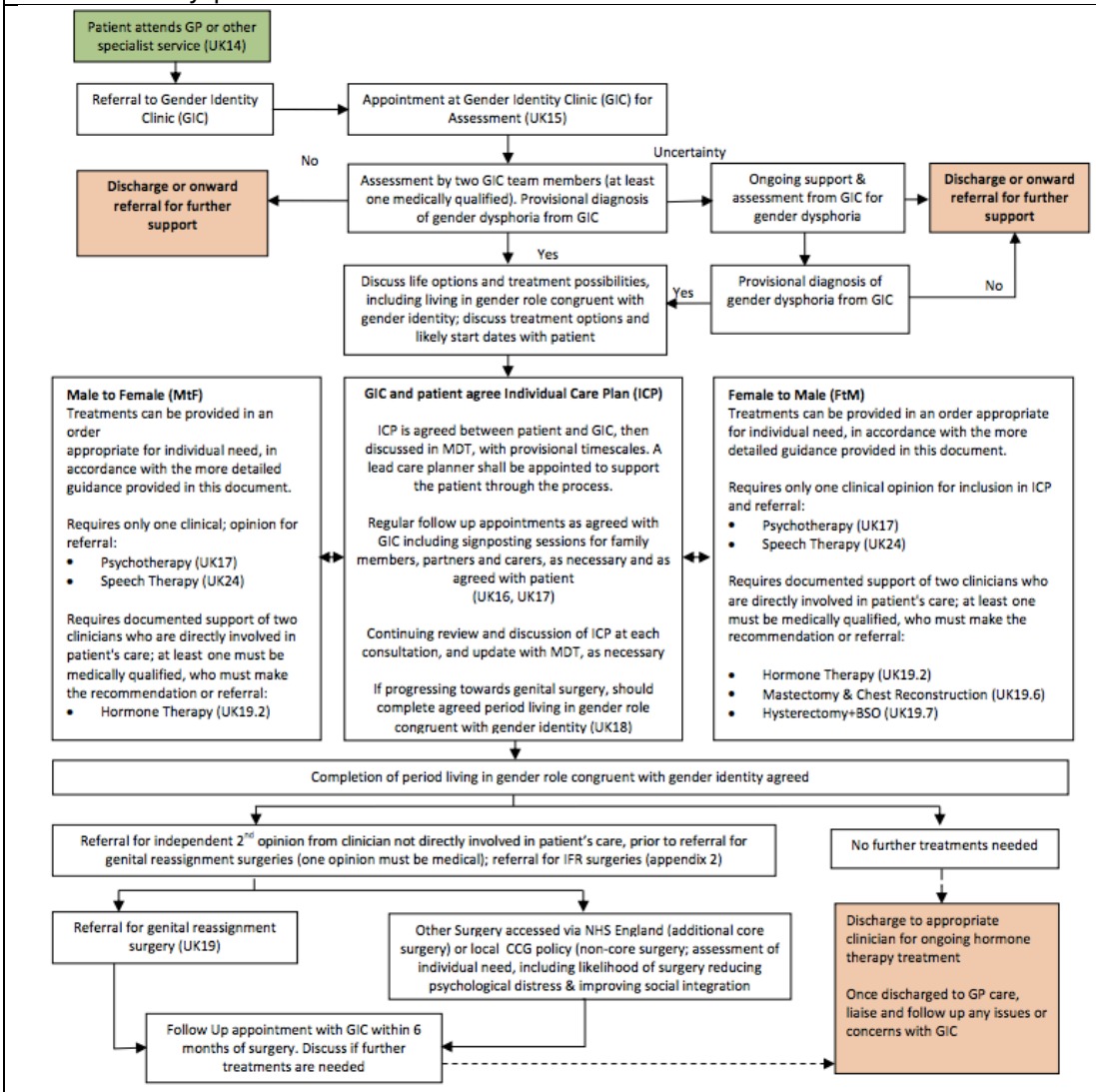
Treatment at a SGIS may include aspects of the following. However, not all patients will require all elements described below.

