

# NHS GENDER IDENTITY SERVICES

## REFORM OR REVOLUTION?

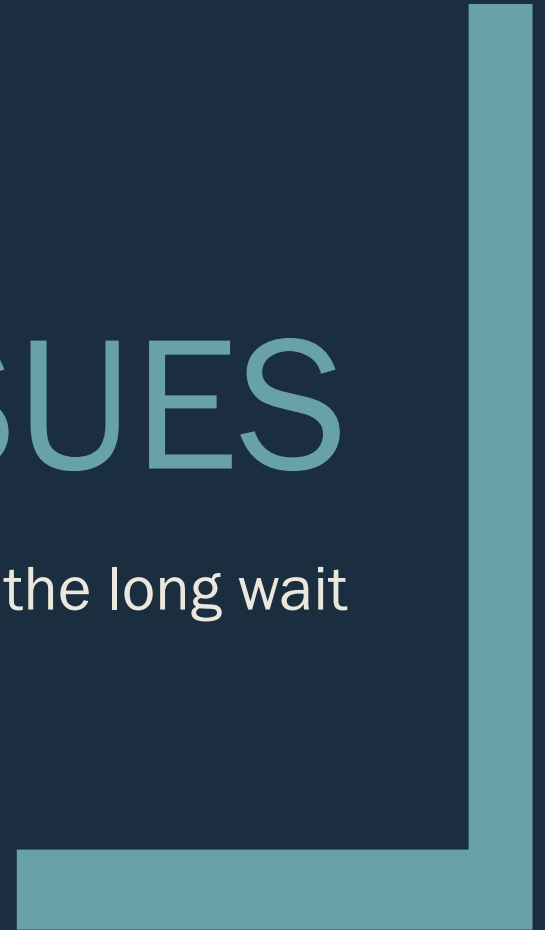
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# NHS Gender Identity Services

- **Assessment and diagnosis**
  - *Gender dysphoria (DSM-5)*
  - *Transsexualism (ICD-10)*
  - *Gender Incongruence (ICD-11)*
- **Recommendations and referrals**
  - *Hormone therapy*
  - *Voice therapy*
  - *Hair removal*
  - *Surgeries*

