

## Areas for clarification for the Committee, from David Parker

David Parker, Lead Clinician, (National Gender Identity Clinical Network for Scotland) spoke to the Equalities, Human Rights and Civil Justice Committee on 14 June 2022. He undertook to provide additional detail for the MSPs. This detail is set out below.

1. Fulton MacGregor asked how the number of people waiting for a first appointment at a gender identity clinic in Scotland (c.4,000) compared with previous years.

Data provided to ngicns from the gender identity clinics suggest that at the end of quarter four 2021/22 (end of March 2022) there were 4,040 people waiting for a first appointment. Quarter four figures are not available for 20/21, but at the end of quarter four in 2019/20, 2,071 people were waiting for an appointment. Numbers have increased in a steady, incremental fashion.

2. Pam Gosel asked about whether someone with a male gender designator in their CHI number could access cervical screening or be referred to gynaecology.

People who change their CHI to a 'male CHI' after June 2015 may still be at risk from cervical or breast cancer, and are automatically entered for screening programmes; they can then opt out if desired. If they changed their CHI before then or have come into the country from abroad, they can still register for and access the screening programmes.

People assigned female at birth with a 'male CHI' can be and are referred to gynaecology, although this may occasionally require a manual work around for older or stand-alone IT systems that have not been programmed to accept a male CHI – this will be checked.

3. Rachael Hamilton asked how many people who use GIC services seek to obtain a GRC.

This data is not collected by the NHS. People can use letters from the gender clinic (around their surgical care or assessments) to support their application for a GRC, and so the gender clinic will often not be approached for a separate letter to support an application for a gender recognition certificate. Provision of healthcare at Gender Identity Clinics is not directly linked to any individual trans person's decision to apply for a GRC (or not). Trans people access gender identity services, and undergo a psychiatric assessment for gender dysphoria, in order to access appropriate medical interventions to support their transition and improve their quality of life. Currently, that assessment can be provided as evidence to the Gender Recognition Panel, in order to determine whether someone is eligible to receive a GRC. However, the assessment is focused entirely on understanding a patient's individual experience of their gender identity, whether or not they are experiencing gender dysphoria, and to begin exploration and discussion of what kind of treatment pathway is necessary for them to alleviate the distress they experience as a result of this. The assessment enables decisions about a person's clinical pathway, and is not there to facilitate their application for a GRC.

This is why we support the removal of the requirement for a psychiatric diagnosis from the process for obtaining legal gender recognition as proposed in the Bill – the role of the NHS is already quite separate from the decisions someone makes about whether or not to apply for a GRC. The current requirement unnecessarily medicalises what should be a separate legal, and not clinical, process.