

Information and Guidance on Prescribing in Transgender Health		
V2	Last reviewed: May 2021	Review date: May 2024

## Information and Guidance on Prescribing in Transgender Health

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### 1. Primary Care Responsibilities in Prescribing and Monitoring Hormone Therapy for Patients under the Specialist Gender Identity Service for Adults

NHS England is the responsible commissioner for the specialised element of the gender dysphoria pathway, which in England is delivered through specialist Gender Identity Clinics, including the Nottingham Centre for Transgender Health. There is a detailed service specification for [Gender Identity Services for Adults \(Non-Surgical\)](#) and [Gender Identity Services for Adults \(Interventions\)](#). Clinical Commissioning Groups (CCGs) have a supporting role to play, but are not directly involved in the commissioning of this pathway.

#### NHS England Service Specification

The NHS England service specification for adults (Appendix J: Current arrangements for prescribing endocrine treatment p30-31) states that the service

- The gender specialist registered medical practitioner may recommend endocrine and other pharmacological interventions, will assess the risks, benefits and limitations of pharmacological interventions for the individual, and will ensure that the individual meets the relevant eligibility criteria set out in the World Professional Association for Transgender Health Standards of Care (2011): Persistent, well-documented gender dysphoria; Capacity to make a fully informed decision and to consent for treatment and if significant medical or mental concerns are present, they must be reasonably well-controlled
- Will obtain written consent to the interventions under consideration from the individual, and provide a copy of the consent to the individual and their GP.
- Provide the GP with patient-specific 'prescribing guidance', which will consist of a written treatment recommendation, and adequately-detailed information about necessary pre-treatment assessments, recommended preparations of medications, and advice on dosages, administration, initiation, duration of treatment, physical and laboratory monitoring, interpretation of laboratory results and likely treatment effects.
- Will give GPs advice on dose titration and the introduction of additional pharmacological interventions by the provider.
- Respond promptly to requests by GPs for advice regarding the interpretation of laboratory results and medication use.

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- Individuals receiving endocrine and other pharmacological interventions recommended by the Provider will have these reviewed by a gender specialist medical practitioner from the specialist multi-disciplinary team at least once in twelve months, until the individual is discharged from the service. More frequent review should be provided according to clinical need, particularly after treatment initiation or following significant changes in regimen. The purpose of clinical monitoring during hormone use is to assess the degree of feminisation / masculinisation and the possible presence of adverse effects of medication.
- The Lead Clinician will provide the GP with written advice when the individual is discharged. They will give advice on the individual's future need for endocrine and other pharmacological interventions, the anticipated duration of treatment (which may be life-long), the regimen recommended for on-going use, its intended effects and possible side-effects, long-term monitoring recommendations, and how they might access further information in the future.

The services specification notes that

Most recommendations will be for medications to be used outside the indications approved by the Medicines and Healthcare Products Regulatory Agency. The General Medical Council advises GPs that they may prescribe 'unlicensed medicines' where this is necessary to meet the specific needs of the patient and where there is no suitably licensed medicine that will meet the patient's need.

### General Medical Council Guidance (GMC)

The GMC has a collection of resources available within its ethical hub on Trans healthcare. This includes a section on [prescribing](#) and [mental health and bridging prescriptions](#).

GMC guidance states that GPs should collaborate with a Gender Identity Clinic (GIC) and/or an experienced gender specialist to provide effective and timely treatment for trans patients. This may include:

- prescribing medicines on the recommendation of an experienced gender specialist for the treatment of gender dysphoria, and
- following recommendations for safety and treatment monitoring.

It also advises that once the patient has been discharged by a GIC or experienced gender specialist, the prescribing and monitoring of hormone therapy can be carried out in primary care without further specialist input. However it is reasonable for a GP to expect the GIC or specialist to remain available to provide timely support and advice where necessary.

### Royal College of General Practitioners

In June 2019 RCGP published a position statement on [The role of the GP in caring for gender-questioning and transgender patients](#) this contains useful information and links for general practice.

