BAGIS

British Association of Gender Identity Specialists

Recommended Minimum Standards for Provision and Commissioning of Gender Affirming Care in the UK

October 2024

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13th October 2024

Executive Summary

Gender identity healthcare is a critical aspect of services provided by the National Health Service (NHS) in the United Kingdom. The British Association of Gender Identity Specialists (BAGIS) represents a well-established body of experienced professionals, with a concentration of UK expertise in gender identity healthcare amassed over three decades.
The following document outlines the standards of care that the BAGIS feel are required to deliver high-quality, inclusive, and patient-centred gender identity and general healthcare to transgender, non-binary and gender-diverse (TGD) people within the NHS, under the current care paradigm. They are based upon recent guidelines and evidence, and clinical experience and have been reviewed by numerous third sector organisations representing the TGD community. While not exhaustive, and pertaining particularly to the current models of care in the UK, they represent a first step in defining good care “from the bottom up”.
We offer these not only to clinicians, but also to NHS policy makers and commissioners, for guidance, with a commitment support them to design and fund improvements in service provision.

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Aims and Scope

The British Association of Gender Identity Specialists (BAGIS, "the Association") believe that all transgender, non-binary and gender diverse (TGD) individuals deserve high quality and equitable healthcare at all stages of their lives.

These standards outline the minimum level of care that the Association believe TGD individuals should receive when accessing gender identity services. They have been written to serve as a foundation for providing this within the NHS and beyond. They are based on the most recent NHS service specifications (NHS, and guidelines from World Professional Association for Transgender Health (WPATH) (Coleman *et al.,* 2022), The Endocrine Society (Hembree *et al.,* 2017) and other relevant bodies. Where these are at odds, our recommendations are informed by expert clinical consensus and evidence within the field of gender identity healthcare.

These standards have been reviewed and amended by trans clinicians and researchers, and a number of third sector organisations including (in alphabetical order, review does not necessarily constitute formal endorsement):

- Gender Identity Research & Education Society
- Gendered Intelligence
- OUTpatients
- Scottish Trans
- Trans Learning Partnership
- TransActual
- Spectra

We acknowledge that the detail of these standards pertains particularly to the current models of transgender healthcare in the UK, and does not encompass other care paradigms described in the recent NIHR-funded report "Improving the integration of care for trans adults" (Holti *et al.,* 2024). However, we have incorporated many suggested best practices from the report, some of which seek to move towards more community-based care for TGD people.

Regular updates and revisions to these standards will be made in response to advancements in the relevant science, latest guidelines and the evolving needs of the transgender and non-binary community.

The BAGIS Minimum Standards for Provision and Commissioning of Gender Affirming Care in the UK represent a first step in defining good care "from the bottom up", as seen through the eyes of clinicians and service users.

We offer these not only to clinicians, but also to NHS policy makers and commissioners, for guidance, with a commitment support them to design and fund improvements in service provision.

Definitions

We will use a number of definitions throughout this document to talk about different groups of healthcare professionals (HCPs) providing care to TGD people.

- "All Healthcare providers" - Any organisation providing healthcare services to TGD people.
- "Specialist Gender Identity Healthcare Services" - Any organisation providing specialised non-surgical gender-affirming care, such as assessment for gender-affirming hormone therapy (GAHT) and surgeries.
- "All settings" - Any setting where TGD people receive healthcare.
- "HCPs delivering gender-affirming care" - Any HCP delivering any aspect of gender-affirming care, including HCPs in Primary Care who prescribe GAHT through a Shared Care or other prescribing arrangements.
- "Surgeons carrying out gender-affirming surgical procedures" - Any surgeons delivering gender-affirming surgeries to TGD people where the primary purpose of the surgery is gender-affirmation.

Overarching Principles

1. Inclusivity and non-discrimination
    - All Healthcare providers, including regulated clinicians, must foster an inclusive environment that respects and values diversity in gender identities.
    - Non-discrimination policies must be strictly enforced to ensure that individuals receive care irrespective of their gender identity, expression, or other personal characteristics, including the protected characteristics defined in the Equality Act 2010 (age, civil partnership or marriage status, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, and sexual orientation).
    - All Healthcare providers must be aware of conscious, unconscious bias, and systemic biases (e.g. ablism, racism and non-binary transphobia) and the potential effects these could have on their healthcare decision making.

2. Non-pathologisation
    - All Healthcare providers should be aware that TGD identity is not a mental health condition, as recognised in medical classification systems including the ICD and DSM.
    - All Healthcare providers should be aware of discrimination and systemic biases that decrease access to health care for TGD people. Every person who seeks healthcare should be treated with dignity, respected, understood and not pathologised or stigmatised.

3. Safe, timely and appropriate access to gender affirming healthcare in a setting committed to a robust system of clinical governance shaped by active service user involvement.
    - Gender affirming healthcare should be responsive to feedback from evidence and outcomes and be able to anticipate and adapt to existing and future health needs of the population.
    - Gender affirming healthcare should listen to and involve TGD people and communities and be responsive to feedback and complaints.

4. Reasonable adjustments
    - Healthcare providers should provide and facilitate reasonable adjustments for the assessment and provision of gender affirming care for those with diverse needs including but not limited to; physical disability, intellectual disability, neurodiversity and mental health difficulties.

Delivery of All Gender-Affirming Care

Who should deliver care in Specialised Gender Identity Services?

5. Regulation of healthcare professionals (HCPs)
    - Specialist Gender Identity Healthcare Services should be delivered by HCPs who are members of a statutorily regulated body and appropriately qualified and trained in the clinical field relevant to the role.

6. Multidisciplinary teams (MDTs)
    - Specialist Gender Identity Healthcare Services should develop and maintain MDTs of HCPs to provide comprehensive care.
    - HCPs within Specialist Gender Identity Healthcare Services should receive supervision from an appropriate member of the MDT.
    - Where this supervision is not available within the MDT, it should be sought within other Specialist Gender Identity Healthcare Services and only in exceptional circumstances provided out with this arrangement.
    - MDTs within Specialist Gender Identity Healthcare Services should occur with appropriate frequency so as not to delay care or impact waiting lists.