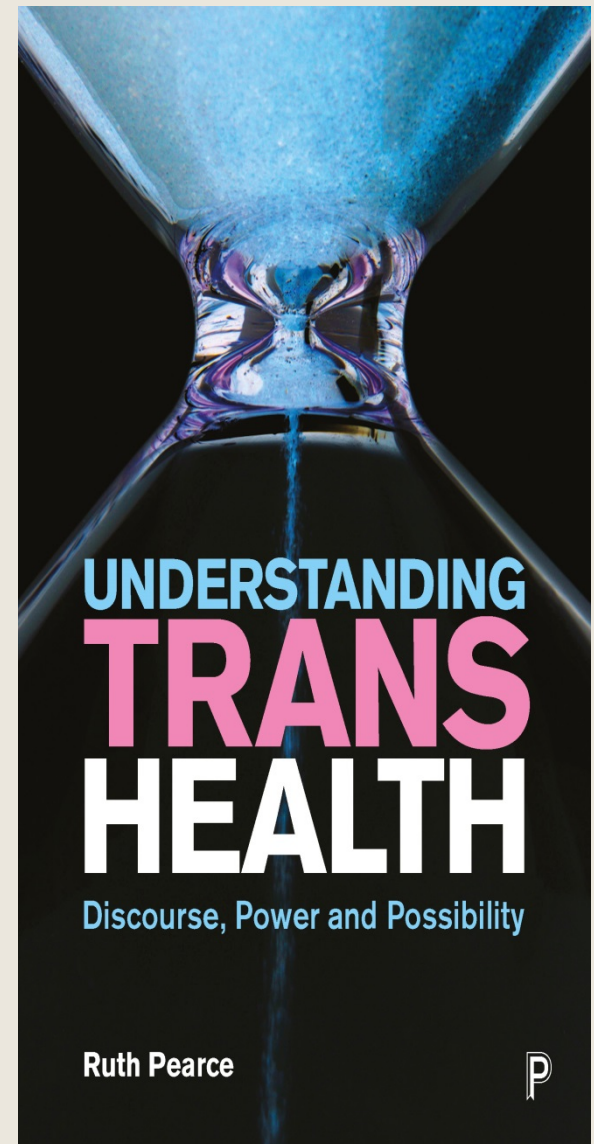
# CURRENT ISSUES

Consequences of the long wait



# Current issues

- **Waiting lists**
  - *“In many cases over 52 weeks for a first appointment”*  
(NHS England, 2017)
- **Gatekeeping**
  - *Gender stereotypes*
  - *Real Life Experience*
- **Self-medication**
- **Bridging prescriptions**



# Gatekeeping: burden of proof

“If you have unambiguously female clothes - whatever they are - that you are comfortable in **then wear them for the appointment.** If you turn up just in a plain T-shirt, plain jeans and white trainers with no make-up or jewellery, there isn't much clue to your gender is there? [...] **Why make it harder on some dumbass principle?** As soon as you get home, wear what you like!”

(Research participant: Ellie)

“A number of participants [...] reported feeling that they had been pressured into doing things they did not want to do in order to ‘prove’ their gender to professionals in GICs”

(Ellis et al., 2015)

# Gatekeeping: stress and anxiety

**“I recall how stressed I was ahead of the Assessment interviews and that is quite understandable because they are a gateway to further progress[.]”**

(Research participant: Ellie)

**“One more day to go till my appointment. I’m kind of bricking it re: not cocking up the train journey and having to answer a lot of invasive questions.”**

(Research participant: Aiden)

# Gatekeeping: mistrust

30.9% of respondents reported “*having withheld information or lied about something*” during GIC appointments.

(Ellis et al., 2015: 11)

“hiding anxiety and self harm from clinic doctors because I don’t feel safe telling them about it”

(Twitter account: TransDocFailAnon)

# Self-medication

- 40% of patients at the UK's largest gender clinic are self-medicating upon arrival.

(Leighton Seal, quoted in Morgan, 2016: 207)

- 23% of patients at Clinic T (Brighton sexual health clinic) have self-medicated.

- Approximately half of Clinic T patients seeking help with hormone monitoring are on a gender clinic waiting list.

(Nambiar, 2018)



# Bridging prescriptions

**“It may be that the risk to your patient of continuing to self-medicate with hormones is greater than the risk of initiating hormone therapy before they’re assessed by a specialist.”**

(General Medical Council, 2016)

**“We find it extremely concerning that the GMC is recommending that GPs should consider prescribing medication that is clearly outside their expertise and competence”**

(British Medical Association, 2016)

# PROPOSED CHANGES

NHS England Consultation: Gender Identity Services  
for Adults



# Proposed changes

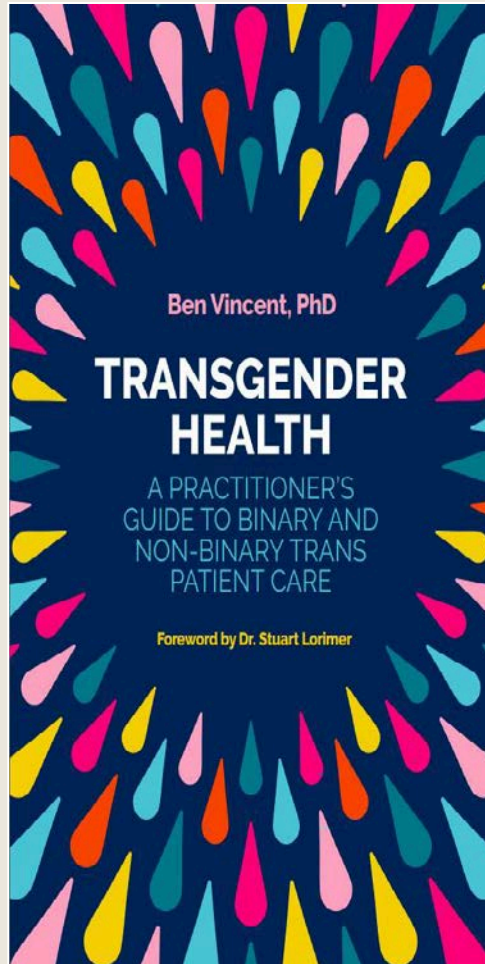
- **New role: GPs with Special Interest in Gender Dysphoria**
  - *Most popular alternative to status quo*
  - *52% of clinicians prefer this option to alternatives*
  - *45% of patients prefer this option to alternatives*
- **“Informed consent” model of care**
  - *Raised by patients in NHS consultations and House of Commons transgender equality inquiry*

