Treating Transgender Patients in Cambridge - advice for GPs

This guidance is produced by the CUSU LGBT+ Make No Assumptions campaign in response to numerous comments by transgender students about the treatment they have received from their GP when approaching them with regards transgender issues. Information has been drawn from several recently released pieces of guidance, from sources including NHS England and the Royal College of Psychiatrists.

Summary of recommendations:

In summary, a significant improvement in transgender patients' wellbeing would result from GPs doing the following:

- Increasing their level of education with regards the correct terminology and background information surrounding gender variant individuals, including people who identify as non-binary.
- Being sure to use the correct name and pronouns for their transgender patients consistently, even for care not pertaining to their gender. Asking which pronouns to use if unsure. Ensuring administrative staff keep records up to date with the correct name and pronouns. A deed poll need not be presented for this purpose.
- Referring promptly to a Gender Identity Clinic (GIC) with the shortest possible waiting time. Doing so without a prior psychiatric assessment wherever possible and checking with the GIC in question as to whether this is needed.
- Complying with recommendations for endocrine treatment provided by the GICs.
- Assisting transgender people who self-medicate and/or source their own hormone treatment to do so safely
- Prescribing hormone treatment whenever suitable and of benefit to the patient. This may include bridging treatments before an official GIC recommendation has been made.

Questions and feedback relating to this advice should be addressed to the CUSU LGBT+ Trans rep, who can be reached by email at lgbt-trans@cusu.cam.ac.uk. More information about the campaign and about transgender issues in general can be found at www.makenoassumptions.org.uk

NHS Guidance on transgender patients

The comments from students suggest that GPs in Cambridge tend towards following the now-outdated guidance produced in 2008 by the Gender Identity Research and Education Society (GIRES) in association with the Department of Health (DoH). While this is in some ways laudable, these guidelines have since been superseded by two documents produced in 2013: "Good practice guidelines for the assessment and treatment of adults with gender dysphoria" produced by the Royal College of Psychiatrists (RCPsych) and the Interim Gender Dysphoria Protocol and Service Guideline 2013/14 produced by NHS England. There are some significant changes suggested in these guidelines with a target date for implementation in July 2013. Simultaneously, in 2013 the Cambridgeshire and Peterborough CCG ceased to

commission gender reassignment services, passing responsibility over to the body now known as NHS England [i]; thus, the above guidelines are directly applicable to care of transgender patients in Cambridge. A third NHS document, also produced in 2013 and entitled "Gender dysphoria services: a guide for General Practitioners and other healthcare staff", is available online and constitutes a useful update to the 2008 GIRES resource.

Increasing education and background knowledge

It can be extremely helpful to trans patients if their GP is aware of some basic facts about being trans. This information should be sought not just from medical sources, whose language differs considerably from that which most trans patients are comfortable using, but also from sources within the trans community. For basic information, CUSU LGBT+ have produced two leaflets as part of the Make No Assumptions campaign, entitled 'Transgender: The Basics' and 'Respecting Transgender People'. These are aimed at the general public and contain some very useful reading for anyone new to the concept of transgender people. They are available on the Make No Assumptions website. Many trans students have described their GPs as lacking knowledge in this area and using terminology which makes them feel uncomfortable. Using the correct terminology vastly improves communication between trans patients and their GP; trans patients are far more likely to divulge information if they feel their GP is well-informed and unlikely to say something that would cause distress. A few of the more common points are listed below:

- When describing a trans person's genetic, gonadal or genital sex , the term 'Sex Assigned At Birth' should be used. Trans men (and cisgender women) are Assigned Female At Birth (AFAB) and trans women (and cisgender men) are Assigned Male At Birth (AMAB). These terms are far more comfortable to hear than the alternatives. Phrases such as 'Biologically Male' or 'Physically Female' are a painful reminder that one's body is not perceived as it had ought to be, and should be avoided.

- A person may identify as transgender regardless of any steps towards transition they have taken or may be considering; there is no set point at which a person 'becomes transgender'.

- When talking about transition, phrases such as 'becoming a man / woman' should be avoided – gender identity is distinct from any stage of transition. For this same reason the term 'gender reassignment' is misleading and should be avoided where possible. The term 'sex change' is considered insulting and should never be used. The best way of talking about a transgender person's progression towards living fully in their gender is 'transition'; when referring to surgeries, 'top surgery' for chest reconstruction and 'lower surgery' for genital reassignment are commonly used amongst the trans community; it is also fine to use specific terminology about the surgery being performed.

- Being transgender is completely separate from anything to do with sexual or romantic orientation; GPs should avoid conflating these two concepts when talking or writing about transgender patients.

