



NHS Interim Protocol Guide

*Action
for
Trans*
Health*

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About the cover: Sylvia Rivera and Marsha P. Johnson at a demonstration for queer rights. Sylvia Rivera and Marsha P. Johnson were latina and black trans women (respectively) and self-described “street queens” who were instrumental in starting the 1969 Stonewall Riots. The Stonewall Riot was a pivotal moment in queer history as street kids and trans people fought against police repression of the LGBT and queer community.

Sylvia Rivera was a founding member of the Gay Liberation Front (GLF), the Gay Activists Alliance (GAA) and the Street Transvestite Action Revolutionaries (STAR). She also was actively involved in struggle against the Vietnam War, in feminist campaigns, and worked with the Black Panther Party and the Young Lords.

Marsha P. Johnson was a co-founder of Street Transvestite Action Revolutionaries (STAR) alongside Sylvia Rivera and “mother” of the STAR house in New York’s Lower East Side.

What is Action for Trans* Health?

Action for Trans* Health is an organisation which campaigns for greater access to healthcare for trans* and gender variant people. Our work covers three main areas:

- Raising money to provide individual trans* and gender variant people with small grants to help facilitate their access to healthcare
- Training doctors, nurses, administration staff and other clinicians about the needs of trans* patients.
- Empowering trans* and gender variant people to take action for their health through education and activist training.

Please see <http://www.actionfortranshealth.org.uk> for more information about what we get up to and how you can support our work.

Why have you written this guide?

In 2013, the NHS protocol for gender dysphoria changed. This means that previous protocol, and good practice guidance is now defunct. This guide aims to help people to understand how the new protocol might work for service-users. We are aware that the interim protocol is not perfect; it has little or no coverage of non-binary healthcare and may not be adhered to by GICs or GPs. If you have any issues, please get in touch at info@actionfortranshealth.org.uk

You should also read our disclaimer on p.28 of this guide before reading further.

Where can I find the 2013/14 NHS interim protocol and good practice guidance?

You can find the protocol on the NHS England website, and the Good Practice guidance on the Royal College of Psychiatrists Website.

NHS England Interim Gender Dysphoria Protocol and Service Guideline 2013/14:
<http://www.england.nhs.uk/wp-content/uploads/2013/10/int-gend-proto.pdf>

UK Intercollegiate Good Practice Guidelines for the Assessment and Treatment of Adults with Gender Dysphoria 2013/14:
<http://www.rcpsych.ac.uk/files/pdfversion/CR181x.pdf>

Why has the protocol changed?

In 2013, NHS England introduced an interim protocol for gender dysphoria. The main aim of the interim protocol is to improve funding and access provisions for service-users.

The interim protocol will remain in place until 2014/15, when a new NHS England policy will be introduced by NHS England's Gender Identity Services Clinical Reference Group (CRG).

The good practice guidelines for health practitioners also changed in 2013, to be consistent with the interim protocol.

How does the interim protocol change the GIC treatment process?

The interim protocol will change things for GICs and service-users in several ways. It will affect transmasculine* (TM*) and transfeminine* (TF*) people differently. This is a simplified version of the interim protocol flow that you might follow:

Step:	What will happen:
Step 1	GP referral to GIC
Step 2	First assessment appointment at GIC
Step 3	Two assessments for diagnosis
Step 4	Agree Individual Care Plan (ICP) & Lead Care Planner assigned
Step 5 (TM*)	Two assessments & recommendation for hormone therapy / chest reconstruction / hysterectomy
Step 5 (TF*)	Assessment for facial hair reduction, two assessments & recommendation for hormone therapy
Step 6a	GIC discharge to GP (or Step 6b)
Step 6b (TM*)	Two assessments & referral for GRS (or Step 6a)
Step 6b (TF*)	Two assessments & referral for GRS / other surgeries
Step 7	GIC discharge to GP

What will happen at each stage of the 'Protocol Flow'?

Below you will find more detail on what might happen at each stage of the Protocol Flow.

Step 1, GP referral to GIC

What will happen

You should visit your GP and ask for a referral to a Gender Identity Clinic (GIC). You can sign up at another local GP Practice if you would rather talk to a different GP.

Details of the 7 NHS GICs in England can be found on p.23 of this guide. You can show this to your GP to help get your referral to the right place.

You can ask your GP to send you a copy of your referral letter. You or your GP can also call the GIC to ensure they have received your referral.

