



Healthcare
Improvement
Scotland

Evidence
Advice, guidance
and intelligence

Gender identity healthcare: Adults and young people

Consultation feedback report

September 2024

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Consultation on the draft standards

Introduction

The Scottish Government has committed to improving access to, and delivery of, gender identity services in Scotland. This commitment is set out in the [NHS gender identity services: strategic action framework 2022-2024](#). As part of this work, in September 2022 Healthcare Improvement Scotland was commissioned to develop national standards for adult and young people's gender identity services. The [standards](#) were published in September 2024.

The standards have been co-created with staff, key stakeholders and people with lived experience. The aim of the standards is to ensure national consistency in the multidisciplinary delivery and coordination of high-quality gender identity healthcare, which is based on current evidence and best practice. The standards also aim to support current and future service provision and national improvements. Details of the methodology for developing the standards are outlined in the final standards document.

The standards development process included a thirteen-week consultation on the draft standards. We engaged with a broad range of stakeholders during the consultation period. A full list of organisations who participated in the consultation is provided in [Appendix 1](#).

Feedback was sought through an online survey and ten targeted engagement sessions. The online survey was completed by 150 respondents. Respondents represented individuals, organisations and groups from across a range of sectors. The ten engagement sessions included participants from all four NHS Scotland specialist gender identity services, NHS and third sector staff and people with lived experience.

This report maps the draft consultation standards document against the final version published in September 2024. All changes made to the final standards have been informed by the suggestions and comments received during the consultation and were agreed with the Standards Development Group.

Methodology

During the consultation we sought feedback from a range of stakeholders across relevant areas of the health and care system, including from those with lived experience. We used a range of approaches to capture feedback that met the needs of the participants (which included people with lived experience, staff, families and representatives). Feedback was obtained using an online survey and during ten engagement sessions (which were in person and using Microsoft Teams).

The online survey was shared with stakeholders and was also available from our website. Stakeholders were encouraged to share the survey with their networks and professional bodies. Following agreement with the project team, written submissions were also accepted.

[Appendix 1](#) contains a list of organisations who participated in the consultation. In keeping with Healthcare Improvement Scotland's standards' consultation approaches, participants were not required to provide any personal information, including the name of the organisation they represented or their professional role: this information was optional.

Each survey response submitted was reviewed. Offensive, derogatory, harmful or threatening comments were removed from the consultation log. Comments were anonymised in keeping with Healthcare Improvement Scotland's information governance policies and to maintain safeguarding of participants. The engagement session feedback was collated as a summary report and shared with the development group.

This report details the changes made to the final standards from the consultation.

Acknowledgements

Healthcare Improvement Scotland would like to thank everyone who responded and provided feedback during the consultation period.

Summary of feedback

Online survey

We received 150 survey submissions. Some participants submitted their feedback as individuals. Some participants submitted feedback on behalf of an organisation or network. Table 1 provides an overview of survey respondents by self-reported category. [Appendix 1](#) contains a list of organisations who responded to the consultation.

Table 1: Respondents by category

Which of the following describes you? ^a	Response number
Person with lived experience	65
Family member or representative of person with lived experience	19
Work in gender identity healthcare	3
General health or social care	29
Organisation	20
Third sector	12
Member of public	24

^a respondents could select more than one category.

The survey sought feedback on the standards including the statement, rationale and criteria. Participants were asked to specifically provide feedback on:

- wording that was unclear or required clarification
- potential gaps in the standards
- additional references for consideration.

The survey asked participants to indicate if they were requesting a change to the text of the relevant section of the standards. Where a change was requested, respondents were asked to provide further detail. The project team reviewed each comment to determine if the comment was applicable (for example, within scope) and appropriate (for example, related to the content of the relevant section of the standard).

In addition, the project team reviewed each comment and removed:

- comments where no detail was provided (for example, where a participant requested a change but provided no additional or explanatory detail)
- duplicate comments (for example, where participants provided the same response to multiple questions)
- offensive, harmful or discriminatory comments
- personal or identifiable information (for example, relating to a specific individual or experience).

The consultation feedback was considered by the development group during the finalisation of the standards.

Engagement sessions

Ten engagement sessions were held across Scotland during the consultation period.

Participants included:

- families/representatives of people with lived experience
- NHS staff delivering gender identity services
- NHS staff delivering specialist gender identity services
- people with lived experience
- staff from relevant third sector organisations.

The engagement sessions included feedback on:

- content of the standards
- current experiences of services
- how to support awareness raising of the standards.

Feedback was collated into a summary report and shared with by the development group. This feedback further informed amendments to the standards. Respondent information (for example, relevant organisation or network) was added to [Appendix 1](#).

Amendments to the draft standards

As part of finalisation of the standards, the development group considered the consultation feedback. The final standards reflect the significant feedback received from the online survey and engagement sessions.

Following feedback, changes were made to the:

- introduction
- standard theme
- standard statement
- rationale
- criteria
- what this means to the person, staff and organisation
- examples of what meeting the standard might look like
- references.

In addition, editorial changes were made including:

- formatting and spelling errors
- improvements to increase accessibility of language, including expanding the glossary
- removing duplicate wording
- reordering standards (Table 2 below) and criteria to improve the flow of the document.

Table 2: Structural changes between the draft and final standards

Consultation draft standards	Final standards
Standard 1: Shared and supported decision making	Standard 1: Person-centred care and shared decision making
Standard 2: Reducing inequalities in gender identity healthcare and services	Standard 2: Reducing inequalities
Standard 3: Access to gender identity healthcare	Standard 5: Access to gender identity healthcare
Standard 4: Collaborative leadership and governance	Standard 3: Collaborative leadership and governance
Standard 5: Staff training and support	Standard 4: Staff training, education and support
Standard 6: Referral into specialist gender identity services	Standard 7: Referral to gender identity services.
Standard 7: Gender identity services for young people	Standard 10: Gender identity services for young people
Standard 8: Assessment and care planning	Standard 6: Assessment and care planning
	Standard 8: Specialist gender identity healthcare
	Standard 9: Mental health and wellbeing

Each component of the standards document has been included below to readily demonstrate where changes have been made between the consultation draft and the final standards. Each standard has been included and outlines changes to the respective:

- title
- standard statement
- rationale
- individual criteria
- what the standard means for people accessing services
- what the standard means for staff
- what the standard means for the organisation
- examples of what meeting this standard might look like.

The references cited below are available in the final standards document.

Standard 1: Person-centred care and shared decision making

Note: Standard 1 in the consultation draft

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
Title	Yes	Person-centred care and shared decision making	Shared and supported decision making
Standard statement	No	People are supported to make informed and shared decisions about their care.	People are supported to make informed and shared decisions about their care.
Rationale	Yes	A general principle of all healthcare is that people report positive experiences and outcomes when they are fully informed and involved in shared decision making. ^{6, 7, 9} People are empowered when they are supported to describe what matters to them and are respected and listened to. ⁶ Inclusive, compassionate and respectful communication is essential to support people in their gender identity healthcare. ¹⁰ This includes addressing people using language that feels respectful and comfortable for them, for example their chosen name and pronouns.	A person's gender identity is a personal experience. Inclusive, compassionate and respectful communication is essential to support people in their gender identity healthcare. ¹⁶ Trans and non-binary people report discrimination, cisnormative assumptions and over-medicalisation. These factors contribute to apprehension and low levels of confidence when accessing general and specialist gender identity healthcare services. ^{3, 17} All people should be recognised as experts in their own care. ⁵ People report positive experiences and outcomes in decision making about their care when they are

