LGBT+ Pharmacists' Network

Position Statement: Support for patients with gender incongruence (including those accessing gender identity services)

April 2023

This statement expresses the position of the PDA LGBT+ (Lesbian, Gay, Bisexual, Transgender +) Pharmacists' Network with regards to gender-affirming care for transgender people. The PDA LGBT+ Network is committed to examining healthcare issues affecting LGBT+ people, in addition to issues affecting LGBT+ pharmacists, and campaigning on issues important to the Network.

The purpose of this statement is to raise awareness of the need to improve gender-affirming care, and to begin our campaign for the reform of NHS gender identity services. The network believes that executing the recommendations in this statement will better support pharmacists to care for their transgender patients, and help to alleviate the health inequalities faced by transgender people.(1)

This statement applies the PDA's 'Wider Than Medicines' roadmap to gender-affirming care, in pursuit of an integrated healthcare system which ensures that trans people receive safe and effective pharmaceutical care.(2) We believe that pharmacists, regardless of the sector employed in, have a key role in improving the care of transgender people.

Summary of recommendations

- We call for guidance regarding gender-affirming care to be published widely , building upon the existing service specifications for adults, adolescents, and children.

- We call for the education and training of pharmacists, and other healthcare professionals, to include learning on gender incongruence, gender-affirming care, and transgender health inequalities.

- We call for additional funding for research into gender-affirming care for adults, adolescents and children.

- We call for additional funding for new and existing gender identity services for adults, adolescents, and children.

- We call for gender-affirming care to be a multidisciplinary alliance across primary, secondary, and tertiary care in order to integrate and improve the care of trans people.

- We call for the government to legislate for a ban on so-called 'conversion therapy' for all LGBT+ people, including trans people.

Background

1.1 Care and treatment for people experiencing gender incongruence or gender dysphoria aims to support transgender people to live in accordance with their gender identity. Gender-affirming care is the process by which an individual's gender identity and expression is supported in a person-centred way. First and foremost, gender-affirming care involves respectfully treating transgender patients as individuals by paying attention to their name, pronouns, and nuances of their gender expression. Gender-affirming care may also include gender-affirming hormone treatments (GAHTs) and speech and language therapy. GAHTs are the aspects of gender-affirming care most relevant to pharmacists and they are, therefore, the primary focus of this statement. Surgical treatment may also be appropriate for some patients.

1.2 As of February 2023, there are only 13 gender identity clinics in the UK, and three pilot services for adults. This creates a postcode lottery, whereby some transgender people are unable to access these vital services due to local service availability.

1.3 As demand for access to these gender identity services increases, the Care Quality Commission has expressed its concerns with regards to long waiting times for appointments at the UK's largest gender identity clinic.(3) In this time, people lack the appropriate assessment and care that they need and the omission of or delay to treatment itself may lead to significant harm. Consequently, many transgender people access medications via unofficial channels in which the safety and efficacy of the medicines obtained is unverifiable. This means that these people do not receive pharmaceutical care, such as appropriate counselling and monitoring, and therefore may be at risk of harm.(4)

1.4 Unfortunately, this disparity in access to care coincides with the wider issues of transphobic and trans-exclusionary rhetoric. Transgender people, including non-binary people, are legally protected from discrimination by the Equality Act 2010 under the protected characteristic of 'gender reassignment'.(5, 6) However, transgender people experience disparities in their access to care which coincides with the wider issues of transphobic and trans-exclusionary rhetoric.

1.5 A common source of opposition to improving access to gender-affirming care is the perceived lack of high-quality evidence supporting the use of hormones and hormone blockers. Combined with the scarcity of guidance, education, and training around gender-affirming care, the PDA LGBT+ Network believes that healthcare professionals, including pharmacists, require a better understanding of how to care for these patients to provide optimal outcomes.