- Assessment by two independent qualified clinicians to determine whether a diagnosis of gender dysphoria is appropriate (see Section 4.2).
- Allocation to a lead clinician (usually a psychiatrist or a psychologist) for care planning and management.
- Assessment by an endocrinologist and recommendation for cross-sex hormone therapy where indicated – to be co-managed with the GP.
- Assessment for surgical procedures and referral to specialist surgeons where indicated.
- Referral to speech and language and electrolysis specialists where indicated.

Lead clinicians have on-going consultations with the patient during their care and liaise with the GP, surgeons and other specialists. They may also be involved in writing reports as needed for purposes of identity document change etc. See the care pathway flowchart in Box 8 for further detail. You can download a template referral form for adults and children/young people here

Box 7: List of Specialist Gender Identity Services for Adults in England
➢ Exeter (The Laurels) - Lead Clinician: Dr John Dean. Devon Partnership NHS Trust, The Laurels Gender and Sexual Medicine Clinic, 11-15 Dix's Field, Exeter, EX1 1QA ➢ Leeds (Newsome Centre) - Lead Clinician: Dr Amal Beaini. Leeds and York Partnership NHS Foundation Trust, Leeds Gender Identity Service Outpatient's Suite, 1st Floor, Newsome Centre, Seacroft Hospital, York Road, Leeds, LS14 6UH ➢ London (Charing Cross) - Lead Clinician: Dr James Barrett. West London Mental Health Trust Gender Identity Clinic, 179 – 183 Fulham Palace Road, London W6 8QZ ➢ Northampton - Lead Clinician: Dr Byran Timmins. Northamptonshire Healthcare NHS Foundation Trust, Denetre Hospital, London Road, Daventry, Northants NN11 4DY ➢ Nottingham - Lead Clinician: Dr Walter Bouman. Nottinghamshire Healthcare Trust, Nottingham Gender Clinic, Mandala Centre, Gregory Boulevard, Nottingham, NG7 6LB ➢ Sheffield - Lead Clinician: Prof. Kevan Wylie. Sheffield Health and Social Care NHS Foundation Trust, Porterbrook Clinic, 75 Osbourne Road, Nether Edge Hospital, Sheffield, S11 9BF ➢ Newcastle - Lead Clinician: Dr Helen Greener. Northumberland, Tyne & Wear NHS Foundation Trust, Northern Region Gender Dysphoria Service, Benfield House, Walkergate Park Hospital, Newcastle-Upon-Tyne, NE6 4QD
Specialist Gender Identity Services for Children and Young People in England
➢ London – Lead Clinician: Dr Polly Carmichael. Gender Identity Development Service, Tavistock Centre, 120 Belsize Lane, London NW3 5BA. (Also satellite clinics in Exeter and Leeds).

Box 8: Gender Dysphoria Treatment Flowchart



Source: Interim NHS England Gender Dysphoria Protocol and Guideline 2013/14

4.2 The Approach to Treatment

The current approach to treatment is based on the diagnosis of 'gender dysphoria'. Gender dysphoria refers to discomfort or distress caused by a discrepancy between a person's gender identity and their assigned sex at birth, associated gender role and/or primary and secondary sex characteristics. It is important to note the following:

- Being trans or gender variant is not a mental illness but is part of normal human variation (see the World Professional Association for Transgender Health (WPATH) Statement in the table below).
- Not all trans people experience gender dysphoria, i.e. their gender variance does not cause them to feel discomfort or distress but may be accepted and embraced.
- There are specified criteria concerning how a gender dysphoria diagnosis is determined and who is medically qualified to make the diagnosis, i.e. specialist clinicians.
- Although gender dysphoria and gender identity disorder appear as diagnosable mental health problems in the Diagnostic Statistical Manual of Mental Disorders (DSM-5) and the

International Classification of Diseases (ICD-10), these diagnoses are highly controversial, with strongly contested debates about their validity and inclusion.

