

WELSH HEALTH CIRCULAR



Llywodraeth Cymru
Welsh Government

Issue Date: 23 September 2016

STATUS: COMPLIANCE

CATEGORY: HEALTH PROFESSIONAL LETTER

Title: Update on general practitioners' and other primary care professionals' roles and responsibilities in prescribing hormone therapy for trans*/transgender adults

Date of Expiry / Review September 2018

For Action by:

- General practice*
- Practice managers.*
- GP assistants and other salaried doctors*
- Pharmacists*
- General medicine consultants including endocrinology*
- Psychiatry*

Action required by:

Not applicable.

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Enclosure(s): none

Key message

This circular updates general practitioners and other primary care professionals on their roles and responsibilities in prescribing hormone therapy for trans*/transgender adults.

In some recent cases, General Practitioners (GPs) have declined to accept the advice of the specialist Gender Identity Clinic (GIC) and have refused to prescribe and monitor drug treatments for the treatment of gender dysphoria in adults with gender incongruence and trans*/non-binary identity.

In March 2016, the General Medical Council (GMC) published *Guidance for Doctors Treating Transgender Patients*. The guidance is clear on the responsibilities of all doctors:

http://www.gmc-uk.org/guidance/ethical_guidance/28859.asp

The guidance explains the legal protection against discrimination and harassment given to trans* people by The Equality Act 2010 and Gender Recognition Act 2004.

Transgender and non-binary people will spend a relatively short time under the care of a specialist GIC. GPs therefore have an important role in the ongoing care of patients when they no longer have a need for specialised services. The prescribing and monitoring of hormone therapy can be carried out safely in primary care without specialist input, though GICs are expected to provide support and advice to individual GPs when this is requested.

Guidance

The GMC's [Guidance for Doctors Treating Transgender Patients \(March 2016\)](#) ('Prescribing') states:

"You must co-operate with GICs and gender specialists in the same way that you would co-operate with other specialists, collaborating with them to provide effective and timely treatment for trans and non-binary people. This includes: prescribing medicines recommended by a gender specialist for the treatment of gender dysphoria; following recommendations for safety and treatment monitoring; making referrals to NHS services that have been recommended by a specialist.

GPs should co-operate with the specialist GICs and prescribe hormone therapy (feminising or virilising endocrine therapy) recommended for their patients by the GIC. The specialists at the GIC make recommendations for the prescription and monitoring of these therapies but they do not directly prescribe them or provide physical and laboratory monitoring procedures for patients.

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.

It is not necessary to refer trans people back to their gender specialist before referring them to other secondary or tertiary providers, for matters unrelated to their gender history.

If you feel you lack knowledge about the healthcare needs of trans people, you should, in the short term, ask for advice from a gender specialist. In the longer term, you should address your learning need as a part of your continuing professional development, which will enable you to provide treatment to meet your patients' needs. E-learning is freely available on the Royal College of General Practitioners' website and carries CPD points".

Prescribing drugs for the treatment of gender dysphoria

The gender specialist physician takes responsibility for overseeing the patient's care in collaboration with the patient's GP and for their recommendation that the GPs prescribe and monitor treatment.

The gender specialist physician will provide the patient's GP with clear written guidance on prescribing and monitoring, be available to provide additional information on request and answer questions regarding treatment and monitoring at reasonable notice.

Typical drugs recommended by Gender Identity Clinics include oestradiol preparations (e.g. transdermal oestradiol gels and patches, and oral oestradiol preparations), testosterone preparations (e.g. gels, and Sustanon® and Nebido® injection), gonadotropin releasing hormone analogues and depilatory agents (e.g. Vaniqa®); this list is not exhaustive. Apart from Sustanon®, there are no licensed products with an approved indication for the treatment of gender dysphoria. There is, however, extensive clinical experience of the use of these products in the treatment of gender dysphoria over decades which provides evidence of tolerability and safety comparable with their use for approved indications. The prescription of licensed products outside their approved indications, often but not always at the recommendation of a specialist provider, is not uncommon in general practice.

Guidance published by the General Medical Council in March 2016 advises General Practitioners 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. This advice reiterates existing General Medical Council guidance [Good Practice in Prescribing and Managing Medicines and Devices \(2013\)](#) which says:

69. “Prescribing unlicensed medicines may be necessary where there is no suitably licensed medicine that will meet the patient’s need, for example, where there is no licensed medicine applicable to the particular patient.

For example:

- if the patient is a child and a medicine licensed only for adult patients would meet the needs of the child; or
- a medicine licensed to treat a condition or symptom in children would nonetheless not meet the specific assessed needs of the particular child patient, but a medicine licensed for the same condition or symptom in adults would do so; or
- the dosage specified for a licensed medicine would not meet the patient’s need; or
- the patient needs a medicine in a formulation that is not specified in an applicable license.”

With regard to prescribing drugs for the treatment of gender dysphoria, as described above, the gender specialist physician takes responsibility to assess the capacity of the patient to give meaningful informed consent to use such treatment, to explain its potential risks, benefits and limitations, to explain that the treatment is not approved for this indication and the implications thereof, and to obtain and document consent before making a recommendation to a GP to prescribe treatment for their patient.

Background

The Welsh Health Specialist Commissioning Committee (WHSSC) is responsible for commissioning specialist elements of the gender dysphoria pathway for adult transgender patients in Wales. This is currently delivered through the West London Mental Health Trust via the Charing Cross Gender Identity Clinic (GIC).

The decision on whether or not to provide long-term feminising or virilising endocrine therapy requires the skills of a gender specialist physician, usually working within a GIC.

Detailed shared care prescribing guidance to support GPs and other practitioners in safe prescribing is provided by the West London GIC. The guidance outlines the roles and responsibilities of gender specialists, GPs and patients and contains a shared care agreement signed by the GIC clinician and a letter of consent signed by the patient for the initiation of hormones. The document emphasises it is imperative patients who take the preparations do so under medical supervision and are monitored as recommended.

The GIC is expected to assist GPs by providing relevant information and support, including the provision of guidance regarding the interpretation of blood test results. GPs are expected to co-operate with GICs in patient safety monitoring, by providing basic physical examinations (within the competence

of GPs) and blood tests and diagnostic tests recommended by the GIC. Hormone therapy should be monitored at least 6 monthly in the first 3 years and yearly thereafter, depending on clinical need.

The [Royal College of Psychiatrists' Good Practice Guidelines for the Assessment and Treatment of Adults with Gender Dysphoria](#) describe how an increasing number of trans people are self-medicating using hormones and hormone-blockers available via the internet, as a consequence of the difficulties they experience in accessing appropriate primary care services.