



Scottish Professionals Advising on Gender

12 October 2024

To: All Scottish GPs

Dear GP,

ScotPAG represents the three major fields of health, education, and social work, working collaboratively, to share knowledge and concern about the present modes of understanding and treatment of what has come to be known as 'gender dysphoria'. One of our members, a concerned GP, has written this letter to you.

"HIS published their gender identity healthcare standards and protocol in September 2024, and we are concerned about the plans they have for GPs.

The plan is for GICs to discharge patients into primary care once they are stable on hormone therapy, meaning GPs are to prescribe for and monitor patients long term. GPs are only to refer back if they have concerns. There is currently no protocol for GPs to follow in primary care, which opens GPs up to litigation, but more importantly increases the risk of long-term harms to patients, which goes against the Hippocratic Oath. Patients are also presenting to GPs with irreversible harms such as urinary incontinence, osteoporosis, and other long-term conditions.

Many patients are under CMHT care, having never been under them before they began irreversible treatments. The Cass Report pointed out that many patients were suffering from underlying conditions such as the effects of trauma and autism and these were not taken into consideration by GICs prior to treatment, and others were suffering from the effects of testosterone which is known to cause adverse mental health.

We are asking GPs to consider their position with regard to prescribing medications as per the GMC guidelines attached. We believe that 'gender' healthcare is not evidence-based and therefore demands long term follow-up with GICs as occurs, for example, with patients on DMARDs such as methotrexate who remain under rheumatology. Patients deserve this, and we believe that GPs should only be involved if they are operating under a banner of competence, which is currently lacking in this hastily constructed new 'speciality'.

There is a lack of robust medical evidence, as shown by the Cass Review and increasing evidence of the long term adverse effects, many of which are irreversible. We believe that GPs should therefore exercise caution in prescribing and monitoring.

The RCGP position statement of October 2024 (full document on [scotpag.com/health/](https://www.scotpag.com/health/) section: The role of GPs) states that GPs should only be involved if they are clinically competent, and also states that GPs are responsible for the prescriptions they sign and are accountable for their decisions and actions when supplying or administering medicines, signposting GPs to:

https://www.gmc-uk.org/-/media/documents/prescribing-guidance-updated-english-20210405_pdf-85260533.pdf

Because transgender healthcare has been labelled a specialised service, GPs are not contracted under the GMS contract to partake in care. Therefore, patients should be followed up by GICs long term, with GPs only opting in if they are clinically competent. We have attached documents that may help your decision.”

<https://www.scotpag.com/post/standards-what-standards>

<https://www.healthcareimprovementscotland.scot/wp-content/uploads/2024/09/Gender-ID-Standards-September-2024.pdf>

<https://www.publications.scot.nhs.uk/files/dl-2024-21.pdf>

Yours sincerely,

Carolyn Brown, Convenor