7. Continued professional development (CPD) requirements
    - HCPs in Specialist Gender Identity Healthcare Services should be required to attend a minimum of 15 hours of CPD annually, focused on TGD health, to maintain familiarity with advances in their field.
    - Specialist Gender Identity Healthcare Services should implement ongoing education and training programs for their staff, including the CPD requirements for HCPs, to stay abreast of the latest advances in gender identity healthcare.

- All Healthcare providers should encourage and facilitate their staff to engage in professional development opportunities focused on TGD health.
- All Healthcare providers should be up-to-date with mandatory training, including equality and diversity training.

How should care be delivered in all settings?

8. Cultural humility and affirming Care
- All Healthcare providers should provide all staff members with ongoing, dynamic and self-reflexive training in cultural humility to better understand and support TGD people. This is neither synonymous with general equality and diversity training nor with training regarding sexual orientation. It should be co-developed with those with lived experience.
- All Healthcare providers should use affirming language and demonstrate a commitment to understanding and respecting the unique healthcare needs of TGD individuals.

9. Access to timely and appropriate care
- Specialist Gender Identity Healthcare Services should ensure timely access for individuals seeking gender-affirming care.
- Clear pathways should be established for individuals to access gender identity healthcare, including streamlined processes for referral from primary care to gender identity services and between gender identity providers.
- Referral to treatment consultant-led waiting time targets for Specialist Gender Identity Healthcare Services should be in line with national targets (e.g. 18 weeks).
- Waiting times between appointments with Specialist Gender Identity Healthcare Services should be flexible to allow for more urgent follow-up where necessary, as well as reviews by other services, thinking time etc.
- HCPs should appreciate that care may not always be linear, sequential or include all possible/funded interventions - allowing for flexibility of care conducted at an appropriate pace to match the type, timing and order of interventions to the individual's needs.
- Self-referral may be appropriate for some service users and pathways for this should be made available.
- Where waiting lists exist, Specialist Gender Identity Healthcare Services should provide support to individuals on the waiting list which make include
  - Regular communication with outreach workers or other members of staff trained in providing practical, social and emotional support.
  - Automated updates regarding expected waiting times.
  - Information preparations for assessments, what to expect and things they can do to aid with transition or dysphoria.
  - Signposting to other support organisations.

10. Clear and timely communication
- Specialist Gender Identity Healthcare Services must ensure timely communication with patients and other professionals involved in the patient's care.

- Patients and their other care teams should be able to access letters, and necessary updates and advice in a timely manner from Specialist Gender Identity Healthcare Services by post, email, telephone or other electronic means (e.g. electronic health record applications)
- Specialist Gender Identity Healthcare Services should have timely access to information about their patients from primary, secondary and tertiary healthcare services, either electronically or via telephone.
- Specialist Gender Identity Healthcare Services should all of the above is delivered in a manner consistent with the standards for the rest of the NHS.

11. Shared decision-making
- All HCPs delivering gender affirming care should take a patient-led, patient-centred collaborative approach to, decision-making Healthcare providers with individuals seeking gender-affirming care.
- HCPs in Specialist Gender Identity Healthcare Services should provide comprehensive information about available treatment options, potential risks and benefits to empower individuals to make informed decisions about their healthcare.

12. Patient privacy and confidentiality
- HCPs delivering gender affirming care should practise the highest standards of patient privacy and confidentiality, adhering to regulatory requirements, to ensure that TGD individuals feel safe and secure in disclosing their gender identity.
- HCPs delivering gender affirming care should establish clear protocols for the protection of patient information and disclose only when required by law or with the explicit consent of the individual.

13. Audits and quality assurance
- Specialist Gender Identity Healthcare Services should conduct regular internal audits and be externally audited by suitably qualified professionals, to monitor adherence to established standards and identify areas for improvement.
- The NHS should implement quality assurance mechanisms, to ensure that TGD individuals receive consistent, high-quality care across the different healthcare settings within the NHS, not solely within specialist gender services.
- Specialist Gender Identity Healthcare Services should conduct regular quality improvement projects, driven, where possible by ideas and feedback from those accessing their services.

14. Research
- Specialist Gender Identity Healthcare Services and other providers of gender-affirming healthcare should seek opportunities to ensure service provision is well-evidenced, through data collection, research, and collaboration with academic partners.
- Research on gender-affirming care should involve collaboration and co-production with TGD communities, in line with established ethical standards in this field.

- There should be no mandate for research participation to access gender-affirming care anywhere within the NHS. Data may be collected in line with NHS standards for audit and service evaluation.

15. Community engagement and feedback.
    - Specialist Gender Identity Healthcare Services should establish mechanisms for community engagement, to involve individuals with lived experience in decision-making processes and policy development related to gender identity healthcare.
    - Specialist Gender Identity Healthcare Services should proactively seek feedback from TGD communities to assess their effectiveness in meeting the needs of their service users.
      When collating feedback Specialist Gender Identity Healthcare Services should implement equalities monitoring, and take any action needed to ensure that they hear the views and needs of the full diversity of their patient group, including those who are marginalised in multiple ways.

What care should be delivered?

16. Provision of primary care services and equitable access to gender-affirming hormone therapy (GAHT)
    - Commissioners should clearly delineate service provision responsibilities between specialised gender services and Integrated Care Boards/Primary care, with associated funding or sharing care arrangements.
    - Commissioning organisations should ensure equitable access to primary care-based prescribing of the full range of appropriate gender affirming hormone therapy across their geographic area.
    - Recognising regional variations, some areas may commission local hub-and-spoke models, whereby designated providers or hubs receive specialised training to deliver gender-affirming care, ensuring consistent, high-quality services without requiring every primary care practitioner to undergo training.
    - Aspirationally, gender affirming hormone treatment may be formalised on a national level with national guidance for gender affirming hormone therapy. The current regional variations should not be a barrier for equitable access.