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<p>A person’s gender identity is a personal experience, and people are experts in their own experiences and needs.⁶ This standard applies to adults and young people who are questioning their gender identity, undergoing transition including retransition, detransition or have completed transition.</p> <p>A holistic and person-centred approach includes being responsive to the person’s needs, providing time for discussion and decision making. People can expect that organisations and staff uphold patient rights, adhere to NHSScotland values and provide safe, appropriate and person-centred care.^{9, 11-13} This ensures that people can discuss their needs, readiness to access care, concerns and options with empathetic, well-informed, compassionate and unbiased staff.^{9, 14, 15}</p> <p>Organisations should have person-centred protocols to support people who decide to pause, change or reverse aspects of their gender identity healthcare. People should be appropriately supported in their decisions.</p> <p>Evidence highlights that lack of information on service access and treatment options can contribute to</p>	<p>listened to, respected, empowered and supported in expressing their identity. This includes addressing people using language that feels respectful and comfortable for them, such as their chosen name and pronouns.⁵</p> <p>Legislative and policy frameworks, including Patient Rights (Scotland) Act 2017 and Realistic Medicine principles, clearly outline the roles and responsibilities for organisations and staff in upholding people’s rights, adhering to NHSScotland values and providing safe, appropriate and person-centred care.¹⁸</p> <p>Organisations and staff should ensure that these principles and responsibilities are embedded in service provision. This ensures that people questioning their gender identity or transitioning:</p> <ul style="list-style-type: none"> • experience shared decision making • are empowered to discuss treatment options as well as risks and benefits receive personalised approaches to care • can develop open and trusting relationships with health and care professionals, which facilitate meaningful conversations based on what matters most to them.

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<p>continued distress.² Access to high-quality and accurate information supports informed decision making.^{16, 17} Information should be provided in a range of formats and languages, which reflects the needs of the person. The format should include age, psychological, social, cultural and spiritual factors. Information and discussions should be delivered in a way that is inclusive of everyone, including people with learning or developmental disabilities.</p> <p>People, and their choice of representative where appropriate, should be appropriately signposted to other health and social care services or third sector organisations for ongoing support and care.</p>	<p>Organisations and staff can access professional and good practice guidance to support trans and non-binary people accessing healthcare services. This includes primary care, pharmacy, nursing and mental health services.^{16, 19-24} This ensures that people can discuss their needs, concerns and care options with empathetic, well-informed, compassionate and unbiased staff.</p> <p>Evidence highlights that lack of information on service access and treatment options can contribute to continued distress.¹ Access to high-quality and accurate information supports informed decision making. Information should be provided in a range of formats and languages, which reflects the needs of the person. The format should take into account age, psychological, social, cultural and spiritual factors. Information and discussions should be delivered in a way that is inclusive of people with learning or developmental disabilities.</p> <p>People, and their choice of representative where appropriate, should be appropriately signposted to other services or third sector organisations for ongoing support and care.</p>

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
Who is responsible for meeting this standard?	No	All organisations and staff in line with their roles, responsibilities and workplace setting.	All organisations and staff in line with their roles, responsibilities and workplace setting.
Criterion 1.1 (<i>Criterion 1.1</i>)	Yes	People are: <ul style="list-style-type: none"> • fully informed, listened to and taken seriously • recognised and respected as experts in their own care, needs and preferences, including chosen name and pronouns. 	People questioning their gender identity or wishing to access gender identity services are: <ul style="list-style-type: none"> • listened to and taken seriously • fully informed • recognised and respected as experts in their care, needs and preferences • addressed by their chosen name and pronouns, which may not be the same as recorded on the person's record.
Criterion 1.2 (<i>Criterion 1.6</i>)	Yes	People are supported to develop the knowledge, skills and confidence to manage their own care including medication, as appropriate.	Organisations use a person-centred and trauma informed approach ensuring that people are actively enabled and supported to: <ul style="list-style-type: none"> • participate in shared decision making at all stages of their care • raise question or concerns • have opportunities to provide feedback on their care and experiences

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
			<ul style="list-style-type: none"> develop the knowledge, skills and confidence to manage their care and treatment, as appropriate.
Criterion 1.3 (<i>Criterion 1.4</i>)	Yes	<p>People can discuss with kind, empathetic, well-informed, compassionate and unbiased staff:</p> <ul style="list-style-type: none"> their needs, concerns and care their readiness to access gender identity healthcare. 	<p>People can discuss their needs, concerns and care options with kind, empathetic, well-informed, compassionate and unbiased staff.</p>
Criterion 1.4 (<i>Criterion 1.6</i>)	Yes	<p>Where appropriate, the person's families/representatives are informed and involved in discussions and decisions.</p>	<p>People have the opportunity to involve families, trusted people, independent advocates or other representatives to support their decision making if they wish.</p>
Criterion 1.5 (<i>Criterion 1.3 & part of 4.9</i>)	Yes	<p>People have access to:</p> <ul style="list-style-type: none"> timely and high-quality information about gender identity services that meets their communication or support needs, or circumstances a summary of their medical history and care plan their records, relevant information about themselves and their care, if requested. 	<p>Organisations provide information about gender identity healthcare and services, which is:</p> <ul style="list-style-type: none"> timely accessible tailored to the person's needs, choice and circumstances. <p>Organisations ensures that people receive information about data and intelligence sharing that:</p>

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
			<ul style="list-style-type: none"> covers how people can request access to their records and information about themselves and their care
Criterion 1.6 (<i>Criterion 1.2</i>)	Yes	<p>Organisations use a person-centred and trauma informed approach ensuring that people are actively enabled and supported to:</p> <ul style="list-style-type: none"> participate in shared decision making at all stages of their care including pausing, changing or reversing aspects of treatment understand the risks and benefits of any treatment and intervention in line with the current evidence base and best practice have time for consideration and given opportunities to discuss options, raise questions or concerns provide informed consent at key decision points in line with national guidance provide feedback on their care and experiences. 	<p>Organisations use a person-centred and trauma informed approach ensuring that people are actively enabled and supported to:</p> <ul style="list-style-type: none"> participate in shared decision making at all stages of their care raise question or concerns have opportunities to provide feedback on their care and experiences develop the knowledge, skills and confidence to manage their care and treatment, as appropriate.
Criterion 1.7 (<i>Criterion 1.5</i>)	Yes	Organisations provide people and, where appropriate, their families/representatives, with:	Organisations ensure staff can provide people with the support they need. This includes ensuring staff can:

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<ul style="list-style-type: none"> information and support that is relevant to their language, age, understanding, circumstances and care plans information about gender identity services, including who to contact and how to be referred signposting to other healthcare services signposting to third sector organisations including peer support. 	<ul style="list-style-type: none"> access accurate and responsive information about gender identity healthcare and services access professional and good practice guidance signpost to additional services where this is needed for the person (and/or representative where appropriate), including third sector organisations.
Criterion 1.8 <i>(Criterion 3.4)</i>	Yes	Organisations have systems in place to provide, where appropriate and practicable: <ul style="list-style-type: none"> coordinated appointments for services access to remote or in-person consultations or appointments adequate staff time and resources for extended consultations updates on anticipated waiting times. 	Organisations have systems in place to provide, where appropriate and practicable: <ul style="list-style-type: none"> information about services, including who to contact and how to arrange appointments coordinated appointments for services access to remote or in-person consultations or appointments adequate staff time and resources are available for extended consultations updates on anticipated waiting times.
Criterion 1.9	Yes	Organisations have processes in place to support continuity of care including sharing of relevant information across multidisciplinary and multi-agency	Organisations ensures that people receive information about data and intelligence sharing that: <ul style="list-style-type: none"> covers obtaining and recording consent

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
(Part Criterion 4.9 and 8.9)		teams, where appropriate and in line with information sharing frameworks and consent guidance.	<ul style="list-style-type: none"> • covers the review of consent as a person’s circumstances change, for example capacity • covers how people can request access to their records and information about themselves and their care • outlines the organisation’s general duty of confidentiality, including any legal considerations and the limitations of confidentiality where these apply • identifies the purpose and benefits of sharing personal health data with wider health and social care agencies • provides clarity on the use of identifiable and anonymised data for different purposes and on the options for anonymity where these exist <p>Organisations ensure regular communication on the person’s care plan with the wider multidisciplinary team, including the person’s GP.</p>
What does the standard mean for people?	Yes	<ul style="list-style-type: none"> • You will be recognised as an individual. • You will be listened to, respected and taken seriously. 	<ul style="list-style-type: none"> • You will be recognised and respected as an expert in your own care and needs. • You will be involved in discussions and decisions about your care.

