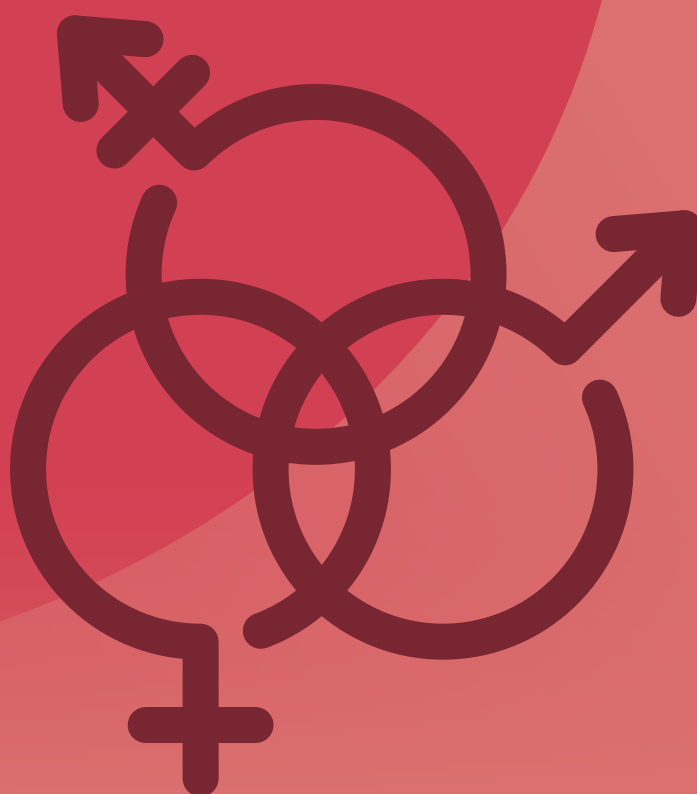




QUICK REFERENCE GUIDE

Providing Care for Transgender Patients in Primary Care v.2



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Guide for Providing Care for Transgender Patients in Primary Care Quick Reference Guide (Version 2)

Quality and Safety in Practice Committee

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Evidence-Based Medicine

This is a review of the literature of the relevant topic area. In the literature that is identified, where GRADE certainty of evidence is available, this will be presented. Systematic review evidence is presented where possible.

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February 2020

Version 1 of the 'Guide for Providing Care for Transgender Patients in General Practice' was published in January 2021. Version 2 has been updated to include recently published recommendations from the Final Report of the Steering Committee on the Development of HSE Transgender Identity Services, increased clarity regarding current evidence for the medication treatment options for adolescents and further guidance regarding referral pathways. Version 2 of this guide supersedes version 1.

List of Abbreviations

AFAB	Assigned Female At Birth	LFT	Liver Function Test
AMAB	Assigned Male At Birth	LGB	Lesbian Gay Bisexual
CAMHS	Child & Adolescent Mental Health Service	LGBT	Lesbian Gay Bisexual Transgender
CHI	Children's Health Ireland	LH	Luteinising Hormone
CIPC	Counselling In Primary Care	MtF	Male to Female
FSH	Follicle Stimulating Hormone	SCH	St Columcille's Hospital
FtM	Female to Male	SHIP	Self-Harm Intervention
GIDS	Gender Identity Development Service	STI	Sexually Transmitted Infection
GIRES	Gender Identity Research & Educational Society	TENI	Transgender Equality Network Ireland
HPV	Human Papilloma Virus	Trans	Transgender
		WPATH	World Professional Association of Transgender Health

Table of Contents

Introduction	1
Section 1 Aims of this Guide	4
Section 2 Key Recommendations	4
Section 3 Key Legislation in Relation to Transgender People	5
3.1 Gender Recognition Act 2015	5
3.2 What does the Gender Recognition Act mean?	5
Section 4 What Does Transgender Mean?	6
Section 5 The Prevalence of Transgender People in Ireland	6
Section 6 Gender Dysphoria vs Gender Non-Conformity	7
Section 7 Your Role as a GP	7
Section 8 Suggestions for Working with Transgender Patients	7
Section 9 Health Assessment and Care for Transgender Patients	8
9.1 General health	8
9.2 Health screening	8
9.3 Sexual health	9
9.4 Fertility	10
9.5 Mental health	10
9.6 Treatment options	11
Section 10 Transgender Specific Assessment and Care	12
10.1 Services for children and adolescents	12
10.1.1 Pre-pubertal children	12
10.1.2 Pubertal children/adolescents	13
10.1.3 National Gender Service	13
10.1.4 Paediatric Endocrinology Service	14
10.1.5 Referral of young people aged 17 years and older	14
10.1.6 Speech and language therapy	14
10.2 Services for adults	14
Section 11 Family Supports	16
Section 12 Parenting Information	16
12.1 Family information	16
Conclusion	16
References	17
Appendix 1 Resources and Services	19
Appendix 2 Sample Waiting Room Poster Information	22
Appendix 3 GP Checklist for Transgender Patients	23
Appendix 4 Schematic Representation of National Gender Service Components and Care Pathways	24

Introduction

The Irish College of General Practitioners (ICGP), in conjunction with LGBT Ireland and the Transgender Equality Network Ireland (TENI), has developed two sets of guidance documents to assist general practitioners (GPs) and other healthcare professionals in providing the best care possible to members of the Lesbian, Gay, Bisexual and Transgender (LGBT+) community.

This guide covers transgender healthcare and the complementary guide addresses LGB health issues. There is some overlap between these guides, reflecting the reality of the LGBT+ community.

Through the collaborative work of the ICGP and TENI, it is hoped that this guide will create a positive change in the way transgender people are cared for within health services in Ireland.

It is accepted that physical and mental health disparities exist between cisgender and transgender people. Many transgender people experience stigma, social exclusion, discrimination and harassment, including within health care settings. Many fear disclosing gender identity to their health care providers including their GPs. Failure to disclose gender identity concerns and issues can have a negative impact on health and healthcare provision.

GPs play a critical role in providing a safe space for transgender people to disclose their gender identity. We are often the first point of contact for people or parents of children struggling with gender identity issues. With a sensitive and non-judgmental approach to healthcare provision, we can help reduce the existing health disparities between this minority group and the rest of the population.

Terminology

In order to support GPs to respond appropriately and effectively to transgender (trans) patients, this section will clarify terms and concepts relevant to this patient group.

