Gender Prescribing Guidance Summary

There are several pieces of guidance for the management of gender incongruence in primary care. As a continually evolving area of medicine, colleagues in primary care may find existing guidance difficult to access during the busy working day when patients are presenting for care. This document provides a summary of the latest guidance, and a set of FAQs to help support the consultation.

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Access and provision summary

Since the beginning of 2024, the way gender services are provided has changed. There are currently a number of adult NHS gender identity clinics (GIC) in England, as well as north and south paediatric gender identity 'hubs'. GPs should be able to refer directly to GICs. Unfortunately, the regional nature of GICs, patient demand exceeding service capacity, and the highly specialist nature of GICs means that access to appropriate care can still take many months. It's important to note that gender identity services for children and young people are in a state of flux. This presents unique challenges for GPs. The BMA will undertake an evaluation[1] of the Cass review after doctors and academics voiced concerns about weak methodology used in the review, and problems caused by implementing the report's recommendations. The BMA's current position is that transgender and gender-diverse patients should continue to receive specialist healthcare, regardless of their age.

The GPs committee of the BMA (GPC) summarised their views on the current service in their guidance on managing patients with gender dysphoria[2] , as well as their statement on the commissioning of gender identity services[3].

Following GP referral and, ideally, rapid access, the diagnosis and commencement of initial treatment should be made by a specialist service. Furthermore:

1) If rapid access is not possible, extra services should be provided locally to meet demand.

2) Ongoing treatment should be provided by trained clinicians with resources and experience, through either:

a. shared care with electronic prescribing,

b. properly funded shared care arrangements with local GPs (e.g. a LES arrangement)

c. via locally commission alternative providers working in primary care

As with any appropriately funded shared care agreement, **the choice whether to accept it remains with the GP.** Alternative arrangements must be in place for instances where shared care is declined by the GP.

The GPC believes that NHS England has "neglected to commission comprehensive local, quality-controlled specialist services for the ongoing care of patients" and continue to call for NHS England to develop national guidelines and properly commissioned services. Humberside LMCs also recognise this as a significant local service gap and have escalated this concern to Place teams, the ICB, NHSE, and Leeds Gender Identity Service. Unfortunately, this gap has not yet been addressed.

Unregulated Providers

Unregulated providers are those not registered with or inspected by UK health regulatory bodies, such as the CQC. Unregulated healthcare services pose a risk to patient safety as they are not subject to the same level of scrutiny as registered services.

GPs should not enter shared care agreements with unregulated providers in relation to hormone medication to children and young people under 18 as a response to gender incongruence / gender dysphoria.

- a GP must refuse to support the private prescribing or supply of GnRH analogues when used for the purpose of puberty suppression unless the course of treatment concerned began before 3rd June 2024
- a GP should refuse to support an unregulated provider in the prescribing or supply of alternative medications that may be used to suppress pubertal development
- a GP should refuse to support an unregulated provider in the prescribing of exogenous hormones
- a GP should always be prepared to refer their patient for an appropriate non-routine investigation under an NHS contract where there is a concern that the child or young person may come to harm as an outcome of a medication from unregulated sources

In all cases, safeguarding measures should be considered where the administration of a medicine from an unregulated source presents an immediate safety risk.

Further guidance has been published by NHS England: NHS England » Updated: guidance to primary care about unregulated providers who supply hormone medications to children and young people for gender incongruence

If you are approached to prescribe for under 18s, or have any specific concerns about this, please contact the LMC.

Ongoing Management of Patients

Clinicians in primary care should be **supported by specialists** when prescribing for patients with gender incongruence. Before a patient can be discharged from a GIC, the gender service must[4]:

- Confirm what arrangements have been commissioned locally
- Provide detailed recommendations and guidance to enable clinicians to take over responsibility for ongoing care
- ensure consent from primary care for that transfer of responsibility.
- Arrange for patients and clinicians to receive rapid specialist advice in future, should this be required.