- While the concept of gender dysphoria is contested, some people report experiencing this as a devastating condition that impairs mental health and blights functional living, leading in some cases to self-harm and suicide if left unaddressed.
- SGIS diagnose and treat gender dysphoria but they also provide services to people with 'atypical gender development' who do not experience gender dysphoria.

Box 9: From the WPATH Standards of Care for the Health of Transsexual, Transgender, and Gender Non-conforming People
"Some people experience gender dysphoria at such a level that the distress meets criteria for a formal diagnosis that might be classified as a mental disorder. Such a diagnosis is not a license for stigmatization or for the deprivation of civil and human rights … A disorder is a description of something with which a person might struggle, not a description of the person or the person's identity. Thus, transsexual, transgender, and gender-nonconforming individuals are not inherently disordered. Rather, the distress of gender dysphoria, when present, is the concern that might be diagnosable and for which various treatment options are available (p. 5-6)."
Source: WPATH (2012) Standards of Care for the Health of Transsexual, Transgender, and Gender Non-conforming People

4.3 Treatment Protocols

The guidance that governs gender dysphoria treatment in England is the *'Interim Gender Dysphoria Protocol and Service Guideline 2013/14'*, published by NHS England. It includes detailed information about treatment criteria and care pathways, and it is advisable for any GP supporting a patient accessing SGIS to read it in full.

In addition, the Royal College of Psychiatrists published its *'Good Practice Guidelines for the Assessment and Treatment of Adults with Gender Dysphoria'*, which underpins the NHS England Guideline. Taken together, these documents form the policy and practice framework for gender dysphoria treatment in England.

Additionally, readers are directed to the *'World Professional Association for Transgender Health (WPATH) Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People'*. The SOC are based on the best available science and expert professional consensus and inform the NHSE and RCP guidance.

Box 10: Gender Dysphoria Treatment Protocols
➢ NHS England (2013) *Interim Gender Dysphoria Protocol and Service Guideline 2013/14.* ➢ Royal College of Psychiatrists (2013) *Good Practice Guidelines for the Assessment and Treatment of Adults with Gender Dysphoria.* ➢ World Professional Association for Transgender Health (WPATH) (2012) *Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People*, Version 7.

4.4 Available Treatments - Adults

In addition to mental health support, electrolysis and speech and language therapy, the bio-medical treatments available can be divided into two categories: administration of cross-sex hormones and surgical procedures. Detailed guidance on the hormonal treatment regime is available in Appendices 2 and 3 of the Royal College of Psychiatrists (RCP) Good Practice Guidelines.

Box 11 outlines the surgical procedures available via the NHS in England. Not all patients will undergo all procedures and will be referred in accordance with their treatment plan. However, according to the NHSE guidance (p.19), all patients with a uterus receiving long-term testosterone therapy will be offered hysterectomy and bilateral salpingo-oophorectomy, and are strongly recommended to undergo this after receiving continuous testosterone therapy after 2-5 years due to increased risk of endometrial hyperplasia and malignancy.

Box 11: Surgical treatments	
Male to Female (MtF) • Penectomy (removal of the penis) • Bilateral orchidectomy (removal of the testes) • Vaginoplasty (creation of the vagina) • Clitoroplasty & Labiaplasty (creation of clitoris and labia)	Female to Male (FtM) • Bi-lateral mastectomy (removal of breasts) and chest reconstruction • Hysterectomy (removal of uterus) • Vaginectomy (removal of vagina) • Salpingo-oophorectomy (removal of ovaries and Fallopian tubes) • Metoidoplasty (creation of micropenis) • Phalloplasty (creation of a penis from using skin and muscle tissue from another site, e.g. abdomen, forearm or thigh) • Urethoplasty (creation/join-up of urethra) • Scrotoplasty (creation of scrotum) • Placement of an appropriate penile prosthesis (inflatable or malleable) • Placement of testicular prostheses • Subsequent specialist surgery to restore urinary or sexual function, if clinically indicated.
Source: Interim NHS England Gender Dysphoria Protocol and Guideline 2013/14	

In addition to these 'core' surgical procedures available, the following can be sought through special application to the patient's CCG.