Patients who identify in a non-binary manner (neither male nor female)

Not all transgender people identify as male or female; a great many find their gender identity falls outside of these binary gender categories. This is commonly referred to as identifying as non-binary. Other terms used to describe identifying in a non-male, non-female manner include genderqueer, neutrois and a-, bi- or pangender. Non-binary trans people can experience gender dysphoria to the same extent and intensity as binary trans people and may require the same endocrine, surgical and other therapeutic interventions to enable them to live their lives with a minimum of psychological distress. Non-binary patients have typically engaged in a large amount of thought and questioning before seeking medical assistance to transition and should be referred to a suitable GIC as promptly as any other transgender patient. The requirements for Real-Life Experience (RLE) in advance of genital reconstruction surgery imposed by the NHS guidance on treating gender dysphoria can be problematic for many non-binary people, since for them transition will not necessarily involve the expected shift from presenting full-time as one binary gender to another. According to the NHS guidance, genital reconstruction surgery is the only procedure for which RLE is a requirement. Nonetheless, this along with other surgeries and hormone treatment may be necessary in order to alleviate the gender dysphoria experienced by these patients. A lack of awareness amongst the general public that non-binary identities exist makes coming out very difficult and thus the RLE requirement can be difficult to fulfil. It is worth having this in mind when talking to non-binary patients, however, this should not be used to discourage non-binary patients from seeking medical treatment for gender dysphoria, nor should GPs try to encourage patients to present themselves in a different manner in order to better fit a binary gender.

Pronouns

When talking to a transgender patient it is always important to use the correct name and pronouns. Not only is this polite, it can vastly improve the doctor-patient relationship as patients who feel they are not at risk of being made uncomfortable are more likely to divulge information and talk openly about their experiences. If a patient discloses that they are transgender it is worth asking whether they would like you to use a different name or pronouns for them, and whether they would like a note of this made on their records to inform other members of the practice.

Non-binary people quite often use pronouns other than ‘he/him/his’ or ‘she/her/hers’. ‘Ze/hir/hirs’ and the singular form of ‘they’ are frequently used. More information can be found on the Make No Assumptions website.

More information on how to manage changing records when a transgender patient changes their name can be found in Appendix A of the 2013 Guide for GPs[ii]

A note on Gender Expression

Some transgender patients may not present or even wish to present themselves in line with stereotypes for the gender with which they identify. Gender expression is distinct from and does not impact the validity of a patient’s gender identity; indeed, many

people both cis- and transgender do not adhere to the stereotypical roles associated with their gender. For example, a transgender man may identify as a man, experience gender dysphoria and seek medical treatment to transition, while continuing to wear his hair long and use makeup. The latter forms of self-expression do not in any way invalidate his gender identity or right to treatment. Non-binary trans people often do not renounce all of the gender-stereotyped forms of expression associated with their gender assigned at birth. This does not invalidate their gender identity or make any gender dysphoria experienced less genuine, and should not stand in the way of referral to a GIC.

A Further Note on Sexual / Romantic Orientation

Sexual and romantic orientation are terms which refer to the people to whom an individual tends to be attracted in a sexual and/or romantic manner. Gender identity is an innate sense and awareness of one's gender in an individual context. Many people both cis- and transgender experience shifts in their sexual and romantic orientation at some point in their lives. Trans people's sexual or romantic orientation may or may not change during transition; any changes here have no relevance to whether or not that person should proceed with transition.

Direct Referral to a Gender Identity Clinic

Current practice among Cambridge GPs appears to be referral to local psychiatric services for a diagnosis of gender dysphoria, in advance of referral to a Gender Identity Clinic (GIC). This has been unhelpful for several students; the psychiatrists in question are not specialists in diagnosing gender dysphoria and on occasion have requested that a patient actively provide the relevant education and background information that would allow for a diagnosis. The 2013 interim protocol clarifies that GPs are able to refer directly to the GIC without contacting local psychiatric services [iii] (Section 3.1). However, GPs have found that when trying to refer directly to Charing Cross GIC, referrals are not accepted without a prior psychiatric assessment. Referral to a local psychiatrist introduces an unwelcome delay into what is already a long waiting period for treatment and can be an unpleasant experience for patients if they are met with a lack of understanding or awareness of their situation. It would be of immense benefit to transgender patients in Cambridge if GPs would refer directly to GICs where this is possible. However given that at least one of the GICs is not acting in line with the 2013 protocol on this, the best course of action may well be to contact the GIC the patient is being referred to and inquire whether they will require a prior psychiatric assessment.