The BMA provides the following advice for GPs who manage patients with gender dysphoria[2]:

- Be mindful of the sensitivity of their condition and of how difficult it might have been for your patient to seek treatment.
- Get pronouns right. The most straightforward way to determine pronouns is to ask “what are your preferred pronouns?”. If you make a mistake, apologise and carry on.
- Be particularly mindful of medical confidentiality when addressing your patient in person and in written correspondence.
- Avoid misattributing commonplace health problems to gender.
- Assist patients who wish to change their personal details on their practice medical record.
- Inform your patient of any gender-specific disease prevention and organ screening programmes, including offering information on how to opt out.

- Discuss any future family plans and fertility treatments options.
- Refer early to a reputable GIC.
- Get informed about prescribing medicines that you are not normally familiar with.

Frequently Asked Questions

The long waiting lists to access GIC services, followed by commissioning gaps and incomplete care pathways for patients who have received care from a GIC clinic, present some challenging scenarios for GPs. The following section lists common queries received from practices, and guidance that can be used to help answer them:

Q. My patient is waiting to see an NHS Gender Identity Clinic; should I prescribe for them in the meantime?

The BMA and GPC both emphasise the need for patients to be seen by a reputable specialist service. The initial treatment and management should be commenced by the GIC and not the GP. Importantly, the GMC makes it clear that GPs must recognise and work within the limits of their competence[5]. Further, the RCGP states that the role of a GP, without expertise or extended roles in transgender care, **does not** include[6]:

- Prescribing bridging prescriptions for those on the waiting list for a GIC.
- Prescribing puberty blockers for a patient aged under 18, even on a shared care basis
- Prescribing gender-affirming hormones for a patient aged under 18, even on a shared care basis

NHS England's 2018 guidance[7] says that providing the most appropriate level of care to a patient is dependent on the GPs ability to competently prescribe necessary medication. Given the advice on a specialist confirming the diagnosis, and beginning treatment, many GPs may feel that prescribing without this is outside of their clinical competence. Some GP colleagues may have experience in managing this cohort of patients and may be happy to issue prescriptions without specialist

diagnosis or input. The GMC guidance on Prescribing[8] states that **you, as the individual clinician, are responsible for any prescriptions you sign.**

While awaiting specialist assessment, GPs should attend to their patients general mental and physical health needs in the same way as they would for other patients but are not obliged to prescribe drugs outside of their competency. If the delay for specialist assessment is excessive, GPs do have a role as their patient's advocate in making representation to the commissioning organisation to help ensure timely provision.

Q. My patient has seen an NHS Gender Identity Clinic who have sent me a shared care framework to take over prescribing; should I?

Shared care prescribing for patients with Gender Incongruence is fundamentally the same as for any other patient where a request for shared care prescribing is made. GPs frequently undertake shared care prescribing arrangements for patients with a variety of medical conditions. Remember, the GMC state[9] that **shared care requires the agreement of all parties**, including the patient. General practitioners can say no to taking on shared care from any source.

If you prescribe at the recommendation of another doctor, nurse or other healthcare professional, you must satisfy yourself that the prescription is needed, appropriate for the patient and within the limits of your competence. If you are uncertain about your competence to take responsibility for the patient's continuing care, you should seek further information or advice from the clinician with whom the patient's care is shared or from another experienced colleague. **If you are still not satisfied, you should explain this to the other clinician and to the patient, and appropriate arrangements for their continuing care should be arranged by the GIS**. Where shared care is accepted, effective communication and continuing liaison between all parties are essential. In all cases, you will be responsible for any prescription you sign.