Important Info: Some GPs & GICs may be unaware of the changes that the interim protocol makes. You can provide them with a copy of this guide / the interim protocol publication to help. If you have any further problems please get in touch at info@actionfortranshealth.org.uk. If you need to make a complaint about a GP or GIC please contact your local Patient Advice and Liaison Service (PALS).

Step 2, first assessment appointment at GIC

What will happen

You should receive a letter/call from the GIC, and attend a first assessment for gender dysphoria. This will be with a specialist psychiatrist or psychologist. NHS GICs currently define gender dysphoria as:

"Transsexualism is the desire to live and be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment"

WHO, ICD - 10 code F64.0

At your first assessment, you might talk about:

- Your past e.g. family, education, childhood dysphoria.
- Your present e.g. family, work/education, gender dysphoria.
- Your future e.g. what you want the GIC to help you with.

You can look on your GICs website to find out more on what might happen at your first assessment appointment.

Important Info: Some GIC websites have not yet been updated to be in line with the new interim protocol. You or your GP can contact the GIC to chase up where your referral is, and when you can expect an appointment.

You can ask other trans* people about their GIC experiences. See our website for info on trans* social groups and online forums.

Step 3, two assessments for diagnosis

What will happen

You will attend two diagnostic assessments, with two different GIC practitioners. This is to ensure that you get the right diagnosis and support.

At these assessments, you might talk about:

- Your gender identity and dysphoria
- Treatment options e.g. counselling, hormones, surgeries etc.
- Timescales for treatments (waiting times)
- Real Life Experience (RLE)

If both practitioners agree that you should be diagnosed with gender dysphoria, you will move on to Step 4.

Important Info: If you are not diagnosed with gender dysphoria at this point, you may still receive support from the GIC, or be referred to a service that better suits you. If you do not agree with the decision not to diagnose, feel free to get in touch at info@actionfortranshealth.org.uk

Step 4, agree Individual Care Plan & Lead Care Planner assigned

What will happen

If you are diagnosed with gender dysphoria, the GIC will write an Individual Care Plan (ICP) with you. Your ICP should help you and your GIC to understand your transition better.

Your ICP might include

- Treatments that you want e.g. counselling, hormone therapy.
- Provisional timescales for treatments.
- RLE start and finish dates.

At this point, you should also be assigned a Lead Care Planner. Your Lead Care Planner is the link between you and the GIC.

Your Lead Care Planner's roles are to:

- Have follow-up/support appointments with you.
- Help you to understand and/or change your ICP.
- Provide information from you to the GIC, and vice versa.

Important Info: You can let the GIC know if you want to change anything in your ICP, at any appointment that you attend.

Step 5 (TM*), two assessments for hormone therapy / chest reconstruction / hysterectomy

Step 5 (TF*), assessment for facial hair reduction, two assessments for hormone therapy

What will happen: Hormones (TM & TF*)

If starting hormones is part of your ICP, you might have two further GIC assessments. You will be assessed using the '*NHS eligibility and readiness criteria*'. This is the NHS version of the World Professional Association for Transgender Health Standards of Care (WPATH).

NHS criteria for starting hormones:	What this means:
1. Persistent, well-documented gender dysphoria.	You need to provide evidence of being uncomfortable in your assigned gender identity and/or body.
2. Capacity to make fully informed decision and to consent for treatment.	You do not have a cognitive or psychological impairment that will make decision-making very difficult for you.
3. Aged at least 17 years.	A different protocol exists for younger people.
4. If significant medical or mental health concerns are present, they must be reasonably well controlled.	The GIC may want to talk to other health practitioners you see, to make sure you are safe and well to start hormones.

If you can show that you meet this criteria, both assessors will write a '*letter of recommendation*' that you can start hormones. The GIC will send these letters to your GP, who should then prescribe hormones to you.

Timescale

Service-users are usually assessed for hormones at around 3-6 months after their first GIC assessment.

Important Info: NHS England expects GPs to prescribe and monitor your hormone treatment. You should contact your LCP if you have any problems with your GP. If you have further problems, please get in touch at info@actionfortranshealth.org.uk and we will do our best to support you.

The interim protocol states that you do not need to have started RLE to start hormones.

What will happen: Facial hair reduction treatment (TF*)

Transfeminine* people may be assessed for facial hair reduction treatment, alongside assessment for hormone therapy. You should get around eight sessions of facial hair reduction treatment.