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<ul style="list-style-type: none"> • You will be involved in discussions and decisions about your care and support. • You will be supported and respected by staff including use of your chosen name and pronouns. • You can discuss any aspect of services and care, raise questions or concerns and provide feedback. • You will receive information and support about the care and treatment you will be offered. • Information will be provided at the right time, pace and in a language and format that is right for you. • You have the opportunity to involve family or a representative in your care, if you wish. 	<ul style="list-style-type: none"> • Staff will use your chosen name and respect your pronouns. • You will receive individualised care and support from compassionate, understanding, and well-informed staff. • You will be supported by staff who recognise and uphold your rights. • You can discuss any aspect of services and care, raise questions or concerns and provide feedback. • You will receive information and support about the care and treatment you will be offered. • Information will be provided at the right time, pace and in a language and format that is right for you. • You have the opportunity to involve a representative in your care, if you wish.
What does the standard mean for staff?	Yes	<p>Staff, in line with roles, responsibilities and workplace setting:</p> <ul style="list-style-type: none"> • listen and actively engage with people to understand their needs and preferences 	<p>Staff, in line with roles, responsibilities and workplace setting:</p> <ul style="list-style-type: none"> • support, listen and actively engage with people to understand their needs and preferences

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<ul style="list-style-type: none"> take a person-centred and trauma informed approach to planning healthcare that facilitates informed and shared decision making provide opportunities for people to ask questions about their care provide empathetic, respectful and compassionate support <p>signpost to current information and support appropriate to individual needs.</p>	<ul style="list-style-type: none"> understand the challenges faced by trans and non-binary people and how best to support them in the context of shared and informed decision making provide opportunities for people to ask questions about their care reflect on feedback if received and identify ways to improve the service can readily access and signpost people to accurate information appropriate to their needs.
<p>What does the standard mean for the organisation?</p>	<p>Yes</p>	<p>Organisations:</p> <ul style="list-style-type: none"> have systems and processes in place to provide services, which are responsive and support fully informed and shared decision making in line with Realistic Medicine principles ensure the availability of appropriate, inclusive, evidence informed, easily accessible and timely information and support have mechanisms to record and act upon feedback from people, their families/ representatives and staff 	<p>Organisations:</p> <ul style="list-style-type: none"> have systems and processes in place to provide services, which are responsive and support informed and shared decision making in line with Realistic Medicine principles ensure the availability of appropriate, inclusive, easily accessible and timely information and support have mechanisms to record and act upon feedback from people, their families/representatives and staff ensure staff have time and resources to support and care for people.

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<ul style="list-style-type: none"> incorporate professional and good practice guidance in person-centred care including communication skills work with partners, including specialist gender identity services and the third sector, to ensure people are supported in their decisions ensure staff have time and resources to support and care for people. 	
What does the standard mean for primary care?		<p>The sections on what this standard means for primary care was amalgamated post-consultation with what this means for staff and organisations sections.</p>	<p>Primary care:</p> <ul style="list-style-type: none"> support people to make informed decisions about their care take into account the knowledge and understanding of people seeking access to gender identity care about their needs incorporate professional and good practice guidance work with partners, including specialist gender identity services and the third sector, to ensure people are supported in their decisions use a person-centred and trauma informed approach when supporting trans and non-binary people.

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
<p>Examples of what meeting this standard might look like</p>	<p>Yes</p>	<ul style="list-style-type: none"> • Evidence of the person’s involvement in decision making, the use of tools for shared decision making, consent and effective communication. • Evidence of information provided in alternative formats and languages, taking account of the needs of people who may be digitally excluded or people with additional communication needs, for example, people with sensory impairments or difficulties with speech and language and learning disabled people. • Specific tailored information for young people, older people, asylum seekers and refugees and people with complex social needs. • Ongoing engagement and feedback from service users on their experiences of accessing care. • Clinical audit of consultations with documentation of signposting or written information being provided. • Quality improvement projects to ensure provision of information about gender identity services alongside other health information in, for example primary care waiting rooms. 	<ul style="list-style-type: none"> • Ongoing engagement and feedback from service users on their experiences of accessing care. • Evidence of the person’s involvement in decision making, tools for shared decision making, consent and effective communication. • Evidence of information provided in alternative formats and languages, taking account of the needs of people who may be digitally excluded. • Clinical audit of consultations with documentation of signposting or written information being provided. • Quality improvement projects to ensure provision of information about gender identity services in, for example primary care waiting rooms. • Specific tailored information for young people, learning disabled people and people with complex social needs.

Standard 2: Reducing inequalities

Note: Standard 2 in the consultation draft

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
Title	Yes	Reducing inequalities	Reducing inequalities in gender identity healthcare and services
Standard statement	No	Organisations actively work to reduce inequalities in accessing and delivering gender identity services.	Organisations actively work to reduce inequalities in accessing and delivering gender identity services.
Rationale	Yes	<p>Access to high-quality and equitable healthcare is an essential part of improving the health and wellbeing of society.^{6, 7} Barriers that people experience in accessing gender identity healthcare contribute to inequalities and inequity.^{5, 18}</p> <p>Organisations should ensure that they deliver inclusive services which take account of the populations they serve. This includes the impact of protected characteristics, cultural factors, socioeconomic factors and geographical considerations, including rurality.¹⁹ This should include support across age groups and different communities including black and ethnic minority</p>	<p>Access to high-quality and equitable healthcare is an essential part of improving the health and wellbeing of society.^{5, 6} Barriers that people experience in accessing gender identity services contribute to inequalities and inequity.^{3, 25}</p> <p>Organisations should ensure that they deliver inclusive services. Inclusive services are designed to take account of the populations they serve, including the impact of protected characteristics, intersectionality, cultural factors, socioeconomic factors and geographical considerations.²⁶</p>

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<p>communities and immigrants. Organisations should ensure they understand the needs and experiences of people who experience intersecting inequalities.</p> <p>Organisations should co-design and regularly review services with people with lived experience to ensure equality and equity in access.²⁰ Through the use of Equality Impact Assessments (EQIAs), Island Communities Impact Assessments and community engagement and consultation, organisations can understand and effectively reduce health inequalities and improve outcomes.¹⁹ EQIAs can also support organisations to focus on outcomes when designing or improving services. Organisations should also work in partnership with other services such as primary care, community services and the third sector. For example, working with community planners to take into account accessibility of services including the impact of public transport and rurality. Organisations should ensure they provide feedback on how services have been developed and improved following partnership and community engagement.</p>	<p>Organisations should co-design and regularly review services with people with lived experience to ensure equality and equity in access.²⁷ Through the use of Equality Impact Assessments (EQIAs), Island Communities Impact Assessments, community engagement and consultation, organisations can understand and effectively reduce health inequalities and improve outcomes.²⁶ EQIAs can also support organisations to focus on outcomes when designing or improving services. This should include working in partnership with other services such as primary care, community services and the third sector.</p> <p>Staff should be supported to understand the needs and barriers for people accessing gender identity services and their role in reducing inequalities.</p>