Our Recommendations

2.1 **We call for guidance regarding gender-affirming care to be published publicly, building upon the existing service specifications for adults, adolescents, and children.**

a. Guidance should set a 'gold standard' of gender-affirming care. This should be based on evidence and best practice. The National Institute for Health and Care Excellence and the Scottish Intercollegiate Guidelines Network should be responsible for producing this guidance, which should have a particular focus on the clinical considerations with regards to GAHTs to equip pharmacists with a framework for the pharmaceutical care of transgender people prescribed GAHTs.

b. The British National Formulary (BNF) should provide guidance with regards to GAHTs, including indications, dosage, monitoring requirements, and advice for transgender patients, their careers, and healthcare professionals. Like the 'Prescribing in renal impairment' or 'Prescribing for children' sections at the beginning of the BNF, there should also be a section which details gender-affirming pharmaceutical care and signposts to further information. This would lay down the foundation of trans-inclusive information for pharmacists and other healthcare professionals.

c. Guidance should detail the processes within specialist gender identity services, including the expected role of pharmacists within these services. Guidance should also detail the expected role of pharmacists outside of gender identity services.

d. Guidance should highlight the potential complications of GAHT and how to monitor and manage such complications. This requires research to ascertain the correct reference ranges for biochemical monitoring requirements for trans people (see Recommendation 2.3).

e. Guidance should consider and align with global best practice produced by World Professional Association for Transgender Health (WPATH) where possible.(7)

f. An appreciation of the nuances of each individual's gender identity should underpin any guidance. Medical transition should be optional, and any plan for medical transition should be personalised to the individual patient and their wishes.

g. Transition is not a linear process, and detransition is a rare but possible outcome of treatment. A protocol for safely tapering and stopping GAHTs should be included within the guidance.

h. Transgender people are at a high risk of domestic violence.(1) Guidance should detail safeguarding processes for children and vulnerable adults, including referral to social services and signposting to appropriate helplines and charities.

i. Guidance should highlight the options for the preservation of fertility, including cryopreservation of gametes and the safe adjustment of GAHTs to improve the ability to conceive.

2.2 **We call for the education and training of pharmacists, and other healthcare professionals, to include learning on gender incongruence, gender-affirming care, and transgender health inequalities.**

a. As experts in medicines, pharmacists should understand the clinical considerations relating to GAHTs. Whilst gender-affirming pharmaceutical care should be taught, pharmacy education should be holistic and avoid centring a trans person's care on GAHTs, to avoid '*trans broken arm syndrome'*, an example of diagnostic overshadowing in which conditions are wrongly attributed to GAHTs.

b. Pharmacists should receive education with regards to gender affirming care and the health inequalities experienced by transgender people. This learning should be integrated into the MPharm curriculum and Foundation Training year. To ensure that all pharmacists are competent, education and training about gender-affirming care should also reach post-registration pharmacists. As the regulators, the General Pharmaceutical Council (GPhC) and Pharmaceutical Society of Northern Ireland (PSNI) have a responsibility to protect transgender patients and ensure that they receive safe and effective care. Therefore, the GPhC and PSNI should ensure that the initial education and training, and continued professional development, of pharmacists facilitates this.

c. The initial education and training of pharmacists should emphasise the responsibilities of a healthcare professional under the Equality Act 2010.

d. Pharmacists should have an appreciation of the experiences of transgender people and the potential barriers that they face in accessing healthcare.

e. Pharmacists should receive training on the supply of GAHTs. This training should emphasise the legal, clinical, and professional considerations when prescribing and dispensing these medicines. Prescribers and dispensing pharmacists are jointly liable for the supply of medicines, and pharmacists should contact their line manager for guidance if they feel that they require further training or guidance.

2.3 **We call for additional funding for research into gender-affirming care for adults, adolescents and children.**

a. Additional funding is required to support large, multicentre studies that compare the efficacy and safety of different GAHT protocols and explore the long-term benefits and risks of GAHTs. This will ensure that pharmacists, and other healthcare professionals, can make evidence-based clinical decisions to better care for their transgender patients.

b. Future research should focus on establishing the correct reference ranges for biochemical monitoring requirements for trans people prescribed GAHTs. The conclusions of this research should be used to inform clinical guidance and the education of healthcare professionals.

c. Future research should explore the experiences of transgender people when accessing pharmacy services. The conclusions of this research should be used to eliminate barriers to pharmaceutical care and target areas in which pharmacists and pharmacy teams require education and training.

d. The design of research studies into gender-affirming care should be centred around the input of transgender voices, and the language used within research materials and publications should be affirming, sensitive, and inclusive of non-binary people.