Assessment criteria

The assessment criteria for facial hair reduction treatment is the same as the hormone therapy treatment criteria shown above.

Timescales

Transfeminine service-users are usually assessed for facial hair reduction treatment at around 3-6 months after their first GIC assessment.

Important Info: The interim protocol states that you do not need to have started RLE to have facial hair reduction treatment.

What will happen: Chest reconstruction surgery (TM*)

Transmasculine* people can also have 2x assessments, from 2 different GIC practitioners for chest reconstruction surgery at this stage.

Assessment criteria

The assessment criteria is the same as the criteria for hormone therapy above.

If both assessors agree that you meet this criteria, they will both write a '*letter of recommendation*'. This is for the GIC's and your GP's records. One practitioner will also write a referral letter. The referral letter will be sent to a surgeon.

For GIC recommended surgeons' contact information, please see <http://actionfortranshealth.org.uk/resources/for-trans-people/uk-surgeons/>.

Timescales

Typically, a referral for chest surgery will be made at around 9-12 months after your first GIC assessment.

Important Info: Assessment for chest surgery may take place during your assessments for hormone therapy, or during follow-up/routine appointments - this means you may not need to attend separate appointments for assessment for chest reconstruction surgery.

Your Lead Care Planner should be able to provide info on recommended surgeons.

A copy of your surgery referral letter should be sent to you and your GP. You do not need to have started RLE or hormones to have surgery (although most people do).

What will happen: Hysterectomy (TM*)

You will need two letters of recommendation to have a hysterectomy. One of these must be from a GIC practitioner, but the second can be from your GP. These letters are for the GIC's records. GIC assessment for this may be carried out as part of your assessment for hormone therapy, or at a later point in your transition.

Assessment criteria

The assessment criteria for hysterectomy is the same as above, plus 1 extra criteria, which is:

“12 months continuous endocrine treatment as appropriate to the patient's goals (unless the patient has medical contraindications or is otherwise unable to take hormones).”

“Typically, you will need to have been taking hormones for at least 12 months before being referred for a hysterectomy.”

If you meet these criteria, a GIC practitioner can write a referral letter to a surgeon.

Timescales

Typically, a referral for hysterectomy surgery can be made at around 9-12 months after your first GIC assessment.

Important Info: Your Lead Care Planner should help you to choose a surgeon. You should make sure you have researched surgeons well and looked at other peoples results in order to inform your decision.

You and your GP should receive a copy of your referral letter.

Step 6a, GIC discharge to GP

What will happen

If you have reached the end of your ICP, (and you don't want to have Genital Reassignment Surgery), you may attend a final follow-up appointment at the GIC. The GIC will then discharge you back to your GP.

The GIC will tell your GP to:

- Continue to prescribe and monitor your hormone therapy
- Contact the GIC for any info needed
- Refer you back to the GIC if you need any GIC treatments at a later point

Important Info: You should contact the GIC if you have any difficulties in getting your hormone therapy from your GP. If your GP is still not helpful, consider making a complaint with the Patient Advice and Liaison Service (PALS).

You can provide your GP with a copy of this guide, and/or the interim protocol document for their reference.

You can ask your GP to refer you back to the GIC at a later point.

Step 6b, two assessments & referral for Genital Reassignment Surgeries (GRS)

What will happen

If GRS is part of your ICP, the GIC will assess you against the same criteria as above, plus one extra criteria. This is:

“A period of living in the gender role that is congruent with the individual's gender identity [RLE] before the provision of genital reassignment surgery...the duration of this period...is typically 12-24 months.”

“The GIC will agree an RLE timescale with you. You will need to provide evidence of living in your congruent gender identity to the GIC.”

Once you have completed RLE (see p.18 for more info), you may have 2x assessments for GRS. The first assessment will be with a GIC practitioner that you know, and the second will be with a specialist that you do not know.

Both these assessors will write 'letters of recommendation'. The GIC will then send a referral letter (& the letters of recommendation) to a surgeon.

Timescales

You can be assessed and referred for GRS once you have completed RLE. This is typically 12-24 months after your first GIC appointment.

Important Info: Your Lead Care Planner should help you to choose a surgeon. For GIC recommended surgeons' contact information, please see <http://actionfortranshealth.org.uk/resources/for-trans-people/uk-surgeons/>
You and your GP should receive a copy of the referral letter.

