



Gender Identity Research and Education Society

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TRANSGENDER WELLBEING AND HEALTHCARE

THE DEVELOPMENT OF EDUCATIONAL AND ADVISORY LITERATURE

FOR

THE TRANSGENDER WORKSTREAM
SEXUAL ORIENTATION AND GENDER IDENTITY ADVISORY GROUP
DEPARTMENT OF HEALTH

PROGRESS REPORT

(June 2007)

The Project Team:

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The initial work included consulting with representatives of all the other major trans organisations. This generated the attached check-list of topics to be covered in the literature. As indicated with asterisks, much of the necessary information has now been gathered.

Another important initial task was to survey existing information to avoid duplicating material that already exists.

Main working assumptions:

Audiences:

- Primary:
 - ~ Transgender service users
 - ~ Professional care providers
- Other:
 - ~ agencies involved in caring for transgender people
 - ~ family members
 - ~ journalists and others working in the media

Include transgender users who are children, adolescents and adults

Material will be illustrated, where possible, with actual examples, role models and sample letters

In order to make the information available to more than a million people employed in the NHS and to the hundreds of thousands of service users, the main method of dissemination should be via the DOH website, with easily downloadable sections on selected topics. Some documents will also be distributed in printed form.

Information will be layered:

- Introductory, suitable for those who are new to the field
- Extended, providing comprehensive descriptions in plain language
- Detailed, complete guidance that includes clinical information

Duplication of readily accessible existing information will be avoided. It will be referenced and, where possible, made accessible via links to other carefully vetted websites.

Website will be easily navigable with a good search facility

Website and printed literature will be regularly updated

Main Documents to be Produced:

The attached list of suggested topics will be condensed into the following documents. There may be some mergers that could further reduce the number of separate documents. Some are very short, others consist of many pages. We should probably wait until they are at a more advanced stage of drafting before deciding which of them should be printed.

- Ø Transgender Wellbeing and Healthcare Literature - List of DoH Literature (Leaflet)*
- Ø Brief Introduction and Summary, including Patient Privacy and Dignity and List of Support Groups (Leaflet)*
- Ø Overview of Gender Dysphoria and its Treatment (Booklet)*
- Ø Role of the GP, including Alternative Care Models and Preventative Medicine (Booklet)*
- Ø Psychological Assessment and Support (Booklet)*
- Ø The Real Life Experience (Booklet)*
- Ø Hormones, including Internet Usage and Fertility for Service Users (Booklet)*
- Ø Hormones, including Internet Usage and Fertility for Clinicians (Booklet)*
- Ø Surgical Options for Trans Men (Booklet)
- Ø Surgical Options for Trans Women (Booklet)
- Ø NHS Funding Processes and Waiting Lists (Leaflet)*
- Ø Legal Aspects, including Patient Rights (Booklet)*
- Ø User Involvement (Leaflet)*
- Ø Pursuing Complaints (Leaflet)*
- Ø Prevalence and Incidence of Transsexualism and Transgenderism (Booklet)*
- Ø Medical Care for Gender Variant Children and Adolescents
 - Information for Families, including Clinical Information and International Comparison of Different Approaches to Treatment (Booklet)*

It is possible that we may propose merging the documents on:

- > psychological support and RLE (into a single booklet)
- > legal aspects, user involvement and complaints (into a single booklet)

The documents marked with an asterisk have been largely written and we are now beginning to circulate them for comment among the project team members and others with special knowledge.

We know well that carefully achieving a consensus on the content of documents in this field is a lengthy process, which could take several months to complete.

Appendix (17/5/07/)

Suggested Topics

(Asterisks indicate that information gathering has been largely completed or a valid external source has been identified)

