

**HEALTH CARE FOR TRANSGENDER, NON-BINARY, AND  
GENDER NONCONFORMING PEOPLE:  
GUIDELINES FOR THE NORTHWEST TERRITORIES ('NWT')**

**Effective: December 21, 2020**

## Contents

Health Care for Transgender, Non-Binary, and Gender Nonconforming People: Guidelines for the Northwest Territories .....	3
Acknowledgements .....	3
Purpose .....	3
Guiding Document .....	4
Definitions .....	4
Commitment to Cultural Safety .....	6
Health Care Provider Responsibilities.....	7
Privacy and Confidentiality .....	9
Diagnosis of Gender Dysphoria .....	9
Children and Youth.....	9
Endocrine Therapy (Hormone Therapy).....	10
Requirements for Gender Affirming Surgeries .....	10
Assessment for Gender-Affirming Surgeries .....	11
Breast/Chest Surgery: Augmentation or Mastectomy.....	12
Genital Surgery.....	13
NWT Health Care Plan.....	14
Additional Resources and Support.....	14
Appendix A: Transgender, Non-Binary, and Gender Nonconforming Care Process Map.....	16

## ***Health Care for Transgender, Non-Binary, and Gender Nonconforming People: Guidelines for the Northwest Territories***

As the care of patients with gender dysphoria is constantly evolving, the Department of Health and Social Services will work to keep the *Health Care for Transgender, Non-Binary, and Gender Nonconforming People: Guidelines for the Northwest Territories* as current as possible.

Our goal is to ensure the Guidelines reflect emerging changes in the care of patients by regularly updating the document. As a health care provider and the intended audience for this information, we welcome any suggestions you, your patient, or their families have on the Guidelines.

### **Acknowledgements**

The Department of Health and Social Services would like to thank all those who contributed to the development of these Guidelines, with special consideration to:

- Amanda St. Denis, Workforce Diversity Officer and Parent/Patient Advocate,
- Dr. Fiona Aiston, Family Physician,
- Dr. Neil Hagen,
- Dr. Sarah Cook, former Territorial Medical Director,
- Kristin Richardson, NP, and the
- Rainbow Coalition of Yellowknife.

### **Purpose**

Transgender, non-binary, and gender nonconforming people have the right to respectful, dignified, gender-affirming health care in the NWT. The purpose of the *Health Care for Transgender, Non-Binary, and Gender Nonconforming People: Guidelines for the Northwest Territories* is to establish a clear referral process for transgender, non-binary, and gender nonconforming health care services for NWT residents.

Transgender, non-binary, and gender nonconforming people are an underserved population who continue to face societal stigma and discrimination in many areas including health care settings. They are disproportionately affected by poverty, homelessness, unemployment, and health problems such as depression, anxiety, obsessive-compulsive and phobic disorders, substance use disorders, and HIV. Indigenous peoples who identify with the LGBTQ2S+ community may face added barriers due to racism, sexual orientation, and gender discrimination.

The referral processes may be difficult for some patients, and it is important patients feel safe and comfortable speaking to their health care provider. Health care providers are uniquely well positioned to address these health disparities and increase access to gender-affirming health care.

## Guiding Document

Transgender, non-binary, and gender nonconforming care in the NWT should, to the extent possible, align with the most current version of the World Professional Association for Transgender Health ('WPATH') *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*.

While titled "Standards of Care", this document is actually a consensus-based guideline. It is intended to be flexible in order to meet the diverse health care needs of transgender, non-binary, and gender-nonconforming people.

*Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People* can be found here:

[https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7\\_English.pdf](https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English.pdf)

Helpful and user-friendly guidelines to support primary care practitioners in the provision of care for transgender, non-binary, and gender nonconforming patients are available from other jurisdictions in Canada, including:

- Trans Care BC:  
[www.phsa.ca/transcarebc/Documents/HealthProf/Primary-Care-Toolkit.pdf](http://www.phsa.ca/transcarebc/Documents/HealthProf/Primary-Care-Toolkit.pdf)
- Rainbow Health Ontario:  
[www.rainbowhealthontario.ca/TransHealthGuide/index.html](http://www.rainbowhealthontario.ca/TransHealthGuide/index.html)
- Alberta's Toward Optimized Practice:  
<https://actt.albertadoctors.org/media/or0fnwxz/initial-assessment-gender-dysphoria.pdf>

## Definitions

### Assessment for Surgery

The assessment prepared by a clinical expert, which provides documentation of diagnosis, treatment, or other aspects of a patient's history to support the identification or diagnosis of gender dysphoria and recommendation for surgery.

