Royal College of General Practitioners

Top Tips for GPs: Annual Review for Patients with Gender Incongruence/Dysphoria

1. Patient centred communications
2. Review current treatments and goals
3. Confirm surgical status
4. Medication review
5. Hormonal Monitoring
6. Review Screening requirements
7. Bridging prescriptions
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10. Fertility needs and requirements
11. Neurodivergence
12. Mental and Social care review

Person-centred communication.

Check the patient's preferred name and pronouns and how they want you to call them from the waiting room or document their name. Do they want you to set a reminder so other professionals in primary care can see their preferred name? The preferred name is easy to change on most systems with no implications.

Ask about support networks and approach the conversation openly. This builds trust, supports wellbeing, and acknowledges that social support strongly affects health outcomes.

Review gender-affirming goals and current treatments.

Ask what the patient is aiming for right now and what medication or interventions they are using (NHS-prescribed, private, or self-sourced). This helps ensure safe monitoring and acknowledges that goals and treatments change over time.

Explore if they have a diagnosis of gender dysphoria/gender incongruence to establish if you are providing care between review with a gender service (bridging) or are providing ongoing lifelong gender affirming care.

What are their surgical goals if any?

Confirm current surgical status

If they have had gonadectomy (removal of ovaries or testes) it is important to ensure they are adequately treated with hormones to reduce the risk of complications from hypogonadism.

Once the gonads have been removed the need for GnRH suppression of unwanted hormone production is likely to have been removed too. This medication can often be stopped in such circumstance but should be done in discussion with the patient.

Medication review and discuss risks of stopping or irregular use.

Hormone needs and safety considerations evolve with age, have there been any health issues since the last review and are there any issues with the formulation, such as patches falling off. Explore adherence, side effects, and barriers (e.g., cost, access) to prevent complications such as osteoporosis after hormone withdrawal.

Other risks may include menopausal symptoms mood change and deterioration of mental health.

Hormone Therapy Monitoring.

Until national guidance is published, follow the patient's gender service recommendations. Focus on the core tests standard for the majority of patients; additional monitoring may be needed depending on medication (e.g., cyproterone).

When reviewing blood tests refer to local gender service guidelines, as lab normal ranges reflect cis-gendered individuals and should not be used as a reference

It is anticipated that national guidance will be published in 2026 and will be reflected here when that happens

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Review Screening requirements

A patient's gender marker may not match their anatomy. Ensure appropriate invitations for cervical, breast, and abdominal aortic aneurysm screening based on organs present, not gender marker. Some patients may find invitation to some screening dysphoric so explore and support this with the patient.

Bridging, initiating prescriptions for adult patients

For GPs without additional expertise in gender care, the RCGP consider that the GP role would not include initiating prescriptions prior to a patient being seen by a specialist gender identity service. However, in the context of specialist waiting lists of several years the risks associated with long term prescribing without specialist team support need to be carefully considered when deciding whether initiation prescribing of hormones by the GP would be in the best interest of the patient.

Balancing against this is that patients already initiated and established on medications stopping prescriptions abruptly can result in adverse physical and mental health effects. A complex risk vs benefit discussion needs to be explored with the patient. It may be further complicated where a patient has been given a diagnosis and or hormone therapy by a private overseas clinic where clinical considerations and decision-making processes may vary. Continuing a prescription after a fully documented comprehensive assessment by an experienced gender clinic doctor with GMC registration in a UK private clinic may be an alternative option.

Each judgement should be made on its own merits

The GMC Position is that

"If you feel competent and the patient understands the risks, bridging can be supported safety; advice and guidance is available if needed.

Physical Health Review.

Review BMI, diet, exercise, smoking (including cannabis), alcohol use, and cardiovascular risk in line with routine risk calculation. Use the **higher-risk gender** for Q-risk calculations. Trans people may have slightly elevated cardiovascular risk due to hormones and minority stress.

Thrombo-embolic disease risk rises with weight in both Cis and Trans individuals; with rising BMI it may be appropriate to seek advice on oestrogen dose and formulation.

BMI limits are set for surgical interventions so consider referral to local weight loss services to support patients in achieving BMI targets.

Vaginitis in Trans men is not uncommon but poorly recognised by patient and GP.

Ask proactively if symptoms are present e.g. Do you have any lower genital symptoms (itch, discharge, dryness) or discomfort. Appropriate treatment can significantly improve comfort and wellbeing. Topical Oestradiol can be very effective and does not reverse or hinder masculinising effects.

Sexual Health and Contraception requirements

Discuss sexual health in an individualised way, acknowledging relationship context and local service availability. Not everyone needs annual HIV or STI screening; offer when relevant.

Testosterone or Estradiol alone are not contraceptive. Although individuals are counselled around hormones causing infertility, they can also remain fertile.

Trans men on testosterone, may use the progesterone only pill as contraception where appropriate.

Fertility needs and requirements

Hormone therapy can impact upon fertility, ideally people will have had this considered before they started medication, but not always.

Wishes about fertility can evolve over time. Signpost local fertility services and explain that national guidance is expected to move toward more consistent access.

Funding is available and is now available in all ICBs on the same basis as other people who have a medical condition requiring preservation of fertility.

Neurodivergence

Neurodivergence is commonly seen in trans population though the exact proportion is debated and can affect how information is processed.

Treat autistic transgender individuals with respect and dignity. They may have additional needs, and GPs should adapt communication and examination skills accordingly. Our best practice in gender identity services show no difference in outcomes compared with neurotypical patients following gender-affirming treatment. Autism does not invalidate gender identity and should not be used to delay or dismiss gender-affirming care.

Local approaches to assessment and support may be valuable to the individual and should be offered alongside Gender service involvement as part a holistic approach to care.

Mental and Social care review

Explore support at home, mental health, social networks, discrimination experiences, and use of any community support group resources.

Mental health is not synonymous with gender dysphoria and needs to be addressed independently of involvement with Gender Service Clinics by local services.

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