- Breast augmentation (augmentation mammoplasty).
- Facial Feminisation Surgery (FFS) Treatments including: Thyroid chondroplasty/Tracheal shave (reducing size of larynx), Rhinoplasty, Facial bone reduction, Blepharoplasty/Facelift.
- Lipoplasty: Contouring liposuction and / or body sculpture.
- Gamete storage using similar protocols as with those receiving radiotherapy and other gamete damaging procedures.

4.5 Available Treatments - Children and Young People

The Tavistock and Portman Clinic provides access to a multi-disciplinary team, with experts in child and adolescent psychiatry, psychology, social work, psychotherapy and paediatrics. It provides services up to age 18. However, teenagers (minimum age 17) can be seen in an adult clinic, where they follow the adult pathway. The NHS England guideline informs the approach to treatment in both settings. However, it differs in important respects for children and young people. For example:

- Service provision will involve families.
- Psycho-therapeutic options include those tailored for children and young people.
- Cross sex hormones will not be offered before age 16 but 'hormone blockers' are a therapeutic option where indicated between the ages of 12-16. This can allow the young person time to explore their feelings and options and decide whether to continue with transition in the long term.
- Surgical procedures are not available before age 18.

GPs are advised to see Section 3.2 on children and young people and to contact the Clinic directly to find out more about these important differences.

Address: Gender Identity Development Service, Tavistock Centre, 120 Belsize Lane, London, NW3 5BA. (Also satellite clinics in Exeter and Leeds).

4.6 The Role of the GP

GPs are part of a shared care arrangement when the patient is accessing SGIS. What are the key responsibilities of the GP in this?

- Making the initial referral to the SGIS. Template referral forms can be accessed here. For convenience, most local patients are referred to the nearest (and largest) clinic - West London Mental Health NHS Trust Gender Identity Clinic (also known as Charing Cross). Patients can be referred to other clinics, particularly to respond to long waiting times.
- Acting as an advocate. SGIS are oversubscribed and accessing them can involve very long waits and be complex and frustrating. Patients may need to be resilient and persistent and GPs have a role in supporting them to navigate the system.
- Liaising with the SGIS as necessary in supporting the patient's care.
- Prescribing hormones (and monitoring) following the recommendation of a specialist endocrinologist – further information on this can be found in the Guidance from NHSE and the RCP (see Appendices 2-4).
- Providing services needed in advance of surgery – e.g. smoking cessation, obesity management.
- Post-discharge care following surgical procedures – e.g. treatment for wound-healing, prescription of antibiotics, managing minor surgical complications etc.
- Support to maintain the patient's mental health – accessing SGIS can be frustrating and waiting times are extended (a 1-2 year wait for a first appointment is not uncommon). Appointments can be infrequent and SGIS rarely provide on-going mental health support. GPs refer to local NHS mental health services and sign-post to support services if needed.
- Provide reports or other information documenting the patient's treatment (e.g. for the purposes of changing identity documentation).

Independent Hormone Prescription

GPs routinely prescribe cross-sex hormones as part of the shared care arrangement with SGIS. A more challenging issue arises where patients have been taking (or intend to take) hormones from illicit sources - often the internet - but wish to enter medically managed hormone treatment.

Patients can wait 1-2 years for a first appointment at SGIS and hormones are not usually prescribed until after a minimum of two (assessment) appointments. Instructing self-medicating patients to stop entirely in the interim may be unrealistic and inadvisable in some cases, especially if they have been doing so for some time. This may also deter the patient from medically managed NHS care if insisted upon.

GPs will therefore need to make a professional judgment about the risks and benefits of prescribing medically supervised hormones in advance of a SGIS appointment, and may wish to consult an endocrinologist at one of the clinics for advice. However, the NHSE Guidance is clear: GPs can

legitimately at their professional discretion provide a 'bridging' prescription for cross-sex hormones in such circumstances as part of a harm reduction strategy.