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		Staff should be supported to understand the needs and barriers for people accessing gender identity services and their role in reducing inequalities.	
Who is responsible for meeting this standard?	No	All organisations and staff in line with their roles, responsibilities and workplace setting.	All organisations and staff in line with their roles, responsibilities and workplace setting.
Criterion 2.1 (Criterion 2.1)	Yes	Organisations demonstrate their commitment to addressing health inequalities in gender identity healthcare by collaborating and working in partnership to: <ul style="list-style-type: none"> • undertake comprehensive population needs assessments • identify the specific needs of different groups of people who are accessing gender identity services • proactively engage with people with living experience, including marginalised and under-served groups, to reduce barriers to access • provide meaningful and responsive opportunities to engage with people with living experience, including 	Organisations demonstrate their commitment to addressing health inequalities in gender identity services by collaborating and working in partnership to: <ul style="list-style-type: none"> • undertake comprehensive population needs assessments • identify the specific needs of different groups of people who are accessing gender identity services • proactively engage with marginalised and under-served groups to reduce barriers to access • undertake a training audit of their staff's understanding of health inequalities • ensure service design and delivery is inclusive.

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		reimbursement of expenses to cover appropriate engagement costs <ul style="list-style-type: none"> • undertake an evaluation of staff’s understanding of health inequalities with action plans developed as appropriate • understand people’s multiple and complex needs and how this impacts on accessing services and support • ensure service design and delivery is inclusive • ensure systems which support the management and transfer of healthcare are inclusive, including patient forms and IT systems. 	
Criterion 2.2 <i>(Criterion 2.2)</i>	Yes	Organisations have processes in place to assess the impact of any work undertaken to reduce health inequalities. This includes: <ul style="list-style-type: none"> • planned service improvement and evaluation • gathering qualitative and quantitative data • demonstration of learning from feedback and complaints. 	Organisations have service improvement and evaluation processes in place to assess the impact of any work undertaken to reduce health inequalities. This includes processes to: <ul style="list-style-type: none"> • plan service improvement and evaluation • gather qualitative and quantitative data, including feedback and complaints • demonstrate learning from feedback.

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
Criterion 2.3 (<i>Criterion 2.3</i>)	Yes	Organisations can demonstrate where working in partnership with people with lived experience has led to improvements in equitable access to, and experience of, gender identity healthcare services.	Organisations can demonstrate where working in partnership with people with lived experience has led to improvements in access to and experience of gender identity support and services.
Criterion 2.4 (<i>Criterion 2.4</i>)	Yes	Organisations work in partnership with other services, including primary care, community based services and academic institutions, to: <ul style="list-style-type: none"> • improve understanding of access to gender identity services • reduce barriers to care • develop or design new services • ensure continuity and consistency of care • promote best practice and shared learning • support and undertake research and evaluation. 	Organisations work in partnership where appropriate with other services, including primary care and community based services, to: <ul style="list-style-type: none"> • improve understanding of access to gender identity services • reduce barriers to care • develop or design new services • ensure continuity and consistency of care • share best practice.
What does the standard mean for people?	Yes	<ul style="list-style-type: none"> • You can be confident that your care will be fair, equitable and non-discriminatory. • You will have the opportunity to provide feedback on your experiences of services. • You will have the opportunity to be involved in reviewing and designing services. 	<ul style="list-style-type: none"> • Your voice is heard and care is planned with you. • You will be recognised as an individual and treated with dignity and respect. • You will have the opportunity to be involved in reviewing and designing services.

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
What does the standard mean for staff?	Yes	<p>Staff, in line with roles, responsibilities and workplace setting:</p> <ul style="list-style-type: none"> • understand the needs and experiences of the communities in which they work, including the impact of health inequalities, intersectionality and protected characteristics • are encouraged to identify areas for improvement • work in partnership to reduce inequalities <p>put people’s rights to equitable and non-discriminatory care at the centre of their work.</p>	<p>Staff, in line with roles, responsibilities and workplace setting:</p> <ul style="list-style-type: none"> • understand the needs and experiences of the communities in which they work, including the impact of health inequalities, intersectionality and protected characteristics • are encouraged to identify areas for improvement, including partnership working to reduce inequalities • put people’s rights to equitable and non-discriminatory care at the centre of their work.
What does the standard mean for the organisation?	Yes	<p>Organisations:</p> <ul style="list-style-type: none"> • are committed to achieving equality and equity of access • have systems and processes in place to understand their population, including data on demographics and protected characteristics • understand the needs and experiences of the communities that they serve • are proactive in activities to review and improve service access and design 	<p>Organisations:</p> <ul style="list-style-type: none"> • are committed to achieving equality and equity of access • have systems and processes in place to understand their population, including data on demographics • understand the needs and experiences of the communities in which they work • are proactive in activities to review and improve service access and design

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<ul style="list-style-type: none"> support staff in training and undertaking service improvement work ensure services are inclusive and accessible, for example waiting room design, private consultation rooms, information displayed <p>work with partners, including primary care, public health, pharmacy, third sector and other services to improve access and reduce inequalities.</p>	<ul style="list-style-type: none"> ensure staff training needs are assessed, identified and met work with partners, including primary care, pharmacy, third sector and other services to improve access.
What does the standard mean for primary care?	Yes	The sections on what this standard means for primary care was amalgamated post-consultation with what this means for staff and organisations sections.	Primary care: <ul style="list-style-type: none"> understand the needs and experience of the communities in which they work ensure their service is inclusive and accessible, for example design of waiting rooms, information displayed, private consultation rooms.
Examples of what meeting this standard might look like	Yes	<ul style="list-style-type: none"> EQIAs and Island Communities Impact Assessments, Children’s Rights Impact Assessments demonstrating evidence based, co-design of services and meaningful lived experience engagement. Evidence of engaging with people, communities and under-served groups to understand the barriers to access and how to address them. 	<ul style="list-style-type: none"> EQIAs and Island Communities Impact Assessments, Children’s Rights Impact Assessments demonstrating evidence base, co-design of services and meaningful lived experience engagement. Evidence of engaging with people, communities and under-served groups to understand the barriers to access and how to address them.

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<ul style="list-style-type: none"> • Examples of inclusive methods of engagement and consideration of the person’s needs to provide a meaningful opportunity to contribute, for example include hybrid meetings, and provision of travel or overnight expenses to attend events. • Multidisciplinary and multi-agency working and education to understand and minimise barriers to accessing gender identity services. • Evaluation of the impact of staff training and other learning on understanding of inequalities. • Participation in research and evaluation activities. • Examples of how feedback has led to improvements in services. • Evidence of examples of how services have responded to intersectionality and diversity of lived experience. • Examples of patient forms and IT systems which enable the sharing of information, for example person’s preferred pronouns and name. 	<ul style="list-style-type: none"> • Examples of inclusive methods of engagement and consideration of the person’s needs to make a meaningful contribution, for example include hybrid meetings, and provision of travel or overnight expenses to attend events. • Multiagency staff development sessions on health inequalities. • Local partnership working across services to understand and minimise barriers to accessing gender identity services.

