

**Equalities, Human Rights and Civil Justice Committee  
Scottish Parliament**

By email: [EHRCJ.committee@parliament.scot](mailto:EHRCJ.committee@parliament.scot)

7 June 2022

Dear Convenor,

**Royal College of General Practitioners Scotland - Gender Recognition Reform (Scotland) Bill**

I am writing on behalf of the Royal College of General Practitioners (RCGP) Scotland to give evidence to the Equalities, Human Rights and Civil Justice Committee as part of its scrutiny of the Gender Recognition Reform (Scotland) Bill at Stage 1.

RCGP Scotland welcomes the opportunity to submit evidence to this Bill. General practice plays a vital role in ensuring that individuals questioning their gender receive the care they need. GPs are most often the first point of contact with the health care system for these patients, and are expected to approach their holistic care openly, respectfully, sensitively and without bias.

RCGP describes the overall role of the GP in providing care to patients with gender dysphoria as to:

- I. Holistically assess the patient's health needs, collaborating with other healthcare professionals and services as relevant. GPs should be mindful that approaching a healthcare professional to discuss their gender identity needs can be considerably distressing for patients.
- II. Promptly refer patients to a Gender Identity Clinic (GIC) or equivalent if there are indications of gender dysphoria and the person requests treatment or wishes to consult with a gender identity specialist for further advice. There are currently four GICs in Scotland, most of which accept regional referrals with one accepting referrals from across Scotland as well as self-referrals. In Scotland, under the Referral to Treatment Standard, there is a maximum waiting time of 18 weeks for diagnostic tests, assessments and treatment if required. Scotland's main GIC, the Sandyford clinic, has an average waiting time of 12 months for an initial appointment.
- III. Liaise and work with GICs and gender specialists to jointly provide effective and timely treatment for patients. This includes considering taking on the ongoing prescribing of medication for patients and the monitoring of any side effects, where that is resourced and joint prescribing arrangements between primary and specialist care are agreed.

- IV. Recognise that the family members of a patient experiencing gender dysphoria also face significant challenges and may need further support where appropriate.
- V. Provide holistic care for their other medical needs, as well as signposting to other sources of support.

The provision of detailed advice about gender identity issues and associated treatments does not fall within the remit of a GPs education and training. Our membership tells us that GPs often feel it is outside their area of competence to undertake assessment or treatment for patients with gender dysphoria.

GPs face significant challenges with accessing advice from specialists and there are limited Continued Professional Development (CPD) programmes available for gender identity and trans health issues. The UK lacks a nationally recognised training programme for gender identity healthcare. It is also important to note that GPs undertaking CPD in gender identity would not reduce the requirement for access to specialist advice and support. There is an urgent need to increase the capacity of gender identity specialists and clinics and expand the understanding of gender variance issues across the entire health system, including more definitive knowledge about the causes of rapidly increasing referrals and the outcomes of interventions or 'wait and see' policies.

Furthermore, a major issue facing this area of healthcare is the significant lack of robust, comprehensive evidence around the outcomes, side effects and long-term consequences of such treatments for people with gender dysphoria, particularly children and young people. GPs are also facing increasing difficulties addressing patient requests for "bridging" prescriptions, particularly for those patients who have self-started medication, including medication which they have procured over the internet.

RCGP Scotland is represented on the Scottish Government's Primary Care Subgroup of NSS's Gender Reassignment Protocol Review. The intention of the group is to, "*take into account the role of primary and community care in supporting gender identity services, recognising aspects of ongoing care of trans and non-binary individuals who have accessed specialist services that will be managed in such a setting*". The group is multidisciplinary and includes members of the trans community. Discussions have been very constructive, and it is felt that the group will achieve an approach to care, and especially prescribing, which, if adequately resourced, would improve the care given to those seeking gender reassignment. The College is very pleased to be contributing to this important work.



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70 YEARS OF BEST PRACTICE

I include the RCGP position statement on the role of the GP in caring for gender-questioning and transgender patients to give further evidence to the committee.

Yours sincerely,

*Catriona Morton.*

**Dr Catriona Morton**  
**Deputy Chair (Policy) RCGP Scotland**