



**National Gender Identity Clinical Network for Scotland (NGICNS)**

## **Explanatory Notes v1.0**

**To be read in conjunction with  
the Gender Reassignment Protocol CEL 26 (2012)**

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## Introduction

The purpose of the Gender Reassignment Protocol (GRP) is to outline the help and support services required for service users in Scotland. This document acts as a guide for Gender Identity Specialists working with Adults in Scotland to apply the protocol and deliver appropriate services according to a national standard. The document will also enable service users to understand the process of assessment and enable them to decide on appropriate treatments should they feel any are necessary.

For patients under the age of 18, reference should be made to the NGICNS Child and Adolescent treatment protocol.

## Referral

Gender Identity Clinics (GICs), [Appendix B](#), will accept referrals for people who wish to discuss their gender identity and may identify as transsexual or may have a non-binary gender identity.

Service users can self refer to GIC services, however some GICs may, with the consent of the service user, wish to seek information from a GP prior to the service user being seen unless there are exceptional circumstances.

Once a service user has been placed on a GIC waiting list the Gender Services Information Leaflet (NGICNS) will be sent to them so they have an understanding of what to expect at future appointments and to identify other additional information and support available in Scotland. Detail of the content of the information leaflet will also be available on the NGICNS website.

## Who may undertake Assessments?

According to World Professional Association for Transgender Health (WPATH) <sup>1</sup> the training of mental health professionals competent to work with gender dysphoric adults rests upon basic general clinical competence in the assessment, diagnosis, and treatment of mental health concerns. Clinical training may occur within any discipline that prepares mental health professionals for clinical practice, such as psychology, psychiatry, social work, mental health counselling, marriage and family therapy, nursing, or family medicine with specific training in behavioural health and counselling.

The following are recommended minimum credentials for mental health professionals who work with adults presenting with gender dysphoria.

- a. A master's degree or its equivalent in a clinical behavioural science field. This degree, or a more advanced one, should be granted by an institution accredited by the appropriate national or regional accrediting board. The mental health professional should have documented credentials from a relevant licensing board or equivalent for that country.
- b. Competence in using the Diagnostic Statistical Manual of Mental Disorders and/or the International Classification of Diseases for diagnostic purposes.
- c. Ability to recognise and diagnose coexisting mental health concerns and to distinguish these from gender dysphoria.
- d. Documented supervised training and competence in psychotherapy or counselling

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<sup>1</sup> World Professional Association for Transgender Health (WPATH): <http://www.wpath.org/>

- e. Knowledgeable about gender-nonconforming identities and expressions, and the assessment and treatment of gender dysphoria.
- f. Continuing education in the assessment and treatment of gender dysphoria. This may include attending relevant professional meetings, workshops, or seminars; obtaining supervision from a mental health professional with relevant experience; or participating in research related to gender nonconformity and gender dysphoria.

## ASSESSMENT ONE AT GIC

Assessment One will usually include detailed information regarding the service user's concerns about their gender identity and detail the development of those feelings over time. In addition, information regarding their medical, psychiatric, personal, social, sexual and family history should be assessed <sup>2</sup>.

Outside agencies may be asked for additional information, with the service user's consent, should the service user have had contact elsewhere.

Assessment One is unlikely to consist of just one appointment. Usually service users will attend the service a minimum of two occasions, and sometimes more frequently, before moving on to the next stage of the protocol (deciding on active treatment) <sup>3</sup>.

Assessment One will usually be undertaken by the same clinician as only one opinion is required for initiation of hormonal therapy and other treatments. In some cases however, where there is uncertainty or complexity of assessment, additional opinions might be sought or the assessment may be extended. This is at the discretion of the assessing clinician.

Once a diagnosis has been established, treatment possibilities are discussed with the service user and this needs to be recorded on the Service User cover sheet, which is attached to the service user's clinical record, [Appendix C](#). One of the key aspects of progressing with any particular treatment is that the clinician and the service user reach agreement that the treatment will assist the consistent expression of the service user's gender identity, reduce gender dysphoria and/or improve quality of life in terms of gendered social interactions.

