

GENDER IDENTITY TOOLKIT FOR GENERAL PRACTICE

Version 2 (Updated March 2023)



Clinical Guidance Document – Gender Identity

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1 Introduction

1.1 Policy statement

In 2019, NHS England published the [service specification for adult gender identity services \(non-surgical interventions\)](#) with the aim of providing consistency and equality across England for transgender patients.

Following this, in 2020 NHS England published the [gender identity development service for children and adolescent service specification](#).

1.2 Status

The organisation aims to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that none are placed at a disadvantage over others, in accordance with the [Equality Act 2010](#). Consideration has been given to the impact this policy might have regarding the individual protected characteristics of those to whom it applies.

This document and any procedures contained within it are non-contractual and may be modified or withdrawn at any time. For the avoidance of doubt, it does not form part of your contract of employment.

1.3 Training and support

The organisation will provide guidance and support to help those to whom it applies to understand their rights and responsibilities under this policy. Additional support will be provided to managers and supervisors to enable them to deal more effectively with matters arising from this policy.

2 Scope

2.1 Who it applies to

This document applies to all employees of the organisation and other individuals performing functions in relation to the organisation such as agency workers, locums and contractors.

Furthermore, it applies to clinicians who may or may not be employed by the organisation but who are working under the Additional Roles Reimbursement Scheme (ARRS).¹

¹ [Network DES Contract specification 2021/22](#)

2.2 Why and how it applies to them

This document has been produced to support all staff at [insert organisation name] to ensure that the care of transgender and non-binary patients is managed in the appropriate manner and in accordance with the guidance. All staff should be aware of the need to ensure that patients are fully involved about decisions relating to their health and wellbeing and that they are offered the necessary support at all times.

3 Definition of terms

3.1 Trans or transgender

An umbrella term to refer to anyone whose gender identity does not completely match the gender they were given at birth. This includes, but is not limited to, trans women, trans men and non-binary people.

3.2 Non-binary

Someone who does not identify as a man or a woman or who identifies as both or as something else completely. A non-binary person may or may not identify as trans.

3.3 Gender incongruence

Describes the situation where a person's gender is different to the gender they were assigned at birth

3.4 Gender dysphoria

Feelings of discomfort and/or distress related to gender incongruence

3.5 Gender identity

A way of describing the gender with which a person identifies such as man, woman or non-binary

3.6 Transition

Often used to describe the process a trans person goes through from being known as one gender to being known as another. This transition may be social involving a change of name and presentation and it may involve medical intervention in the form of hormone replacement therapy and/or surgery. This term, however, can mean different things to different people. Some people prefer the term gender reassignment.

3.7 Trans woman

A woman who is trans, somebody whose gender identity is woman and who was assigned male at birth.

3.8 Trans man

A man who is trans, somebody whose gender identity is man and who was assigned female at birth.

3.9 Pronouns

Preferred gender pronouns or personal gender pronouns refer to the set of pronouns that an individual wants others to use in order to reflect that person's gender identity. This may be he/him, she/her, they/them, a mix of these or something different.

A further glossary of terms can be found at <https://www.hrc.org/resources/glossary-of-terms>.

4 Treatment pathway

4.1 Referral to a Gender Identity Clinic (GIC)

Primary care clinicians in England can refer those patients who request support with their gender identity directly to a GIC. There are currently seven national GICs in England and patients can choose which clinic they would prefer to be referred to. There is no requirement for a GP to first refer the patient for a mental health assessment, nor do GPs need to request prior funding approval.

The following links provide advice on accessing the UK nations' gender identity clinics. Multiple regional pilot services have been established across England since 2020 to provide local support and reduce waiting times. These include services in Greater Manchester, London, Cheshire and Merseyside.