What will happen: Other surgeries e.g. breast augmentation (TF*)

Transfeminine* people can be assessed for other surgeries, such as breast augmentation, at this stage. You will be assessed by 2x GIC practitioners against criteria 1-4 shown above, plus 1 extra criteria, which is:

“For breast augmentation only, completion of 18 months continuous adequate feminising hormone treatment, unless there is an unequivocal medical contraindication to this. You must provide evidence that there is a 'clear failure' of breast growth after 18 months of taking hormones. “

If you meet these criteria, the GIC may apply to your local CCG for funding. The CCG will assess your need against their criteria, and may fund your surgery. The GIC can then send a referral letter to a surgeon.

Important Info: Breast augmentation and some other surgeries for transfeminine* people are not usually funded by NHS England in the interim protocol. This is why the GIC will apply for funding from your local Clinical Commissioning Group (CCG). See p.17 for more info on funding.

You and your GP should receive a copy of the referral letter.

Step 7, GIC discharge to GP

What will happen

You may attend a follow-up appointment at the GIC, within six months of your GRS/ other surgeries. You may then be discharged back to your GP.

Important Info: Your GP should continue to prescribe and monitor your hormone therapy once you have been discharged back to them. Contact the GIC if you have any problems. If you feel you need to make a complaint, get in touch with the Patient Advice and Liaison Service (PALS)

What is Real Life Experience (RLE) & where does it fit on the Protocol Flow?

RLE is when a person lives consistently in their congruent gender identity. RLE can start and finish anywhere along/around the Protocol Flow, and is typically carried out for between 12-24 months.

Trans* people do RLE as part of their medical transition. You will need to complete RLE before you can be referred for any surgeries.

The GIC will document when you start and finish RLE, so you will need to provide the GIC with evidence that you have done/are doing this. Evidence can include:

- Proof of name change (e.g. deed poll, statutory declaration)
- Passport, Driver's License, NI Card in new name
- Copies of letters, bills, bank statements in your new name
- Telling the GIC about changing your name and gender at home/work/university etc.

An RLE start date is often agreed at one of your first GIC appointments. However, if you feel that you started RLE before your first GIC appointment, you can take evidence of this with you. This may reduce the RLE you need to complete under the GIC's care.

Who funds which treatments?

In the interim protocol, funding is provided by 3 different bodies: NHS England, NHS England Area Team Individual Funding Request panel (IFR), and Clinical Commissioning Groups (CCGs).

NHS England (core surgeries)

NHS England routinely funds the 'core surgeries' for gender dysphoria described within the interim protocol. These include:

Psychotherapy, counselling, hormone therapy, speech therapy.

Transmasculine people:* chest reconstruction, hysterectomy, salpingo oophorectomy, vaginectomy, metoidioplasty, phalloplasty, urethroplasty, scrotoplasty, penile prosthesis, revision surgery, & extra urinary/sexual function surgery (if clinically necessary).

Transfeminine people:* facial hair removal, penectomy, orchidectomy, vaginoplasty, clitoroplasty, labiaplasty.

More info on the NHS England funding process can be found in the interim protocol publication.

NHS England Area Team Individual Funding Request panels (IFR) (additional core surgeries)

IFR panels can fund additional core surgeries, on an exceptional basis. IFR panels call these surgeries 'specialised services'. These include:

Additional or revision surgeries to chest and/or genitals, voice modifying surgery.

Your GP can submit an individual funding request to one of the IFR panels, and you will be assessed against their criteria. This criteria can be seen here:

NHS Commissioning; Interim Commissioning Policy: Individual Funding Requests 2013 <http://www.england.nhs.uk/wp-content/uploads/2013/04/cp-03.pdf>

Contact details of the 4 IFR panels that can fund additional core surgeries can be seen on p.6 of: NHS Commissioning Board; Interim Standard Operating Procedures: The Management of Individual Funding Requests: <http://www.england.nhs.uk/wp-content/uploads/2013/04/cp-04.pdf>

IFR application forms can be downloaded here (this must be filled in by your GP): <http://www.england.nhs.uk/ourwork/commissioning/policies/gp/>

Clinical Commissioning Groups (non-core surgeries)

Some treatments that a trans* person might need are non-core surgeries. These are not usually funded by NHS England. However, your GIC can assess you, and then apply to your local CCG for funding.