2.4 **We call for additional funding for new and existing gender identity services for adults, adolescents, and children.**

a. New and existing gender identity services should be developed and funded to end the postcode lottery to improve access to gender-affirming care. These services should be developed and regularly reviewed with transgender voices at the centre.

b. New and existing gender identity services should be resourced to bring waiting times for appointments below the 18-week target in England and Scotland, 26-week target in Wales, and 18 month wait in Northern Ireland. These targets refer to the NHS maximum waiting times for non-urgent referrals to which the NHS are legally obliged to meet.(8-11)

c. New and existing gender identity services should be funded so that pharmacists are involved in the pharmaceutical care of transgender people undergoing gender-affirming care with GAHTs.

d. The model of care for transgender people seeking GAHTs should shift away from 'gatekeeping' and towards person-centred assessment guided by informed consent.

2.5 **We call for gender-affirming care to be a multidisciplinary alliance across primary, secondary, and tertiary care in order to integrate and improve the care of transgender people.**

a. Specialist care should be available to transgender people wishing to medically transition, however, medical care by consultant psychiatrists and endocrinologists should be supplemented by the wider healthcare team in the community.

b. Primary care services should have a greater role in the shared care of transgender people receiving GAHTs, including monitoring, and repeat prescribing. The involvement of primary care should be supported by specialists.

c. All healthcare professionals should work to address the health inequalities faced by transgender people and ensure that their care is explicitly accessible and inclusive. Organisations, such as pharmacy schools, the Royal Pharmaceutical Society, and the GPhC, should facilitate efforts to address the specific health inequalities impacting transgender people.

2.6 **We call for the government to legislate for a ban on so-called 'conversion therapy' for all LGBT+ people, including transgender people.**

Glossary

The PDA LGBT+ Network acknowledges that the vocabulary used to describe gender is continually evolving and we endeavour to develop our vocabulary alongside it, similarly to how we endeavour to develop our position and recommendations as we receive constructive feedback and gain further knowledge. The network wishes to emphasise that we respect any of the ways that people may use to describe their gender, regardless of whether they match the terms used in this statement.

This glossary, therefore, provides detail on the terminology used:

- **Transgender (also shortened to trans):** an umbrella term to refer to people whose gender identity does not agree with that assigned to them at birth. This includes transgender men, women, and a range of non-binary gender identities.

- **Gender incongruence:** the discrepancy between a person's gender identity and the gender assigned to them at birth. Gender incongruence is experienced by all transgender people.

- **Gender dysphoria:** the feelings of intense discomfort resulting from the discrepancy between a person's gender identity and the gender assigned to them at birth. Gender dysphoria is not necessarily experienced by all transgender people.

- **Transmasculine people:** transgender men and non-binary people who align more with a masculine gender identity.

- **Transfeminine people:** transgender women and non-binary people who align more with a feminine gender.

- **Gender-affirming hormone treatments (GAHTs):** encompasses gonadotrophin-releasing hormone agonists (also known as puberty blockers), oestrogens, and testosterones.

- **Gender affirmation:** supporting a person's gender identity, as opposed to inserting someone into a binary gender (i.e., man or woman).

- **Gatekeeping:** a model of care in which people presenting with gender incongruence are treated with mistrust and are subjected to scrutiny to establish whether a patient should be able to access gender-affirming treatment.

- **Informed consent:** a model of care in which clinicians ensure that people presenting with gender incongruence can give their informed consent to gender-affirming treatment by discussing the facts around what treatment entails, its risks, and its benefits.

- **Trans broken arm syndrome:** a term used to describe the diagnostic overshadowing experienced by transgender patients. It refers to the fact that some healthcare providers can attribute a patient's condition or injury (such as a broken arm) to their GAHTs.

References

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5. UK government. Equality Act 2010.

6. Taylor v Jaguar Land Rover Ltd, (2020).

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10. National Assembly of Wales. Hospital waiting times – What do you need to know? 2019 [cited 30 July 2021].

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