It is important to note from the outset that some transgender people may understandably resist the fixed identity categories outlined below, however, such categories can be useful when aiming to understand the health of transgender people and it is within this context that we provide these terms.

Table 1 does not include LGB related terminology. These terms can be found in the [ICGP Guide for Providing Care for Lesbian, Gay and Bisexual Patients in Primary Care Quick Reference Guide](#)

Table 1: Transgender Terminology

Transgender Terminology	
Assigned Female at Birth (AFAB)	A person who was assigned female at birth and may identify as male or another gender.
Assigned Male at Birth (AMAB)	A person who was assigned male at birth and may identify as female or another gender.
Cisgender	A person whose sense of personal identity or gender corresponds to the gender they were assigned at birth.
Gender Expression/Role	Outward manifestation of one's gender identity, usually expressed through 'masculine', 'feminine' or gender-variant behaviours.

Transgender Terminology	
Gender Identity	A person's internal psychological identification as man/woman, boy/girl or neither/both.
Gender Dysphoria	<p>Gender dysphoria is the feeling of discomfort or distress that might occur in people whose gender identity differs from their gender assigned at birth or sex-related physical characteristics.</p> <p>Transgender and gender-nonconforming people might experience gender dysphoria at some point in their lives.</p>
Gender Identity Disorder (GID)	<p>In DSM-IV (1), GID is the psychiatric diagnosis used when a person has</p> <p>A strong and persistent cross-gender identification</p> <p>A persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex</p> <p>Where the disturbance is not concurrent with physical intersex condition</p> <p>Where the disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning</p> <p>This diagnosis was removed from the DSM-V (2) and replaced with Gender Dysphoria.</p>
Genderfluid	A person who does not identify or express their gender within the gender binary (female or male).
Genderqueer	Those who identify as genderqueer may identify as neither men nor women, may see themselves as outside of or in between the gender binary or may simply feel restricted by gender labels.
Gender Affirming Surgery	<p>A set of surgical procedures that alter a person's physical appearance or the functioning of their existing sexual characteristics. Other terms include Gender Confirmation Surgery, Gender Reassignment Surgery, Genital Reconstruction Surgery, Sex Affirmation and Sex Reassignment Surgery.</p> <p>Some trans people undergo surgery to align their bodies with their gender identities. Other trans people do not undergo any surgery.</p> <p>Some trans people define themselves by their surgical status such as post-operative (post-op), pre-operative (pre-op) or non-operative (non-op). However, these terms place emphasis on genitals as a marker for gender identity and may be rejected by people who do not see their gender as related to surgical status.</p>
Gender Variant	People whose gender identity and/or gender expression is different from traditional or stereotypical expectations of how a man or woman 'should' appear or behave.
Intersex	An umbrella term that describes people born with any variation in sex characteristics including chromosomes, gonads, sex hormones or genitals.
LGBTI+	An umbrella term used to refer to the entire Lesbian, Gay, Bisexual, Transgender and Intersex communities including those who may not be comfortable with these terms and who do not identify as heterosexual and/or cisgender.
Non-binary or Enby	A person whose gender identity does not fall within the binary genders of male or female.

Transgender Terminology	
Queer	<p>A multi-faceted word that is used in different ways and means different things to different people.</p> <ol style="list-style-type: none"> 1) Attraction to people of many genders 2) Do not conform to cultural norms around gender and/or sexuality 3) General term referring to all non-heterosexual people <p>Some within the LGBT community may feel the word has strong negative connotations and are reluctant to embrace the word.</p> <p>This term should be used with caution and only when/if the patient themselves self-identifies as queer.</p>
Questioning	An individual who is unsure of and/or exploring their gender identity and/or sexual orientation.
Sex	The designation of a person at birth as male or female based on their anatomy (genitalia and/or reproductive organs) or biology (chromosomes and/or hormones).
Social Transition	The social portion of a transition, in which a transgender person makes others aware of their gender identity. It can include name change, changing gender expression, pronoun change.
Transgender/ Trans	An umbrella term for people whose gender identity and/or gender expression differs from the gender assigned to them at birth. This term can cover many gender identities, including (but not limited to) transsexual, transgender, androgynous, gender-queer, gender variant or differently gendered people. Trans people may or may not decide to proceed to gender affirming hormonal or surgical intervention.
Transition	A process through which a permanent change of gender role is undertaken and the individual starts to live as the gender with which they identify. Transition includes social, physical or legal changes such as coming out to family, friends, co-workers and others; changing one's appearance; changing one's name, pronoun and sex designation on legal documents (e.g. driving license or passport) and medical intervention (e.g. through hormones or surgery).
Trans man / FtM	<p>A person who was assigned female at birth but who lives as a man or identifies as male. Some trans men make physical changes through hormones or surgery; others do not.</p> <p>Trans man is sometimes used interchangeably with FtM (female-to-male). However, some trans men do not think of themselves as having transitioned from female to male (i.e. because they always felt male). Some people prefer to be referred to as men rather than trans men while others will refer to themselves as men of transgender experience.</p>
Transphobia	The fear, hatred, discomfort with, or mistrust of people who are transgender/trans.
Trans woman / MtF	<p>A person who was assigned male at birth but who lives as a woman or identifies as female. Some trans women make physical changes through hormones or surgery; others do not.</p> <p>Trans woman is sometimes used interchangeably with MtF (male-to-female). However, some trans women do not think of themselves as having transitioned from male to female (i.e. because they always felt female). Some people prefer to be referred to as women rather than trans women while others may refer to themselves as women of transgender experience.</p>

Section 1 Aims of this Guide

This guide aims to address the most common questions and information gaps that GPs may have in relation to providing primary care to transgender people.

To achieve these aims, this guide covers

- Gender identity, concepts and language
- Key legislation for transgender people
- A review of transgender health issues
- Good practice in service provision to transgender patients

There are a number of specific health issues, which GPs should be aware of in relation to transgender patients particularly in the areas of

- Mental health
- Hormonal and surgical interventions
- General health (including screening and sexual health)

This guide provides an overview of these issues and is the foundation for an inclusive practice.

This guide also contains a [glossary of terms](#), a [services directory](#), a list of resources for GPs and a bibliography of references.