### Clinical Expert

Clinical experts who are primary care practitioners may diagnose and provide the appropriate assessments prior to gender affirming care.

Clinical experts who are not primary care practitioners may identify or confirm the diagnosis of gender dysphoria and provide appropriate assessments prior to gender affirming care.

A clinical expert can be a “Medical Practitioner” registered and licenced under the NWT’s *Medical Professions Act*, a “Nurse Practitioner” or “Registered Nurse” registered and licenced under the NWT’s *Nursing Profession Act*, a “Psychologist” registered and licensed under the NWT’s *Psychologists Act*, or a “Registered Social Worker” registered and licensed under the NWT’s *Social Work Profession Act* with the appropriate expertise and competency to identify gender dysphoria.

A primary care practitioner can be a clinical expert.

### **Gender-affirming health care**

Health care according to a patient’s goals and can involve many different aspects of their social, medical, and surgical care. This includes the assessment, referral, diagnosis (primary care practitioners) or identification/confirmation of diagnosis (non-primary care practitioners), and treatment of the patient and their family.

### **Gender Dysphoria**

Distress that is caused by a discrepancy between a person’s gender identity and that person’s sex assigned at birth (and the associated gender role or primary and secondary sex characteristics).

### **Health Care Provider**

Any person delivering care to a patient. This includes, but is not limited to, primary care practitioners, clinical experts, registered nurses, community health workers, and home support workers.

### **Surgery**

Gender affirming surgical care involves procedures to change primary sex characteristics so they correspond with a person’s identity and may include chest or breast surgery, gonadectomy, genital reconstruction, and a range of other procedures, including tracheal shave and facial surgery.

Many types of surgeries exist and, depending on the facility and surgeon(s) involved, the surgeries may differ slightly.

#### Breast/Chest Surgery: Augmentation or Mastectomy

Surgical procedure to augment the breast/chest (augmentation mammoplasty) or surgical procedure to remove breast tissue (subcutaneous mastectomy). The mastectomy may spare the skin, nipple, and areola (nipple-sparing subcutaneous mastectomy).

### Metoidioplasty

Metoidioplasty can include a range of procedures, including:

- the creation of a phallus through the lengthening of the clitoris (clitoral release)
- the possibility of lengthening the urethra (neourethra)
- the possibility of closing the vaginal cavity (vaginectomy)
- the creation of a scrotum (scrotoplasty and the insertion of testicular implants) or a bifid scrotum (insertion of the testicular implants into the labia majora of the vulva).

### Phalloplasty

Surgical procedure that creates or repairs the phallus, glans, and scrotum, and may include all or parts of the closure of the vaginal cavity, insertion of penile and testicular implants, and usually includes lengthening of the urethra.

### Vaginoplasty

Surgical procedure to create or repair the vagina and vulva, and may include the removal of the penis, scrotal sac, and testes.

### **Primary Care Practitioner**

An NWT medical practitioner or a nurse practitioner who provides ongoing care for the patient.

### **NWT Health Care Plan**

Covers the cost of medically necessary health services for NWT residents who have a valid NWT Health Care Card.

### **Transition**

Gender transition is a lifelong process. Although gender identity and gender expression are often similar, they do not always match. A person may express gender in a way that is different from how they feel. This may include social transition, such as new names, pronouns, and clothing and/or may include medical transition, such as hormone therapy and surgery.

### **Commitment to Cultural Safety**

Indigenous peoples who are part of the transgender, non-binary, and gender nonconforming communities may face added barriers due to racism, sexual orientation, and gender discrimination.

A culturally safe health care system for Indigenous peoples benefits all Northerners, including the transgender, non-binary, and gender nonconforming communities. Cultural safety is an outcome where Indigenous peoples feel safe and respected, free of racism and discrimination,

when accessing health and social services programs and services. An important feature of cultural safety is understanding that a legacy of colonialism, including racism in health and social services, influences Indigenous health outcomes and access to care and services.