Minimising Waiting Times

Charing Cross GIC is currently very over-subscribed and has an extremely long waiting list for first appointments (56 weeks as of September 2014). This is an extreme breach of the 18-week target for waiting times, which is in place for GICs alongside other secondary and tertiary care services. Such a long waiting period causes considerable distress to transgender patients who have often sought help from their GP once they are sure they require medical assistance with transition, and are often already in severe psychological distress. Minimising waiting times can have a really positive impact. There are a total of 7 GICs in England at present; information on waiting times as of September 2014 was produced by the voluntary organisation UK Trans Info[iv]. Where

possible, patients should be referred to a clinic which will meet their needs in the shortest possible time.

Prescribing Hormone Treatment

In March 2014 a circular was released detailing the responsibilities of GPs with regards endocrine treatment for transgender patients[v].

Recommendation for hormone treatment will usually be made by the GIC after one or two consultations with GIC clinicians, however it is the responsibility of the GP to prescribe hormone treatment following this recommendation. GPs are required to comply with recommendations for hormone treatment provided by the GICs.

GPs are also able to provide 'bridging' endocrine treatments in the period before an official recommendation has been made by the GIC as part of a holding or harm reduction strategy[vi]. At present, this is typically done in the event that a patient has begun self-medicating with hormone treatments outside of medical supervision. The RCPsych guidelines from 2013 include comprehensive information on hormone treatment that can be used to inform GPs in doing this. Hormone therapy has a hugely beneficial effect on mental wellbeing of trans patients. A comprehensive study by GIRES in 2012 showed almost 75% of respondents reporting changes in mental health upon starting hormone therapy; 85% reporting increased satisfaction with their body and 82% reporting increased life satisfaction.[vii] The same study showed that 84% of respondents had considered suicide with 35% making an attempt at some point in their lives, while 55% had self-harmed[viii]. These results suggest that the prescription of such 'bridging' hormone treatments may be a useful tool for improving mental wellbeing and reducing suicidality in transgender patients, as well as minimising physical risk to those who have begun self-medicating without medical supervision.

Further Reading

The most recent guidance for GPs, produced in 2013 by the GICs and DoH, further expands on the points made in this document along with other information and constitutes essential reading for any GP who may come into contact with transgender patients. This can be found here:
http://www.nhs.uk/Livewell/Transhealth/Documents/gender-dysphoria-guide-for-gps-and-other-health-care-staff.pdf

The Royal College of GPs is soon to publish an e-learning resource on gender variant patients; this will be available here: http://elearning.rcgp.org.uk/gendervariance

In the meantime, GIRES and Health Education Kent Surrey and Sussex have produced an e-learning resource on the treatment of gender variant children and young people; this also contains a lot of useful background information:
http://www.nlmscontent.nesc.nhs.uk/sabp/gv/

The relevant Royal College of Psychiatrists Good Practice Guidelines from 2013 can be found here: http://www.rcpsych.ac.uk/files/pdfversion/CR181x.pdf

The NHS England interim protocol for 2013-14 can be found here:
http://www.england.nhs.uk/wp-content/uploads/2013/10/int-gend-proto.pdf

A list of waiting times for GICs as of 2014 can be found here: http://uktrans.info/attachments/article/341/PatientPopulationSept14.pdf

The UK Trans Info website contains a wealth of useful resources including links to the latest NHS policy: http://uktrans.info/

More information about the Make No Assumptions campaign can be found on our website at www.makenoassumptions.org.uk

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References

[i] Cambridgeshire and Peterborough Clinical Commissioning Group Commissioning – 2013 - Cambridgeshire and Peterborough Clinical Commissioning Group Commissioning Strategy for the Mental Health and Well-Being of Adults of Working Age 2013 – 2016
[ii] Department of Health – 2013 - Gender dysphoria services: a guide for General Practitioners and other healthcare staff
[iii] NHS England – 2013 - Interim Gender Dysphoria Protocol and Service Guideline 2013/14
[iv] UK Trans Info - 2014 - Current Waiting Times & Patient Population For NHS England Gender Identity Services
[v] NHS England – 2014 – Specialised Services Circular: Primary Care responsibilities in relation to the prescribing and monitoring of hormone therapy for patients undergoing or having undergone Gender dysphoria treatments
[vi] Royal College of Psychiatrists – 2013 - Good practice guidelines for the assessment and treatment of adults with gender dysphoria (p. 25)
[vii] Gender Identity Research and Education Service – 2012 – Trans Mental Health Study 2012 (Section 4.4)
[viii] Gender Identity Research and Education Service – 2012 – Trans Mental Health Study 2012 (Section 7)

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CUSU stands for Cambridge University Students Union, and CUSU LGBT+ stands for CUSU Lesbian, Gay, Bisexual, Transgender and Others campaign. CUSU LGBT+ are an autonomous campaign associated with CUSU.