With specific reference to shared care prescribing for Gender Incongruence, the GPC guidance[3] suggests ongoing treatment should be provided by trained clinicians with resources and experience, through either:

- Shared care with electronic prescribing. It is sensible that the gender identity clinic sends prescriptions electronically to the patient's pharmacy of choice to avoid issues around the

GP feeling they are not competent to take on the prescribing aspect of shared care with unfamiliar or off licence medications, or

- Properly funded shared care arrangements with local GPs (e.g. a LES arrangement). This allows GP colleagues with a particular interest or experience to take on the role locally, or provides sufficient time for appropriate upskilling and communication to take place that might otherwise not be possible without additional funds, or
- Via locally commissioned alternative providers working in primary care. A local provider with dedicated responsibility may find it easier to monitor GIC patients and achieve core competencies without the other demands of NHS primary care that a typical GP faces. As stated above, before a patient can be discharged from a GIC, the gender service must confirm what arrangements have been commissioned locally, provide detailed recommendations and guidance to enable clinicians to take over responsibility for ongoing care, and should ensure consent from primary care for that transfer of responsibility. Arrangements must be in place for patients and clinicians to receive rapid specialist advice in future should this be required.

Q. *How do I judge if I am competent to take on shared care prescribing in gender incongruence?*
If you are uncertain about your competence to take responsibility for the patient's continuing care, you should seek further information or advice from the clinician with whom the patient's care is shared or from another experienced colleague. If you are still not satisfied, you should explain this to the other clinician and to the patient and make appropriate arrangements for their continuing care. If a GP colleague is happy to agree to take on a shared care prescribing arrangement for a patient who has been discharged from a GIC, it is important they also bear in mind the GMCs guidance[5] on competence for your share of the clinical responsibility:

- Keep yourself informed about the medicines that are prescribed for the patient
- Be able to recognise serious and frequently occurring adverse side effects
- Make sure appropriate clinical monitoring arrangements are in place and that the patient and healthcare professionals involved understand them
- Keep up to date with relevant guidance on the use of the medicines and on the management of the patient's condition

GPs are sometimes unaware that taking on a shared care framework also places a requirement on them to understand the medications they are prescribing and be up to date with related guidance and management for that condition.

Q. My patient has seen a private Gender Identity Clinic who have asked me to carry out investigations; what should I do?

The BMA guidance[10] on the interface between NHS and private treatment states that a patient can transfer their care from a private provider to the NHS. Thus, if a patient would normally receive a follow-up in general practice after specialist treatment, they should receive this if they transfer from private care. However, if follow-up is of a specialist nature, or not within the normal general practice remit, the patient should be referred to the appropriate specialist unit by the private provider.

If general practices receive requests from private providers to arrange tests or investigations, it is important to note that complying with such requests - regardless of the GPs management and treatment of the patient - is outside the scope of NHS primary medical services. A GP should only carry out investigations and prescribe medication for a patient where it is necessary for the GPs care of the patient and the GP is the responsible doctor. If the GP considers the proposed investigations to be clinically appropriate, is competent to both interpret them and manage the care of the patient accordingly, then the GP may proceed with arranging the tests or investigations. However, if the GP does not have the knowledge or capacity to undertake these actions, they should decline to organise the investigation and advise the patient and the provider that the services do not fall within NHS primary medical services and to make alternative arrangements.

Q. My patient has seen a private Gender Identity Clinic who have asked me to prescribe for my patient; what should I do?

The BMA guidance is that GPs should "refer early to a reputable NHS GIC"[2]. However, in some cases, patients are seen in private GICs. A number of colleagues have raised concerns over the qualifications and safety of some private gender identity clinics in the UK. Please be reminded that GMC guidance[11] is that "all doctors have a duty to raise concerns where they believe that patient

safety or care is being compromised by the practice of colleagues or the systems, policies and procedures in the organisations in which they work". A GP should use this guidance if they receive a request to prescribe from a clinic or professional about whom they have concerns.

If you have no concerns about the private clinic, GMC Good Medical Practice states that doctors should "prescribe drugs or treatment, including repeat prescriptions, only when they have adequate knowledge of the patient's health and are satisfied that the drugs or treatment serve the patient's needs."[8]

Sometimes, request for bridging prescriptions are made. GMC guidance, posted on the BMA website[2] is that GPs should only consider bridging prescriptions when:

- The patient is already self-prescribing, or seems highly likely to self-prescribe, with hormones obtained from an unregulated source (online or otherwise on the black market)
- The bridging prescription is intended to mitigate a risk of self-harm or suicide, and
- The doctor has sought the advice of a gender specialist and prescribes the lowest acceptable dose in the circumstances.