Country	Gender Identity Clinic information
England	NHS England – How to find an NHS gender identity clinic
Scotland	NHS Scotland – Gender identity clinics
Wales	Welsh gender service
Northern Ireland	NI Regional gender identity service

4.2 Geographical differences

There are differences affecting countries within the United Kingdom and as a result separate guidance has been published:

Country	Guidance
England	RCGP Guidelines for the care of trans patients in primary care
Scotland	NHS Scotland – Gender Reassignment Protocol
Wales	Gender Wales
Northern Ireland	RCGPNI – Guidance for the Care of Trans People in Primary Care

4.3 GMC Ethical Hub

The General Medical Council (GMC) has a collection of resources titled the 'Ethical Hub' that explores how to apply the GMC's guidance in practice and focuses on areas that clinicians have often requested support for from the GMC.

This [link](#) to the Ethical Hub will help clinicians to address important ethical issues and incorporate good practice into their work

4.4 The protocol

At [\[insert organisation name\]](#), staff must ensure they follow the detailed guidance in each nation of the UK (use the links at paragraph 4.2), ensuring the patient is fully involved in the decision-making process.

4.5 Supporting documentation

In addition to the referenced material throughout this policy, primary care in particular should also refer to the UK intercollegiate [Good Practice Guidelines for the Assessment and Treatment of Adults with Gender Dysphoria](#) for further supporting information.

5 Administration

5.1 Medical records

At [\[insert organisation name\]](#), a patient's request to change their name, gender marker and title that is indicated on their medical records will be accepted. The patient does not need to have been issued with a Gender Recognition Certificate or have an updated birth certificate for their records to be amended.

It should be noted that trans patients have a legal right to change their name, gender marker and title on their healthcare records.

Title changes to Mx can be made without a gender marker change. However, do not change a title to Mx unless this is what the patient requests. Some trans and non-binary people may prefer Mx but others prefer Mr or Mrs/Miss.

Title changes without gender marker change

With the current IT system that is used by PCSE (NHAIS), it is not possible to have a perceived mismatch between title and gender marker. For example, on the system it is not possible to be a “Mrs” with a male gender marker.

An unmatched notification will be sent if this is attempted as the NHAIS system regards this as being inconsistent. The procurement of a new system by PCSE that underpins its work will apparently have this functionality in the future.

5.2 Processing the request

When a patient changes their gender marker, i.e., male or female, they are given a new NHS number and must be registered as a new patient at the organisation. All previous medical information relating to the patient needs to be transferred into a newly created medical record.

When the patient informs [insert organisation name] that they wish to change their gender marker, the [insert organisation name] must inform the patient that this will involve a new NHS number being issued for them and the potential implications of this. Consider offering patients a consultation with a clinician to discuss the potential risks of incomplete medical records and the impact on screening recalls. This discussion should be clearly documented.

This process is not reversible. Should the patient wish to revert back to their original gender marker, they would then need to receive a third NHS number.

The process to be followed is that [insert organisation name] notifies PCSE that a patient wishes to change gender via the [enquiries form](#). The organisation should include the patient’s name and NHS number in the notification to PCSE.

PCSE sends [insert organisation name] a deduction notification for the patient and emails the main contact for the organisation (if available) the new details for the patient. The main contact for [insert organisation name] is [insert name/role].

- a. [insert organisation name] accepts the deduction and registers the patient using the new details provided by PCSE. It is important that the patient’s original record is NOT updated with their new NHS number. If this happens, they will not be registered and will miss out on continuity of care.
- b. PCSE sends a new patient medical record envelope with the patient’s updated details to [insert organisation name].
- c. [insert organisation name] creates a new patient record using the new details and transfers medical information from the original medical record. Any information relating to the patient’s previous name, title, gender identity or NHS number should not be included in the new record.

It is important to complete the new registration for the patient within five working days to ensure no interruption to patient care.

When registering new patients, do not select 'I' (indeterminate) as the gender category. Only select either 'M' for male or 'F' for female.

PCSE has a [process for registering the change of gender marker](#) on primary care records.

5.3 Trans status monitoring

Services should be taking proactive steps to improve care for members of LGBT communities who face a range of health inequalities throughout their lives that are further compounded by inequalities when accessing health and social care. Monitoring trans status enables the health and social care sector to better understand LGBT inequalities and recognise the ways in which their services need to be improved to address these inequalities.