Section 2 Key Recommendations

Table 2: Recommendations for good practice with transgender patients

Be aware of the following:
<ul style="list-style-type: none">• Physical and mental health disparities exist between cisgender and transgender people• Many transgender people experience stigma, social exclusion, discrimination and harassment, including within health care settings• Many transgender people fear disclosing gender identity to their GPs, which can have a negative impact on health and healthcare provision• There are well defined referral care pathways for transgender adolescents and adults in Ireland, however there is much regional variation and significant waiting times• The Gender Recognition Act (2015) allows individuals over the age of 18 to self-declare their own gender identity and change all their legal documents (birth certificate, passport, driving license) to include their preferred gender• The Final Report of the Steering Committee on the Development of HSE Transgender Identity Services has recently been published to address specific issues in relation to the development of Transgender Identity Services
Stay informed on transgender issues
Use inclusive and appropriate language so transgender patients feel comfortable to disclose their gender identity

Acknowledge when patients do disclose that they are transgender and ask the person what name and pronoun they would like you to use
Understand that gender identity and sexual orientation are not the same; transgender people can be heterosexual, gay, lesbian, bisexual, queer or <i>asexual</i>
Take an affirmative approach and challenge bias
Demonstrate that your practice is a welcoming, safe and confidential environment
Be aware of the increased risk of depression, self-harm and suicidal ideation in transgender patients and screen patients for mental health risk factors if appropriate
Broach the subject of cervical smear and examination sensitively; be aware that transmen should be offered a smear test if they still have a cervix
Broach the subject of prostate examination sensitively; be aware that trans women often retain their prostate and will therefore remain at risk of prostate cancer
Remember that both trans men and trans women may develop breast cancer therefore, they should be offered access to breast cancer screening programmes and be educated about breast health
Be aware that trans patients, particularly trans women, are at higher risk for HIV
Understand that fertility is usually affected by gender affirming hormone therapy and while on therapy, most trans people will have suppressed fertility, however gender affirming hormone therapy is not effective contraception
If preservation of fertility is a goal of the individual starting a hormonal transition, then gamete or embryo storage could be considered prior to initiating hormone therapy
For transgender children medical interventions, such as hormonal or surgical interventions, are not indicated

Section 3 Key Legislation in Relation to Transgender People

There have been significant advances in transgender rights and recognition in Ireland in recent years. As primary healthcare providers, it is important that GPs are aware of relevant legislation.

3.1 Gender Recognition Act 2015

The Gender Recognition Act came into effect in September 2015. This Act allows individuals over the age of 18 to self-declare their gender identity while 16–17-year olds can also be legally recognised via a different process.

3.2 What does the Gender Recognition Act mean?

This Act makes it possible for a person assigned male at birth (AMAB) and now identifying as female to have their gender legally recognised as female. Likewise, a person assigned female at birth (AFAB) and now identifying as male can be legally recognised as male.

This means that an individual can change all their legal documents (e.g. birth certificate, passport, driving license) to include their preferred gender. It is important to remember that legally changing gender does not mean that a person has or will undergo hormonal or surgical interventions.

Section 4 What Does Transgender Mean?

Transgender people are individuals whose gender identity or gender expression is different from the gender assigned at birth (3,4). Gender identity is the internal sense of being male or female, neither male nor female or both. We all have a gender identity. Some transgender people will medically transition and undergo hormone replacement therapy and/or surgery to help affirm their gender.

Transgender people have a variety of needs relating to their healthcare including access to social work support, mental health support, medical transition and primary care services that are sensitive to their identities and experience.

The term transgender can include diverse gender identities such as transsexual, transgender, androgynous, genderqueer, non-binary, gender variant or differently gendered people.

It is accepted that physical and mental health disparities exist between cisgender and transgender people (5-9). Many transgender people experience stigma, social exclusion, discrimination and harassment, including within health care settings (5,10). Many fear disclosing gender identity to their health care providers, including their GPs (5,10). Failure to disclose gender identity concerns and issues can have a negative impact on health and healthcare provision (11).

Not all individuals with identities that are considered part of the transgender umbrella will refer to themselves as transgender. For some, this may be because they identify with a particular term (such as transsexual or genderqueer) which they feel more precisely describes their identity. Others may feel that their experience is a medical or temporary condition and not an identity (for example they feel they have gender dysphoria but are not transgender).

Section 5 The Prevalence of Transgender People in Ireland

The prevalence of transgender people in Ireland is difficult to estimate as there is no official collection of this data. Gender Identity Research and Educational Society (GIREs), a UK-based organisation, estimates that 1% of individuals may experience some degree of gender variance or non-conformity and approximately 0.2% may undergo transition (12).

In a 2014 study, researchers from the Department of Endocrinology in St Columcille's Hospital (SCH), Loughlinstown, Dublin, reviewed the medical records of 218 patients and estimated prevalence of gender dysphoria at 1:10,154 male-to-female (MtF) and 1:27,668 female-to-male (FtM) individuals in the Irish population (13). However, these figures only include individuals seeking medical services from SCH and exclude those who are seeking treatment elsewhere or who do not medically transition.

Nonetheless, the researchers suggest that the number of patients accessing services is steadily rising. This is particularly true for children and adolescents. Specialist gender identity services internationally have observed increases in referral rates of adolescents in recent years (14,15). There also appears to be a shift in sex ratio, with a preponderance of people assigned female at birth referred to specialist gender identity services (14-16).

Section 6 Gender Dysphoria vs Gender Non-Conformity

‘The expression of gender characteristics, including identities that are not stereotypically associated with one’s assigned sex at birth is a common and culturally diverse human phenomenon (that) should not be judged as inherently pathological or negative.’

– World Professional Association of Transgender Health (WPATH) (17).

Gender nonconformity refers to the extent to which a person’s gender identity, role or expression differs from the cultural norms prescribed for people of a particular sex.

Gender dysphoria refers to discomfort or distress that is caused by a discrepancy between a person’s gender identity and that person’s gender assigned at birth (and the associated gender role and/or primary and secondary sex characteristics). Only some gender non-conforming people experience gender dysphoria at some point in their lives (18).

Some individuals may experience gender dysphoria at such a high level that the distress meets criteria for a formal diagnosis. According to the Diagnostic and Statistical Manual (DSM) of Mental Disorders people who experience intense, persistent gender conflict can be given the diagnosis of gender dysphoria (19).

However, a diagnosis of gender dysphoria should not be confused with transgender identity. Transgender individuals are not inherently disordered. A disorder is a description of something with which a person might struggle, not a description of the person or the person’s identity.