17. Provision of lifelong care for TGD individuals
    - In recognition of the health inequalities faced by TGD individuals, incentivised funding may be appropriate to facilitate primary care providing holistic lifelong care for this group of individuals.
    - There should be collaboration and integration of Specialised Gender Identity Services with Primary Care through active engagement, education and training in the health and support needs of TGD individuals for lifetime care.

- HCPs in primary care should have easy access to appropriately funded advice and guidance on prescribing, and further review within specialised gender identity services, if required.
- There should be service provision for timely access to endocrinology and other specialist input where conditions that intersect with gender-affirming care occur post-discharge from gender identity services. These could include, but are not limited to, oncology, gynaecology, urology, haematology, cardiology and sexual health.
- Specialised Gender Identity Services should be funded and commissioned to work in collaboration with other secondary and tertiary care providers when other health needs intersect with decisions around gender affirming treatments, providing advice, guidance and review if required,
- Aspirationally, there should be integration of specialised gender identity services within services for life-limiting conditions and palliative care.
- Aspirationally, there should be integrated IT systems allowing for ease of access to current medications, medical history and pathology results to both primary care, specialised gender services and other secondary care providers. Development of this will require service user input.
- National Screening Programme requirements for the TGD individual should be optimised, communicated and implemented in conjunction with the individual to ensure equitable access to cancer- and non-cancer screenings.

Adults - Non-Surgical Care

Who should deliver care?

18. MDTs in Specialist Gender Identity Healthcare Services for adults
    - MDTs in Specialist Gender Identity Healthcare Services for adults should include the following expertise from a range of professions:
        - Clinical aspects of gender identity development and expression, formulation and diagnosis of gender identity-related bio-psycho-social concerns, and the management of gender dysphoria
        - Sex development, and endocrine intervention in the treatment of gender identity-related bio-psycho-social concerns and gender dysphoria
        - Physical health care needs that are specific to individuals with gender dysphoria
        - Mental health care needs that are specific to individuals with gender dysphoria
        - Social inclusion and care needs that are specific to individuals with gender dysphoria
        - Neurodevelopmental differences and their interactions and presentations in gender dysphoria healthcare.
        - Gender-affirming voice and communication therapy which is culturally sensitive, pedagogically informed and therapeutically robust.

  - Gender-affirming surgical procedures (with surgeons contributing to meetings as needed).
- Members of the MDT in Specialist Gender Identity Healthcare Services should meet regularly to discuss management of complex cases. The exact frequency and length of meetings will depend on caseload, complexity and urgency.

19. HCPs assessing individuals in Specialist Gender Identity Healthcare Services for adults
- HCPs assessing individuals in Specialist Gender Identity Healthcare Services for adults should have:
  - Mastery of clinical aspects of gender identity development and expression, formulation and diagnosis of gender identity-related bio-psycho-social concerns, and the management of gender dysphoria.
  - Good understanding of a wide variety of gender identities and understanding of non-binary transitions.
  - Good understanding of the lived experiences of trans people in society and healthcare, and the barriers to access they may face.
  - Good professional knowledge of specific psychological therapies, as relevant to the care of a trans and gender-diverse population.
  - Good professional knowledge of neuro-developmental conditions, including autism and ADHD, and of adjustments to facilitate optimal communication with autistic people.
  - Good working knowledge of fertility options and their funding.
  - Good professional knowledge of the care needs of individuals who are receiving specialised gender-related surgical procedures.
  - Good understanding of the diversity of the human voice and its expressive possibilities, and an orientation to the underpinning principles and process of voice and communication exploration which centre vocal authenticity, plurality, pedagogy, praxis and development.

How should care be delivered?

All of the minimum standards in the sections (8)-(15) above apply plus the following:

20. Environment.
- The physical environment of Gender Identity Healthcare Services should cater to the needs of transgender and non-binary people e.g. provision of private and gender neutral spaces, where appropriate.
- Specialised Gender Identity Healthcare Services should be able to provide private quiet space in which to carry out consultation and assessment.
- Specialised Gender Identity Healthcare Services should provide training to non-clinical staff in working with TGD people within their service.
- Specialised Gender Identity Healthcare Services should ensure all forms and processes are trans-inclusive.

21. Care pathway
- Each Specialised Gender Identity Healthcare Service should have an appropriate pathway in place reflective of their MDT experience and skill set to collaborate in the provision of care.
- Different Specialised Gender Identity Healthcare Services may use varied pathways of assessment, and diagnosis of gender incongruence.
- Specialised Gender Identity Healthcare Services should agree an individualised treatment plan with the individual, which can be subject to ongoing review, subject to the individual's changing needs, goals and circumstances.
- Further support from the multidisciplinary and interdisciplinary teams and networks are appropriately utilised if needed to collaborate in the provision of care.
- Specialised Gender Identity Healthcare Services should ensure the care pathway is sufficiently transparent for all service users, taking into account any additional needs.

22. Capacity and informed consent
- HCPs delivering gender-affirming care must make all efforts to ensure that TGD individuals are aware of the longer-term consequences of the interventions offered to them, as consequences of treatment decisions can be significant and life-changing.
- HCPs delivering gender-affirming care should obtain informed consent and ensure the treatment options, benefits, material risks, and the alternatives to the treatments proposed (including the option of having no treatment) are discussed.
- TGD individuals must be given sufficient time to reflect on the clinical advice and the potential treatment options before deciding what is best for them.
- TGD individuals should be assumed to have capacity but where HCPs delivering gender-affirming care are concerned that the individual may lack capacity to make a particular decision, they should perform a formal capacity assessment.
- HCPs delivering gender-affirming care should make all reasonable adjustments to support individuals in their decision making e.g. visual aids/adapted materials etc.

