

Professor Terence Stephenson

Chair of Council
General Medical Council
350 Euston Road
London NW1 3JN

12 May 2016

Specialist prescribing

Dear Terence

You may recall that when Dean Marshall and I met you and Niall Dickson, we raised concerns regarding NHS England's proposals for GPs to undertake specialist prescribing for patients, such as those with gender dysphoria.

Since our meeting, the GMC has provided specific guidance for prescribing in this area '*Guidance for doctors treating transgender patients*'¹. We have received widespread concerns from GPs and Local Medical Committees (LMCs) that this guidance is placing GPs in a difficult position and undermines the principles of the GMC's own Good Medical Practice.

We are writing to you now to set out our concerns and to ensure that GPs are not forced to prescribe outwith their limits of competence. This in no way diminishes the legitimate and moral need to ensure that patients with gender dysphoria receive prompt and timely care, especially as it is recognised that they are at higher risk of psychological morbidity through delays in treatment.

We note that the Equalities Act 2010 places a duty on the NHS to remove or minimise disadvantages suffered by people with protected characteristics and to meet their needs. We are therefore concerned that the failure of NHS England to provide specialised services for these patients may breach this duty.

Our concerns relate to two key issues:

¹ http://www.gmc-uk.org/guidance/ethical_guidance/28851.asp

Chief executive: Keith Ward

Registered as a Company limited by Guarantee. Registered No. 8848 England.
Registered office: BMA House, Tavistock Square, London, WC1H 9JP.
Listed as a Trade Union under the Trade Union and Labour Relations Act 1974.

1. **GMC's recommendations for GPs to consider prescribing "bridging prescriptions".**

We find it extremely concerning that the GMC is recommending that GPs should consider prescribing medication that is clearly outside their expertise and competence, in cases of delays in patients accessing specialist treatment in the NHS. If the NHS is denying appropriate access for certain categories of patients, the GMC should be highlighting this as a risk to patients which needs to be corrected through appropriate commissioning arrangements.

Current guidance is unequivocal that initiating hormonal treatment for patients with gender dysphoria should be done by a specialist as part of a comprehensive assessment process. It is simplistic to consider that the needs of patients awaiting specialist treatment can be met simply by a technical process of issuing a prescription (to avoid the harm of self-medication), when in fact the patient should be entitled to a specialised comprehensive assessment and wider support prior to treatment. This is an important matter of principle which could apply to other clinical areas where there are delays in treatment, and it would be quite unacceptable if GPs are expected to provide treatment beyond their competence in order to "bridge" such deficiencies.

We are additionally concerned regarding medico-legal consequences if there were to be any complaints or untoward incidents related to such prescribing, and we are actively seeking appropriate legal advice from indemnity organisations.

2. **Continued prescriptions under shared care arrangements.**

GMC guidance is clear that a GP shares clinical responsibility in shared care arrangements. In doing so, the GP is expected to demonstrate competence and knowledge regarding the medication prescribed, monitoring arrangements and side-effects. In the case of gender dysphoria, most GPs will have no previous experience of managing such a patient. The very fact patients are referred to dedicated Gender Identity Clinics defines that this is a highly specialist treatment area, and clearly outside core essential services expected of a GP.

As with all specialist shared prescribing, GPs can voluntarily prescribe under these arrangements, if they feel they have requisite competence and skills, and which we believe should be under a formal locally commissioned arrangement. The GMC guidance places a worrying expectation on *any* GP, regardless of their competence or knowledge regarding such hormonal treatments, to continue to prescribe specialist medication in this instance. We have provided the following information regarding shared care arrangement to GPs in our document '*Quality First: Managing workload to deliver safe patient care*'²:

Shared care arrangements:

Shared care protocols are increasingly used to transfer care from hospitals into general practice, including the prescribing of specialist medication. It is important to note practices are not obliged to participate in shared care arrangements, which are voluntary. Shared care arrangements require additional competencies, and it is important that GPs do not undermine care for patients by feeling pressured to treat beyond their knowledge and skills. Shared care arrangements also require additional GP, nurse and administration time, and it is important that practices do not take on this

² <http://www.bma.org.uk/support-at-work/gp-practices/quality-first>

additional optional work beyond their capacity to deliver. Practices should receive resources to provide this extra service, so that current staff are not diverted away from providing core needs of patients.

In the interests of patient safety, our recommendation to GPs remains, as with all shared prescribing, that the decision to prescribe must be down to individual clinical judgement to provide treatment within the GP's personal competence.

In summary, our key concern is to ensure that GPs can prescribe safely within their limits of competence, and this includes the ability to decline to prescribe, where appropriate. Feedback we have received from a large number of practices is that the GMC guidance places inappropriate expectations on GPs, and undermines the GMC's own Good Medical Practice.

We are deeply concerned with the potential for GPs to feel coerced to prescribe specialist drugs, and as such, we will be copying this letter to all LMCs so they are aware of our concerns. We will also be writing to NHS England regarding their commissioning responsibilities for gender services, so that patients can have access to the specialist treatment they need.

I look forward to an early response from you.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Chaand Nagpaul', with a large, stylized initial 'C'.

Dr Chaand Nagpaul CBE
Chair, BMA General Practitioners Committee