Indigenous residents have expressed that relationship-based care is a priority, meaning that clients want trusting, caring and ongoing relationships with their health care providers. Relationship-based care is an approach that puts the needs of clients and families first and results in a health and social services system that prioritizes relationships while removing barriers to achieving those relationships.

The Department of Health and Social Services recognizes that building long-term relationships between patients/clients, practitioners, and staff makes a difference to both patient/client experiences in health and social services and health outcomes.

Individuals who identify as what Western society calls “*transgender*” have been found in essentially every population and culture around the world. Indigenous populations, however, have expressed their gender identities in ways which are somewhat distinct from other cultures. The term “Two-Spirit” is a blanket term that refers to the complex relationship between Indigenous culture, and gender and/or sexual orientation. There are historical records and teachings of Two-Spirit people existing in First Nations, Métis, and Inuit cultures across Turtle Island (North America). This diversity once had a well-accepted place within Indigenous societies. Gender was not based on sexual activities or practices, but rather reflected the sacredness that comes from being different. Many individuals from First Nations, Métis, and Inuit cultures have been adversely affected by rigid views on gender identity expressed within Western society religious beliefs. Many historical records were lost, and impacts of colonialism prevent many cultures from being able to celebrate their Two-Spirit histories. However, in recent years across Turtle Island, there has been a resurgence of First Nations, Métis, and Inuit cultures reclaiming Two-Spirit identity and teachings.<sup>1</sup>

## Health Care Provider Responsibilities

Health care providers are expected to:

- Practice relationship-based care. Relationship-based care is an approach that puts the needs of patients and their families first, and includes honouring Indigenous knowledge, wisdom, and diversity of the North.
- Practice gender-affirming health care. Gender-affirming health care includes respecting an individual's right to self-determine their gender identity and maintaining a gender-affirming approach, including using chosen names and pronouns when interacting with, on behalf of, referring, or when charting on the individual.

<sup>1</sup> The above paragraph was adapted with permission from Trans Care BC Provincial Health Services Authority. Further information is available at:

<http://www.phsa.ca/transcarebc/Documents/HealthProf/Primary-Care-Toolkit.pdf>

- Practice trauma-informed care. Trauma-informed care includes being mindful of societal, community, and interpersonal trauma that transgender, non-binary, and gender nonconforming patients experience within and outside the health care system.
- Recognize how unconscious bias may influence patient treatment. Unconscious bias is a natural, universal method of cognitive processing and can lead to false assumptions and negative outcomes. There is increasing evidence that unconscious bias leads to negative outcomes for minority groups in healthcare settings. This in turn contributes to health disparities, in which certain groups experience inequalities in the provision of and access to healthcare. Acknowledging that unconscious bias exists is an important first step to overcoming it. Here are some additional strategies to manage unconscious bias so as not to undermine a patient/client treatment:
  - Recognize your own stereotypical thinking
    - For example, how does the way a patient/client's physical appearance (manner of dress, makeup or no makeup, hairstyle, etc.) influence your perception of them?
  - Replace biases and assumptions with facts
    - What quick conclusions did you jump to upon first meeting this person? Is that a fair assumption based on facts or simply your opinion based on your past experiences?
  - Understand the individual more clearly through open-ended questions and dialogue
    - Building a relationship with each patient/client will assist in interacting with and providing care for the patient/client in an individualized and specific manner working towards care equity.
    - Try to use language that they are using to talk about their transition, their bodies, and their relationship to their gender.
  - Increase the opportunities for positive interactions and contact
    - Encourage patients to build rapport with health care providers when they're not only at their most vulnerable so that health care providers can get a clear sense of their patient/client's full humanity.
  - Seek out training opportunities such as cultural awareness or motivational interviewing training.
    - Many of these training opportunities can be found on the GNWT's Training Calendar and may also be available on request.

## Privacy and Confidentiality

As with any other health service, the collection, use, and disclosure of personal information or personal health information related to transgender, non-binary, and gender nonconforming care must adhere to existing privacy legislation, standards, and policies.