This guidance applies to private services. Any request for the GP to prescribe should normally only be for ongoing prescriptions once the patient is stable, and not for initial treatment at diagnosis.

Where a request for shared care is made, clinicians should approach this in the same way as with any other speciality. Appropriate support by specialist teams should be provided. This may be a particular issue if a private clinic has seen the patient as a one-off or does not have a shared care framework in place that allows the GP necessary rapid access to specialist advice in future. Before a patient can be discharged from a GIC, the gender service must confirm what arrangements have been commissioned locally, provide detailed recommendations and guidance to enable clinicians to take over responsibility for ongoing care, and should ensure consent from primary care for that transfer of responsibility. This process is often difficult to ensure with non-local private providers, or where patients need to fund each aspect of their treatment separately.

Q. My patient is buying hormones online and wants me to take over prescribing; what should I do?

A 2022 survey by advocacy group TransActual[13], cited by the GMC[14], found that a quarter of respondents were self-medicating. As such, this represents a growing issue for GPs. Where a patient is buying hormones online, it is unlikely the patient has seen a reputable GIC. Therefore, any form of prescribing guidance or shared care framework is unlikely to be in place. To help keep patients safe, you should:[14]

- Encourage your patient to be open about their use of medicines
- Discuss the risks of self-medicating
- Do your best to understand your patient's views and preferences and the outcomes they are most concerned about
- If prescribing medication for something else and you know that your patient is self-medicating, be aware of the compatibility of these medicines

For GPs managing this scenario, parallels can be drawn with our advice on what to do when a patient who has been referred to a recognised NHS GIC is waiting to be seen. The GPC[3] place strong emphasis on the need for patients to be seen by a reputable and specialist service, rapidly. Further, confirmation of the diagnosis and initial treatment should be started by a specialist GIC, and therefore not the GP. NHS England's 2018 guidance on the "Responsibility for prescribing between primary and secondary/tertiary care"[7] explains that to provide the most appropriate level of care to a patient, it is of the utmost importance that the GP is clinically competent to prescribe the necessary medicines. Given the advice on a specialist confirming the diagnosis, and beginning treatment, many GPs may feel that prescribing without this is outside their clinical competence.

The Royal College of Psychiatrists (RCPsych) discuss "bridging prescriptions" as a harm-reduction measure[12], suggesting that GPs may prescribe to cover the patient's care until they are able to access specialist services. While awaiting specialist assessment, GPs should attend to their patients general mental and physical health needs in the same way as they would for other patients but are not obliged to prescribe bridging prescriptions. The GMC[5] updated their guidance on bridging prescriptions in January 2024. The new GMC guidance aims to reassure doctors that issuing a bridging prescription would not go against GMC guidance, should they wish to issue one. However, it does not require doctors to issue one either. If you are considering issuing a bridging

prescription we strongly recommend you review the GMC guidance on bridging prescriptions for yourself first[5]. You should also:

- Consult local policy, where one exists
- Seek advice from a specialist provider or experienced colleague
- Work within the limits of your competence

Some GP colleagues may have experience in managing this cohort of patients and be happy to issue prescriptions without specialist diagnosis or input. It is, however, important to remind practitioners that GMC guidance [8] states that you as the individual clinicians are responsible for the prescriptions you sign. It is notable that the GPC's previous concerns relating to the medicolegal implications for GPs still appear to be unaddressed. As an individual prescriber, you will take individual ethical, clinical and legal responsibility for your actions. When deciding on appropriate management GPs should keep accurate records of their reasoning and decisions.

Patients should not have to resort to self-medicating due to a failure to commission a timely specialist service. This problem must be solved by NHSE making proper commissioning arrangements rather than by GP-prescribing before initial assessment and diagnosis. If the delay for specialist assessment is excessive GPs do have a role as their patient's advocate in making representation to the commissioning organisation to help ensure timely provision.