Section 7 Your Role as a GP

A key factor in engagement is an open, non-judgmental, understanding and supportive approach (11). It is important to remember that as a GP you may be the first person a patient talks to about their gender identity. Patients’ views, especially if there is ambiguity regarding their gender identity, need to be taken seriously. Some people may have suffered in silence for a long time before seeking help and are clear about how they want to move forward. At this point, it may be unhelpful to ask them to further delay their request for treatment.

GPs play a critical role in providing a safe space for transgender people to disclose their gender identity (10). We are often the first point of contact for people or parents of children struggling with gender dysphoria. With a sensitive and non-judgmental approach to healthcare provision, we can help reduce the existing health disparities between this minority group and the rest of the population (5,10).

Section 8 Suggestions for Working with Transgender Patients

GPs play a critical role in supporting transgender people by providing healthcare, information and referrals. The following are a few simple suggestions for working with transgender patients (10,11,20):

- This may be the first time a patient has acknowledged or discussed their gender identity. Therefore, it is imperative that they feel understood and not judged because a negative reaction may cause significant distress and hopelessness
- Ask the person what name and pronoun they would like you to use

- Stay updated about transgender issues by reviewing national guidance and attending relevant conferences
- Reassure transgender patients that confidentiality will be maintained by all staff within the service to ease anxiety and fears
- Gender identity and sexual orientation are not the same. Transgender people can be heterosexual, gay, lesbian, bisexual, queer or asexual
- Questions regarding surgical status, if necessary, as part of routine history taking, should be approached sensitively
- Not all transgender people medically transition (either hormonally or surgically). There is no 'one size fits all'
- If a transgender person is seeking to medically transition or is looking for psychological support, refer to the support organisations and resources outlined in [Appendix 1](#)
- Be cognisant that co-existing health issues may not be linked to gender issues

Section 9 Health Assessment and Care for Transgender Patients

9.1 General health

As with all patients, encourage and support transgender patients to stop smoking, consume alcohol within recommended limits and maintain a healthy lifestyle. These factors are particularly important because they can increase their risk of treatment complications during gender affirming hormone therapy.

If gender affirming hormone therapy, is prescribed by a specialist, the prescriber should ensure that blood pressure, lipid profile, liver function tests and renal function monitoring is performed annually.

For people on hormone therapy local specialists will adjust treatment to maintain hormone concentrations within normal limits on local assays.

Some trans people undergo gender affirming surgery. GP and nursing care may be required post-operatively. Post-surgical depression can manifest and further support may be required if symptoms become persistent or severe.

Increasingly, patients are likely to be denied surgery if they are significantly overweight due to a higher risk of post-surgical complications. Obesity screening is recommended. Treatment for obesity may be needed in some cases.

Prior to surgery many trans men experience significant dysphoria in relation to their breasts and binding is seen as a necessity. The use of breast binders may cause breathing, back and skin problems. Education around the use of binders is available. Physiotherapy review may be useful for those experiencing back pain. Trans men and people using binders should be advised to use the correct size, to avoid wearing binders overnight and to give themselves breaks from their binders every eight hours.

9.2 Health screening

Transgender patients, regardless of how their transition has progressed, still need health screening. As well as screening for hypertension, dyslipidemia and obesity (as mentioned above), cancer screening will often be indicated (3).

Trans men may need smear tests if they have a cervix. Examination and cervical smear testing should be broached sensitively. People may be reluctant to discuss certain parts of their body or they may use different terminology.

Trans men and trans women may develop breast cancer. The risk of breast cancer in the transgender population is not well quantified. On the basis of current evidence, it is recommended that trans women and trans men (who have not undergone reconstructive chest surgery) should access breast cancer screening programmes and be educated about breast health.

Trans men who have had mastectomy should be encouraged to self-examine their chest and present for medical assessment if they notice any unusual lumps.

If the patient has undergone gender affirming genital surgery, it is worth noting that trans women may still retain their prostate and will remain at risk of prostate cancer. GPs should approach trans women's prostate health sensitively and offer appropriate screening.

Table 3. Screening for Transgender patients

Health Screening for Transgender patients	
Trans women (male to female)	Trans men (female to male)
Should participate in breast screening – this is especially important if they are on lifelong oestrogen therapy	May still require cervical screening and may need support to ensure they are invited*
Will need to be offered appropriate prostate screening	May still require breast screening and may need support to ensure they are invited*

* Careful, individual thought needs to be given on how to ensure patients receive appropriate invitations for screening especially if they have changed gender on their patient registration as part of their transition.

9.3 Sexual health

It is important to remember when considering sexual health screening that trans patients may also identify as lesbian, gay or bisexual (LGB). For more information on the care of LGB patients please see accompanying [Guide for Providing Care for Lesbian, Gay and Bisexual Patients in Primary Care](#).

For trans patients and those in transition, testing should focus on the patient's current anatomy.

Trans patients are at higher risk for HIV, particularly trans women (21).

Practice Points

- Offer all individuals screening appropriate to their needs
- Offer all individuals information about safer sex practices to reduce risk of acquiring STIs or HPV, regardless of their sexual orientation
- Be conscious of approaching examination and smear testing in a sensitive manner as patients may be reluctant to discuss certain parts of their body or they may use different terminology
- Be able to take an appropriate and confidential sexual history to assess risk of STIs in patients of all sexual orientations

9.4 Fertility

Fertility is affected by gender affirming hormone therapy (22). While on therapy, most trans people will find that fertility will be suppressed. However, gender affirming hormone therapy is not effective contraception. Therefore, if someone is sexually active, a sensitive conversation about sexual health and contraception should take place to ensure that they understand the effect of hormone therapy on fertility. Such a conversation should be included in the specialist healthcare assessment prior to initiating hormone therapy.

Given the above, it is possible for trans men to become pregnant while taking testosterone (23). In the event of pregnancy, testosterone should be discontinued and specialist advice sought on endocrine care and mental health support during pregnancy (24). For some trans men, pregnancy is associated with a deterioration in mental health. There may also be challenges associated with documentation and bureaucracy (e.g. access to parental benefits and leave, parental recognition on birth certificates) therefore social work support may be needed as pregnancy progresses.

There are no long-term data to inform us of fertility outcomes in trans people using long-term gender affirming hormone therapy (25). Therefore, it is not known if fertility will be either suppressed or preserved in the long-term. Prior to initiating hormone therapy, a clear and sensitive conversation on fertility should take place and the individual's future plans for fertility should be considered.

If preservation of fertility is a goal of the individual starting a hormonal transition, then gamete or embryo storage may be considered before initiating hormone therapy. At the time of writing, these services are available in the private sector for trans people. There is no public system access or funding support for these services in Ireland.