What care should be delivered?

23. Appropriate evaluation of physical health
- Specialist Gender Identity Healthcare Services should evaluate and address medical conditions that can be exacerbated by endogenous hormone depletion and gender affirming hormone therapy.
- Specialist Gender Identity Healthcare Services should have provision for specialist endocrinological review where necessary due to concurrent health conditions

24. Appropriate evaluation of mental health.
- Specialist Gender Identity Healthcare Services should evaluate and address mental health conditions that can be exacerbated by experiencing gender dysphoria, minority stress and trauma, endogenous hormone depletion, stresses caused by change processes, including surgery, and gender affirming hormone therapy.

- Specialist Gender Identity Healthcare Services should provide suitable signposting to wider mental health services when necessary, endeavouring to assure that individuals receive timely and appropriate support for their mental health needs when these are met out with the service.
- Specialist Gender Identity Healthcare Services should work closely and in parallel with services supporting individuals with lifelong neurodevelopmental conditions and intellectual disability.

25. Appropriate discussions and signposting to support decisions around fertility and contraception.
    - HCPs working in Specialist Gender Identity Healthcare Services should provide TGD individuals with early advice about the likely impact of gender-affirming interventions on future fertility.
    - Where loss of fertility is likely, the HCPs working in Specialist Gender Identity Healthcare Services should provide a general description of the options for conservation of reproductive potential, and, where appropriate and with the individual's consent, make a recommendation to the GP that they consider a referral to a fertility service for cryopreservation of eggs or sperm for use in future fertility treatment (gamete storage) or direct to fertility care.
    - HCPs working in Specialist Gender Identity Healthcare Services should be able to discuss a variety of contraceptive options with TGD people, and address any concerns they may have around efficacy and impact on gender-affirming physical changes.

26. Assessment for suitability to commence GAHT:
    - HCPs assessing for adult patient's suitability to commence GAHT must ensure:
        - An adequate history has been obtained which includes biological, psychological, and social elements - with specific focus on the place of gender on these.
        - The TGD person understands the risks and benefits of GAHT.
        - They and the TGD person are in agreement as to the best course of treatment.
        - The TGD person merits a diagnosis of HA60 Gender Incongruence in the WHO ICD11.
        - The gender incongruence is marked and sustained. This may involve noting factors such as the time since the expressing their gender identity to friends or family, changing their gender expression in particular areas of their life, formal change of name, pronouns, and/or identity documentation. There may be circumstances that preclude some of these actions, for example where someone has a non-UK passport or where an individual's personal context made achieving these factors impossible or unsafe. Hence this evaluation should be individualised.
        - The TGD person has capacity to consent for the specific gender-affirming hormone treatment (or arrange a best interests process for those without such capacity).
        - Other possible causes of apparent gender incongruence have been identified and excluded.

- Mental health and physical conditions that could negatively impact the outcome of treatment have been assessed - with risks and benefits discussed and mitigated where needed.
- The TGD person understands the effect of gender-affirming hormone treatment on reproduction and that they have explored reproductive options.
- TGD persons with a forensic history, especially those which include sexual offending, will require enhanced assessment.
- TGD persons who have previously taken gender-affirming medical treatment and then ceased to take it or paused taking it (either related to a shift in gender identity or for another reason) should be offered extended assessment and support from the extended multidisciplinary team to assist shared decision making about physical treatments and provide person-centred care.

27. Assessment for suitability for gender-affirming surgeries (GAS).

- HCPs assessing for adult patient's suitability to commence GAS must ensure:
  - An adequate history has been obtained which includes biological, psychological, and social elements - with specific focus on the place of gender on these.
  - The TGD person understands the risks and benefits of the proposed surgery.
  - The HCP and the TGD person are in agreement as to the best course of treatment.
  - The TGD person merits a diagnosis of HA60 Gender Incongruence in the WHO ICD11.
  - The gender incongruence is marked and sustained. This may involve noting factors such as the time since the expressing their gender identity to friends or family, changing their gender expression in particular areas of their life, formal change of name, pronouns, and/or identity documentation. Evaluation should be individualised but where a clinician has concerns about the nature and duration of any social role transition there should be further assessment prior to the consideration of the referral for any surgery.
  - The TGD person has capacity to consent for the proposed surgery (or arrange a best interests process for those without such capacity).
  - Other possible causes of apparent gender incongruence have been identified and excluded.
  - Mental health and physical conditions that could negatively impact the outcome of the surgery have been assessed - with risks and benefits discussed and mitigated where needed.
  - The TGD person understands the effect of the proposed surgery on reproduction and that they have explored reproductive options where relevant
  - The TGD person is stable on their gender affirming hormonal treatment regime, which may include at least 6 months of hormone treatment or a longer period if required to achieve the desired surgical result. (Unless hormone therapy is either not desired or is medically contraindicated).
  - TGD persons with a forensic history, especially those which include sexual offending, will require enhanced assessment.

  - TGD persons who have previously taken gender-affirming medical treatment and then ceased to take it or paused taking it (either related to a shift in gender identity or for another reason) should be offered extended assessment and support from the extended multidisciplinary team to assist shared decision making about physical treatments and provide person-centred care.

28. Support for detransition and retransition
    - Specialist Gender Identity Healthcare Services should provide specialist multidisciplinary support to those exploring, or actively pursuing, detransition or retransition. This should include exploration of social, economic, psychological as well as medical factors contributing to these decisions.
    - Specialist Gender Identity Healthcare Services should recognise that TGD individuals may temporarily alter their gender expression or presentation, or pause hormone-therapy, due to factors unrelated to a shift in gender identity. Again this should be explored within the consultation on a case-by-case basis. These could include social, economic, psychological and medical factors, which should be explored, and referrals made to other support services where appropriate.
    - Specialist Gender Identity Healthcare Services should provide TGD individuals should have access to endocrinological support in decision making around pausing or stopping hormones. This should include discussion and management complications of transient or permanent hypogonadism and ongoing hormonal support.

