

Written evidence from Royal College of General Practitioners [RHW0085],

Following on from Professor Margaret Ikpoh's oral evidence to the Women and Equalities Committee on 17 December, we wanted to provide the following information by way of follow up.

1. Further to Professor Ikpoh's answer to Q79 from Alex Brewer MP, please find attached a copy of a joint briefing from the Association for Young People's Health, University of Bedfordshire, teenage pregnancy knowledge exchange, British Medical Association, British Pregnancy Advisory Service, brook, Community Pharmacy England, The College of Sexual and Reproductive Healthcare, Royal College of General Practice, Royal College of Nursing, Royal College of Obstetricians and Gynaecologists and Royal Pharmaceutical Society sent to Peers ahead of the Second Reading of the Crime and Policing Bill in the House of Lords.

2. Further to Professor Ikpoh's answer to Q80 from Alex Brewer MP, I can confirm that we have no record of the RCGP being asked to provide advice on implementing new guidance on teaching about menstrual health in schools.

3. Further to Professor Ikpoh's answer to Q103 from Christine Jardine MP, we have no record of any RCGP representative attending an NHS England stakeholder event on women's chronic and procedural pain held in November 2025.

4. Further to Professor Ikpoh's answer to Q113 from Nadia Whittome MP and Q114 from Rachel Taylor MP, we thought it would be most helpful to share with the committee the following relevant extracts from the RCGP position statement entitled "[The role of GPs in transgender care](#)" published in March 2025:

These are:

2.2.2 Prescribing for adult patients under collaborative or shared care arrangements

In common with other conditions, collaborative or shared care arrangements can be used for shared delivery of specialist care for those with gender incongruence. NHS bodies need to ensure that collaborative and shared care arrangements and locally commissioned services are adequately funded to support the ongoing care and treatment of patients. The RCGP would expect that any such collaborative or shared care arrangements would always include specialist involvement and clearly define the role of the GP. When responsibility for ongoing medical monitoring and prescribing is assumed by a GP in the context of a collaborative or shared care agreement, the limitations of this need to be recognised and mitigated. Collaborative or shared care for gender incongruence should follow the same lines as for any other condition wherein it takes place by arrangement and agreement. There should be a document that describes the nature, responsibilities and boundaries of the collaborative or shared care agreement in the patient's notes.

Guidance on shared care is provided by both the GMC and NHS England. In line with NHS England's "Responsibility for prescribing between Primary & Secondary/Tertiary Care" guidance, which has been endorsed by RCGP, such care for any condition should only be carried out if:

- It is in the best interest of the patient: 'the agreement and preferences of the patient should be at the centre of any shared care agreement and their wishes followed wherever possible.'*
- 'The patient or their carers [...] have the opportunity to ask questions and explore other options if they don't feel confident that shared care will work for them.'*
- If the 'specialist considers a patient's condition to be stable or predictable.'*
- '[T]he GP feels clinically competent to prescribe the necessary medicines.'*
- '[T]he GP has agreed to this in each individual case, and the [...] specialist will continue to provide prescriptions until a successful transfer of responsibilities. The GP should confirm*

the agreement and acceptance of the shared care prescribing arrangement and that supply arrangements have been finalised.'

- *'[Adequate training and educational support is in place for the primary care multidisciplinary team, e.g. [...] administration of the medicine etc. Information on how to access this support should be provided in the shared care prescribing guidelines.'*
- *'[T]he resources and capacity to ensure consistent delivery [are] determined before any such shared care prescribing is implemented.'*

GPs are responsible for the prescriptions they sign and are accountable for their decisions and actions when supplying or administering medicines. The RCGP's wider guidance on the interface between primary and secondary care explores this area further.

The RCGP would not consider the GP role to involve sharing care with the private sector, unless the GP practice has made their own decision to take this on and considers that it is safe.

4. Policy recommendations

To support the provision of high quality, joined-up, person-centred and evidence-based care for transgender people, those experiencing gender incongruence and those questioning their gender identity, the RCGP calls for the following changes at national level:

1. *To review the service specification, the model of provision, and identify issues related to service delivery and best practice for adult specialist gender identify services:*
 - *As part of this, to ensure that the commissioning of gender identity services is sufficient to address the backlog and support current and future demand for services for patients, and advice and good communication to GPs.*
 - *This should also include support for development of follow through gender services for 17-25 year olds.*
 - *The RCGP would suggest exploring innovative models to provide care from local clinics supported by GPs with Extended Roles (GPwERs) with supervision from a consultant specialist in the field, where suitable for the local population. The RCGP would be open to exploring the creation of a framework for a GPwER for care of adults in this area.*

Thank you again for giving the RCGP the opportunity to provide evidence to the committee and please do not hesitate to get back in touch if you require any further information.

January 2026