Required Medical Assistance

- Need for choice, user autonomy, flexibility and local services *
- Medical Treatment Related to the Other Elements of Transition *
 - ~ Family Relationships *
 - ~ Social *
 - ~ Employment *
- Transgenderism - a Life-time Condition *
- Treatment and Associated Risks (Quantified Where Possible)
(Differentiating between Trans Women and Trans Men) *
 - ~ Flexibility and Choice *
 - ~ Assessment *
 - ~ Special Needs of:
 - People dealing with Other Mental Health Issues *
 - Learning Disabled People *
 - ~ Counselling, as Necessary at All Stages *
 - ~ Fertility and Reproduction *
 - ~ Hormonal Treatments *
 - Weight Given to How the User Feels *
 - Initial Tests *
 - Dosages *
 - Monitoring *
 - ~ Hair Removal
 - ~ Presentational Coaching
 - ~ Aids to Appearance
 - Wigs
 - Breast Enhancement
 - Breast Binders
 - Other
 - ~ Speech Therapy *
 - ~ Real Life Experience *
 - Irreversibility *
 - Risk factors *
 - ~ Surgery
 - Genital
 - Gonadal
 - Breast
 - Thyroid Chondroplasty
 - Facial
 - Voice (Crico-Thyroid Approximation)

- ~ Post Surgical Care
 - Follow Up
 - } Immediate
 - } Long Term (including psychological support and hormone monitoring)
 - Dilating and Douching *
 - Dealing with any Urethral Complications, e.g. using a Stent
 - Dealing with any Vaginal Prolapse
- ~ Sexual Function
- Care for Transgender Children and Adolescents *
 - ~ Non-medicalised Approach for Children *
 - ~ Adolescents' Needs for: *
 - Early Suspension of Puberty *
 - Cross-sex Hormones *
- Care for Elderly Transgender People *
- Care for Partners and Families *
- Unrelated Conditions *
 - ~ Question of Relevance of Gender Identity Issues to any required treatment, e.g. in PSA Tests and Mammography for Trans Women or Cervical Cytology and Ultrasound Scanning of Ovaries for Trans Men *

Sources of Medical Services

- NHS Facilities
 - ~ General Practitioners *
 - Role *
 - Services *
 - ~ Local Psychiatric Services
 - Role
 - Services
 - ~ Gender Identity Clinics
 - Role
 - Multidisciplinary Services
 - } Psychology
 - } Psychiatry
 - } Endocrinology
 - } Surgery
- NHS Funding Processes *
 - ~ Strategic Health Authorities *
 - Evidence Based Medicine *
 - Waiting List Targets *
 - ~ Primary Care Trusts *
 - Policies *
 - Priorities *
- Private Providers
 - ~ England
 - ~ Other Countries
- Internet Medication *
 - ~ Safety of Sources *
 - ~ Testing and Monitoring *
 - ~ Risks *
- Mixed Provision

- ~ DOH Policies Towards Private Treatment *
- ~ Assimilating Users of Internet Medication within NHS Services *
- Services for Children and Adolescents: *
 - ~ Provided in England *
 - ~ Available in Other Countries *

Safeguards for Users

- Legislation: *
 - ~ Gender Recognition Act *
 - General Provisions *
 - Medical Exemptions *
 - Gender Recognition Panel *
 - ~ Data Protection Act *
 - ~ Gender Equality Duty *
- Legal Precedents
 - ~ NW Lancashire *
 - ~ Implications of Partial Funding, e.g. hormones but not surgery
 - ~ Other Cases
- DOH and NHS Policies
- Confidentiality of Record Keeping *
 - ~ General Requirement *
 - ~ Changing Old Records *
 - ~ New NHS Database *
- Care Plans *
- Entitlement to Copies of Clinicians' Correspondence *
- Duty of Care *
- Standards of Care *
- Informed Consent *
- User Involvement Processes *
 - ~ PPI (and how it is changing) *
 - ~ PALS *
- Regulatory Oversight
 - ~ Healthcare Commission *
 - ~ National Institute for Clinical Excellence *
- Lodging Complaints *
 - ~ Within the Service Provider *
 - ~ General Medical Council *
 - ~ Via Members of Parliament *
 - ~ Petitions *
 - ~ The Ombudsman *
 - ~ Other Avenues *
- Advocacy Services *

Combating Shame and Stigma

- Development of Atypical Gender Identity *
- Achieving an Authentic Sense of Self *
- Challenging the Binary View *
- Difference Between Gender Identity and Sexual Orientation *
- Respectful Terminology *

Voluntary Support Organisations

- National, listed with contact details *
- Local, guidance on how to find them *

Prevalence and Incidence of Transsexualism and Transgenderism *