Q. Do I need any additional indemnity to undertake prescribing for or care of patients with gender incongruence?

All GPs providing NHS primary medical services and carrying out activities in connection with the delivery of primary medical services are now covered from 1st April 2019 by the CNSGP15[15]. In relation to prescribing for gender incongruence, this includes providing NHS services following private treatment. Humberside LMC have sought clarification from CNSGP as to whether all aspects of prescribing for Gender Incongruence would be covered by CNSGP, as historically different MDO organisations took different stances on indemnity for such prescribing. The CNSGP referred us to their guidance[16] and we would reiterate guidance from CNSGP and the GPC which advises all GPs to maintain membership with an MDO or other indemnity provider in respect of

activities and services not covered by CNSGP. GPs remain responsible for any prescriptions they sign, and for their own competence to undertake such care.

References (all web addresses are current on 19.03.2026)

1. BMA statement on "BMA to undertake an evaluation of the Cass Review on gender identity services for children and young people" available at https://www.bma.org.uk/bma-media-centre/bma-to-undertake-an-evaluation-of-the-cass-review-on-gender-identity-services-for-children-and-young-people

2. BMA Guidance on "Managing patients with gender dysphoria" available at https://www.bma.org.uk/advice-and-support/gp-practices/gp-service-provision/managing-patients-with-gender-dysphoria

3. - GPC England Statement on "Commissioning of gender identity services in England" available at https://www.bma.org.uk/news-and-opinion/gpc-england-statement-on-commissioning-of-gender-identity-services-in-england

4. BMA Guidance on the "Role of GPs in managing adult patients with gender incongruence" available at https://www.bma.org.uk/media/5481/bma-role-of-gps-in-managing-adult-patients-with-gender-dysphoria-mar2022.pdf

5. General Medical Council guidance on "Trans Healthcare" available at https://www.gmc-uk.org/professional-standards/ethical-hub/trans-healthcare#Prescribing

6. Guidance from the Royal College of General Practitioners on "The role of the GP in transgender care" available at https://www.rcgp.org.uk/policy/rcgp-policy-areas/transgender-care

7. NHS England guidance on the "Clinical responsibility and the prescribing of medicines" available at https://www.england.nhs.uk/wp-content/uploads/2018/03/responsibility-prescribing-between-primary-secondary-care-v2.pdf

8. General Medical Council guidance on" Good practice in prescribing and managing medicines and devices" available at https://www.gmc-uk.org/professional-standards/the-professional-standards/good-practice-in-prescribing-and-managing-medicines-and-devices

9. General Medical Council guidance on "Shared Care" available at https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/good-practice-in-prescribing-and-managing-medicines-and-devices/shared-care

10. BMA guidance on " General practice responsibility in responding to private healthcare" available at https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/general-practice-responsibility-in-responding-to-private-healthcare

11. GMC Medical Council guidance on “Raising a concern” available at https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/raising-and-acting-on-concerns/part-1-raising-a-concern#:~:text=All%20doctors%20have%20a%20duty,raise%20concerns%20openly%20and%20safely

12 Royal College of Psychiatrists guidance on “Good practice guidelines for the assessment and treatment of adults with gender dysphoria” available at https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/cr181-good-practice-guidelines-for-the-assessment-and-treatment-of-adults-with-gender-dysphoria.pdf (rcpsych.ac.uk)

13 TransActual Survey on “Transition Access” in 2022, available at https://transactual.org.uk/transition-access-22/

14 General Medical Council guidance on “Trans Healthcare: Prescribing” available at https://www.gmc-uk.org/professional-standards/ethical-hub/trans-healthcare#Prescribing

15 NHS resolution “Clinical Negligence Scheme for General Practice” available at https://resolution.nhs.uk/services/claims-management/clinical-schemes/general-practice-indemnity/clinical-negligence-scheme-for-general-practice/

16. NHS resolution “What’s covered by CNSGP?” Available at https://resolution.nhs.uk/scheme-documents/scheme-scope/

Humberside LMCs

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