These include: breast augmentation, facial feminisation surgery (thyroid chondroplasty, rhinoplasty, blepharoplasty) liposuction/body sculpture, gamete (sperm/egg) storage.

You, your GP, or the GIC can contact your CCG to make sure that your application has arrived at the right one.

There are several CCGs. See this list of CCGs to find your local one:

<http://www.england.nhs.uk/ccg-details/>

Note: It can be difficult to find out what your local CCG is likely to fund. It might be worth you/your GP contacting your local CCG, or Patient Advice and Liaison Service (PALs) if you or your GP are unsure:

<http://www.nhs.uk/chq/Pages/1082.aspx?CategoryID=68>

What about funding for complications and/or revision surgeries?

Different funding rules apply, depending on when you have a complication or need a revision.

In hospital / immediately after surgery

If complications and/or unacceptable surgical outcomes occur while you are in hospital, or very soon after, these will be treated by the surgeon, and funded as part of the usual NHS England interim protocol funding provisions.

At a later stage

If you become unhappy with your surgery results at a later date, this is not usually funded as part of the interim protocol. Your GP should apply to an NHS England Area Team IFR panel for funding for you instead.

Note: There is one exception to this rule. If you are a transmasculine* person who needs revision surgery to a phalloplasty at any point, you can be referred back to your surgeon at any point - you do need to apply for funding for this.

Important Info: The information within the interim protocol publication is unclear on provisions for revision surgeries. Please talk to your Lead Care Planner and/or GP about revisions for more info.

Where are the GICs, and which one will I go to?

There are 7 NHS GICs. The GIC you go to will depend on:

- Which one you want to go to
- Which one is nearest to you
- Which one has the shortest waiting list

Your GP should be able to help you choose which one is best for you. See the list of GIC contact details on the next page for more info.

Exeter:	Devon Partnership NHS Trusty The Laurels Gender and Sexual Health Medicine Clinic 11-15 Dix's Field Exeter EX1 1QA
Lead Clinician: Dr John Dean	
Telephone: 01392 677 077	
Web: http://www.devonpartnership.nhs.uk/The-Laurels.372.0.html	

Leeds:	Leeds and York NHS Foundation Trust Leeds Gender Identity Service Outpatient's Suite, 1 st Floor, Newsome Centre, Seacroft Hospital York Road Leeds LS14 6UH
Lead Clinician: Dr Amal Beaini	
Telephone: 0113 855 6346	
Web: http://www.leedspft.nhs.uk/our_services/gender_identity	

Northampton:	Northamptonshire Healthcare NHS Foundation Trust Danetre Hospital London Road Daventry Northants NN11 4DY
Lead Clinician: Dr Bryan Timmins	
Telephone:	
Web:	

London: West London Mental Health Trust
Gender Identity Clinic
Lead Clinician: Dr James Barrett 179-183 Fulham Palace Road
London
W6 8QZ
Telephone: 020 8483 2801
Web: <http://www.wlmht.nhs.uk/gi/gender-identity-clinic/>

Nottingham: Nottinghamshire Healthcare Trust
Nottingham Gender Clinic
Lead Clinician: Dr Walter Bouman Mandala Centre
Gregory Boulevard
Nottingham
NG7 6LB
Telephone: 0115 960 2820
Web: <http://www.nottinghamshirehealthcare.nhs.uk/our-services/local-services/specialist-services/prescribed-services/gender-clinic/>

Sheffield: Sheffield Health and Social Care NHS
Foundation Trust
Lead Clinician: Prof. Kevan Wylie Porterbrook Clinic
75 Osbourne Road
Nether Edge Hospital
Sheffield
S11 9BF
Telephone: 0114 271 6671
Web: <http://www.shsc.nhs.uk/our-services/specialist-services/sexual-rel-sexual-med--transgender/gender-id-clinic>

Newcastle:

Lead Clinician: Dr Helen Greener

Telephone:
0191 287 6130

Web:
<http://www.ntw.nhs.uk/sd.php?l=2&d=9&sm=15&id=240>

Northumberland, Tyne & Wear NHS Foundation Trust

Northern Region Gender Dysphoria Service
Benfield House

Walkergate Park Hospital

Newcastle Upon Tyne

NE6 4QD

What hormones will I be prescribed?

Please <http://actionfortranshealth.org.uk/resources/for-trans-people/hormone-therapy/> for information about hormone therapy.

Which surgeon will I see?