29. Specialised psychological interventions
    - Specialist Gender Identity Healthcare Services should provide psychological interventions based on psychological assessment and collaborative formulation where TGD individuals have specific psychological needs and consent to these interventions.
    - Psychological and therapeutic modalities which are not unequivocally supportive of gender diversity in general (while allowing for individual exploration and multiple outcomes) must not be used.
    - Psychological interventions should not be mandated as part of routine care.

30. Voice and communication therapy
    - Specialist Gender Identity Healthcare Services should provide specialist gender-affirming voice and communication therapy which is expertly delivered in individual, group and workshop settings, pedagogically coherent, therapeutically sensitive and culturally responsive.
    - Speech and Language Therapists specialising in voice and communication therapy should receive voice coaching and teaching training and ongoing vocal and clinical supervision in their practice (this is in addition to core professional knowledge and skills in voice disorders).
    - Speech and Language Therapists specialising in gender-affirming voice and communication therapy should receive ongoing subspecialty CPD in vocal pedagogy, therapist experiential voice development, therapeutic skill and psychological approaches supporting voice change, in an appropriate training environment to ensure sustainability of future services.

31. Access to facial hair removal

- Specialist gender identity services should be able to refer to NHS-funded facial hair removal for people who were assigned male at birth.
- The amount of funded sessions should be enable a complete course to be delivered that will result in permanent eradication of facial hair for the majority of individuals.

32. Peer support

- Specialist Gender Identity Healthcare Services should consider the model of peer support/gender outreach workers alongside core assessment and counselling psychology, in order to better support individuals and help them navigate gender services, and the often complex processes of medical and legal transition. This may be delivered in-house or through established networks within the NHS, third sector organisations and/or community groups.

33. Post-discharge care

- Specialist Gender Identity Healthcare Services should provide defined pathways for timely re-review post-discharge where gender-affirming care needs require review.
- Specialist Gender Identity Healthcare Services should provide defined pathways for timely re-review post-discharge where there is an intersection of gender-affirming medical interventions with new health conditions, and this requires specialist review. This may involve signposting to other specialist services.

Adults - Surgical Care

Who should deliver care?

34. Surgical competence

- Surgeons carrying out gender-affirming surgical procedures should be able to provide evidence of a sufficient number of gender-affirming procedures performed to demonstrate competency, ensuring a high standard of surgical care for individuals seeking gender-affirming surgeries.

35. CPD and case review

- Surgeons carrying out gender-affirming surgical procedures should fulfil the criteria for Regulation of HCPs (point (5)) above, as well as specialist training and continuing education in the field of carrying out gender-affirming surgery.
- Surgeons carrying out gender-affirming surgical procedures should receive appropriate peer support for complex cases.
- Surgeons carrying out gender-affirming surgical procedures should have a clear governance structure with framework for escalation or onward referral of complex cases, second opinions or revision services required.

- Surgeons carrying out gender-affirming surgical procedures should participate in audit of clinical outcomes, ensuring the inclusion of patient reported outcome measures.

36. Contribution to the MDT
- Surgeons carrying out gender-affirming surgical procedures should work within a surgical MDT, as well as contributing to the wider MDT in Specialist Gender Identity Healthcare Services (see (18)).
- There should be clear lines of communication between the surgical team and Specialised Gender Identity Services for escalation of clinical challenges to ensure timely decision making and resolution.

37. Care by non-specialist surgical providers
- Surgical procedures (outlined in 39) should ideally be carried out by specialised services. However, provision should also be open to regional providers who are able to perform them with a degree of frequency such that they are able to offer this to a standard comparable to the specialist services. Those services must also adhere to all relevant points in these standards.

How should care be delivered?

38. Environment
- Gender affirming surgical procedures should be delivered in an appropriately specialist and competent environment.
- The physical environment in which surgery is delivered should cater to the needs to transgender and non-binary people e.g. provision of private and gender neutral spaces, where appropriate.
- Specialised Gender Identity Healthcare Services delivering surgeries to TGD people should be able to provide private quiet space in which to carry out consultation and assessment.
- Specialised Gender Identity Healthcare Services delivering surgeries to TGD people should provide training to non-clinical staff in working with TGD people within their service.
- Specialised Gender Identity Healthcare Services delivering surgeries to TGD people should ensure all forms and processes are trans-inclusive.

39. Outcome measures
- Providers of gender-affirming surgery should collect and report outcome measures, including patient reported outcomes.

What care should be delivered?

40. Appropriateness of interventions
- Providers of gender-affirming surgery should work with TGD people to ensure they receive the most appropriate available surgical procedure that is in line with their

transition goals. The emphasis should be a person-centred approach with capacity assessment to make informed decisions while weighing up the longer term consequences of different interventions.

41. Specific gender-affirming surgical procedures

- The following procedures should be available within NHS services:
  - Gender affirming mastectomy
    - Double Incision Technique
    - Peri-Areolar/concentric circum-areolar technique
    - Liposuction for the purpose of masculinising chest surgery
    - Lipofilling/fat grafting for the purpose of masculinising chest surgery
    - Mastectomy with nipple re-positioning techniques, including pedicled flaps
    - Free, full-thickness nipple grafting
    - Modification of the nipple-areolar complex
    - Nipple tattoo
  - Masculinising genital surgery
    - Phalloplasty (various types)
    - Metoidioplasty (with/without scrotoplasty)
    - Urethroplasty (as part of phalloplasty/metoidioplasty)
    - Post-operative training in penile prosthesis use
    - Hysterectomy (including standalone)
    - Bilateral salpingo-oophorectomy (including standalone)
    - Vaginectomy
    - Placement of penile prosthesis (various types surgery where appropriate)
    - Placement of testicular prosthesis (various types surgery where appropriate)
    - Glans sculpting
  - Feminising genital surgery
    - Penectomy
    - Bilateral orchidectomy (including standalone surgery where appropriate)
    - Vaginoplasty (various types)
    - Clitoroplasty
    - Vulvoplasty
  - Hair removal for body parts to be used as grafts for these surgeries should also be available.