## Diagnosis of Gender Dysphoria

The diagnosis of gender dysphoria can be made by a primary care practitioner. In order to diagnose a patient with gender dysphoria, the primary care practitioner must have extensive experience or formal training in gender care, particularly as it relates to meeting the mental health care needs of transgender, non-binary, and gender nonconforming individuals.

A primary care practitioner who does not have extensive experience or formal training in gender care may refer the patient to a clinical expert to confirm the diagnosis. NWT patients do not need to be diagnosed with gender dysphoria by a psychiatrist. A clinical expert can manage the assessment and management of mental health needs of most transgender, non-binary, and gender nonconforming patients. However, a patient can be referred to a psychiatrist by a clinical expert or primary care practitioner, if clinically indicated.

The NWT currently follows the *Trans Primary Care Initial Assessment Tasks*, which includes an assessment checklist. This tool can be found here:

<https://www.rainbowhealthontario.ca/TransHealthGuide/gp-initialassess.html>.

As additional support for primary care practitioners, the *Transgender Health In Primary Care, Initial Assessment*, developed by the Accelerating Change Transformation Team (Alberta Medical Association) can serve as helpful tool for health care providers who are seeing transgender, non-binary, and gender nonconforming patients for various reasons in a range of clinical contexts. This tool can be found here:

<https://actt.albertadoctors.org/media/or0fnwxz/initial-assessment-gender-dysphoria.pdf>

## Children and Youth

There are differences in the assessment and management of gender dysphoria in transgender, non-binary, and gender nonconforming children or youth who have not completed puberty, compared to adults. In children or youth, rapid development is associated with rapid change and fluidity of outcomes. In particular, there are complex decisions regarding diagnosis of gender dysphoria, whether to initiate hormones, or initiate puberty blocking hormones, and decisions regarding the role of formal parental or patient consent.

It is recommended that transgender, non-binary, and gender nonconforming children and youth in the NWT be referred to the general pediatric service at Stanton Territorial Hospital. Pediatrics will provide support and care to transgender, non-binary, and gender nonconforming children and youth, in partnership with other clinical experts in the NWT and

the patient's primary care practitioner. Together, a connection with speciality transgender care, such as pediatric endocrinology and adolescent medicine, outside of the NWT can be facilitated.

It is important to remember that transgender, non-binary, and gender nonconforming children and youth are still experts in their transition and their experience. While there are steps that parents need to provide consent for, it is imperative that transgender, non-binary and gender nonconforming children and youth feel heard and respected during this process. They will eventually grow to be adults that will have full control of their own health care and establishing positive relationships and trust with health care providers in an early stage will significantly aid in maintaining a quality health care regimen.

## Endocrine Therapy (Hormone Therapy)

Generally, hormone therapy needs can be met within the NWT without the need to refer to an endocrinologist. Usually a clinical expert would assess the patient and initiate hormone therapy as needed.

Guidelines and protocols that can be referenced are the same as those identified under 'Diagnosis of Gender Dysphoria':

- The *Trans Primary Care* tools:  
<https://www.rainbowhealthontario.ca/TransHealthGuide/gp-initialassess.html>
- The Transgender Health In Primary Care tool:  
<https://actt.albertadoctors.org/media/or0fnwxz/initial-assessment-gender-dysphoria.pdf>

If needs cannot be met in the NWT, the primary care practitioner or clinical expert may make a referral to an out-of-territory practitioner, typically an endocrinologist in Alberta.

## Requirements for Gender Affirming Surgeries

The criteria for all gender-affirming surgeries are:

- Persistent, well-documented gender dysphoria;
- Assessment(s) provided by clinical expert(s);
- The patient has the capacity to make fully informed decisions and expressly consent to the treatment or procedure (i.e. the patient understands the procedure and associated risks, and has an aftercare plan);
- Social, medical, and mental health care needs have been assessed and appropriate treatment and referrals are followed or completed. A plan of care is in place for identified needs;

- If significant medical or mental health condition exist, it must be reasonably well controlled for breast/chest surgery and well controlled for genital surgery;
- Having a valid NWT Health Care Card; and
- Being age of majority, which is 19 years of age in NWT.