Standard 3: Collaborative leadership and governance

Note: Standard 4 in the consultation draft

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
Title	No	Collaborative leadership and governance	Collaborative leadership and governance
Standard statement	No	Organisations demonstrate effective and collaborative leadership, governance and partnership working in the planning, management and delivery of gender identity healthcare.	Organisations demonstrate effective and collaborative leadership, governance and partnership working in the planning, management and delivery of gender identity healthcare.
Rationale	Yes	<p>Effective and collaborative leadership and governance are critical to promoting an inclusive culture and supporting people to access gender identity services. Organisations should incorporate Realistic Medicine principles when delivering services, including value-based medicine, shared decision making and trauma informed practice.^{6, 7, 21, 22}</p> <p>Good clinical and care governance includes adverse events management, whistleblowing, escalation procedures and robust data monitoring.²³⁻²⁷ Governance structures should demonstrate clear lines of</p>	<p>Effective leadership and governance are critical to promoting an inclusive culture and supporting people to access gender identity services. Research has highlighted that there are numerous organisational barriers for trans and non-binary people accessing services and that these contribute to anxiety, distress and other negative experiences.</p> <p>An organisation's commitment to an inclusive culture can be demonstrated through its policies and</p>

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<p>accountability between NHS boards of treatment and residence, and for multidisciplinary and multiagency working.</p> <p>Services benefit from clear multidisciplinary and multi-agency pathways and protocols, which are evidence based and informed by current practice. Organisations should implement the relevant national policies, frameworks and other related guidance.¹ Organisations should ensure they have sufficient staff capacity to facilitate person-centred care and support on a timely basis at all stages of the clinical pathway.²⁸ Nominated lead clinicians for gender identity services should provide essential oversight and assurance. Organisations should implement National Waiting Times Guidance²⁹ across gender identity healthcare, including specialist gender identity clinics.</p> <p>Services should work in partnership at a local, regional and national level. This should be multidisciplinary and multi-agency, including primary care, pharmacy, independent healthcare providers, other public sector partners and third sector partners. Effective planning and partnership working should be underpinned by</p>	<p>procedures, and by supporting staff to fulfil their roles and responsibilities.</p> <p>Organisations should incorporate the principles of Realistic Medicine into their policies and procedures, including value-based medicine, shared decision making and trauma informed practice.</p> <p>Organisations should also demonstrate their commitment to the safety and quality of services through addressing complaints or concerns raised by staff and in line with Duty of Candour procedures and whistleblowing policies.^{29, 30}</p> <p>Organisations should co-develop their services with trans and non-binary people and their representatives, where appropriate. Organisations should seek feedback on their governance structures, patient information, facility design and workplace culture. This feedback should be used to improve services and demonstrate a commitment to inclusive service provision.²⁶</p> <p>People accessing services should benefit from partnership working at a local, regional and national level. This should be multidisciplinary and multiagency,</p>

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<p>robust information and shared care arrangements. Continuity of care throughout the person’s journey or at key points in their life improves patient outcomes. This may include moving from a young person’s service to adult services or moving into a care home or supported accommodation.^{30, 31}</p> <p>Where a person has to travel for care and treatment, there should be clear and accessible policies for the reimbursement of patient expenses and costs. These should be in line with NHSScotland policy.³²</p> <p>Clinically relevant information, records and care plans should be kept throughout and shared as appropriate. Consent should be obtained in line with national policies and procedures. Information should only be shared with the person’s representative with their consent and in line with legislation and national guidance for example, child and adult protection policies.^{25, 26, 33, 34}</p> <p>Organisations should demonstrate effective planning, management and continuous quality improvement and assurance of services. The collation, analysis and review of service and outcome data, including feedback from</p>	<p>including primary care, independent healthcare providers, social care and third sector partners. Effective planning and partnership working should be underpinned by arrangements and information sharing that facilitates the delivery of high-quality and equitable care. Partnership working should support consistent and continuous care throughout the person’s journey or at key points in their life. This may include moving from a young person’s service to adult services or moving to a care home or supported accommodation setting.</p> <p>Staff should ensure that people understand the circumstances in which their personal data will be shared. Consent should be obtained in line with national policies and procedures. Information should only be shared with a person’s representative with their consent and should also comply with legislation and national guidance.³¹</p> <p>Organisations should demonstrate effective planning and continuous quality improvement and assurance. Organisations must ensure they have sufficient staff capacity to facilitate progression on a timely basis at all stages of the clinical pathway. Governance structures</p>

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		people with lived experience is integral to service design and monitoring. ^{19, 35, 36}	<p>should demonstrate clear lines of accountability for services, including those for referral pathways. To allow for effective planning, management and quality improvement activities, organisations must ensure the effective collation, analysis and review of data, including feedback from people with lived experience.</p> <p>Gender identity services will benefit from a clear written service specification and supporting documentation.</p>
Who is responsible for meeting this standard?	No	All organisations and staff in line with their roles, responsibilities and workplace setting.	All organisations and staff in line with their roles, responsibilities and workplace setting.
Criterion 3.1 <i>(Criterion 4.1)</i>	Yes	<p>Organisations have an inclusive, rights-based and person-centred culture, which is demonstrated through:</p> <ul style="list-style-type: none"> • supportive and collaborative leadership and management • value-based, compassionate and trauma informed practice, service planning and delivery in line with NHSScotland values and Realistic Medicine principles • routinely informing people of their rights.¹³ 	<p>Organisations have an inclusive, rights-based and person-centred culture, which is demonstrated through:</p> <ul style="list-style-type: none"> • supportive and collaborative leadership and management • NHSScotland value-based, compassionate and trauma informed practice, service planning and delivery • routinely informing people of their rights

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
			<ul style="list-style-type: none"> the provision of comprehensive training for staff on upholding people’s rights.
<p>Criterion 3.2 <i>(Criterion 4.2 and 4.4)</i></p>	Yes	<p>Organisations demonstrate robust clinical governance arrangements across gender identity healthcare pathways, which includes:</p> <ul style="list-style-type: none"> clear lines of accountability between NHS board of residence and NHS board of treatment and individual roles and responsibilities a designated lead for adult and young people’s gender identity services safeguarding policies and protocols clinical and medicines management in line with evidence based guidance, protocols and best practice a multidisciplinary strategy group for gender identity services, including lived experience and third sector representatives effective partnership working across healthcare at a local, regional and national level effective partnership working across service providers, including independent providers. 	<p>Criterion 4.2</p> <p>Organisations have clear lines of accountability, which include:</p> <ul style="list-style-type: none"> a multidisciplinary strategy group for gender identity services, including lived experience and third sector representatives a designated lead for gender identity services effective partnership working across healthcare at a local and national level. <p>Organisations have policies and protocols to support clinical and care governance, which cover:</p> <ul style="list-style-type: none"> governance structures with clear lines of accountability, describing individual roles and responsibilities

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
Criterion 3.3 <i>Criterion 4.3 in draft</i>	Yes	Organisations have pathways in place based on current evidence and best practice to ensure people have access to: <ul style="list-style-type: none"> • gender identity healthcare • specialist gender identity services • other specialist services such as mental health or psychological support. 	Organisations have policies and protocols to demonstrate how they implement specialist gender identity care pathways.
Criterion 3.4 <i>(Criterion 3.1)</i>	Yes	Organisations have processes to ensure people can access services close to home or the most accessible service for them, where possible.	Organisations ensure that people have access to timely and high-quality gender identity services that are provided as close to home as possible.
Criterion 3.5 <i>(Criteria 3.5)</i>	Yes	Where a person must travel to access services, organisations: <ul style="list-style-type: none"> • have clear, accessible and fair policies for reimbursement in line with national guidance³² • provide people with information about what is covered and support where appropriate • work with community planning partners to address transport barriers. 	Organisations need clear, accessible and fair policies for reimbursement of reasonable expenses where a person must travel to access services.