> *"However, the GIC physician, the patient's GP or another medical practitioner involved in the patient's care may prescribe "bridging" endocrine treatments as part of a holding and harm reduction strategy while the patient awaits specialised endocrinology or other gender identity treatment and/or confirmation of hormone prescription elsewhere or from patient records (page 16)."*[10]

[10] NHS England (2013) *Interim Gender Dysphoria Protocol and Service Guideline 2013/14*.

5.0 Changing NHS Records

The 'Real Life Experience' (RLE) is a mandatory period of time spent living in the new gender role before certain treatments can be commenced, such as hormone therapy and surgery. The RLE usually includes a social/legal name change and change of gender designation on official documents and databases, including those held by GPs and the wider NHS.

Reception and other staff should be aware that patients may request this and how to manage the process. Being under the care of a SGIS or holding a Gender Recognition Certificate (see below) is not a requirement. Section 7 of the PDS NHAIS Interaction Procedures Guide contains useful details regarding changing NHS records. The Press For Change Factsheet also gives useful general information regarding name changing.

5.1 Information Sharing - The Gender Recognition Act 2004

After a minimum of two years and if certain key criteria are met, some trans people can apply for a Gender Recognition Certificate (GRC) under the GRA 2004. If granted, the person acquires all the legal rights and responsibilities of their new gender and can get a new birth certificate.

Section 22 of the GRA states that it is an offence for a person who has acquired protected information in an official capacity to disclose the information to any other person. "Protected information" is defined in Section 22(2) as information relating to a person who has applied for a gender recognition certificate under the Act, and which concerns that application (or a subsequent application by them), or their gender prior to being granted a full GRC.

In simplified terms, Section 22 is a privacy measure. It prevents officials who discover in the course of their work that a person holds or has applied for a GRC from disclosing this (thus identifying that the person has a trans history), or the person's previous gender. A breach of the Act is a criminal offence that can carry a fine of up to £5000.

However, there are exemptions from Section 22 for medical professionals. Section 5 of Statutory Instrument 2005 No.635 provides an exemption that applies to: registered medical practitioners, dentists, pharmaceutical chemists, nurses, paramedics, operating department practitioners and trainees in these professions. The following circumstances must apply:

- The disclosure is made to a health professional;
- The disclosure is made for medical purposes; and
- The person making the disclosure reasonably believes that the subject has given consent to the disclosure or cannot give such consent.

Section 5 therefore gives medical professionals an exemption from committing an offence if disclosing that a person holds/has applied for a GRC or their previous gender. However, the exemption is limited to the circumstances above. It is essential that any person handling information about trans patients is aware of the provisions of Section 22 of the GRA 2004.

Box 12: Sources of Further Information
➢ HM Courts & Tribunal Service (2007) Explanatory leaflet, a guide for users. Gender Recognition Act 2004.

About Patients Without a GRC

Patients should never be asked to produce a GRC to 'prove' their trans status. Trans people are not required to obtain a GRC: many simply choose not to while others may not (yet) meet the eligibility criteria. As a precautionary measure, it is good practice to apply the Section 5 criteria set out above to all disclosures of information about the trans status of a patient; it may not be accurately known whether the person has a GRC or not.

In addition, the general protocols on medical confidentiality and information governance apply to all patients whether they have a GRC or not. Good information governance around this is essential because unlawful and unwarranted disclosures of a person's trans status leave GPs open to legal proceedings and can have serious and unforeseen consequences in 'outing' trans people.

5.2 Medical Reports

GPs may be asked to write medical reports or provide other information for patients changing official documents. Patients applying for a GRC will need two reports: one from a registered medical practitioner in the field of gender dysphoria and a second report, which can come from a GP.

Where external agencies request medical reports (e.g. benefits agency, housing department) patient consent is essential before releasing information about the person's trans status, as per the guidance above on the GRA 2004. Medical reports can enable statutory services to get a full understanding of the person's needs and circumstances. However, the fact that a person is accessing SGIS and undergoing gender transition may be relevant factors but may not. It is essential to discuss this with the patient in advance so that accurate and relevant information can be shared in a lawful way.