# INFORMED CONSENT IN PRIMARY CARE

A new paradigm for gender identity services?



# Hormone management in primary care



“[T]hose arriving at the Toronto clinic from all over Ontario were already established on a hormone regimen; Dr McIntosh and his colleagues focused predominantly on assessing people’s eligibility and readiness for gender-related surgery.

Had the Toronto cohort self-medicated? No, they were all started on hormones by local services, which then carried out blood testing and adjusted dosage as needed, seemingly without undue difficulty [... through a] hub-and-spoke relationship between the central gender clinic and further-flung general practices. Where issues arose that couldn’t be handled at a local level, the main clinic was well-placed to advise.”

Lorimer (2018)

# Informed Consent Models

- No “real life test”
  - *“accessible, patient-centered care that views gender affirmation as routine part of primary care service delivery”*
- Feedback and input from trans community
  - *Consultations and community forums “used to direct development of service delivery programs”*
- Patients asked to complete “hormone readiness assessment”

(Reisner et al. 2015)



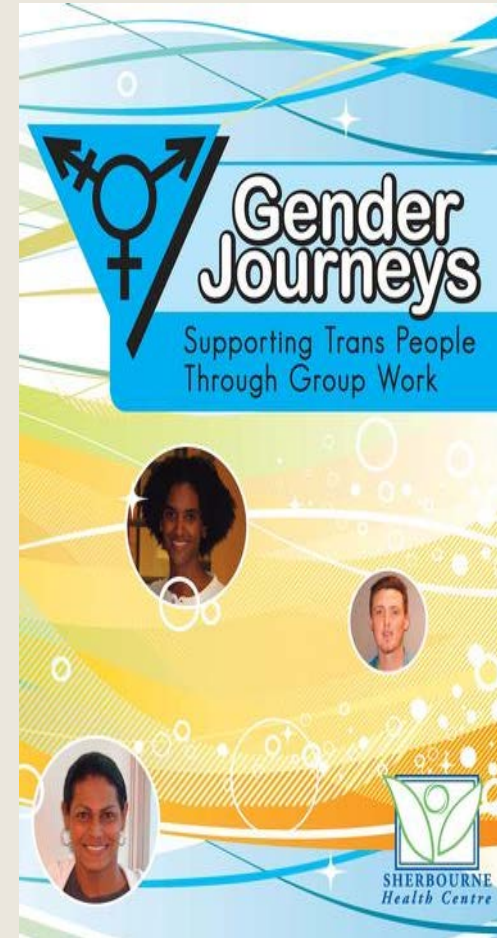
**PROTOCOLS FOR THE PROVISION  
OF HORMONE THERAPY**

**CALLEN-LORDE**

# Informed Consent Models

Sherbourne Health Centre (Toronto, Canada)

- **“Gender Journeys” program**
    - 8-12 week course
    - Information on social/medical transition
    - Facilitated group discussions
    - No gatekeeper present
  - **Course participation underpins informed consent**
    - No real life test
- (Doctor & Russell, 2008; Russell et al., 2017)



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