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
Criterion 3.6 <i>(Criterion 4.5)</i>	Yes	Organisations demonstrate a commitment to internal and external quality assurance through: <ul style="list-style-type: none"> assessment of current service provision against professional guidance and national standards, including the Healthcare Improvement Scotland gender identity healthcare standards undergoing scrutiny, inspection and regulation where appropriate to the service. 	Organisations can demonstrate a commitment to internal and external quality assurance through: <ul style="list-style-type: none"> implementing professional guidance relating to the fair and empathetic treatment of trans and non-binary people assessment of current service provision against professional guidance and national standards undergoing inspection and regulation where appropriate to the service.
Criterion 3.7 <i>(Criterion 4.6)</i>	Yes	Organisations work locally, regionally and nationally to evaluate and improve service design through: <ul style="list-style-type: none"> joint improvement work facilitation of engagement and feedback from people with lived experience and, where appropriate their families/representatives review and learning from feedback, compliments and complaints. 	Organisations empower people with lived experience and their representatives to meaningfully participate in the design and evaluation of services. This includes: <ul style="list-style-type: none"> ensuring staff actively facilitate and support engagement demonstrating where feedback has resulted in change ensuring that all structural and process barriers are removed, including factors such as accessibility to services.

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
Criterion 3.8 <i>(Criterion 4.7)</i>	Yes	Organisations have a robust process for the reporting and review of incidents and adverse events, in line with national policy, which includes: <ul style="list-style-type: none"> • a standard and consistent approach to reporting • clear accountability and responsibility for local review and response • a documented escalation and incident management process • timelines for managing the process • processes for monitoring actions and learning from incidents and adverse events • processes for medicines related adverse events • long term monitoring of events information and support for those impacted by adverse events, as appropriate.	Organisations have clear and structured adverse events procedures and processes, which include: <ul style="list-style-type: none"> • clear accountability and responsibility for local reporting • a documented escalation process • organisational learning.
Criterion 3.9 <i>(Part of Criterion 4.4)</i>	Yes	Organisations have systems and processes to ensure adherence to national Whistleblowing and Duty of Candour guidance. ^{23, 24}	Organisations have policies and protocols to support clinical and care governance, which cover: <ul style="list-style-type: none"> • adherence to national whistleblowing guidance when addressing concerns³⁰ adherence to national Duty of Candour guidance.²⁹

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
Criterion 3.10 (Part of Criterion 4.4)	Yes	Organisations have systems and processes to demonstrate: <ul style="list-style-type: none"> • adherence to safe staffing legislation, building capacity and sustainability • a staff workforce plan including for specialist services where appropriate • compliance with professional and organisational codes of practice and frameworks • continuous quality improvement • a service specification for specialist gender identity services, where provided. 	Organisations have policies and protocols to support clinical and care governance, which cover: <ul style="list-style-type: none"> • monitoring, reporting and management of waiting times, service capacity and staffing
Criterion 3.11 (Criterion 4.8)	Yes	Organisations ensure processes are in place to support sharing of data and intelligence across organisations and services, which covers: <ul style="list-style-type: none"> • reporting, benchmarking and performance to improve patient safety, patient outcomes and quality of care • audit to ensure care is evidence based and informed by current practice 	Organisations have processes in place to support sharing of data and intelligence across providers and services, which cover: <ul style="list-style-type: none"> • reporting, benchmarking and performance to improve patient safety, patient outcomes and quality of care • regular reporting to Public Health Scotland (PHS) of specialist gender identity services waiting times, data monitoring and reporting requirements

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<ul style="list-style-type: none"> regular reporting to Public Health Scotland of specialist gender identity services waiting times, data monitoring and reporting requirements information governance and sharing with other services, in line with national guidance and General Data Protection Regulations.^{25, 26, 34} 	<ul style="list-style-type: none"> information governance and sharing with other services in line with national guidance and General Data Protection Regulations
Criterion 3.12 <i>(Criterion 4.11)</i>	Yes	Organisations ensure that care is delivered in an inclusive, safe, trauma informed and accessible environment, including waiting areas and consultation rooms. ^{35, 36} Where the care is delivered remotely, or using digital tools, the principles of providing inclusive, safe and trauma informed environment still apply. ³⁷	Organisations ensure that care is delivered in an inclusive and safe environment, including waiting areas and consultation rooms.
Criterion 3.13 <i>(Criterion 4.13)</i>	Yes	Organisations work in collaboration with national services and academia to collect and to share data as required to support national benchmarking and research. This will adhere to information governance and consent legislation and protocols.	Organisations work in collaboration with national services and academia to collect and to share data as required to support national benchmarking and research.
Criterion 3.14 <i>(Criterion 4.12)</i>	Yes	Services and organisations work in partnership to: <ul style="list-style-type: none"> provide continuity of care and support 	Organisations work collaboratively with primary care, pharmacy and other services to ensure consistency and continuity in care. This includes: <ul style="list-style-type: none"> effective and timely communication

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<ul style="list-style-type: none"> share practice to support the development of local services with input from specialist services, where appropriate. 	<ul style="list-style-type: none"> access to specialist support and advice medicines management including review partnership delivery of training, CPD and supervision.
What does the standard mean for people?	Yes	<ul style="list-style-type: none"> You will experience services that are inclusive and rights-based. You will have opportunities to provide feedback and participate in decisions about how services are shaped if you wish. You will be supported by staff who work together to provide you with a high-quality service. Information about you and your care, including personal data, will only be shared with your consent unless there are concerns for your wellbeing. This will be explained to you. Organisations will share how services have been developed and improved because of your feedback. If you need to travel to access services, you will be able to claim reasonable expenses. 	<ul style="list-style-type: none"> The services you experience will be inclusive, rights-based and committed to improvement. You will have meaningful opportunities to provide feedback and participate in decisions about how services are shaped. Information about you and your care, including personal data, will be shared only with your consent and in line with national information sharing guidance.³²
What does the standard mean for staff?	Yes	Staff, in line with roles, responsibilities and workplace setting:	Staff, in line with their roles, responsibilities and workplace settings:

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<ul style="list-style-type: none"> • are provided with effective and collaborative leadership • encourage and empower people to share their views and experiences of services • are aware of how to report and escalate concerns, complaints or adverse events • work in line with clinical protocols, pathways, standards and guidance • share feedback to inform service improvements. 	<ul style="list-style-type: none"> • understand, refer to and access relevant care pathways, standards and guidance • actively participate in the multidisciplinary team and are supported by their organisations to do so • are aware of how to report and escalate adverse events • are proactive in raising and responding to identified concerns, which may impact on patient safety, care or delivery of services • are encouraged and supported to work collaboratively across services.
What does the standard mean for the organisation?	Yes	<p>Organisations:</p> <ul style="list-style-type: none"> • have governance arrangements in place demonstrating roles, responsibilities and lines of accountability, including adverse event management, incidents, compliments and complaints • provide safe, person-centred, consistent, trauma informed, evidence based and high-quality gender identity services • have workforce plans in place to support service delivery 	<p>Organisations:</p> <ul style="list-style-type: none"> • have governance arrangements in place to determine roles, responsibilities and lines of accountability, including adverse event management • will ensure that overall service capacity is monitored and adjusted to meet demand, within the resources available • have care pathways in place • provide safe, person-centred, consistent and high-quality service that meets the needs of the person