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## 2. Gender Identity Service for Children and Adolescents

NHS England has a [highly specialised service for Gender Identity Development \(GID\)](#) for children and adolescents up to their 18th birthday. Note that NHSE state that the service specification for the Gender Identity Development Service for Children and Adolescents must be read in conjunction with the amendments that have been made following the High Court's ruling of 1 December 2020

### Gender Identity Service Specification

The specification states the following:

- It should be noted that the research evidence around the long term impacts of some treatments is limited and still developing and that by no means all clients with gender dysphoria choose to have physical interventions.
- Adolescents with continuing gender dysphoria will be able to have physical interventions via the Service provided they fulfil the eligibility and readiness criteria for these. National and international guidelines recommend the use of hormone blockers (gonadotropin-releasing hormone agonists GnRH) in adolescence to suppress puberty. For some individuals, this is followed later with cross-sex hormones, which are sex steroids of the experienced gender, also referred to as gender affirming hormones. If individuals fulfil additional criteria, they may have various types of gender affirming surgery from the age of 18 through adult gender identity clinics.
- Clients will be able to access care locally, including accessing prescribed hormone treatments by their local GP, with oversight from the Service's Paediatric and Adolescent Endocrine Liaison Team.

The specification references a separate NHS England policy '[Prescribing of Cross Sex Hormones as part of the Gender Identity Development Service for children and adolescents for access criteria to cross sex hormones](#)'. This also states that 'hormone therapy will be prescribed by the client's GP on the advice of the specialist multi-disciplinary team'.

**Note that this document also notes that clinical contra-indications include 'self-administration of hormone blockers or cross sex hormones out-with an NHS prescription'.**

### High Court Ruling December 2020

NHSE has some additional context following the High Court case in December 20 (available in full [here](#)). The High Court ruled that children under the age of 16 years were unlikely to fully understand the long term effects of treatment with puberty blockers and be able to give informed consent. In March 2021 the Family Division of the High Court ruled that parental consent may form a legal basis to prescribe puberty blockers to children under 16 years while noting additional safeguards be considered. The judgment of the Administrative Court, accepted by the Family Division, was that the use of puberty blockers to treat gender dysphoria in children should be considered experimental given the limited evidence of efficacy or long-term effects of the treatment.

NHS England have therefore put measures in place on an interim basis whilst the outcome of an independent review into gender identity services for children and young people takes place.

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The interim amendments to the service specification following the above ruling include:

### Existing Patients

For children under 16 who are already being prescribed puberty blockers, as recommended/commenced by the Tavistock's GIDS, and consistent with the recent court judgment, parental consent may be relied upon where:

- there is full alignment and agreement between the child, parent(s) and the GIDS team that continued prescribing is in the child's best interests; and
- the process resulting in the recommendation to continue prescribing has been considered and supported by a new and independent multi-professional review group

### New Patients

- Patients under 16 years must not be referred by the Gender Identity Development Service to paediatric endocrinology clinics for puberty blockers unless a 'best interests' order has been made by the Court for the individual in question.

### Patients aged 16 to 17 years

- For patients aged 16 to 17 years, the legal position is different. So long as the patient has mental capacity and the lead clinician considers the treatment to be in the patient's best interests, and there is no parental dispute about the intervention, treatment may proceed. However, the High Court noted the long-term consequences for interventions which the Court described as 'experimental'. In cases where a 16 or 17 year old is receiving puberty blockers and the administration of cross sex hormones is being considered, and in cases where a young person aged 16 or 17 years is already receiving cross sex hormones (with or without puberty blockers) with a view to this continuing, the patient's lead clinician is therefore required to review every such patient's individual circumstances, and to consider an application to the Court (through their NHS provider) for final determination of that individual's needs if there is doubt about the patient's 'best interests'.

### Prescribing in Primary Care

The Gender Identity Development Service (<https://gids.nhs.uk/> based at the Tavistock Centre in London) who provide this service have stated that it is expected that GPs will continue to prescribe to this cohort.

### Private Providers

It is also important to note that the high court judgement applies to the treatment, not to the provider. This means that all providers, public and private, are bound by it.