9.5 Mental health

There is a high incidence of suicide, self-harm and depression among transgender people (5-7,26). Delays in accessing essential health-related support to enable transitioning can exacerbate these risks (6,27). Similarly, initiation of hormone therapy can transiently increase the risk of a deterioration in mental health, given the mood changes associated with hormone transition. Therefore, assessment is essential prior to initiating hormone therapy, in order to identify and address any risk of a deterioration in mental health.

Many trans people experience problems with mental health at some point in their lives, the most common of which is depression (26,27). Poor mental health can arise because of social stigma, prejudice and discrimination or the breakdown in relationships and resulting social isolation. However, mental health disorders can arise independent of an individual's gender (2). It is important to recognise that this group of patients is vulnerable to mental health problems and are less likely to seek help due to negative past experiences (7,10,25).

Referral to counseling services to help address distress associated with social stressors should be considered. If a trans person presents with a mental health disorder or psychiatric illness, they should be treated appropriately. While gender affirming therapy can alleviate distress in many cases, it should not be considered an alternative to appropriate psychiatric treatment (26). Therefore, it is important not to defer treatment of mental health disorders while awaiting review by gender services. If anyone presents with suspected mental health disorder or psychiatric illness, they should be referred to appropriate local services.

In 2013, TENI published *Speaking from the Margins*, the largest study of transgender people in Ireland (N=164), which found (28)

- High levels of suicidal ideation with a lifetime prevalence of 78% of trans people thinking about ending their lives. 40% of those with suicidal ideation had made at least one attempt, with 8% of these attempts being in the previous year.
- A substantial number of the participants reported having self-harmed at some point in their lives (44%) with 6% currently self-harming.
- Common experiences of stress (83%), depression (82%) and anxiety (73%) were reported.

The report also found that transition had a positive impact on a transgender person's mental health, with 75% of participants reporting they felt that their mental health had improved, compared to 6% who felt it was worse since transition (28). The positive impact was even more significant in terms of suicidal thoughts and behaviour with the majority of respondents reporting that they thought about or attempted suicide less after transition (28). 81% reported that they thought about or attempted suicide more before transition with only 4% doing so after transition (28).

HSE primary care counselling may be considered and does not always require a medical card. Referral can be made through the patient's GP or by a member of their primary care team (e.g. public health nurse).

9.6 Treatment options

Some transgender people will seek to address their gender dysphoria by accessing psychological support and/or proceeding with a medical transition, which may include hormonal and/or surgical interventions. In Ireland, the treatment pathway is evolving, and individuals have varying experiences.

For adults, treatment options that transgender people seek include

- Changes in gender expression and role (which may involve living part-time or full-time in a gender role consistent with one's gender identity – this process is sometimes called social transition)
- Psychotherapy or counselling (individual, couple, family or group) for purposes such as exploring gender identity, role and expression; addressing the negative impact of gender dysphoria and stigma on mental health; alleviating internalised transphobia; enhancing social and peer support; improving body image; and/or promoting resilience

Some adults, under specialist review and following multidisciplinary assessment, may consider

- Gender affirming hormone therapy
- Surgery to help affirm gender by changing primary and/or secondary sex characteristics (e.g. breast/chest, external and/or internal genitalia, facial features, body contouring)

For adolescents treatment options include

- Psychotherapy or counselling (individual, family) for purposes such as exploring gender identity, role and expression; addressing the negative impact of gender dysphoria and stigma on mental health; alleviating internalised transphobia; enhancing social and peer support; improving body image or promoting resilience.
- Some adolescents, under specialist review and following multidisciplinary assessment, may also consider
- GnRH analogues to suppress oestrogen or testosterone production (puberty blockers) and as a result delay the physical changes of puberty. Side effects may include hot flushes, fatigue and mood alterations (29).

- Oestrogen and testosterone therapy (for those aged >16 years and taking GnRH analogues for at least one year) for breast development (oestrogen) or deepening of the voice (testosterone) (30).

There is limited research evidence available regarding the long-term effects of hormone and puberty blockers in children and adolescents (29),(31). In a systematic review Chew et al concludes that low-quality evidence suggests that hormonal treatments for transgender adolescents can achieve their intended physical effects, but evidence regarding their psychosocial and cognitive impact are generally lacking. Future research to address these knowledge gaps and improve understanding of the long-term effects of these treatments is required (31).

For transgender children, medical interventions such as hormonal or surgical interventions are not indicated. However, with professional guidance a social transition can be considered along with psychological and family support. It is important to keep all options open for the future and approach with caution when facilitating social transition.

Section 10 Transgender Specific Assessment and Care

10.1 Services for children and adolescents

If a family presents with their child or adolescent who is experiencing anxiety due to their gender identity, the following steps can be taken.

10.1.1 Pre-pubertal children

At present, the existing care pathway in Ireland for pre-pubertal children generally begins with an approach by the child and the family to their GP. The GP may undertake some or all of the following:

- Explain that not all pre-pubertal children will progress to medically transition into adolescence
- Explain that research suggests that children who do go on to medically transition experience more positive outcomes when supported by their families (32)
- Refer to the local HSE Child and Adolescent Mental Health Service (CAMHS): there are anecdotal reports currently that some CAMHS teams only accept referrals if significant comorbid mental health concerns are present
- If CAMHS do not accept the referral, the CAMHS service may be able to signpost other local services that might be more appropriate for the child's needs
- Refer to local support and national support services (see [Appendix 1](#))
- Refer to a Play or Art Therapist to help the child to explore their gender expression

At this stage, a social transition may be advised with careful management by family, GP and CAMHS. International evidence indicates that social transition should be approached with caution and in consultation with professionals (33). Social transition may include a change of name, pronoun use, hairstyle and clothing in keeping with the child's gender identity. A referral to TransParenCI, a national transgender family support group may be made. TransParenCI is a national organisation that was developed in 2011.

If social transition in the school setting is planned, it is recommended that staff training be carried out prior to the social transition. (TENI is funded by the National Office for Suicide Prevention to provide this training. TENI is also funded by the HSE to provide training to healthcare professionals.