42. Access to follow-up

- Providers of gender-affirming surgery should provide open access review for up to a year following surgery.
- There should be service provision for longer-term access to specialist follow up when needed after metoidioplasty/phalloplasty. This need not be with the surgeon in the first instance but should be with a competent and specially trained provider.

- There should be service provision for longer-term access to specialist follow-up when needed after vaginoplasty. This need not be with the surgeon in the first instance but should be with a competent and specially trained provider.

43. Access to revision surgery
- The NHS should provide an appropriate mechanism for timely assessment of the need for revision surgery.
- Should revision surgery be deemed necessary this should be available via the same or an alternative provider, depending on availability and patient choice.

Under-18s

Children

Who should deliver care?

44. Regulation of healthcare professionals (HCPs)
- All health care professionals working in Specialist Gender Identity Healthcare Services for children and adolescents should be licensed by a statutory body and:
  - Have received theoretical and evidence-based training in child development and experience in child mental health (or child mental health from a developmental perspective), including formulation and diagnosis of co-occurring bio-psycho-social concerns.
  - Have received training and are experienced in conducting multi-layered assessments, and be able to:
    - Synthesise information from multiple sources as part of the assessment
    - Take into account developmental factors, neurocognitive factors and language skills when conducting assessments.
    - Consider factors that may constrain accurate reporting of gender identity/expression by the child and/or parents/carers
  - Have received appropriate training, or can be provided with training, or can demonstrate experience in working effectively and sensitively with gender diverse young people and their families.
  - Have received appropriate training, or can be provided with training on gender identity development in a variety of cultural contexts including, but not limited to, gender expression, norms, roles and stereotypes. This should recognise that gender diversity is naturally occurring and not pathological.
  - Have received appropriate training, or can be provided with training, or can demonstrate experience and proficiency in evidence-based psychological therapies to manage gender-related distress.
  - Have received appropriate training, or can be provided with training, or can demonstrate experience with diagnosing and managing gender dysphoria.

  - Have received training, or can be provided with training, or can demonstrate experience working with neurodivergent and autistic children. This includes making reasonable adjustments to facilitate optimal communication with neurodivergent and autistic children, which includes collection and provision of information in different formats (verbal, written, pictorial) and allowing the young person to communicate using both verbal and written modalities. Consultation from a relevant expert should also be available.
  - Engage in continued education and professional development on working effectively and sensitively with gender diverse young people and their families.

45. Multi-disciplinary teams (MDTs)

- Multi-disciplinary teams (MDTs) in Specialist Gender Identity Healthcare Services for children and adolescents, should include the following expertise/professional roles:
  - Professionals trained in child & adolescent mental health (e.g. Psychiatrists, Clinical Psychologists, Child & Adolescent Psychotherapists, Systemic and Family therapists).
  - Social Workers (safeguarding, social inclusion).
  - Endocrine specialty doctors and clinical nurse specialists.
  - Sex development, and endocrine intervention in the treatment of gender identity-related bio-psycho-social concerns and gender dysphoria.
  - Physical health care needs that are specific to individuals with gender dysphoria.
  - Mental health care needs that are specific to individuals with gender dysphoria
  - Social inclusion and care needs that are specific to individuals with gender dysphoria
  - Expertise in autism and neurodivergence as required.
- Members of the MDTs in Specialist Gender Identity Healthcare Services for children and adolescents, should meet regularly to discuss management of complex cases. The exact frequency and length of meetings will depend on caseload, complexity and urgency.

What care should be delivered?

46. Approach to assessment

- HCPs working in Specialist Gender Identity Healthcare Services for children and adolescents should facilitate the exploration and expression of gender openly and respectfully so that no one particular identity is favoured, recognising that gender diversity is naturally occurring and not pathological.
- HCPs working in Specialist Gender Identity Healthcare Services for children and adolescents should promote acceptance of young people's gender diverse expressions of behaviour and identity; including but not limited to names, pronouns, clothing, hairstyles, activities and interests, access to communities of support, and the provision of education on these matters to key people in the young person's life (e.g. family members, Healthcare providers, schools and support networks).
- HCPs working in Specialist Gender Identity Healthcare Services for children and adolescents must not offer reparative and conversion therapy aimed at trying to change a person's gender and lived gender expression.

47. Psychosocial support
- All HCPs should respond supportively to children who desire to be acknowledged as the gender that matches their internal sense of their gender.
- HCPs working in Specialist Gender Identity Healthcare Services for children and adolescents to provide developmentally appropriate psychoeducation about gender identity development, gender expression, norms, roles, stereotypes etc. to children and families, recognising that gender diversity is naturally occurring and not pathological.

48. Social transition
- HCPs working in Specialist Gender Identity Healthcare Services for children should involve children in discussions about their social transition, being lead by their needs and desires.
- HCPs working in Specialist Gender Identity Healthcare Services for children and adolescents should discuss the potential benefits and risks of social transition with families who are considering it.
- HCPs working in Specialist Gender Identity Healthcare Services for children and adolescents should support children to continue to explore their gender through the pre-pubescent years and pubescent years, regardless of social transition. This should recognise that engagement with gender expression may be fluid, regardless of gender identity, particularly in the pubescent years. Supporting continual gender exploration does not equate to resisting an individual's established identity. Exploration should not be forceful or directive but led by the child.