### Further Advice and Support

Any requests for a practice to take on prescribing should be carefully considered to ensure the above High Court ruling is taken into account. Discussion and advice is available from the Medicines Optimisation Team if required.

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### 3. Advice on Situations outside of the Specialised Commissioned Services (Prescribing following Private Consultation)

The earlier guidance relates to prescribing following an NHS consultation. However due to lengthy waiting times in accessing NHS Gender Identity Services (GIS), practices are often faced with requests to prescribe in scenarios that are not covered in the current NHS England service specification.

This section has been produced with reference to the available published documents from NHSE and GMC, but also uses the advice that would be given regarding any request to prescribe on the NHS following a private consultation. NHSE have also provided some guidance in this [area](#).

#### Important background principles

##### *NHS Gender Identity Assessments:*

The current service specification and advice from Nottingham Centre for Transgender Health means that patients who have been referred will only be considered for prescribing medication after a full assessment. This takes place over a minimum of 2 face to face meetings.

##### *Converting private prescriptions to an FP10 - generic rules*

Patients who choose to be treated privately should be entitled to NHS services on exactly the same basis of clinical need as any other patient and should not be put at any advantage or disadvantage – this means a prescription on the NHS would be appropriate if a GP considers there is clinical need AND that an NHS patient would be treated in the same way.

In terms of equity we would expect the same principles to be applied when considering requests from patients who are accessing private transgender services. Therefore consideration would need to be given as to whether the clinical service offered by the private provider prior to commencing medication was equivalent to that offered in an NHS GIS.

#### General Medical Council Guidance (GMC)

The information from the GMC in section 1 is also relevant here, with resources available within its ethical hub and the section on [prescribing](#) and [mental health and bridging prescriptions](#).

Again it is worth noting that GMC guidance states that GPs should collaborate with a Gender Identity Clinic (GIC) and/or an experienced gender specialist to provide effective and timely treatment for trans patients. This may include:

- prescribing medicines on the recommendation of an experienced gender specialist for the treatment of gender dysphoria, and
- following recommendations for safety and treatment monitoring.

In terms of advice from a private gender clinic, this should be from a medically qualified person (ie not clinical psychologist or other non-medical gender specialist), the GMC advises that an experienced gender specialist medical practitioner will have evidence of relevant training and at least two years' experience working in a specialised gender dysphoria practice such as an NHS GIC.

The GMC also states, if you are unsure whether a specialist working outside the NHS is suitably qualified, you are not obliged to follow their recommendations. As [Good medical practice](#) says – you must only prescribe drugs or treatment if you are satisfied they serve the patient’s needs.

**Private Providers of Gender Identity Services**

In the UK there are a number of private gender identity services, these appear to range from those mirroring the NHS offer – for example one clinic is led by a psychiatrist (who also works at an NHS gender clinic) along with a multidisciplinary team (including endocrinologist and psychologists) to those offering different levels of assessment. Some clinics offer an online service only, do not have GMC registered GPs and are not UK based. We would strongly advise against prescribing following recommendations from these clinics.

The following advice has been developed by a local practice and is intended as a pragmatic guide for practices to use if they receive a request to prescribe transgender medicines on FP10 by a patient who is not using an NHS Gender Identity Clinic.

