

Private Gender Identity Clinics – Position statement and suggested checklist for practices asked to prescribe and provide care for a patient (over 18 years) recommended by a private Gender Identity Clinic

Note: where a request is for children and young people under 18 years of age please see [NHSE Guidance To Primary Care About Unregulated Providers Who Supply Hormone Medications To Children And Young People For Gender Incongruence](#) April 2025

Position Statement

GPs and other primary care prescribers receiving requests to prescribe hormone therapy or blockade in gender dysphoria by a **private (non-NHS commissioned) Gender Identity Clinic (GIC) or provider** are reminded that prescribers **MUST** only prescribe within their own level of competence.

If a practice is considering taking on prescribing recommended by a private GIC, then it is recommended that prescribers should make reasonable efforts to ensure that an appropriately qualified GMC registered specialist has made a careful assessment equivalent to an NHS GIC assessment.

Requests should ideally be discussed with the local NHS GIC before commencing any intervention. This is required so that an appropriate management plan can be initiated incorporating suitable safeguards and monitoring.

Please note: A patient, whose privately funded consultant has recommended treatment with a medication normally available as part of NHS commissioned care in the patient's clinical circumstances, can ask his or her NHS GP to prescribe the treatment.

There is no obligation on the part of the GP to prescribe the recommended treatment if it is contrary to his/her normal clinical practice. The consultant's advice on choice of treatment is advisory and the GP may choose to prescribe an alternative product bearing in mind national and local guidelines/formulary. By prescribing, a clinician assumes clinical responsibility for the treatment.

The prescriber may wish to consider the points listed below to help aid their decision making. This could include asking the GIC to provide extra information if there is insufficient detail in any referral documentation.

Criteria	Guidance	NO	YES
Is the provider a reputable company?	Check internet for complaints, news articles etc.		
Does the service appear to meet GMC good practice?	Provision of shared care +/- adequate information to enable prescribing safely. In the following questions consider need to check other medical staff employed by the clinic, not just the requestor.		
Is the Consultant on the appropriate GMC specialist register, a member of the relevant Royal College and based in the UK?	Check clinic website for evidence of membership to relevant professional association and check membership is current.		
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Is the requestor an appropriate gender specialist? E.g. do they hold (or has held in the past) a substantive NHS Consultant post within a Gender Identity Clinic? Or any current formal links with NHS gender identity clinic (GIC)?	<p>Check name of requestor on GMC website for registration details:</p> <ul style="list-style-type: none"> ensure there are no conditions associated with registration that go against the request check specialty register <p>Check clinic website for any indication of training and experience in managing gender identity. Any previous NHS GIC experience?</p>		
Is there documented support of two gender specialists (including one medic)	Information should have been provided in clinic letter for individual patient		
Is there a clear written plan for how often the patient will be reviewed?	Information should have been provided in clinic letter for individual patient		
Will the consultant / clinic be available for ongoing support and advice?	This may include medication related queries		
Is the medication request made in accordance with Norfolk and Waveney Guidance in Transgender Health? i.e has a detailed patient specific plan been provided?			
Has fertility been discussed and informed consent obtained? Information should have been provided in the patient-specific plan.			
<p>Is the patient aged over 18? If no, see NHSE has produced guidance on legislation change and Ban on puberty blockers to be made indefinite on experts' advice - GOV.UK for more detailed information re prescribing in this area.</p> <p>New NHSE circular published April 2025 GUIDANCE TO PRIMARY CARE ABOUT UNREGULATED PROVIDERS WHO SUPPLY HORMONE MEDICATIONS TO CHILDREN AND YOUNG PEOPLE FOR GENDER INCONGRUENCE</p>			

If the answer to any of these is no, then the practice may wish to proceed with caution.

Where information is not readily available within communication received from the Service Provider send the **NW ICS Gender Dysphoria request to GP by Private Provider – Assurance request letter** to request further detail and assurance prior to prescribing.

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Evidence base / Legislation	Level of Evidence: <i>A. based on national research-based evidence and is considered best evidence</i> <i>B. mix of national and local consensus</i> <i>C. based on local good practice and consensus in the absence of national research based information.</i> <i>D. National Drug Tariff</i>
Dissemination	Is there any reason why any part of this document should not be available on the public website? <input type="checkbox"/> Yes / No <input checked="" type="checkbox"/>
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