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<ul style="list-style-type: none"> • embed the engagement of people with lived experience, communities and staff within service design and decision making, evaluation and planning for improvement • undertake quality assurance and improvement activities to ensure performance against standards • ensure compliance with data protection legislation, information governance, consent and safeguarding • promote, encourage and support research and audit activity, and ensure that collection, analysis and review of outcome data is a routine part of gender identity services activity • have clear and accessible policies for reimbursement of patient expenses in line with national guidance. 	<ul style="list-style-type: none"> • support a culture where concerns and complaints can be raised by patients and staff, and are appropriately acted upon • monitor and respond to areas of concern and adverse events • undertake regular monitoring of gender identity services outcomes to inform and improve service delivery • engage with people, communities and staff to identify areas for improvement • undertake quality assurance and improvement activities to ensure performance against standards • ensure compliance with data protection legislation • support and encourage research activity, where this is undertaken.
Examples of what meeting this standard might look like	Yes	<ul style="list-style-type: none"> • Documentation describing lines of accountability, roles and responsibilities, escalation routes, incident and adverse event reporting and review. • Improvement work, data collection and review of data, including feedback from service users and staff members. 	<ul style="list-style-type: none"> • Demonstration of senior leadership training, including non-executive directors. • Local and national care pathways. • Improvement work, including action plans, data collection and review of data, such as feedback from

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<ul style="list-style-type: none"> • Multidisciplinary and multiagency working, including involvement of professionals, creation of care pathways and local standard operating procedures. This may include social work, education and third sector agencies. • Evidence of co-designed service plans, innovative engagement with local communities and good, inclusive communication with service users. • Action plans demonstrating implementation of national guidance or standards, including those produced by Healthcare Improvement Scotland. • Shared care protocols and memorandums of understanding between NHS boards, multidisciplinary partners and services. • Evidence of inclusive service design including accessible clinical environments, access to gender neutral spaces. • Demonstration of expense claims information and support. • Specialist gender identity services have a service specification, including a staff workforce plan. 	<p>service users, staff members, national benchmarking and evidence of timeliness of processes.</p> <ul style="list-style-type: none"> • A management system for reporting, reviewing, disseminating and learning from all types of adverse events. • Evidence of involvement in research activity, where appropriate. • Evaluation of clinical effectiveness and quality assurance against national or local outcomes. • Evidence of co-designed service plans, innovative engagement with local communities and good, inclusive communication with service users. • Provision of dedicated service information and advice for primary care.

Standard 4: Staff training, education and support

Note: Standard 5 in the consultation draft

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
Title	Yes	Staff training, education and support	Staff training and support
Standard statement	Yes	Staff have the training and skills to deliver person-centred, high-quality care and support for people accessing gender identity healthcare.	Staff have the training and skills to deliver the right care and support for people accessing gender identity services.
Rationale	Yes	<p>Staff with the right training and knowledge ensures the delivery of safe, effective, high-quality, evidence based and person-centred care. Any staff across the health and social care system may interact or provide care to people accessing gender identity healthcare.¹⁵ Organisations should ensure staff are provided with training appropriate to their role, responsibilities and workplace setting.</p> <p>Key to improving access and delivery of gender identity healthcare, is the commitment of organisations to staff</p>	<p>To ensure that gender identity services are safe, effective, high-quality and person-centred, all staff should be provided with training appropriate to their role, responsibilities and workplace setting. Key to the improvement in access and delivery of gender identity services, is the commitment by organisations to training, continued professional development, supervision and support of staff. Organisations should review training on a regular basis to ensure it equips staff with the right skills and experience to deliver high-quality, effective and person-centred gender identity services. Training should</p>

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<p>training, continued professional development, supervision and support. Staff training, education and support should reference relevant local and national protocols, frameworks, guidance and good practice.^{1, 11-13, 15, 35}</p> <p>Organisations should review training on a regular basis to ensure it equips staff with the right skills and experience to deliver high-quality gender identity services. Training should also emphasise the importance of multidisciplinary and multiagency working.</p> <p>The NHS Education for Scotland (NES) Transgender Care Knowledge and Skills Framework provides guidance for clinical and non-clinical staff to improve their knowledge and skills.¹⁵ Organisations should use the framework to assess staff training needs, gaps in learning and staff wellbeing. This should be implemented alongside resources which support staff to deliver respectful and compassionate care and communication in gender identity healthcare.^{10, 12, 13, 15, 38-43}</p> <p>Healthcare staff are required to uphold the relevant standards of their regulator or professional body. Staff</p>	<p>also focus on the principles of multidisciplinary and multiagency working.</p> <p>The NHS Education for Scotland (NES) Transgender Care Knowledge and Skills Framework provides guidance for clinical and non-clinical staff to improve their knowledge and skills. Organisations should use the framework on a regular basis to assess staff training needs, gaps in learning and staff wellbeing.</p> <p>Staff should have training to understand what matters to people, including the impact of culture, social support and relationships. This will help to ensure staff provide responsive support for people from different communities. Gender identity health outcomes are affected by people’s lived experiences, including any barriers people may face in accessing services, for example disabled people, and those living in island or rural communities. Training should be informed and shaped by the experiences of people with lived experience.</p>

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<p>should also ensure they remain up to date on any relevant guidance that is issued and implement this accordingly.</p> <p>Staff should have training to understand what matters to people, including the impact of culture, social support and relationships. This will help to ensure staff provide responsive support. Services should take into account barriers people may face in accessing services, for example the barriers faced by disabled people, or those living in island or rural communities. Training should be informed and shaped by the experiences of people with lived experience, where appropriate.</p> <p>Specialist gender identity services' staff should be supported to work in partnership with other services and agencies to support external training, where appropriate. Staff should also be supported to undertake quality improvement activities so that gender identity services continuously improve.</p>	<p>Staff should ensure they are respectful and compassionate to all people who access gender identity services.</p> <p>Staff should demonstrate understanding and compassion to people who may have experienced trauma. Staff should adhere to the principles of trauma informed practice: safety, trustworthiness and transparency, choice, collaboration and mutuality, and empowerment.^{21, 22, 24, 33}</p> <p>Staff working in specialist gender identity services should be supported to work in partnership with other services and agencies to provide external training where appropriate. Staff should also be supported to undertake quality improvement activities, where appropriate to their role, responsibilities and workplace setting, to support the continuous improvement of gender identity services.</p>

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
Who is responsible for meeting this standard?	Yes	<ul style="list-style-type: none"> All organisations and staff in line with their roles, responsibilities and workplace setting. While this standard specifically relates to staff employed to deliver gender identity healthcare, the principles included should be considered as good practice for volunteers deployed within the service. 	<ul style="list-style-type: none"> Gender identity services Independent clinics Primary care NHS boards
Criterion 4.1 (<i>Criterion 5.2</i>)	Yes	Staff involved in the delivery of gender identity healthcare have the right skills and competencies for their role, responsibilities and workplace setting.	Staff are supported to access and attend training and education appropriate to their roles, responsibilities and workplace setting, and are allocated appropriate time and resources to complete it.
Criterion 4.2 (<i>Criterion 5.1</i>)	Yes	<p>Organisations implement a comprehensive and multifaced education and training programme that:</p> <ul style="list-style-type: none"> supports continued professional development and staff wellbeing promotes the use of quality improvement methodology and tools involves people with lived experience in the development and delivery of training resources, where appropriate includes an assessment of staff training needs that is responsive to staff roles, responsibilities and workplace setting 	<p>Organisations implement a comprehensive and multifaceted education and training programme that:</p> <ul style="list-style-type: none"> includes an assessment of staff training needs that is responsive to staff roles, responsibilities and workplace setting supports CPD and staff wellbeing promotes the use of quality improvement methodology and tools is aligned to the NES Transgender Care Knowledge and Skills Framework and other professional development frameworks