Should Assessment One conclude without confirmation of a diagnosis the options are; to either discharge or offer referral elsewhere for further support. Usually people would be directed to other agencies for additional support; therefore, discharge without any further follow up would be unusual.

Following Assessment One a report will be produced by the clinician and circulated to both the GP / referrer and the service user. In addition to details of the assessment, this should detail the treatment possibilities and expectations of the service user and the clinician.

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<sup>2</sup> (Bockting, W. *Counseling and Mental Health Care for Transgender Adults and Loved Ones*. *International Journal of Transgenderism* m. Vol 9, Issue 3-4, 2006.)

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<sup>3</sup> *Should the service user have evidence of contact elsewhere e.g. another GIC, then this will be taken into consideration and can shorten the assessment process.*

## Hormone treatment

### Bridging hormones

Some service users may already be on hormonal treatment prior to referral, either through previous prescription or self medication. It is appropriate to continue this treatment following engagement with the GIC whilst Assessment One is undertaken. Appropriate prescribing guidelines and monitoring requirements are detailed in Endocrine Management of Adult Transgender Service users (NGICNS) and all service users should be made aware of this guidance and prescribing and monitoring of treatment brought in line with this guidance.

## Fertility treatment

Prior to the initiation of hormonal treatment service users should be made aware that hormonal preparations impair fertility. Therefore, prior to their prescription the service user's future fertility options need to be explored. Should the service user wish to preserve their fertility then referral to their local assisted conception service is appropriate. Details are available in [Appendix D](#).

## Male-to-Female / Feminising treatments

Treatments which should be offered after Assessment One include:

- Hormonal Treatment; refer to Endocrine Management of Adult Transgender Service users (NGICNS)
- Facial hair removal
- Speech and language therapy

## Female-to-Male / Masculinising treatments

Treatments which should be offered after Assessment One include:

- Hormonal therapy; refer to Endocrine Management of Adult Transgender Service users (NGICNS)
- Chest reconstruction surgery can be offered at the same time as the initiation of hormonal treatment, if the service user wishes to undergo this procedure.

The surgical team requires 6 months of masculinising hormonal treatment prior to surgery (unless masculinising hormonal treatment is not clinically indicated for the individual) but the date from referral to treatment is usually 6 months. Service users should be encouraged to exercise the chest area to aid muscular development and improve the final cosmetic appearance of the chest.

A Body Mass Index (BMI) < 30 is a requirement for chest reconstruction surgery

Patients are required to stop smoking pre-operatively.

- Speech therapy is usually not required unless there is no significant masculinisation of the voice after 12 months of masculinising hormonal treatment.

## Pre-operative twelve months experience

Service users are reviewed at regular intervals (2-3 monthly) to monitor their progress in adaptation to living in a gender role that is congruent with their gender identity. General satisfaction is monitored and identification of additional treatments or supports required are identified. Practical advice and support and supportive psychotherapy/counselling may be offered as required. There is usually not a requirement for structured psychotherapeutic interventions unless there are mental health difficulties in addition to the gender dysphoria.

## ASSESSMENT TWO

Assessment Two cannot be undertaken by the same clinician undertaking Assessment One.

Assessment Two is required prior to referral for Genital Gender Reassignment Surgery.

Assessment Two should be requested towards the end of the pre-operative twelve month experience and will only be requested if the clinician and service user agree that this is the next form of treatment to be undertaken. This referral can only be made once the clinician is satisfied that the service user has met the WPATH criteria for genital surgery. It may be appropriate to refer the service user for genital hair removal at this stage.

Assessment Two will, in addition to the detail required for Assessment One, also explore in detail the expectations and wishes of the service user undergoing gender reassignment genital surgery.