Note: Age is not an eligibility criterion for breast/chest surgery. In some cases, a clinical expert and the patient's surgeon may deem a patient under the age of 19 years clinically appropriate for breast/chest surgery.

For patients seeking breast surgery, it is generally recommended (but not required) to have a full 12 months of appropriate hormone therapy in order to maximize breast growth to support best surgical results.

Additionally, in accordance with the World Professional Association for Transgender Health ('WPATH') *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, genital surgery also requires:

- 12 continuous months of hormone therapy as appropriate to the patient's gender goals; and
- 12 continuous months of fully living in a gender role that is congruent with the patient's gender identity.

It should be noted, however, that referrals to some clinics can have significant wait times, depending on the surgical procedure and, for example, the status of the COVID-19 pandemic. The primary care practitioner and the patient will need to assess this 12-month guideline on a case-by-case basis.

## Assessment for Gender-Affirming Surgeries

Depending on the type of surgery, one or two formal assessments are required.

- One assessment is generally required for breast surgery. This assessment must be completed by a qualified primary care practitioner. This assessment can be completed by the patient's primary care practitioner if considered a clinical expert.
- Two assessments are required for genital surgery. One of these assessments must be from a qualified primary care practitioner. This assessment can be completed by the patient's primary care practitioner if considered a clinical expert. The second assessment can be provided by any other clinical expert.

These assessments by clinical experts can be made by virtual care.

At a minimum, an assessment must include the following:

1. The patient's general identifying characteristics (general demographic information, such as how the patient is expressing themselves in how they appear);

2. Results of the patient's psychosocial assessment, including any diagnoses (Note: this assessment can be completed by a clinical expert);
3. The duration of the clinical expert's relationship with the client, including the type of evaluation and therapy or counseling to date;
4. An explanation that the criteria for surgery have been met, and a brief description of the clinical rationale for supporting the patient's request for surgery;
5. A statement about the fact that informed consent has been obtained from the patient;
6. A statement that the clinical expert is available for coordination of care and welcomes a phone call to establish this.

Once a patient has the necessary assessment(s) and meets the criteria, as per WPATH's *Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People*, for the requested surgery, the patient can be referred to the appropriate surgical provider. Further information relating to specific surgeries is provided below.

## Breast/Chest Surgery: Augmentation or Mastectomy

With the necessary assessment, a patient can be directly referred by their primary care practitioner or clinical expert for breast surgery. Breast surgery is not performed in the NWT due to existing capacity and specialized surgical techniques.

Primary care practitioner referrals can be made to plastic surgeons in Alberta, the Clinic de Chirurgie (Montreal), the McLean Clinic (Mississauga, ON), to a surgeon via the Gender Program at the University of Alberta Gender Clinic (Edmonton), or elsewhere. However, some of these facilities do not accept the publicly funded rates, and they bill patients directly. Patients will not be reimbursed for private surgery rates. For this reason, we generally recommend patients be referred to Alberta plastic surgeons who accept the Interprovincial / Territorial Reciprocal Billing Agreement rates (i.e. they bill according to the Alberta Schedule of Medical Benefits, which is the Alberta equivalent of the NWT Tariff).

Breast surgery for transgender, non-binary, and gender nonconforming patients is considered a medically necessary health service, in similar clinical circumstances as it is for non-transgender, non-binary, and gender nonconforming ('cis') patients.

A mastectomy is covered by the NWT Health Care Plan, at pre-determined publicly funded rates.

Breast augmentation is covered by the NWT Health Care Plan only when medically necessary, such as when there is breast aplasia (failure to respond to appropriate hormone therapy) or a congenital breast abnormality. Only few patients will fulfil these eligibility criteria. Breast augmentation for any other indication is not covered in the NWT. These same criteria are present across Canada and apply equally to cis and transgender women.

Patients diagnosed with gender dysphoria are eligible for breast surgery in the context of male-to-female gender reassignment, if the following criteria are met:

- negligible breast development despite adequate hormone therapy for at least one year; or
- hormone therapy is medically contraindicated.