49. Working with the network
- HCPs working in Specialist Gender Identity Healthcare Services for children and adolescents should either offer or refer children and families to external services (e.g. child & adolescent mental health services or social care) if this would benefit the wellbeing and development of the child and/or the family.
- All HCPs involved in a young persons care should participate in network model of working (i.e. regular liaison with relevant services, such as child & adolescent mental health services, social care, schools, GP etc.) to promote the wellbeing of the child, ensure the care of the young person is joined up, and that professional/service roles and responsibilities are clear.
- HCPs working in Specialist Gender Identity Healthcare Services should signpost to, and collaborate with, third sector organisations providing support to gender diverse youth, where appropriate.
- HCPs working in Specialist Gender Identity Healthcare Services for children and adolescents should consider liaising and providing consultation to schools about specific children they are working with to:
    - Promote the child's resilience and wellbeing.
    - Prevent or minimise the adversities they may face in the school context (i.e. bullying, misgendering etc from both children and adults.)

50. Information about gender affirming medical interventions
    - As a child approaches puberty HCPs working in Specialist Gender Identity Healthcare Services for children and adolescents should provide accurate and comprehensive information about potential gender-affirming medical interventions, including potential risks and benefits, and options for fertility preservation to children and their families so that they can make informed decisions about them.

How should care be delivered?

51. Environment
    - The physical environment of Gender Identity Healthcare Services for children and adolescents should cater to the needs of TGD young people (e.g. provision of private and gender neutral spaces, where appropriate).
    - The physical environment of Gender Identity Healthcare Services for children and adolescents should be age appropriate and separate to adult services.
    - Specialised Gender Identity Healthcare Services for children and adolescents should be able to provide private quiet space in which to carry out consultation and assessment.
    - Specialised Gender Identity Healthcare Services for children and adolescents should provide training to non-clinical staff in working with TGD people.
    - Specialised Gender Identity Healthcare Services for children and adolescents should ensure all forms and processes are trans-inclusive.

52. Community Engagement and Feedback.
    - Specialised Gender Identity Healthcare Services for children and adolescents should establish mechanisms for age appropriate engagement of young people and their families in decision-making processes and policy development related to gender identity healthcare for young people.
    - Specialist Gender Identity Healthcare Services for children and adolescents should proactively seek feedback from young people and their families to assess their effectiveness in meeting the needs of their population.
    - Specialist Gender Identity Healthcare Services children and adolescents should seek feedback from, and collaborate with third sector organisations providing support to gender diverse youth.

53. Outcome measures
    - Specialist Gender Identity Healthcare Services for children and adolescents should collect and report appropriate outcome measures related to gender and other potential co-occurring conditions, including patient reported outcomes.

Adolescents

Who should deliver care?

All of the minimum standards in the Child section above ((44)-(45)) apply, plus the following:

54. Sexual Health:
    - HCPs working in Specialist Gender Identity Healthcare Services for adolescents should have some basic knowledge of sexual health for TGD young people.
    - HCPs working in Specialist Gender Identity Healthcare Services for adolescents should be able to signpost to sexual health services where appropriate, including any with particular expertise in working with TGD young people.
    - HCPs working in Specialist Gender Identity Healthcare Services for adolescents should take a non-judgemental approach to discussing sexual practices with TGD young people.
    - HCPs working in Specialist Gender Identity Healthcare Services for adolescents should be able to discuss contraceptive options where appropriate.

55. Reproductive Health:
    - HCPs working in Specialist Gender Identity Healthcare Services for adolescents should have knowledge of the impact of gender affirming medical interventions of fertility and options to preserve fertility.
    - HCPs working in Specialist Gender Identity Healthcare Services for adolescents should be able to signpost to reproductive health services where appropriate, including any with particular expertise in working with TGD young people.

What care should be delivered?

All of the minimum standards in the child section above ((46)-(50)) apply, plus the following:

56. Approach to Assessment
    - Adolescents who present with gender-identity related concerns and who seek medical transition-related care should undergo a comprehensive bio-psycho-social assessment, and that care provided is accomplished in a collaborative and supportive manner, including factors related to:
        - Gender identity development
        - Social development and support
        - Discussion of intersectional identity
        - Assessment of possible co-occurring physical health conditions and/or developmental concerns
        - Assessment of possible co-occurring mental health and/or developmental concerns
        - Competence and/or capacity for decision-making

- HCPs working in Specialist Gender Identity Healthcare Services for adolescents to provide TGD young people with health education on chest binding and genital tucking, including harm reduction, benefits and risks.
- HCPs working in Specialist Gender Identity Healthcare Services for adolescents should consider providing menstrual suppression medication for adolescents who experience distress associated with their menstrual cycle and who do not wish to start testosterone, or who wish to start testosterone but have not yet started, or in conjunction with testosterone for break-through bleeding.

57. Assessment for suitability to commence puberty suppressing medication or GAHT:

- HCPs working in Specialist Gender Identity Healthcare Services for adolescents should assess the appropriateness and readiness of the young person seeking physical treatments to start puberty suppressing medication or GAHT.
- HCPs working in Specialist Gender Identity Healthcare Services for adolescents should continue to involve relevant professionals, including mental health and medical professionals, in the decision making about the appropriateness of starting puberty suppression medication or GAHT. Relevant professionals should remain involved until the transition to an adult service has taken place.
- HCPs working in Specialist Gender Identity Healthcare Services for adolescents should inform young people and families, prior to the initiation of any puberty suppressing medication or GAHT, of the reproductive effects of any interventions, including the potential loss of fertility, available options of preserving fertility, and taking into consideration the young person's stage of pubertal development.
- HCPs working in Specialist Gender Identity Healthcare Services for adolescents should inform young people and families, prior to the initiation of any puberty suppressing medication or GAHT, of all potential physical and psychological effects of these. This should include information about permanence and that effects may be unwanted.
- When recommending gender affirming medical interventions, HCPs working in Specialist Gender Identity Healthcare Services for adolescents should involve the parent(s)/carer(s) in the assessment and decision-making process, unless their involvement is determined to be harmful to the adolescent or not feasible. This may require further legal or safeguarding measures.
- We recommend that HCPs working in Specialist Gender Identity Healthcare Services for adolescents who are assessing a young person for puberty suppressing medication or GAHT at the request of the young person only recommend their use when:
    - The young person meets the diagnostic criteria of gender incongruence per the ICD-11.
    - The young person has reached Tanner stage 2 of puberty (for puberty suppressing medication to be initiated).
    - The young person demonstrates the emotional and cognitive maturity to provide informed consent/assent for the treatment.
    - The young person and family have been informed about the reproductive effects of any interventions, including the potential loss of fertility and available options of preserving fertility