This Assessment is also an opportunity for the service user to reflect upon their journey thus far and consider their next steps. There should be in depth discussion around expectations of surgical treatment both functionally and emotionally. In addition, surgical outcomes and techniques should be discussed. It is recommended that service users are directed to appropriate written information about gender reassignment surgery.

The following are suggested relevant documents:

A guide to lower surgery for trans women:

<http://www.gires.org.uk/assets/Support-Assets/lowersurgery-transwomen.pdf>

A guide to lower surgery for trans men:

<http://www.gires.org.uk/assets/Support-Assets/lower-surgery.pdf>

## Referral for gender reassignment surgery

A referral letter should be sent to the surgeon detailing the contact with the GIC that the service user has had and indicating whether WPATH eligibility and readiness criteria <sup>4</sup> have been met. Signed copies of Assessment One and Assessment Two (Assessment Two is not required for masculinising chest reconstruction surgery) should accompany this covering letter which is sent to NHS National Services Scotland (NSS) with a Funding request form: Funding request forms can be found in [Appendix E](#). A suggested format for surgical referral letters can be found in [Appendix F](#).

Once NSS has received the funding request form and all supporting documents, the request is reviewed by a funding board. Approval is achieved when NSS provide a funding code which is attached to the service user's referral documents and these are sent to the respective gender surgical team.

When the referral is received by the surgical team, they will contact the service user directly to arrange a pre-surgical assessment. Surgical providers can be found in [Appendix G](#).

## Referral for hysterectomy and / or oophorectomy

Hysterectomy and / or oophorectomy may form part of wider masculinising genital surgery in which case the genital surgery referral to NHS NSS is sufficient. However, some service users may prefer to undergo a hysterectomy and/or oophorectomy separately from any other masculinising genital surgery. A standard referral to a gynaecologist within the service user's local health board area is appropriate in such cases if the WPATH criteria are met <sup>5</sup>.

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<sup>4</sup> *Criteria for metoidioplasty or phalloplasty in FtM service users and for vaginoplasty in MtF service users:*

- a. *Persistent, well-documented gender dysphoria;*
- b. *Capacity to make a fully informed decision and to consent for treatment;*
- c. *Age of majority in a given country;*
- d. *If significant medical or mental health concerns are present, they must be well controlled;*
- e. *Twelve continuous months of hormone therapy as appropriate to the service user's gender goals (unless hormones are not clinically indicated for the individual).*
- f. *Twelve continuous months of living in a gender role that is congruent with their gender identity.*

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<sup>5</sup> *Criteria for hysterectomy and salpingo-oophorectomy in FtM patients and for orchiectomy in MtF patients:*

- a. *Persistent, well-documented gender dysphoria;*
- b. *Capacity to make a fully informed decision and to consent for treatment;*
- c. *Age of majority in a given country;*
- d. *If significant medical or mental health concerns are present, they must be well controlled;*
- e. *Twelve continuous months of hormone therapy as appropriate to the service user's gender goals (unless hormones are not clinically indicated for the individual).*
- f. *Twelve continuous months of hormone therapy as appropriate to the patient's gender goals (unless hormones are not clinically indicated for the individual).*

## **Adult Exceptional Aesthetic Referral Protocol (AEARP)**

Other surgery, such as breast augmentation, facial feminisation surgery, lipoplasty and body contouring is not routinely offered as part of the GRP but will be considered on exceptional basis in line with the Adult Exceptional Aesthetic Referral Protocol (AEARP). Surgery in line with AEARP is accessed through local NHS Health Boards.

For further information about AEARP surgery: [http://www.sehd.scot.nhs.uk/mels/CEL2011\\_27.pdf](http://www.sehd.scot.nhs.uk/mels/CEL2011_27.pdf)

## **Follow up with a GIC within six months of genital surgery**

This is an opportunity to reflect on the surgical process and outcome and identify any ongoing treatment needs. For FtM service users undergoing multiple stage genital surgeries, a follow up appointment should also be offered between each stage where possible.