For more information, refer to [Good practice guide to monitoring sexual orientation and trans status 2021](#).

5.4 Recalling patients for screening

Transgender and non-binary patients should be offered organ specific cancer screening. If a patient is issued with a new NHS number, they will not automatically be recalled for certain sex-specific screening programmes, for example, a trans man with a cervix will not automatically be recalled for a smear test if he changes his gender marker from female to male.

Screenings that will be affected by a change of gender marker are breast, cervix and AAA. Bowel screening is unaffected. Public Health England has developed [information for trans and non-binary patients regarding population screening](#).

[Insert organisation name] will ensure that appropriate screening is offered to patients and individual arrangements for such patients will be conducted using the following process:

- a. It will be explained to the patient that they will not be recalled for some types of screening when changing their gender marker.
- b. The patient will be informed as to what screening would be appropriate for them and which types may be affected. They will be asked to work with [insert organisation name] to ensure that this happens.
- c. Screening conducted will be according to the organs/tissues present.
- d. Where relevant, confidentially and with the patient's permission, the patient will be identified as trans gender on paperwork/forms accompanying the

samples. It is critical that the reason for this is explained and consent given.

- e. A copy of the results will be provided to the patient for future reference.
- f. Where possible, a reminder will be issued for future screening via the primary care clinical system or a confidential database. This can be done by placing a relevant alert or reminder on the medical record. However, the patient will also be advised to keep a note of when screening is due and to request this if they do not receive an automated reminder.

Ensuring that patients maintain regular screening is vitally important. It is imperative that the patient is invited to [insert organisation name] to discuss these with the GP and the above steps advised.

5.5 UK General Data Protection Regulation (GDPR) compliance

It is the responsibility of the data controller at [insert organisation name] to ensure that data is “*accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that personal data that is inaccurate, having regard to the purposes for which they are processed, are erased or rectified without delay*”.

For more information, refer to the organisation’s [UK GDPR Policy](#).

5.6 Confidentiality

It is clearly outlined by the GMC that “*it is unlawful to disclose a patient’s gender history without their consent. When communicating with other health professionals, gender history need not be revealed unless it is directly relevant to the condition or its likely treatment*”.

Additionally, the GMC states that “*there may be circumstances where it is necessary to disclose the patient’s gender history. This will enable the service that will be dealing with the patient to be prepared to do so, thereby ensuring the necessary level of support is available to the patient at the time of his/her appointment*”.

Supporting information regarding disclosure, confidentiality and ethics can be found in [Section 22 of the Gender Recognition Act 2004](#) and at www.gmc-uk.org.

Further compliance with the UK GDPR is required in relation to confidentiality. The data controller must ensure the data is collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes.

Furthermore, data processors (staff) must ensure the data subject (patient) has given consent to the processing of his or her personal data for one or more specific purposes, i.e., referral for treatment, etc.

At [insert organisation name], the data controller is [insert name and role]. Any questions regarding confidentiality and the sharing of data should be referred to the aforementioned person in the first instance.

5.7 Respect

It is imperative that patients who are trans or non-binary are addressed in the correct manner. All staff at [insert organisation name] are to use the patient's preferred name and title at all times.

Where doubt exists, staff should ask the patient "How do you prefer to be addressed?" and, if necessary, "What pronouns do you use?" (i.e., he/him, she/her, they/them).

6 Summary

All staff are to be mindful that the patient population at [insert organisation name] is, by nature, diverse. Effective communication is one way in which the organisation ensures that all patients are treated with respect and dignity whilst also involving patients in decisions about their healthcare, always ensuring they are offered the appropriate level of care and support.