  - The young person's mental health concerns (if present) have the potential to interfere with diagnostic clarity and/or capacity to consent to gender affirming interventions have been addressed.
- HCPs working in Specialist Gender Identity Healthcare Services for children and adolescents should maintain an ongoing relationship with adolescents and parents/carers to support the young person in their decision-making around puberty suppression and GAHT until the transition to an adult service has taken place.

58. Voice and communication therapy
    - Specialist Gender Identity Healthcare Services providing care to adolescents should be able to provide, or signpost to, specialist gender-affirming voice and communication therapy which is age-appropriate, expertly delivered in individual, group and workshop settings, pedagogically coherent, therapeutically sensitive and culturally responsive.
    - Speech and Language Therapists specialising in voice and communication therapy should receive voice coaching and teaching training and ongoing vocal and clinical supervision in their practice (this is in addition to core professional knowledge and skills in voice disorders).
    - Speech and Language Therapists specialising in gender-affirming voice and communication therapy should receive ongoing subspecialty CPD in vocal pedagogy, therapist experiential voice development, therapeutic skill and psychological approaches supporting voice change, in an appropriate training environment to ensure sustainability of future services.

59. Transition to Adult Services
    - Specialist Gender Identity Healthcare Services for children and adolescents should support with transition to adult services where appropriate including:
      - Appropriate transition into adult services which is timely and meets the needs of the individual in a supported manner.
      - Joint working of the children and young people's service with the adult service to ensure a timely and effective transfer.
      - Handover meetings for young people with more complexity in their lives.
      - Ensuring no unnecessary prolongation of time on GnRH analogues alone for those otherwise ready to access gender-affirming hormone therapy.

    The degree and duration of support with transition to adult services should be dependent on the needs of the individual, not on strict age criteria.

How should care be delivered?

All of the minimum standards in the child section above ((51)-(53)) apply.

Recommendations outside of specialist commissioning

There are a number of aspects of healthcare for TGD that fall outside specialist commissioning or primary care but where equitable access is critical to holistic care across the lifespan.

60. National Screening Programmes
    - The NHS should provide equitable access to screening systems and mechanisms of recall regardless of the gender registered on the medical record.

61. Fertility preservation and assisted conception
    - The NHS should provide equitable fertility preservation to transgender and non-binary individuals regardless of patient locality. We recognise that this is currently locality dependent for the whole population.
    - The NHS should provide equitable assisted conception to transgender and non-binary individuals regardless of patient locality. We recognise that this is currently locality dependent for the whole population.

Recommendations for research

62. Areas for further research
    - Research pertaining to the health of TGD communities should be co-produced with TGD researchers. There should also be significant TGD patients and public involvement in this research with intersectional representation in these groups.
    - There are a number of interventions from which lowering of gender dysphoria is anecdotally reported by TGD people. Providers of gender-affirming care should work collaboratively and with the community to gather evidence of the efficacy of such interventions which include:
        - Facial feminisation (including tracheal shave)
        - Progesterone as feminising GAHT
        - Gender affirming chest reduction surgery
        - Hair transplantation
        - Vocal surgeries
    - Patient reported outcome measures (PROMS) and patient reported experience measures (PREMS) are crucial to evaluating the efficacy of gender affirming care. There is a need for co-produced research to establish these and to measure them long-term in well designed cohort studies.
    - Although research exists into long term physical health outcomes for TGD following GAHT and gender-affirming surgeries, there have been few prospective long-term studies. There remains a need to gather further data in larger cohorts, as aspects of care such as hormone regimens and age of starting treatment change, and to ensure we are powered to detect differences in subgroups. These studies should be co-produced and

collect detailed clinical and lifestyle data. Where possible, it would be sensible to leverage existing longitudinal cohort studies to do this.

63. Recommendations for Education and Sustainability of Services
- Delivery of these standards of care will require a sizable increase in the number of appropriately trained HCPs working across Specialist Gender Identity Services and Primary Care. In order to support recruitment and training, we recommend:
  - Requirements for the inclusion of teaching on both gender-affirming care and lifelong care for TGD adults in the undergraduate training curriculum for all HCPs.
  - Uptake of formalised training for those undertaking gender affirming care (including surgery) within specialised gender identity services
  - Requirements for the inclusion of teaching on the health of TGD adults in postgraduate training for doctors in key specialties e.g. endocrinology, primary care, surgery, sexual health, obstetrics and gynaecology, oncology, palliative care and clinical genetics.
  - A programme of supported education for GPs to increase confidence in prescribing and monitoring of GAHT.
  - Collaboration with third sector organisations to share expertise and experience.

Conclusions

These standards are aspirational and BAGIS recognise that current healthcare provision for TGD people within the NHS falls short of these standards. In the case of gender-affirming care, gaps are often met by private gender services, many of whom are also BAGIS members. Third sector organisations also provide much needed services across the spectrum of health and social care.

Achieving these standards will require not only appropriate investment, training and embedded research in NHS services, but close collaboration between the NHS, private sector and community organisations to design inclusive, patient-centred services. Upholding these standards will require support and endorsement by professional and regulatory bodies, with whom we hope for closer working to facilitate their delivery.

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