At this assessment there should be a discussion regarding a reduction in hormonal treatment for MtF service users. Further guidance can be found in the Endocrine Management of Adult Transgender Service users (NGICNS).



# Appendix A

## Explanatory Notes

### Group Membership

Dr David Gerber, Consultant Psychiatrist, NHS Greater Glasgow & Clyde

Isobel Frize, Planning Manager, NHS Lanarkshire

Dr Linda Graham, Consultant Clinical Psychologist, NHS Tayside

Dr Sarah Kennedy, Consultant Psychiatrist, NHS Lothian

Mrs Linda Kerr, Programme Manager, NHS National Services Scotland

Mr James Morton, Manager, Scottish Transgender Alliance

Pam Nicholson, Service Manager, NHS Lothian

### Contributors

Dr Gordon Wilkinson, Consultant Child and Adolescent Psychiatrist, NHS Greater Glasgow & Clyde

## **Appendix B – Gender Identity Clinics (GICs)**

The gender specialist clinics in NHS Scotland are detailed below. Referrals can be made to these clinics to explore with the service user the options available to them:

### **NHS Scotland Gender Identity Clinic Sandyford Clinic, Glasgow**

Accepting referrals from across Scotland

[www.sandyford.org](http://www.sandyford.org)

Tel: 0141 211 8130

### **Sexual Health Clinic Chalmers Clinic, Edinburgh**

Referrals accepted from service users residing within NHS Lothian and NHS Borders.

[www.lothiansexualhealth.scot.nhs.uk](http://www.lothiansexualhealth.scot.nhs.uk)

Tel: 0131 536 1070

### **Sexual Health Clinic, Inverness**

Referrals accepted from service users residing within Highland Health Board area.

Tel: 01463 704202

## Appendix C – GIC service users cover sheet

Service user details			
<i>To be completed by GIC administration</i>			
Name at point of referral	First		Last
Date of birth			Date first appointment details sent
NASH			CHI
Referred from / via			Health Board
<i>To be completed by GIC clinician</i>			
Presenting as ( <i>please select</i> )	<b>Male to Female</b>	<b>Female to Male</b>	<b>Non binary</b>
Pre treatment information, i.e. preferred name			

First visit / appointment	Date seen / assessed	Seen by
First visit to GIC		
Hormone assessment		
Hormones commenced		
GP letter		
Endocrinology (if required)		

Referral to other services	Referral date	Clinician	Date carried out
Speech and Language			
Counselling			
Assisted conception unit and gamete storage			

Referrals AEARP <sup>1</sup>	Referral date	Surgery date
Hysterectomy oophorectomy		
Cricoid shaving		
Female feminisation		
Wig prescription		
Other(s) – please list		

Local Health Board funding requested	Referral date	Clinician	Date carried out
Facial hair removal			
Genital hair removal			

Where GRS is requested	Yes / No
Specialist chest reconstruction	
Female to Male genital surgery	
Male to Female genital surgery	
Assessment 1 ( <i>first seen by clinician at GIC</i> )	
Assessment 2 ( <i>must be within last 12 months</i> )	
Date referral sent to NSS	

Date medical report pro-forma for Gender Recognition completed	
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<sup>1</sup> AEARP – Adult Exceptional Aesthetic Referral Protocol

## Appendix D – Assisted conception services

### NHS Greater Glasgow & Clyde

Craig Spinks  
Business Manager  
Assisted Conception Services  
Princess Royal Maternity Unit  
16 Alexandra Parade  
Glasgow G31 2ER  
Tel: 0141 211 4128

### NHS Lothian

Dr Graham Mackenzie  
Consultant in Public Health  
Tel: 0131 465 5438

### NHS Tayside

Anne McConnell  
Business/Quality Manager  
Assisted Conception Unit  
Ward 35  
Ninewells Hospital  
Dundee DD1 9SY  
Tel: 01382 632111