For tools to facilitate discussion of transition-related breast/chest surgery between primary care practitioners and patients, please see the document titled:

- *Feminizing Chest Surgery—Summary for Primary Care Providers:*  
<https://actt.albertadoctors.org/media/domebfqf/feminizing-chest-surgery.pdf>
- *Masculinizing Chest Surgery—Summary for Primary Care Providers:*  
<https://actt.albertadoctors.org/media/h41k5ev1/masculinizing-chest-surgery.pdf>

## Genital Surgery

With the two independent assessments described above, a patient can be directly referred by their primary care practitioner for genital surgery. Prior approval from the Department of Health and Social Services is required.

The NWT does not have the capacity available for genital surgeries. At this time, gender affirming surgery is currently performed at the Centre Metropolitain de Chirurgie, a private clinic in Montreal. Patients may be referred for care in another province if the necessary expertise and capacity are available there. Genital surgery is not funded out-of-country.

Vaginoplasty, metoidioplasty or phalloplasty are covered by the NWT Health Care Plan for patients who, in consultation with their primary care practitioner, consider genital surgery an essential component of their gender transition. There are some variations of this surgery, such as clitoral release, which are also funded.

If the genital surgery chosen by a patient is performed in stages, then the medically necessary stages of that selected genital surgery are also covered.

A hysterectomy, including removal of the cervix, must be performed at least six months before a vaginectomy. This surgery is covered by the NWT Health Care Plan. This surgery may be performed out-of-territory even though it is a procedure that can be performed in the NWT.

The necessary surgeries to treat any complications related to general surgeries are also covered by the NWT Health Care Plan, on a case-by-case basis. Complications may be treated in the NWT, Alberta, or at the Clinique de Chirurgie in Montreal, as required.

For tools to facilitate discussion of transition-related genital surgery between primary care practitioners and patients, please see the document titled:

- *Vaginoplasty—Summary for Primary Care Providers:*  
<https://actt.albertadoctors.org/media/rnthe0r/vaginoplasty.pdf>
- *Metoidioplasty—Summary for Primary Care Providers:*  
<https://actt.albertadoctors.org/media/uxklite/metoidioplasty.pdf>
- *Phalloplasty—Summary for Primary Care Providers:*  
<https://actt.albertadoctors.org/media/rjwbo1xo/phalloplasty.pdf>

## NWT Health Care Plan

If surgeries are performed in multiple stages, they are only covered by the NWT Health Care Plan as long as the patient continues to have a valid NWT Health Care Card.

### The following are not covered by the NWT Health Care Plan:

- The cost of outpatient medications, equipment/supplies (i.e. dressings, dilators), meals, accommodations, and personal expenses.
- Transgender, non-binary, and gender nonconforming care services provided outside of Canada, including any reimbursement for treatments or services received outside of Canada.
- Procedures that are not considered medically necessary, such as chest contouring, facial feminization, tracheal shave and voice pitch surgery, psychotherapy, massage therapy, or fertility preservation techniques.
- Non-medical interventions required prior to, or following, genital surgery including, but not limited to, liposuction, lipofilling, electrolysis, or laser hair removal.
- Surgery to correct congenital or acquired disorders of the reproductive system.
- Cosmetic procedures arising from the original surgery to improve appearance.

## Additional Resources and Support

For additional resources and supports, please visit:

**Department of Education, Culture and Employment, Income Assistance Program:**  
[www.ece.gov.nt.ca/en/services/income-security-programs/income-assistance](http://www.ece.gov.nt.ca/en/services/income-security-programs/income-assistance)

The Income Assistance Program provides financial assistance to northerners to help meet basic and enhanced needs.

**Rainbow Coalition of Yellowknife:** [www.rainbowcoalitionyk.org](http://www.rainbowcoalitionyk.org)

An outreach organization based in Yellowknife that works to support 2SLGBTQQIPAA+ youth in the Northwest Territories.

**NWT Housing Corporation, Programs and Services: [www.nwthc.gov.nt.ca/en/services](http://www.nwthc.gov.nt.ca/en/services)**

List of housing programs and services available to NWT residents

**Trans Care BC: [www.phsa.ca/transcarebc/](http://www.phsa.ca/transcarebc/)**

Trans Care BC supports the delivery of equitable and accessible care, surgical planning, and peer and community support for Trans people across the province—Trans Care BC has many education resources on their website.

## Appendix A: Transgender, Non-Binary, and Gender Nonconforming Care Process Map