10.1.2 Pubertal children/adolescents

At present, the care pathway in Ireland for pubertal children is not clear. The child and their family may approach their GP. In some instances, the GP may undertake some or all of the following:

- Refer to the local HSE CAMHS: there are anecdotal reports that some CAMHS teams only accept referrals if significant comorbid mental health concerns are present. If the referral is not accepted, CAMHS may be able to signpost other local services that might be more appropriate
- Refer to local and national support services including
 - ~ TransParenCI, a national transgender family support group
 - ~ TENI (www.teni.ie), the national support group for transgender people, for both support in school and local support services
- Monitor the child's situation on an ongoing basis

It is important to note that some young people may present to their GP in their new gender role (socially transitioned). It is helpful if the GP is mindful regarding the young person's new name and pronouns.

As the development of an Irish specific gender service for children and adolescents is ongoing, changes to these suggestions may apply. Consulting with relevant HSE guidance is recommended for the most up to date information.

10.1.3 National Gender Service

The HSE recently published its [report](#) on the development of transgender services in Ireland (34).

The recommendations are

1. Move from the current system of psychological support provided by the Tavistock Clinic for those under 18 years old to ensure services are provided and delivered by the Irish Health Service.
2. Develop a full multidisciplinary team (as defined in the Model of Care) within Mental Health Services to support the delivery of the National Gender Service, led by the new CAMHS Consultant Psychiatrist.
3. Develop terms of reference of a Clinical Governance Committee for the National Gender Service (to include representation from awaiting adult and paediatric services, as well as Service Users) that will operate across all services delivering transgender care to ensure clear clinical and corporate governance structures are in place.
4. Develop a Service User Forum for the National Gender Service, with advice from the HSE Head of Mental Health Engagement & Recovery in relation to service user involvement and representation.
5. Consider revisiting the current Model of Care (see [Appendix 4](#)), as developed by Dr Philip Crowley (National Director of HSE Quality Improvement Division) under the auspices of new guidelines published by the Department of Health on Model of Care and noting additional resources are now available to deliver more comprehensive programme of care.
6. Continue to roll out Gender Identity Skills Training (GIST) nationally to all relevant staff members across the continuum of care, through primary care, secondary care and tertiary care, including Jigsaw and CIPC staff providing services at a local level.
7. Consider the establishment of academic partnerships to provide longitudinal evaluation of the service as it develops and appropriate KPIs for ongoing monitoring of the service, to best ensure service provision develops along with need.

10.1.4 Paediatric Endocrinology Service

A detailed specialist assessment from CAMHS, a multidisciplinary gender identity development service assessment along with continuing psychosocial support are a pre-requisite to acceptance by the Paediatric Endocrinology service for consideration of gender affirming hormonal intervention, in keeping with best practice internationally known as the Dutch Protocol (35). This psychological support is to ensure the correct path is being taken for an individual and to ensure any co-morbid issues are identified and addressed. This specialist multidisciplinary team will continue ongoing monitoring and support of the adolescent during this time. If the young person has significant mental health co-morbidities, it is essential that they remain linked and monitored closely by their local CAMHS team.

The adolescent may be commenced on a pubertal suppressant (GnRH agonist) by the Paediatric Endocrinology Team. The adolescent may remain on this treatment for up to four years. It is recommended that GPs provide on-going support to the adolescent and family during this time.

10.1.5 Referral of young people aged 17 years and older

Young people aged 17 years or older can be referred for multidisciplinary review, including endocrine care if indicated, to the National Gender Service at St Colmcille's Hospital, Loughlinstown, Co Dublin. This review includes a full assessment of social, health and social care needs, mental health and plans for gender affirmation. The young person can be referred directly and they do not have to be seen by any mental health team for assessment or 'diagnosis' prior to referral. However, if there are co-existent mental health concerns, concurrent referral to HSE CAMHS or other local mental health services is recommended.

The National Gender Service multidisciplinary team currently includes expertise in

- Endocrinology
- Specialist nursing
- Psychiatry
- Social work
- Speech and language therapy
- Psychology

This HSE Model of Care has been in practice since 2018 (not currently published) and the pathway is available to view in [Appendix 4](#).

10.1.6 Speech and language therapy

Speech and language therapy can be accessed through some HSE CAMHS teams, where a specialist therapist is available. A referral to a generic speech and language therapist, may be made by a GP at the request of the family. A speech and language service is available for people attending the National Gender Service (20).

10.2 Services for adults

Adults who are exploring their gender identity or gender expression should be referred to local support groups. If there are any associated mental health issues, referral to appropriate local mental health specialists with experience in this field is recommended. Not all transgender people want to medically transition (either hormonally or surgically).

The following options should be considered if a person states their wish to transition:

- If mental health is a primary concern, referral to the local community mental health team for support is recommended.
- Referral to the National Gender Service at St Colmcille's Hospital, Loughlinstown, Co Dublin. GP Referrals can be made directly. People do not need to have a diagnosis of gender dysphoria to be referred. A full multidisciplinary assessment will be completed within the National Gender Service prior to any gender affirming intervention. Gender affirming hormone therapy is provided by the National Gender Service.
- Referral to local endocrine services – at present there are limited services in the public and private endocrine services in Galway and Drogheda, and in the private sector in Cork.
- Prior to referral to endocrine services other than the National Gender Service, a thorough psychosocial assessment is a pre-requisite to commencing hormone therapy in line with international guidelines. This is to ensure that the appropriate path is being taken for the individual and to ensure co-morbid issues are identified and addressed. Local endocrine services can be contacted for detailed information on their current referral pathways.
- The National Gender Service can facilitate people in accessing gender affirming surgery. It should be noted that
 - ~ Concurrent referrals to community mental health services are recommended if there are active mental health concerns such as depression, anxiety or social phobia
 - ~ DEXA scans are not required for referral and are not routinely required for transgender people during follow-up
 - ~ Blood work is not needed for referral
 - ~ For people on gender affirming hormone therapy, full blood work (including FSH/LH, FBC, lipid profiles, renal profiles and LFTs) is recommended at least once per year for life.
- Psychotherapy or counselling may be considered to assist the individual with the changes that occur during transition, for example changes in relationships with friends and family
- Where a patient has a medical card and is over 16 years, GPs can refer them to HSE Counseling in Primary Care (CIPC). A referral can also be made by a primary care team member (e.g. public health nurse)
- A referral to local HSE speech and language services may be considered, if requested by the patient
- Family support should be discussed with the patient and information can be provided to the patient through TransParenCI, the national support group for families. Family members may also be referred to psychotherapy or counseling for support
- Information regarding local transgender peer support groups can be provided to patients through TENI (see [Appendix 1](#))

If the patient is unsure about transitioning or does not want to transition but is looking for support, the following can be explored (20):

- Referral for psychotherapy or counseling to explore gender identity or expression
- Referral to a local transgender support group
- Ongoing monitoring of the patient's situation

It may be the case that someone attends their GP having transitioned abroad or having accessed medical therapy abroad or online. In some cases, these therapies may have been recommended outside international guidelines or by people not on appropriate professional registers. If in doubt, please check with the National Gender Service, the Medical Council and your medical indemnifier.