### NHS Grampian

Alison McTavish  
Nurse, Quality and Business Manager  
Assisted Reproduction Unit  
College of Life Sciences and Medicine  
University of Aberdeen  
Aberdeen Maternity Hospital  
Foresterhill AB25 2ZL  
Tel: 01224 554482  
Email [a.r.mctavish@abdn.ac.uk](mailto:a.r.mctavish@abdn.ac.uk)

## Appendix E – Funding request form

National Services Division

Area 062a  
 Gyle Square  
 1 South Gyle Crescent  
 Edinburgh EH12 9EB  
 Telephone 0131 275 6575  
 Fax 0131 275 7614  
 www.nsd.scot.nhs.uk



### Specialist Gender Reassignment Surgery (GRS) – Notification of Referral to Specialist Surgical Provider

To be completed by Gender Identity Clinic

#### Patient information

GIC details	Patient identifier	NHS Board of residence	GP contact details	Patient consent for GP to be copied in on correspondence

#### Funding pathway (CEL 26 2012 refers)

	Details and Date
Self referral to GIC	
GP referral to GIC	
Out of area contact in NHS Board of residence notified	

	Name of clinician and dates of assessments in GIC
Assessment 1	
Assessment 2	
Referral sent to NSD	

#### GRS Referral:

	Please indicate (X)	
Specialist chest reconstruction	SCR	
Female to Male genital surgery	FtM	
Male to Female genital surgery	MtF	
Surgeon name and referral hospital		

#### For NSD Use:

GIC / NHS Board of residence notified of funding authorisation	
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#### Once completed

Please return to **Jean Travers** (Commissioning Analyst, NSD) [Jean.Travers@nhs.net](mailto:Jean.Travers@nhs.net)

## Appendix F – Sample referral letter for gender reassignment surgery

Date dictated

Consultant Surgeon  
Address

Dear (Consultant Surgeon)

**Patient name**

**Patient address**

**Patient contact details**

**Patient DOB/ CHI**

I would be most grateful if you could arrange to see the above ... transgendered individual who has been attending (***name of gender***) clinic since (***date***). They have engaged well with our service and adapted well to their chosen gender role (***Clinician can expand as appropriate***). They were last seen on (***date***) when we had a discussion regarding surgery.

He / she has provided evidence to substantiate the fact that he / she is living permanently in a male / female role and would now like to progress further with their transition and have gender reassignment surgery. He / she appears to be well informed regarding the risks and outcomes associated with surgery and seems to have reasonable expectations (***Clinician can expand this section as appropriate***).

I can confirm that he / she has fulfilled the eligibility and readiness criteria of the World Professional Association of Transgender Health, Standards of Care, 2011. I also enclose a copy of a second opinion report from (***xxxx***) who is also supportive of his / her decision to progress with gender reassignment surgery and a copy of my initial report for information.

I can confirm that funding has been agreed through National Services Scotland.

I have no concerns regarding him / her progressing with surgery and would be most grateful if you could arrange to see him / her at your soonest convenience.

Should you wish to discuss any aspect of his / her case, please do not hesitate to contact me.

Yours sincerely

i.e. Dr xxx  
Job Title  
Clinic name  
GMC no: xxx

**Secretary:** 01xx xxx xxxx

Enc: Psychiatric reports and dates

## Appendix G – Gender reassignment surgery

Gender reassignment surgery is undertaken in the following locations

### **Chest reconstruction surgery:**

Ms Janet Walls  
Consultant Breast Surgeon

### **North Manchester General Hospital**

Delauneys Road  
Manchester M8 5RB

### **Male to Female genital surgery:**

Mr Philip Thomas  
Consultant Surgeon  
Brighton Gender Clinic

### **Nuffield Health Hospital**

Warren Road  
Woodingdean  
Brighton BN2 6DX

### **Female to Male genital surgery:**

Mr Andy Pryor

### **St Peter's Andrology Centre**

Hospital of St. John and St. Elizabeth  
60 Grove End Road  
Greater London NW8 9NH