Scenario	Response	Reason
<b>Pre-NHS assessment</b> Patient not taking anything, wanting GP to prescribe	NO	Patient hasn’t had formal NHS level assessment. Refer to NHS GIC if not already done so
<b>Pre-NHS assessment</b> Pre NHS assessment, wanting GP to prescribe – saying that risk of suicide if prescription not done	NO	Patient needs to be referred to Crisis team if thought to be at high risk. Refer to NHS GIC if not already done so
<b>Pre-NHS assessment</b> Pre NHS assessment and obtaining medicines from the Internet	NO unless NHS GIC advise and fulfils other criteria	See GMC guidance on bridging prescriptions. To date NHS GIC have been unwilling to advise prescribing prior to seeing patient, but GP should write for each case where they think the GMC criteria apply. Refer to NHS GIC if not already done so. Note the GIC are unable to expedite an appointment, but may be able to provide advice about hormone treatment. If the patient is at high risk of suicide refer to Crisis team.
<b>Pre-NHS assessment</b> Obtaining or has obtained prescribed medicines from abroad	MAYBE	If the patient has had a gender assessment which appears to the GP to be equivalent to NHS GIC - YES If the GP feels the assessment is not equivalent to NHS GIC - NO. See GMC guidance on bridging prescriptions. To date NHS GIC have been unwilling to advise prescribing prior to seeing patient, but GP should write for each case where they think the GMC criteria apply. Refer to NHS GIC if not already done so. Note the GIC are unable to expedite an appointment, but may be able to provide advice about hormone treatment. If the patient is at high risk of suicide refer to Crisis team.
<b>Pre-NHS assessment</b>	MAYBE	<b>Private providers</b> where assessment

Obtaining medicines from private UK GIC after private assessment	Depends on which clinic	<p>appears to be equivalent to NHS clinics – YES BUT need to confirm that part of the assessment has included review by a senior medical gender specialist.</p> <p><b>Private providers</b> where assessment is not equivalent to that obtained through NHS GIC – NO as assessment not equivalent to that obtained through NHS GIC. Consider GMC advice on bridging prescriptions, but would need to fulfil the 3 criteria including the NHS GIC writing back recommending the lowest appropriate doses. Otherwise patient will need to continue to obtain their medications from the private clinic until reviewed by NHS GIC. Refer to NHS GIC if not already done so</p>
<b>Under NHS GIC Care</b> Undergoing medical transition	YES	<p>The GMC advise that practices must co-operate with GICs and gender specialists in the same way that you would co-operate with other specialists, This includes:</p> <ul style="list-style-type: none"> <li>• prescribing medicines recommended by a gender specialist for the treatment of gender dysphoria</li> <li>• following recommendations for safety and treatment monitoring</li> <li>• making referrals to NHS services that have been recommended by a specialist.</li> </ul>
<b>Previously Under NHS GIC Care</b> After medical transition	YES	<p>Once the patient has been discharged by a GIC or gender specialist, the prescribing and monitoring of hormone therapy can be carried out successfully in primary care without further specialist input. From the patient's perspective, management in primary care is far easier, and there is no specific expertise necessary to prescribe for and monitor patients on hormone therapy. However, NCTH can offer advice and access to specialised endocrinologists should there be any complications or change.</p>
<b>Private GIC</b> Post transition – UK or abroad	MAYBE	<p>Once the patient has been discharged by a GIC or gender specialist, the prescribing and monitoring of hormone therapy can be carried out successfully in primary care without further specialist input.</p> <p>If the GP feels that the patient has been under the care of an appropriate gender specialist and the treatment has been equivalent to that within the NHS then - YES</p> <p>If the GP feels the assessment was not equivalent to NHS GIC - NO Consider GMC advice on bridging</p>

		prescriptions, but would need to fulfil the 3 criteria including the NHS GIC writing back recommending the lowest appropriate doses. Otherwise patient will need to continue to obtain their medications from the private clinic until reviewed by NHS GIC.
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### What would an NHS gender clinic be expected to provide?

**Training:** An experienced medical gender specialist will have evidence of relevant training and at least two years' experience working in a specialised gender dysphoria practice such as an NHS GIC. If you are unsure whether a specialist working outside the NHS is suitably qualified, you are not obliged to follow their recommendations.

**Structure:**

Nominated senior clinical lead, plus a leadership role for the service overall. They should have evidence of appropriate experience and expertise in specialised gender dysphoria practice; management experience; and significant evidence of continued professional development.

