Assessment Sub-Group

Examples of possible gender affirming treatment journeys:

Low Complexity – Management of Long-Term Hormones by 'Informed Competency' GP

Jack, a non-binary trans masculine person in their early thirties, has recently moved to Scotland from the USA. They register with a new GP and explain that they transitioned three years ago and have been on privately prescribed gender affirming testosterone hormone therapy throughout those three years. Jack has a copy of their most recent private testosterone prescription. Jack's general health is good, with no significant mental health or other psychosocial concerns. Since Jack has already been happily on testosterone long-term, the GP is comfortable using the NHS Scotland Gender Incongruence Endocrine Guidelines to issue a NHS prescription to Jack for testosterone, set it up as a repeat prescription, and do basic annual monitoring. Jack does not want any NHS gender affirming surgeries so does not need to be referred to a specialist gender identity service. Four years later, Jack's annual blood test reveals a slightly higher than normal range haematocrit level so the GP emails the specialist gender identity service for advice and is recommended to switch Jack from injections to gel and to encourage Jack to reduce or ideally stop smoking. A follow up blood test three months later shows Jack's haematocrit level has returned to normal.

Low Complexity - Assessment by 'Skilled Competency' GP with Special Interest

Sarah, a trans woman in her late forties, with a history of recurrent mild depression and anxiety, begins to socially transition and approaches her GP seeking speech therapy, facial hair removal, and gender affirming hormone therapy. Her GP practice has several other trans women within its patient population and one of the GPs has a special interest in gender incongruence and is at the skilled competency level. That GP already knows Sarah from supporting her during her periods of depression over the last couple of years and has noted her persistent gender incongruence during that period. Sarah has been socially transitioning for a few months and has legally changed her name and is now living as a woman in all aspects of her life. She is quite anxious about how she is perceived by other people but is functioning well and has support from her partner, work colleagues, and friends. The GP and Sarah collaboratively discuss her expectations, hopes and concerns in regard to gender affirming healthcare. It is clear that Sarah is very well informed and has realistic expectations about the possible positive and negative effects of speech therapy, facial hair removal, and gender affirming hormone treatment. Sarah already has a 14 year old son and does not want to access any fertility preservation options.

The GP writes referrals for speech therapy and facial hair removal and arranges for the practice nurse to check Sarah's general health and take baseline blood tests which come back normal. The GP documents their assessment of Sarah's readiness for gender affirming hormone therapy, Sarah completes the relevant informed consent form and the GP then

begins gender affirming hormone treatment for Sarah in accordance with the NHS Scotland Gender Incongruence Endocrine Guidelines. The GP has two follow up appointments with Sarah six weeks apart, then follow up appointments quarterly for the rest of her first year on hormones, and then annual reviews. At the follow up appointments Sarah is pleased with the effects of the hormones, her blood tests are normal, and the standard dose is working well for her without any significant side effects so no specialist endocrine input is required.

Sarah is also keen to have gender affirming genital surgery in the future, so she is placed on the waiting list to be seen by the specialist gender identity service as the GP does not have competency to approve Sarah for genital surgery.

At one of her follow up GP appointments, Sarah discusses that she would like to do more exercise but is feeling very anxious about issues such as changing rooms and being accepted in team sports. The GP gives Sarah contact information for a third sector trans peer support organisation and a third sector LGBT sports organisation.

Medium Complexity – Assessment by 'Enhanced Competency' Clinician at a Gender Identity Service

Alex is 20 years old and has severe depression, social anxiety and complex-PTSD from childhood abuse. Alex frequently self-harms by cutting and also experiences recurrent suicidal ideation. Alex is not in education or employment and is currently living in a young person's homeless hostel. Alex has struggled with gender incongruence for many years. Alex is unsure whether they are a trans man or a non-binary person. Alex thinks they might want to start testosterone gender affirming hormone treatment and have masculinising chest reconstruction surgery but is also worried about coping with the social and physical changes involved. Alex has said to their GP that they would like a deeper voice and muscles but not any male pattern baldness or facial hair.

Alex's GP practice has a GP with a Special Interest in Gender Incongruence but it is felt that Alex needs to be assessed by a more experienced clinician. The GP writes a referral for Alex to the specialist gender identity service. The GP also gives Alex contact information for a third sector LGBT youth organisation. The specialist gender identity service decides Alex is best assessed by a clinician at the enhanced competency level. A referral to a specialist trauma counselling service is also arranged simultaneously. With Alex's permission, the gender identity service and the trauma counselling service liaise with each other to provide an integrated, holistic approach. The gender identity service clinician works with Alex over several months to support Alex to explore in depth various aspects of identity and relationships, and to develop realistic expectations about the positives and negatives of taking testosterone. Alex's mental health improves slightly and they start a part-time college course. Alex feels increasingly comfortable identifying as a queer non-binary person and reaches the decision not to take testosterone. Alex is still considering possible masculinising chest reconstruction surgery in the future but doesn't want to make a decision yet. Alex is discharged from the gender identity service with the knowledge that they can be re-referred again anytime they wish in the future.

High Complexity – Assessment by 'Expert Competency' Clinician at a Gender Identity Service

Laura, a trans woman in her mid-twenties, has autism, a learning disability and a visual impairment. She has experienced gender incongruence since childhood and as a teenager she tried to socially transition but got scared by transphobic hostility at school. She frequently experiences disability discrimination that she finds very anxiety provoking and distressing. Laura has a few online friends but is very socially isolated in the local community and depends significantly on her mum for help with daily living tasks. Both Laura and her mum are very anxious that transitioning may put her at increased risk of hate crime. Laura finds it very difficult to describe her thoughts and feelings to other people and can become non-verbal in stressful situations. Laura would like to start gender affirming hormone therapy but has struggled to find accessible information and is very confused about what can and can't be achieved through hormones.

Laura's GP writes a referral for her to the specialist gender identity service. The GP also gives her contact information for a third sector trans peer support organisation. The specialist gender identity service decides Laura is best assessed by a clinician at the expert competency level with experience working with people who have autism and learning disabilities. The gender identity service clinician works over several months with Laura, and sometimes also her mum with Laura's consent, to support Laura to explore what transitioning involves, the effects of hormones and surgeries, and the practical steps involved in social transition. With information carefully explained in an accessible way, Laura is able to give informed consent and start hormones.

High Complexity – Assessment by 'Expert Competency' Clinician at a Gender Identity Service

Tom, a trans man in his early forties, has been on testosterone for eight years and had chest reconstruction surgery four years ago. He is considering going for genital surgery. His physical health is good and he has no significant mental health or other psychosocial concerns. However, the range and complexity of masculinising genital surgery options means that a clinician of expert competency level, who has particular knowledge of masculinising genital surgery possibilities and risks, is best placed to support Tom to carefully consider and make a fully informed decision.