Useful additional resources:

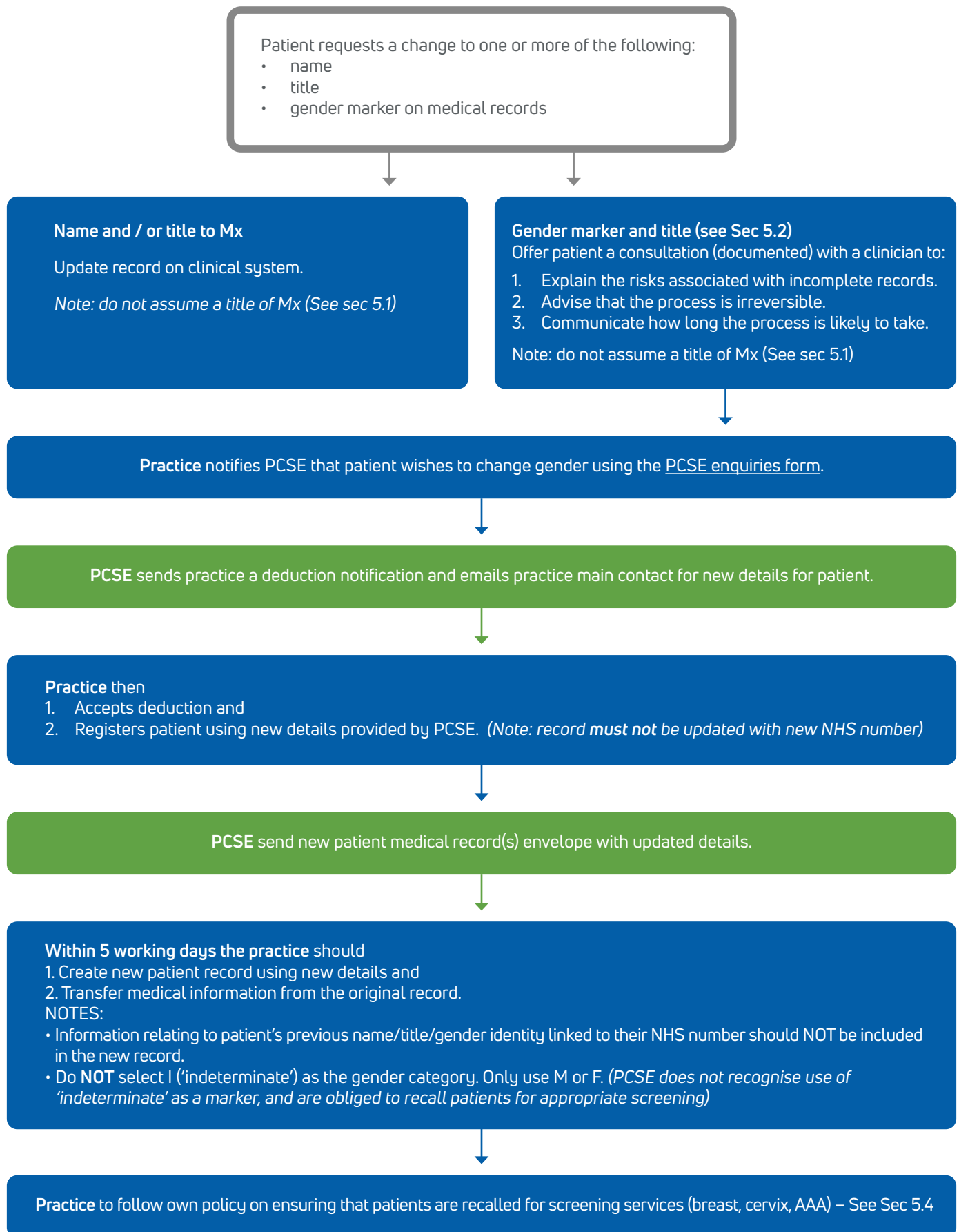
[TransActual – Supporting trans patients: A brief guide for GP surgery staff](#)

[Applying for a gender recognition act certificate \(GRC\)](#)

[Information for trans and non-binary people seeking fertility treatment](#)

[Applying for a passport Additional information for transgender customers](#)

Administration



Key

- Patient Action
- Practice Action
- PCSE Action



This document has been produced by collaboration between Indigo, Pride in Practice, The IGPM and Practice Index.

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