A specialist multi-disciplinary team of professionals, with expertise in:

- clinical aspects of gender identity development, diagnosis of gender identity-related bio-psycho-social concerns, and the management of gender dysphoria
- sex development, and endocrine intervention in the treatment of gender identity-related bio-psycho-social concerns and gender dysphoria
- physical health care needs that are specific to individuals with gender dysphoria
- mental health care needs that are specific to individuals with gender dysphoria
- social inclusion and care needs that are specific to individuals with gender dysphoria
- gender-specific voice and communication development
- specific psychological therapy, relevant trans and gender-diverse population
- knowledge of neuro-developmental conditions, including autism spectrum condition, and of adjustments to facilitate optimal communication with affected people
- Good professional knowledge of trichology
- Good professional knowledge of the care needs of individuals who are receiving specialised gender-related surgical procedures

**Governance:**

A robust system of corporate governance, including a nominated senior manager who provides guidance, oversight and accountability

**Lead Clinical Role**

A registered medical practitioner or clinical or counselling psychologist allocated for the duration of the patient's care

**Pathway**

Patients receiving endocrine and pharmacological interventions are reviewed at least annually

**Endocrine Treatments**

NHS Gender Services would ensure that the recommending gender specialist medical practitioner will assess the risks, benefits and limitations of pharmacological interventions for



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the individual, and that that they meet the relevant eligibility criteria set out in the World Professional Association for Transgender Health Standards of Care (2011):

- Persistent, well-documented gender dysphoria
- Capacity to make a fully informed decision and to consent for treatment
- If significant medical or mental concerns are present, they must be reasonably well-controlled

NHS Gender Services would be expected to provide the GP with patient-specific ‘prescribing guidance’, as well as advice on the individual’s future need for endocrine and other pharmacological interventions, the anticipated duration of treatment (which may be life-long), the regimen recommended for on-going use, its intended effects and possible side-effects, long-term monitoring recommendations, and how they might access further information in the future.

Additionally they will obtain written consent to the interventions under consideration from the individual, and provide a copy of the consent to the individual and their GP.

The above information may be helpful in assessing whether a private clinic is offering a service that is of a similar level to that which would be offered on the NHS. We would also recommend that advice should only be accepted from healthcare professionals who are registered with their regulatory body.

**Checklist for practices asked to prescribe by private gender clinic**

<b>Is the provider a reputable company?</b>	Check internet for complaints, news articles etc.
<b>Does the service appear to meet GMC good practice?</b>	Provision of shared care +/- adequate information to enable prescribing safely In the following questions consider need to check other medical staff employed by the clinic, not just the requestor.
<b>Is the requestor an appropriate gender specialist?</b>	Check name of requestor on GMC website for registration details: <ul style="list-style-type: none"> <li>• ensure there are no conditions associated with registration that go against the request</li> <li>• check specialty register</li> </ul>
<b>Training and experience?</b>	Check clinic website for any indication of training and experience in managing gender identity.
<b>Does the requestor have any current formal links with NHS gender identity clinic (GIC)?</b>	
<b>What Professional associations does requestor belong to?</b>	Check clinic website for evidence of membership to relevant professional association and check membership is current.
<b>Has requestor spent any previous time spent in NHS GIC?</b>	Check clinic website for any indication of previous NHS GIC experience
<b>Does the requestor undertake CPD?</b>	Information may be available on gender clinic website.
<b>Is there documented support of two</b>	Information should have been provided in

<b>gender specialists (including one medic)</b>	clinic letter for individual patient
<b>Has the patient been subject to multi-disciplinary team recommendation?</b>	Information should have been provided in clinic letter for individual patient
<b>Will the clinic be available for ongoing support and advice</b>	This may include medication related queries
<b>Has fertility been discussed and informed consent obtained?</b>	Information should have been provided in clinic letter for individual patient

### Further Information and Advice for GP practices

Contact your primary care Medicines Optimisation Team for further information and guidance, including advice on situations that fall outside of the specialised commissioned service such as recommendations from private clinics, or regarding the NHSE children and adolescents [service specification](#) and [prescribing policy](#) documents.

### Resources

- [GMC - advice for doctors treating trans and non-binary patients](#)
- [NHS - gender dysphoria information for patients](#)
- [World Professional Association for Transgender Health - standards of care](#)
- [Children and adolescents under the age of 18 years](#)