

**To all Surrey and Sussex practices**

10th July 2019

Dear Colleagues

**RCGP Position Statement: The role of the GP in caring for gender-questioning and transgender patients**

The LMC receives on-going queries from GP colleagues in terms of the role of the GP in providing care for both the above patient groups; there has been, as is acknowledged in the RCGP paper, rather conflicting advice in recent years which has the potential to create tensions or misunderstandings between GPs and their patients.

I would therefore encourage all GP colleagues, or, a nominated clinician from each practice, to review practice arrangements in the light of this advice, which the LMC now believes is significantly closer to its own advice to both GP colleagues, GIC colleagues, and commissioners.

I enclose a link to the RCGP position statement in full:

<https://www.rcgp.org.uk/-/media/Files/Policy/A-Z-policy/2019/RCGP-transgender-care-position-statement-june-2019.ashx?la=en>

In summary, the LMC notes, linking to the format within the RCGP position statement:

* GPs should refer patients experiencing gender dysphoria to gender identity specialists for further assessment and treatment advice and this reflects GMC advice
* Accessing such services in a timely way is often difficult; there is an urgent need to increase the capacity of gender identity specialists and clinics and GPs should indicate to their local commissioners if they are experiencing such difficulties. Colleagues should note the average waiting time for an initial appointment at a GIC [Gender Identity Clinic] after GP referral in England is identified as being 18 months in the RCGP statement
* In part because of long waiting times, GPs face requests for “bridging prescriptions” from patients who have self-started medication, including medication obtained via the internet.

The GMC advice on “bridging prescriptions for trans and non-binary people” has been heavily criticised as conflicting with their ethical guidance in Good Medical Practice, which states that GPs must recognise and work within the limits of their competence.

This conflict has been raised with the GMC by GPC; GPs have reported feeling pressurised into prescribing in such situations. The LMC has been clear that GPs, who are ultimately responsible for their prescribing, should not prescribe in this way unless they are demonstrably competent to do so.

It is very helpful for the RCGP to state, as they do, that this “GMC advice needs review and clarification”.

* NHS IT Systems do not currently accommodate the screening needs of transgender or non-binary patients in relation to referrals and screening, and there is no mechanism or resources available for GPs to address this issue, although they may be asked to. The LMC recommends such requests are returned or passed to the relevant screening services.
* I enclose in its entirety Section 28 of this RCGP statement, dealing with the role of the GP in relation to providing care to patients with gender dysphonia.

*28. Based on the above principles, and with consideration of current guidance from various organisations19, we believe the overall role of the GP in providing care to patients with gender dysphoria is to:*

1. *Holistically assess the patient’s health needs, collaborating with other healthcare professionals and services as relevant.*

*GPs should be mindful that patients often find it very difficult to confide their feelings of gender incongruence and that approaching a healthcare professional to discuss their gender identity needs can be considerably distressing for them. GPs and their practice teams should approach these patients openly, respectfully and sensitively, with an awareness and understanding that a person’s outward appearance may not necessarily correspond to their gender identity, particularly at early stages of the person’s journey to exploring their gender identity.*

1. *Promptly refer patients to a GIC or equivalent if they exhibit signs of gender dysphoria and request treatment or wish to consult with a gender identity specialist for further advice.*
2. *Liaise and work with GICs and gender specialists in the same way as any other specialist, to jointly provide effective and timely treatment for patients. This includes considering taking on the ongoing prescribing of medication for patients and the monitoring of any side effects, with the appropriate funding, after a patient has been discharged from a GIC.* 
   * *It is common for GPs to work under Shared Care Agreements (SCAs) set up between GICs and practices to provide joint care for patients. It is important that SCAs are agreed upon by all parties involved, ensuring the appropriate levels of resource, competence and expertise are established, as informed by the patient’s level of medical risk. NHS bodies need to ensure that local shared care arrangements are adequately funded to support the ongoing care and treatment of patients.*
   * *When responsibility for ongoing medical monitoring and prescribing is assumed by a GP, the limitations of this need to be recognised and mitigated. This is especially important for children and young people, where there is concern regarding the outcomes of some interventions. The GIC involved in the SCA should have access to the patient’s GP records and be accessible to provide specialist consultation to GPs to ensure the patient is being monitored correctly and the appropriate dosages of medication are being prescribed based on the progress of the patient.*
3. *Recognise that the family members of a patient experiencing gender dysphoria also face significant challenges and refer these family members to further support services where appropriate.*
4. *Provide appropriate treatment or signposting to patients presenting with gender dysphoria alongside other social or medical issues. This may include referring the patient to mental health services or engaging with social care, safeguarding or sexual health colleagues.*

* The section on shared care prescribing makes it clear that GPs can (LMC emphases)
  + **Consider** taking on the on-going prescribing of medication for patients and the monitoring of any side effects **with appropriate funding**
  + but that such Shared Care Agreements (SCAs) need to be **adequately funded** to support the on-going care and treatment of patients
  + and that SCAs are **agreed upon by all parties involved**

The RCGP recommends that in the case of children and young people, the GIC involved in the SCA should have access to the patient records and be accessible to provide specialist consultation to GPs.

* The RCGP and RCP are developing educational resources to enable GPs to improve their skills and expertise in this area.

The LMC is conscious that whilst this advice will be helpful to GPs going forward, there are a cohort of patients currently receiving prescriptions from GPs where either the patient has not yet been assessed by a GIC, (that is, a “bridging prescription”) or where adequately supported SCA arrangements are not in place.

The LMC does not support the issue of “bridging prescriptions” unless the prescriber believes and could demonstrate if asked that they are competent to prescribe.

If a GP is currently prescribing for an adult patient discharged from a GIC, the LMC recommends re-contacting the GIC to confirm support and advice would be available if required and documenting this correspondence in the patients records.

The LMC does not recommend GPs prescribe to children or young people without a clear, unambiguous SCA in place, and evidence such specialist involvement with monitoring is taking place.

Finally, the LMC continues seeking appropriate resourcing for SCAs currently, whilst unavailable the LMC recommends GPs do not accept any further SCAs without such funding being identified. If a GIC declines to accept a referral without the GP confirming they will, on discharge, undertake a SCA, please identify this to your CCG and the LMC identifying the GIC in question, but no personal identifiable details, and the LMC is happy to write to GICs in such circumstances

Any colleagues with queries on any aspects of this advice can contact Dr Jerry Luke ([Jeremy.luke@sslmcs.co.uk](mailto:Jeremy.luke@sslmcs.co.uk) ).

With best wishes

Yours sincerely



Dr Julius Parker

**Chief Executive**