Box 13: Sources of Further Information
HM Courts & Tribunal Service (2014) Guidelines for registered medical practitioners and registered psychologists to facilitate completion of the Medical Report Proforma for Gender Recognition.

6.0 Supporting Patients

What this section covers:
➢ Types of support patients may find useful. ➢ Sources of information and support.

The factors that may lead a person to visit a GP about gender issues are very varied. They may be very certain about their feelings, situation and needs and be simply looking for a referral to a SGIS. Other patients may be confused, anxious and uncertain, just having a sense that something is 'wrong' and that help is needed. Children and young people may also present very differently and may require working with the family in a more intensive way than with adults.

Every person's gender transition journey is unique, ranging from those who struggle for self-acceptance to those who joyously embrace their gender variance, with many experiencing a range of emotions in between. Feelings can change over time as the person gathers more information and experience, assesses their options and makes decisions about how best to proceed.

Some will simply want the benefit of a sympathetic GP. Others may need more intensive support. What is clear is that many people undergoing gender transition express a strong need for information, support and contact with other trans people as they negotiate these challenges and joys. There may also be implications for partners and family members who may need information and support too. Some options that may be helpful include:

- Individual counselling
- Support groups for trans people
- Non-statutory mental health services
- NHS mental health services
- Helplines
- Self-help books and online resources.

You can find a list of local and national support services in Section 6.

GPs play a central role in supporting patients undergoing gender transition. Working collaboratively with SGIS can be an enormously rewarding application of clinical practice, enabling a patient to access the information, support and treatment they need to live an empowered and authentic life.

6.1 Sources of Information and Support

GIRES hosts the TranzWiki resource, which provides a national directory (including a South East section) of trans support organisations in the UK. Patients should always be advised to check in advance that information is current and groups are operating.

Local Organisations

- Clare Project – A support group for anyone wishing to explore issues around gender identity. Holds a weekly drop-in and can facilitate access to a psychotherapist.
- FTM Brighton – A support group for trans men and other trans-masculine people. Holds monthly meetings.

- Allsorts Youth Project – Provides a group for trans young people (16-25), Transformers and Sara's Group for the parents and carers of trans young people.
- Brighton and Hove LGBT Switchboard – Provides a range of services for LGBT people, which includes a telephone help-line and counselling service.
- MindOut – Provides a range of mental health services for LGBT people, which includes trans mental health support work and advocacy.
- Clinic T – A special session for trans people and their partners at the Claude Nicol Centre sexual health clinic.

National Organisations

Adults

- A:gender – A support network for trans and Intersex members of staff in government departments.
- The Beaumont Society - A self-help network for trans people.
- The Beaumont Trust – A self-help network for people who cross-dress.
- Gendy's Network - A self-help network for trans people.
- GIRES (Gender Identity Research and Education Society) – Produces a wide range of research, policy and educational materials regarding gender variance, also includes information relevant to young people.
- Trans Bare All - Works with the trans community on body positivity, sex and intimacy and emotional wellbeing.

Children

- Gendered Intelligence – Provides a range of services for trans young people and their families, including youth groups, mentoring, family support, arts programmes and workshops, training and educational resources.
- Mermaids – Provides support to young people aged up to 19 and their families with gender identity issues.

Families and Partners

- Depend – Support network for families, partners and friends of adult trans people in the UK.

7.0 Glossary

Biological Sex – Conceptual model that separates humans based on physical characteristics related to reproductive functions: genes, chromosomes and genital organs.

Cis-gender – Describing a person whose core gender identity as male or female is congruent with their biological sex.

Cross dresser (CD) – Describing a person who wears clothing typically associated with a different gender to express aspects of their personality and/or to gain a sense of happiness and fulfilment. The term 'transvestite' would now be considered out-of-date language.