Section 11 Family Supports

‘Cognitively, families need to mourn and reconcile changes to the family identity. Therapists can help families to validate emotions, increase social support and provide accurate information’ (36).

It is very important that family support is offered. This will not be a consideration for many people and the person themselves should always remain the focus of care (20). However, if the person would like to receive family support, this can be beneficial. If the family member is interested in receiving support, there are a number of options (see [Appendix 1](#)) including;

- Local referral to counseling services.
- Referral to TransParenCI. This group holds monthly meetings in various regions throughout Ireland and hosts residential weekends for families. They can also link families with other family members who have had similar experiences for a phone conversation and support (20).
- Contact www.teni.ie to establish local support services

Section 12 Parenting Information

12.1 Family information

Having a family member undergo gender transition or identify as trans can pose some challenges for re-integrating the new gender identity into the family. Family support is provided in the form of phone support/information, monthly regional support meetings, workshops and seminars for families of trans people. Trans people can be children, siblings, parents, grandparents, uncles, aunts, cousins, friends or someone else meaningful in their lives. Below are some useful links that may help families have a better understanding of trans people in families.

- <https://www.gires.org.uk/information-and-support-for-families-of-adult-transgender-non-binary-and-non-gender-people/>
- <https://www.gires.org.uk/explaining-to-children/>
- <https://www.gires.org.uk/family-case-study-1/>

Conclusion

The care of transgender and gender questioning patients in primary care requires GPs to have an open and non-judgemental approach to gender identity issues. Using correct terminology, in particular terminology that transgender patients themselves are comfortable with, is an important first step to gaining patients' trust. Reassuring patients about confidentiality is also important. Transgender people experience stigma and discrimination. They suffer higher levels of physical and mental health problems than their cisgender peers and struggle to access appropriate medical care. This guide outlines how GPs can improve healthcare for transgender people in primary care by providing guidance on terminology, specific healthcare issues, inclusive practice, referral pathways and support services.

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Appendix 1 Resources and Services

NATIONAL ORGANISATIONS

Transgender Equality Network Ireland (TENI)

Advice, help and support for trans people and their families, including signposting for peer support groups.

T: 01 8733675

Email: office@teni.ie

Website: www.teni.ie

TransParenCI

Support group for families of trans people. Offers various regional groups, including the youth trans group Transformers.

T: 0870637933

Email: office@teni.ie

LGBT Ireland

National organisation providing support, training and advocacy which aims to improve the lives of LGBT+ people across Ireland.

T: 1890 929 539

E: info@lgbt.ie

BeLonG To youth project

Supporting and resourcing lesbian, gay, bisexual and transgender young people aged 14-23.

T: 01 6706223

Email: info@belongto.org

Website: www.belongto.org

HELPLINES

National LGBT helpline

1890 929 539

Website www.lgbt.ie

Gender Identity family support line

01 907 3707

HEALTH ORGANISATIONS

Gay Men's Health Service (GMHS) HSE

Free sexual health clinics for MSM and trans people, Monday to Thursday, Baggot Street Hospital, 18 Upper Baggot Street, Dublin.

T: 01 6699553

Website: www.gmhs.ie

SOCIAL SUPPORTS

.....

Dundalk Outcomers

8 Roden Place, Dundalk
T: 042 932 9816
Website: www.outcomers.org

LINC Resource Centre for LBT women

11A White Street, Cork
Tuesday & Wednesday 11am – 3pm; Thursday 11am – 8pm

Gay Project Cork

Gay, Bi+, Queer, MSM and Trans* NGO
4 South Terrace, Cork City, Cork
T: 021 430 0430
W: www.gayproject.ie

Tipperary LGBT Adult Support Group

Clonmel Community Resource Centre
T: 052 6129143
M: 085 854 1514

GOSHH

Redwood House, 9 Cecil Street, Limerick
T: 061 314 354
E: lgbt@gossh.ie

Outhouse

105 Capel Street, Dublin 1
T: 01 873 4999
E: info@outhouse.ie

Teach Solais LGBT+ Resource Centre

1 Victoria Place, off Eyre Square, Galway
E: resourcecentre@amachlgbt.com
T: 089 252 3307
Website: www.amachlgbt.com

8 Rays Leitrim LGBTIQ+ Social and Community Support Group

E: contact@8raysleitrim.com
Website: www.8raysleitrim.com

Smily LGBT Youth Group, Sligo

T: 089 4820330 or 071 914 4150
E: smilyyouthlgbt@gmail.com

BreakOut LGBTI+ youth groups, Donegal

Meetings in Ballybofey, Glenties, Letterkenny and Moville
T: 086 124 7698 or 074 912 9630
E: lgbt@donegalyouthservice.ie

INTERNATIONAL SUPPORTS

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Gender Identity Research and Education Society (GIReS)

T: 01372 801554

E: info@gires.org.uk

Website: www.gires.org.uk

World Professional Association for Transgender Health (WPATH)

E: wpath@wpath.org

Website: www.wpath.org

ADVICE ON BINDERS AND BINDING

.....

Gender Confirmation Centre by Dr Scott Mosser

Website: www.genderconfirmation.com/chest-binding

PATIENT INFORMATION

.....

NHS Health A–Z Gender Dysphoria

Website: www.nhs.uk/conditions/gender-dysphoria

HSE Patient Information Gender Dysphoria

Website: www.hse.ie/eng/health/az/g/gender-dysphoria

Appendix 2 Sample Waiting Room Poster Information

This practice is an inclusive practice

What does this mean?

This means that we value the dignity of all patients in this practice.

We do not discriminate based on any of the following:

- Gender
- Marital status
- Family status
- Age
- Disability
- Race
- Sexual orientation
- Religious belief
- Membership of the Traveller community

Where can I find more information on this?

