

# Healthcare Improvement Scotland: Consultation on national standards for adult and young people's gender identity services

23 February 2024

As the regulator for pharmacists, pharmacy technicians and registered pharmacy premises in Great Britain, our role is to protect, promote and maintain the health, safety and wellbeing of patients and the public who use pharmaceutical services. We have a statutory role in relation to 'system' regulation (as we regulate registered pharmacies) as well as 'professional' regulation of individual pharmacists and pharmacy technicians. Our main work includes:

- setting standards for the education and training of pharmacists, pharmacy technicians and pharmacy support staff, and approving and accrediting their qualifications and training
- maintaining a register of pharmacists, pharmacy technicians and pharmacies
- setting the standards that pharmacy professionals must meet throughout their careers
- investigating concerns that pharmacy professionals are not meeting our standards, and taking action to restrict their ability to practise when this is necessary to protect patients and the public or to uphold public confidence in pharmacy
- setting standards for registered pharmacies which require them to provide a safe and effective service to patients
- inspecting registered pharmacies to check if they are meeting our standards.

It's essential that all patients have access to appropriate, high-quality and respectful healthcare, free from discrimination or bias. We welcome the development of draft national standards for adult and young people's gender identity services, in line with the Scottish Government's commitment to improve access to, and delivery of, gender identity services as set out in the NHS gender identity services: strategic action framework 2022-2024. This aligns broadly with the commitments in our own EDI strategy which focusses on tackling discrimination, supporting access to person-centred and inclusive care, and reducing health inequalities.

We are pleased to see (as set out in Appendix 2) that the standards development and editorial group included pharmacy representatives. We would encourage you to carefully consider any further feedback from patients and pharmacy stakeholders gathered through the consultation process. Their views on the pharmacy-specific issues are essential to understanding the full picture of care in this context.

General points on the language and content of the draft standards:

- There are references to “should” and “must” throughout the standards. It would be helpful to ensure that the expectations and requirements are as clear as possible in the drafting, to support understanding and compliance.
- We would welcome an explicit acknowledgement be added to the Standards that regulated healthcare professionals must uphold the relevant standards set by their regulator, taking account also of any relevant guidance they may issue.
- We note that the draft standards will apply to all services involved in the delivery of gender identity healthcare, including specialist clinics, primary care, community pharmacy and mental health services – in both NHS and independent providers. We think the standards could include more specific references to secondary care.
- The document includes individual descriptions of what each standard means for different groups such as patients, staff, organisations, and primary care. Some of the examples may be relevant to more than one group and it would be helpful to consider how this is reflected in the final draft.
- There is a significant amount of overlap with other best practice guidance on issues that are not unique to this specific area of care (for example, guidance on shared decision-making). It may be helpful to make some parts more concise and to signpost to relevant existing guidance. Specific examples of good practice across settings would also be useful for professionals and teams working in this area.
- Standard 3 ‘Access to gender identity healthcare’ states that staff will be supported to address and minimise waiting lists where possible. We are aware that patient groups continue to raise concerns about access to specialist clinics and long waiting times in the UK, with increasing numbers of referrals. This can put pressure on healthcare professionals to find ways to support patients seeking treatment for gender dysphoria or other gender identity issue. The impact of long waiting times to see an endocrinologist can also lead to a decline in patients’ mental health or lead to issues with patients self-medicating, which can mean seeking hormones online and taking them without medical supervision and ongoing monitoring. On that basis, we welcome the reference to staff being supported to address waiting lists, but there is limited information in the draft standards about what this looks like in practice and whether the necessary building blocks (funding, resources and capacity) are in place to enable this.
- Standard 5 ‘Staff training and support’ highlights the need for staff providing gender identity services to have access to training on topics such as inclusive language and terminology, clinical assessment, ongoing support and trauma informed care. It may be helpful to have an explicit reference to psychological support such as counselling within this section.
- The primary care examples listed under Standard 6 ‘Referral into specialist gender identity services’ are heavily focussed on GP practices. This could be further developed to recognise the other areas where frontline professionals interact and support trans and non-binary patients, particularly in the community pharmacy setting.

### Children and young people

We welcome the inclusion of a specific Standard relating to young people and we recognise there is significant interest across all parts of the system about how healthcare providers appropriately assess, diagnose and care for children and young people, who present with gender identity issues.

In January 2023, we published information about gender identity and pharmaceutical care for children and young people. We highlighted that pharmacy teams providing services to children and young people with gender incongruence or dysphoria, need to adhere to the standard process of clinical assessment and care provision they have been trained to take as healthcare professionals. The starting point is that

pharmacy professionals must provide person-centred care, within the current relevant legal and regulatory context.

We also published information on the key considerations for pharmacy professionals providing pharmacy services to children and young people, including professional behaviour and judgement; personal values and beliefs; partnership working; confidentiality, consent and communication; supporting vulnerable and at-risk patients.

Overall, we are pleased to see that the draft national standards appear to align broadly with the advice we issued to the pharmacy sector about providing care to children and young people. However, we want to highlight two specific points about Standard 7, particularly around the requirement for primary care to ***“have a good understanding of the role of endocrine therapies and are willing to accept an appropriate role in a young person’s care where these are prescribed”***.

We have issued advice to the pharmacy sector as follows:

### **1. Personal values and beliefs**

- Pharmacy professionals need to take responsibility for ensuring that person-centred care is not compromised because of religion, personal values, or beliefs, including their own.

### **2. Clinical appropriateness of prescribed medicines**

- Pharmacy professionals may be concerned about dispensing prescriptions or emergency supplies to children and young people, which they do not feel able to supply in line with appropriate professional standards. It is not enough for a prescription to be legally valid; that is just one consideration alongside others, including judgement as to whether a prescription is clinically appropriate. In some cases, prescriptions may have been issued by overseas gender clinics and prescribers who are not under the jurisdiction of UK regulators, which creates additional risk. We expect pharmacies to have taken active steps to assure themselves that all prescribers, including those from overseas, comply with relevant UK regulatory and professional guidance. Reasonable precautions should be taken by pharmacies to assure themselves that the prescriber has sufficient specialist expertise to assess and diagnose gender dysphoria, and to recommend prescriptions for the person concerned.

Pharmacy professionals need to use their professional judgement when considering the risks to the patient of supplying - or not supplying - against a legally valid prescription. There may be no easy answers and no risk-free options. It is important to document the process and reasons for the decision reached, particularly in complex cases. It may be the right thing in some cases to refuse to supply medication and instead signpost the patient to their GP. Consideration must be given to any risks that might be associated with declining to make a supply, or abruptly discontinuing to make further supplies where the patient has previously been taking particular medicines. Person-centred and compassionate communication is particularly important in these challenging scenarios.

It’s essential that these issues are taken account of fully as part of the final development of the standards, recognising the full range of factors that pharmacy professionals need to consider when delivering appropriate, inclusive and person-centred care, in line with their professional and legal responsibilities.

We hope this is helpful and please do get in touch if you would like to discuss this further.

Yours sincerely,

**Duncan Rudkin**  
**Chief Executive and Registrar**