Disorders of Sex Development – Medical terminology to describe congenital conditions in which development of chromosomal, gonadal, or anatomical sex is atypical. Sometimes referred to as 'disorders of sex differentiation' or 'differences of sex development'. These terms can be regarded as stigmatising language and 'Intersex' may be preferred.

Female-to-male (FtM) – Describing a person who is born female but transitions (socially and/or physically) to live as a male.

Gender (identity) - A person's psychological and felt sense of being masculine, feminine or genderqueer.

Gender binary – A conceptual model that identifies only two (opposing) categories of gender identity, masculine and feminine based on biological sex.

Gender dysphoria – Refers to discomfort or distress caused by a discrepancy between a person's gender identity and their assigned sex at birth, associated gender role and/or primary and secondary sex characteristics.

Gender expression - How a person chooses to express their gender identity through aspects such as dress, mannerisms, speech, personal grooming etc.

Gender identity clinic (GIC) – See Specialist Gender Identity Services.

Gender non-binary – See genderqueer.

Gender pronouns - Terms used to denote a particular gender, such as female or male: she/her/hers, he/him/his. Gender-neutral pronouns can be used: they/them/theirs.

Genderqueer – A multifaceted term for gender identities other than male or female and outside of a male/female gender binary. May denote one of the following: a) holding more than one gender identity, e.g. being both masculine and feminine, b) being without a gender identity, c) moving between genders or with a fluctuating gender identity. Similar and related terms include: Androgyne, Agender, Bi-gender, Non-gender, Gender-fluid, Gender Non-binary and Third-gender.

Gender Recognition Act (GRA) 2004 – A UK Act of Parliament that allows people who meet specified criteria to change their legal gender.

Gender Recognition Certificate (GRC) – A certificate granted by the Gender Recognition Panel in accordance with the GRA 2004 showing that a person has satisfied the criteria for legal recognition in their acquired gender.

Gender spectrum – A conceptual model that recognises a range of gender identities existing between polarities of masculine and feminine (opposed to Gender Binary, see above).

Gender variance - Behaviour or gender expression that does not match expected typical gender roles or cultural and social norms.

Intersex - Describes congenital conditions in which development of chromosomal, gonadal, or anatomical sex is atypical. Can also be used as a self-identification. Sometimes referred to in medical terminology as Disorders of Sex Development although this can be regarded as stigmatising language.

Male to female (MtF) - Describing a person who is born male but transitions (socially and/or physically) to live as a female.

Primary sex characteristic - Biological sex characteristics directly involved in reproduction, e.g. testes, ovaries and external genitalia.

Real Life Experience - A mandatory period of time spent living in the new gender role before certain medical treatments can be commenced such as hormone therapy and surgery.

Secondary sex characteristic - Distinguishing biological sex characteristics that are not directly involved in reproduction (e.g. breasts, facial hair, Adam's Apple).

SOFFAs - An acronym for 'Significant Others, Family, Friends and Allies'. Denotes people who are partners, family and friends of trans people and/or those who support and engage in activity to achieve equality and human rights for trans people.

Specialist Gender Identity Services (SGIS) – Specialist NHS services providing expert care and treatment for people experiencing gender dysphoria or seeking help with gender identity issues.

Stealth - Where a trans person has transitioned and others are not aware of their previous gender or trans history. Individuals may be stealth in some contexts and not in others (e.g. stealth at work but not with their family).

Transgender (Trans) - An 'umbrella' term to describe people whose experience of gender differs from the assumptions, expectations and social and cultural norms of their society, and who blend, challenge, or cross gender roles. Where an asterisk is added to the term (e.g. Trans*) this denotes that the full range of trans identities are being referred to.

Trans man – A person assigned female at birth but who has a male gender identity and transitions to live as a man. Sometimes used as preferred term to transsexual.

(Gender) Transition - The psychological, physical and social processes involved when a person recognises their need to live permanently in a different gender and takes steps to actualise this. Previously known as 'sex-change' but this is now considered out-of-date language.