<<ENTER RELEVANT PRACTICE INFORMATION HERE>>

Appendix 3 GP Checklist for Transgender Patients

ICGP and TENI have developed this checklist for managing transgender patients in general practice. A patient may disclose their gender identity to their GP for one of the following reasons:

- They have moved to a new GP and wish to make them aware of their past medical history
- They are seeking assistance with their gender identity, through either support or a referral

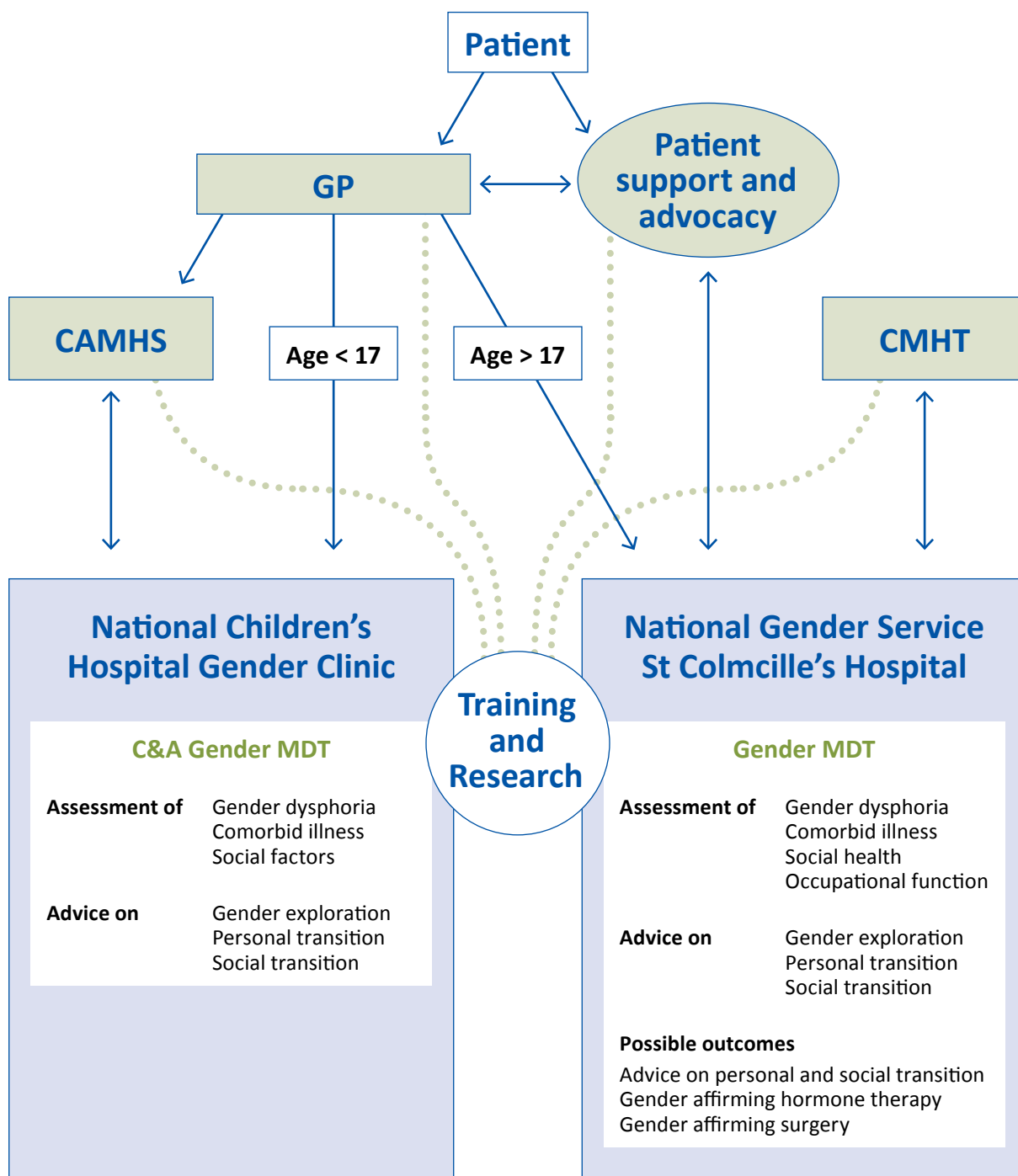
Table 4. Checklist for Transgender patients

When a patient is informing you of their gender identity as part of their past medical history	
Confirm what name and pronoun they would like you to use and note this on their file	
Use the same terminology as the patient uses to refer to themselves (for a full guide to terminology, please click here)	
Reassure the patient that all staff in the practice will maintain their confidentiality	
Where relevant, offer appropriate health screening to the patient based on their medical needs (i.e. a trans woman may still require a prostate exam; a trans man may need a regular smear test)	
Approach questions regarding surgical status with sensitivity and only where it is appropriate to do so (e.g. as part of routine history taking)	

When a patient is seeking support/assistance regarding their gender identity	
Check what name and pronoun they would like you to use and note this on their file	
Confirm with them if they would like the reception staff to also use this name and pronoun	
Use the same terminology as the patient uses to refer to themselves (for a full guide to terminology, please click here)	
Reassure the patient that all staff in the practice will maintain their confidentiality	
Where a patient is acknowledging their gender identity for the first time, understand that they may not be ready to discuss in-depth any medical or surgical interventions (NB: not all trans people will seek medical transition)	
Signpost the patient to www.teni.ie for trans supports and resources	
Patients over 17 can be referred directly to the National Gender Service in St Columcille's Hospital (nationalgenderservice@hse.ie or telephone 01 211 5045)	

Where a patient under 17 is seeking support/assistance regarding their gender identity	
Reassure both the child and parent(s) that their confidentiality will be maintained by all staff in the practice	
Familiarise yourself with the guidelines to inform the child and their parents of the possible referral pathways <ul style="list-style-type: none"> • Refer to local HSE CAMHS team • In the event that CAMHS cannot assist, refer to other local supports 	
For patients under 17, consider referral to TransParenCI, a national transgender family support group	

Appendix 4 Schematic Representation of National Gender Service Components and Care Pathways





The Irish College of General Practitioners (ICGP) is the professional body for general practice in Ireland. The College was founded in 1984 and is based in Lincoln Place, Dublin 2. The College's primary aim is to serve the patient and the general practitioner by encouraging and maintaining the highest standards of general medical practice. It is the representative organisation on education, training and standards in general practice.

The Irish College of General Practitioners, 4/5 Lincoln Place, Dublin 2
Tel. 01-676 3705, Fax. 01-676 5850, Email. info@icgp.ie, Web. www.icgp.ie