For GIC recommended surgeons' contact information, please see <http://actionfortranshealth.org.uk/resources/for-trans-people/uk-surgeons/>

It can also be useful to talk to other trans* people about their surgery experiences. See <http://actionfortranshealth.org.uk/resources/for-trans-people/social-groups/> for information about online and offline trans* social groups.

Other important info about the interim protocol and GIC healthcare

If you're worried about the travel expense of attending your appointments, you might be able to claim a travel cost reimbursement under the NHS Healthcare Travel Costs Scheme (HTCS). Please see <http://www.nhs.uk/nhsengland/Healthcosts/pages/Travelcosts.aspx> for more information.

Action for Trans* Health occasionally give out small grants to support trans* people accessing healthcare. Please contact info@actionfortranshealth.org.uk to see when the next application process opens.

Under the Gender Recognition Act 2004, you do not need to undergo any medical treatments in order to get a Gender Recognition Certificate and be legally recognised in your gender. Please see <http://actionfortranshealth.org.uk/resources/for-trans-people/changing-your-name/> for a guide changing your legal name legally.

You can ask your GP, GIC, and anyone else involved in your healthcare to provide you with copies of letters that are about you.

Make sure you keep your GP and GIC up to date with your name and contact details so you don't miss any appointments.

Action for Trans* Health Disclaimer

Please ensure that you read this section before reading our guide.

This guide is a simplified and non-exhaustive interpretation of the NHS England Interim Gender Dysphoria Protocol and Service Guideline 2013/14.

This guide should only be used to get a rough idea of the interim protocol might work typically. Everyone's transition is different.

The number of assessments described in the Protocol Flow refers to the minimum number of assessments you might attend - you might also attend follow-up appointments between assessment appointments.

Organisations, groups, products, and literature mentioned in this guide are not necessarily endorsed by Action for Trans* Health.

We hope that everything within this guide is clear and correct, but **we aren't experts**. If you have any questions, or suggestions for improvements to our guide, please get in touch at: info@actionfortranshealth.org.uk

Glossary of Terms

Breast Augmentation: breast implant surgery

Chest Reconstruction: removal of breast tissue to create a more masculine chest shape

Clinical Commissioning Groups (CCG): NHS organisations which organise the delivery of NHS services in England and allocate resources.

Clitoroplasty: surgery which creates or reconstructs a clitoris

Deed poll: a legal document which expresses an individuals' intention or promise to change their name

Endocrine treatment: treatments or therapies which involve changing an individual's hormone levels

Gender dysphoria: feeling that your physical sex is incongruent with your gender identity

Gender Identity Clinic (GIC): a clinic which specialises in the treatment of patients with gender dysphoria

General Practitioner (GP): local doctor

Hormone: a biochemical present in the body which regulates body systems

Hormone therapy: see *endocrine therapy*

Hysterectomy: surgical removal of the uterus, may also involve the removal of surrounding structures such as fallopian tubes

Individual Care Plan (ICP): A plan created by you and your GIC to organise transition related treatments

Individual Funding Request (IFR): a request for funding from a CCG prepared by your GP to fund a particular treatment

Labiaplasty: the surgical creation of labia minora and a clitoral hood in transfeminine* patients

Letter of Recommendation: a letter written by the GIC recommending a particular course of treatment to a GP or surgeon

Metoidioplasty: surgery to create a penis from an enlarged clitoris in transmasculine* patients

Orchidectomy: the surgical removal of the testes/testicles

Penectomy: the surgical removal of the penis

Penile prosthesis: the surgical insertion of an implant into the penis. For transmasculine* patients, this can occur as part of a phalloplasty

Phalloplasty: the surgical creation of a penis involving a graft

Real Life Experience (RLE): a period of time where a trans* patient lives “full-time” presenting in their target gender role before any medical interventions can take place

Salpingo oophorectomy: the surgical removal of the ovaries and fallopian tubes

Scrotoplasty: the surgical creation of a scrotum

Transfeminine*: a person whose femininity or identity as a female is often denied, usually used to refer to trans* people whose gender identity is incongruent with the birth assignment of male

Transmasculine*: a person whose masculinity or identity as a male is often denied, usually used to refer to trans* people whose gender identity is incongruent with the birth assignment of female

Urethroplasty: surgery to construct or reconstruct a urethra

Vaginoplasty: the surgical construction or reconstruction of a vagina