



LGBT+ Pharmacists' Network
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Professor Duncan Craig
Chair, Pharmacy Schools Council
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Sent by email to admin@pharmacyschools.ac.uk

Inclusion of LGBT+ education in the MPharm programme

Dear Professor Craig,

In our capacity as the Pharmacists' Defence Association (PDA) LGBT+ Network Committee, we are writing to encourage you to encourage pharmacy schools to review the MPharm curriculum to ensure it includes comprehensive LGBT+ education and consider incorporating LGBT+ patients in everyday teaching. Through collaborating with our network members and listening to the wider LGBT+ community, we are aware that this is an area which can ultimately have a hugely positive impact on making the profession much more welcoming, and most importantly, improve patient care. The GPhC's [recently updated standards](#) for initial education and training of pharmacists also reflects this need for change: "a greater emphasis on equality, diversity and inclusion to combat discrimination and address health inequalities".

Please note that LGBT refers to lesbian, gay, bisexual, and transgender people, and the '+' refers to a range of less common sexual orientations (such as pansexual and asexual), gender identities (such as non-binary identities) and people born with genitalia outside the gender binary (such as intersex people).

LGBT+ people are a diverse group, and our gender or sexual identity is not our singular identifier. We have complex health needs which can often intersect with our identity or sexuality, but they are not always related. By focusing solely on sexual health as covering "LGBT+ issues", LGBT+ re-stigmatisation potentially occurs due to the inaccurate picture painted by the MPharm curriculum, and we are also missing opportunities to train future professionals on how to interact with a subsection of their patients.

Sexual orientation and gender reassignment are protected characteristics in the Equality Act 2010, but inequality persists, including within our healthcare system.

Most prominently, trans and non-binary patients in England face an unacceptable [1 to 3 year waiting list](#) for their first appointment at a gender identity clinic; far from the target of 18 weeks set by NHS England. As experts in medicines, pharmacists ought to understand the use of cross-sex hormones for gender dysphoria, however this is often not part of the MPharm curriculum.

There are other considerations too, for example, LGB patients are more likely to [smoke, drink more alcohol, and have poorer mental health](#). Those higher levels of mental ill health within the

LGBT+ community can be directly attributed to [homophobia, biphobia, and transphobia](#). Bisexual and homosexual women are also [less likely to access important screening for cervical and breast cancer](#).

Intersectionality also comes into play, as men who have sex with men from [a Black, Asian, or ethnic minority \(BAME\) background are at a disproportionately high risk of contracting HIV](#) and other sexually transmitted infections, compared to White men who have sex with men. These are only a few examples that should at least be acknowledged and integrated into the MPharm curriculum.

Unfortunately, research shows that LGBT+ patients' health needs are often not being met adequately by our healthcare system, which stems from the lack of LGBT+ education provided to our future healthcare professionals, including pharmacists. Schools of Pharmacy have a duty to LGBT+ patients and the greater public by disseminating important information to pharmacy students, and [finally addressing the long-standing inequality LGBT+ patients face in healthcare](#).

Pharmacy education across the world, not just in the UK, [has long neglected to teach students about the healthcare needs](#) and even existence of LGBT+ patients. Our future pharmacists need to learn about the full extent of their roles, whether they practice in community, hospital, general practice, prisons or elsewhere.

The PDA's LGBT+ Network believe that each School of Pharmacy ought to employ a multi-pronged approach to include LGBT+ education into its curriculum. Actions we recommend include:

- 1) Employing an action group to work on a centralised plan for disseminating future changes in the MPharm curriculum. Many Schools of Pharmacy have Equality, Diversity, Inclusion (EDI) working groups to do this. Helpful resources are available [here](#).
- 2) Providing support and safe spaces to help lecturers and students understand the importance of LGBT+ education in pharmacy in a respectful manner.
- 3) Creating formal, regular audit cycles and feedback processes to ensure that the curriculum is kept up-to-date and relevant; students (ideally who identify as LGBT+) should be included in this process.

The PDA LGBT+ Network hopes that you will take this as an opportunity to increase understanding and knowledge towards the creation of a more inclusive curriculum, so that together, we can improve the health outcomes of all patients. If you have any questions or ideas, or would like any support with implementing this, please contact the PDA's LGBT+ Network by emailing: lgbt@the-pda.org.

Sincerely,

Scott Rutherford (he/they)

President of the PDA LGBT+ Network.



Soh Xi Ken (he/him)

Honorary Secretary of the PDA LGBT+ Network.



Lauren Keatley-Hayes (she/they)

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