From the Chief Executive and Registrar

General Medical Council

26 May 2016

Dr Chaand Nagpaul CBE
Chair, BMA General Practitioner's Committee
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Chair
Professor Terence Stephenson

Chief Executive and Registrar
Niall Dickson

Dear Dr Nagpaul,

Thank you for your letter of 12 May 2016 outlining your concerns following publication of our guidance for doctors treating transgender patients.

Firstly, we share your concern about the prescription of high doses of hormones to someone who has not yet been assessed by a specialist. That's why we advise doctors that a bridging prescription should only be issued in cases where *all* the following criteria are met:

a. the patient is already self-prescribing with hormones obtained from an unregulated source (over the internet or otherwise on the black market)

b. the bridging prescription is intended to mitigate a risk of self-harm or suicide

c. the doctor has sought the advice of a gender specialist, and prescribes the lowest acceptable dose in the circumstances.

Following your letter we will review the wording to make sure it's clear to doctors that it's only in these exceptional circumstances that a bridging prescription should be considered.

On the issue of continued prescriptions under shared care arrangements, we would not want GPs to feel that they were being 'forced to prescribe outwith their limits of competence' as you suggest. While GMP states "you must recognise and work within the limits of your competence", this principal cannot be a bar to doctors taking on new responsibilities or treating unfamiliar conditions.

We would expect GPs to acquire the knowledge and skills to be able to deliver a good service to their patient population. For some unfamiliar conditions or medicines, this may mean undertaking training or working with support or supervision for a period, in order to ensure that patients receive safe, effective care while a GP is extending or updating their knowledge and skills.

Having said that, we don't believe that providing care for patients with gender dysphoria is a highly specialist treatment area requiring specific expertise. This is particularly the case once the patient has been seen by a gender specialist who has recommended or requested that prescribing and monitoring of hormone therapy be carried out in primary care.

Our understanding is that the same, or similar, hormone medications are commonly used in general practice for treating patients with prostate cancer or endometriosis. The medication may not yet be licensed for use in treating patients with gender dysphoria, but our guidance on prescribing unlicensed medicines allows for these circumstances: where it is necessary to prescribe outside the terms of the licence to meet the specific needs of the patient, and there is no suitably licensed medicine that will meet the patient's needs, it is acceptable to prescribe off-licence.

Ongoing prescribing and monitoring of hormone treatment for a trans patient who has been assessed by a gender specialist is comparable to ongoing prescribing and monitoring for a patient on the recommendation of any consultant specialist. GPs frequently refer patients to consultants who make a diagnosis and direct that the patient be prescribed medication which may not routinely be used in primary care.

In relation to service provision, I am sympathetic with the difficult situation that GPs find themselves in: we recognise that the push to manage various long term conditions in primary rather than secondary care, while improving patient experience, is putting increasing pressure on GPs' resources. Our principal concern is making sure that these vulnerable patients are not left with nowhere to turn.

We agree that something must be done to address the long waits that most patients with gender dysphoria face before they are able to access specialist treatment. And we are very happy to be part of further conversations with yourselves, NHS England and equivalent bodies elsewhere in the UK, to help make sure that trans patients are able to access the specialist services they need.

To help support doctors in these situations, we developed the on-line advice illustrating how GMP applies when treating trans patients, and would also recommend the RCGP online modules on gender variance. These are intended to provide GPs with basic background information about the nature and management of gender incongruence and dysphoria in adults and young people.

I hope this is helpful in clarifying our position.

Yours sincerely

Susan Goldsmith
Acting Chief Executive