Transphobia – Fear of trans people or ridicule, prejudice, discrimination or hatred directed against them. Can be manifested in transphobic hate crime and violence.

Transsexual –A person whose core gender identity as male or female is different than their biological sex and who uses hormones and/or surgery to enable their body to match their gender identity. Some trans people resist this term as a medical label while others embrace it.

Trans woman - A person assigned male at birth but who has a female gender identity and transitions to live as a woman. Sometimes used as preferred term to transsexual.

Appendix 1: Some pointers on good practice

	Getting It Right ✓		Getting It Wrong ✗
Interpersonal Skills	Treats the trans patient with respect as an individual and not a stereotype, with a unique set of circumstances and history. Understands that trans people are a varied and diverse group; there is no single trans identity or experience.		Makes assumptions about the trans patient based on stereotypes and misinformation. Fails to distinguish between gender identity and sexual identity; trans people can be gay, lesbian, bisexual, heterosexual, asexual or hold a range of other sexual identities.
	Respects the person's expressed gender identity and uses the correct gender pronouns and forms of address.		Fails to respect the authenticity of the patient's feelings and experiences regarding their gender. Uses the wrong name, gender pronouns or forms of address - this conveys profound disrespect to trans people. Comments on the patient's appearance or self-presentation.
	Understands that trans patients may have experienced discrimination and exclusion by healthcare providers, which can contribute to health inequalities. Works to build trust and rapport to facilitate good clinical management.		Perpetuates stigma, discrimination and exclusion of trans patients. Fails to challenge discriminatory attitudes and practice by other professionals.
Understanding and Awareness			
	Is aware of limits to knowledge and proactively takes the initiative to properly understand their clinical and professional responsibilities to trans patients from the range of online and other resources available.		Inappropriately uses the patient as a source of knowledge about trans issues – some trans patients find it tiresome to have to educate their healthcare providers and may not themselves be well informed. Conversely, fails to recognise that some trans people have become 'expert-patients' and can contribute to the management of their care.
	Is aware that gender transition is a long-term, life-changing process that can be challenging and stressful, as well as liberating and life affirming – works to empower and support the patient in making informed choices. Understands that the need to access the bio-medical treatments will vary according to each trans person; there is no 'set-menu'.		Imposes assumptions and expectations about what the patient's transition will be like, what the 'end-point' will be or what bio-medical treatments will be accessed.
	Understands that physical examinations can be especially difficult and handles this carefully and sensitively.		Is clumsy in carrying out physical examinations, especially of genitalia or other sensitive body areas (e.g. chest), or requests unnecessary examination of these areas out of curiosity. Treats the patient as a medical 'specimen' because encounters with trans patients have previously been limited. Or makes assumptions about a patient's anatomy, especially genitalia, based on

			their gender presentation. As well as causing embarrassment, this can lead to opportunities for life-saving screening to be missed.
Clinical judgment and care management	Is able to discern when the patient's health concerns are gender-related and when they are not. Responds accordingly.		Inappropriately refers to SGIS for issues that can and should be managed in primary care due to lack of knowledge, experience or confidence in treating trans people.
	Strives for continuity of care and works in partnership with SGIS, including private providers (some trans people use these services because of exclusion from NHS services or simple preference).		Fails to refer appropriately to SGIS - SGIS are the proper settings for clinical diagnosis and care planning for gender dysphoria according to NHS treatment protocols. Also, fails to liaise properly with SGIS or to carry out tests and prescribe medication as recommended by SGIS clinicians.
	Is sensitive and aware of their responsibilities around confidentiality, information management and timely information sharing.		Poor information management and delayed information sharing with other healthcare providers and external bodies, (e.g. inappropriate and unnecessary references to the person's trans status, delayed preparation of reports and referral letters etc.).
	Is willing to act as an advocate for the patient when there are problems, delays or things go wrong, especially with accessing SGIS.		Fails to advise or assist the patient in negotiating the SGIS pathway. Fails to support the patient to challenge service providers for delays or poor quality care.