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<ul style="list-style-type: none"> includes an evaluation of the provision, quality and uptake of training understands the use of remote and digital tools to support people to access care is regularly reviewed to ensure it reflects current evidence and best practice informed by the NES Transgender Care Knowledge and Skills Framework. 	<ul style="list-style-type: none"> involves people with lived experience in the development and delivery of training resources, where appropriate includes an evaluation of the provision, quality and uptake of training is regularly reviewed to ensure it reflects current practice and evidence.
Criterion 4.3 (Part Criterion 1.5)	Yes	Organisations support staff to increase their awareness and knowledge of gender identity care in line with the NES Transgender Care Knowledge and Skills Framework, ¹⁵ other professional frameworks and national policy.	Organisations ensure staff can provide people with the support they need. This includes ensuring staff can: <ul style="list-style-type: none"> access professional and good practice guidance
Criterion 4.4 (Criterion 5.3)	Yes	Staff involved in the delivery of gender identity services have access to, and are supported to attend, regular and up to date training covering: <ul style="list-style-type: none"> current best practice and evidence based care equalities and rights-based care including inclusive language and terminology, and cultural competence specific clinical, ongoing care and support needs appropriate to the person's needs 	Staff providing gender identity services have access to training covering: <ul style="list-style-type: none"> inclusive language and terminology clinical assessment, ongoing care and support needs appropriate to the person's needs compassionate care trauma informed care health inequalities

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<ul style="list-style-type: none"> person-centred, trauma informed and individualised care including communication skills. 	<ul style="list-style-type: none"> communication skills which focus on empathetic, person-centred and inclusive care equality and diversity.
Criterion 4.5 <i>(Part Criterion 4.12)</i>	Yes	Organisations work in partnership to provide gender identity healthcare training across services and settings.	Organisations work collaboratively with primary care, pharmacy and other services to ensure consistency and continuity in care. This includes: <ul style="list-style-type: none"> partnership delivery of training, CPD and supervision.
Criterion 4.6 <i>(Criterion 5.4)</i>	No	Staff have access to individual and group support, if required, to: <ul style="list-style-type: none"> mitigate against vicarious trauma address professional and emotional strain and challenges they may experience. 	Staff have access to individual and group support, if required, to: <ul style="list-style-type: none"> mitigate against vicarious trauma address professional and emotional strain and challenges they may experience.
Criterion 4.7 <i>(Criterion 5.5)</i>	No	Staff who mentor or supervise others receive training on: <ul style="list-style-type: none"> effective and supportive people management embedding reflective practice how to develop their own skills and knowledge. 	Staff who mentor or supervise others receive training on: <ul style="list-style-type: none"> effective and supportive people management embedding reflective practice how to develop their own skills and knowledge.
What does the standard mean for people?	Yes	<ul style="list-style-type: none"> You will be supported by staff who are skilled, knowledgeable, compassionate and respectful. 	<ul style="list-style-type: none"> You will be supported by staff who are skilled, knowledgeable, compassionate and respectful.

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<ul style="list-style-type: none"> • Staff will communicate with you using language that feels respectful and comfortable for you, such as using your chosen name and pronouns. • You will be listened to and your concerns and wishes will be taken seriously. • You will be supported to make choices about your care and support by well-informed staff. 	<ul style="list-style-type: none"> • Staff will communicate with you using language that feels respectful and comfortable for you, such as your chosen name and pronouns. • You will be listened to and your concerns and wishes will be taken seriously. • You will be supported to make choices about your care and support.
What does the standard mean for staff?	Yes	<p>Staff, in line with their roles, responsibilities and workplace setting:</p> <ul style="list-style-type: none"> • can demonstrate knowledge, skills and competence in gender identity healthcare • attend and participate in relevant training and maintain the required competencies and qualifications, including professional registration • receive support for their own mental health and emotional wellbeing • are confident delivering care to people with the support of specialist services where required <p>are supported in undertaking shadowing opportunities and continued professional development.</p>	<p>Staff, in line with their roles, responsibilities and workplace setting:</p> <ul style="list-style-type: none"> • provide high-quality, safe, effective and person-centred care • will ensure they provide responsive and supportive care that takes into account people’s specific and individual needs • attend and participate in relevant training, and achieve and maintain the required competencies and qualifications, including clinical registration • know their role within multidisciplinary and multiagency teams and are supported to fulfil their responsibilities

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
			<ul style="list-style-type: none"> • are clear what their contribution is to ensuring that people have a positive experience of care and support • receive accurate and evidence-based information to enable them to support people • treat people with dignity and compassion • are supported by their organisation with their own health and wellbeing.
What does the standard mean for the organisation?	Yes	<p>Organisations:</p> <ul style="list-style-type: none"> • ensure staff can access all relevant training and education, including personal and peer support opportunities • provide staff with the necessary knowledge and skills, appropriate to their roles and responsibilities, to ensure high-quality care and support • are committed, and provide resources, to support health and wellbeing of staff, including workplace policies • ensure staff professional accreditation or regulation is up to date • demonstrate their commitment to developing the clinical, nursing and administrative workforce. 	<p>Organisations provide:</p> <ul style="list-style-type: none"> • ongoing training and education, including personal and peer support opportunities • commitment and resources to support health and wellbeing • support and opportunities to participate in training and CPD • dedicated resources to facilitate training and CPD activities.

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
What does the standard mean for primary care?	Yes	The sections on what this standard means for primary care was amalgamated post-consultation with what this means for staff and organisations sections.	Primary care: <ul style="list-style-type: none"> • ensure their training, CPD and professional accreditation is up to date and comprehensive • are supported to attend training and CPD opportunities as they arise • are confident delivering care to trans and non-binary people in line with their role and responsibility, with the support of specialist services where required.
Examples of what meeting this standard might look like	Yes	<ul style="list-style-type: none"> • Evidence of provision and uptake of multidisciplinary and multi-agency training. • Evidence of uptake of staff training in empathetic communication and inclusive culture. • Evidence of accreditation with appropriate professional bodies, including clinical, nursing and pharmacy. • Regular staff appraisal including wellbeing and use of professional development frameworks. • Evaluation of training needs and training programmes, including understanding health inequalities and health and wellbeing outcomes. 	<ul style="list-style-type: none"> • Evidence of provision and uptake of staff training to continuously improve the support, care and treatment provided. • Evidence of uptake of staff training in empathetic communication and inclusive culture. • Evidence of accreditation with appropriate professional bodies, including clinical, nursing or surgical staff. • Evidence of resources available to fund training and CPD activities. • Consistent staff appraisal including wellbeing, and use of professional development frameworks.

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<ul style="list-style-type: none"> Information and support mechanisms for staff, including employee assistance programmes, mentorship and other wellbeing initiatives. This should cover all staff groups. Demonstrating that people with lived experience are involved in developing, delivering and evaluating training. Evidence of protected time for training and continued professional development opportunities. 	<ul style="list-style-type: none"> Evaluation of training needs and training programmes, including understanding health inequalities and health and wellbeing outcomes. Information and support mechanisms for staff, including employee assistance programmes and other wellbeing initiatives. Demonstrating that people with lived experience are involved in developing, delivering and evaluating training.

Standard 5: Access to gender identity healthcare

Note: Standard 3 in the consultation draft.

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
Title	No	Access to gender identity healthcare	Access to gender identity healthcare
Standard statement	No	People have timely, equitable, consistent and person-centred access to gender identity healthcare.	People have timely, equitable, consistent and person-centred access to gender identity healthcare.
Rationale	Yes	<p>Evidence highlights a number of barriers for people accessing gender identity healthcare.⁵ Barriers can lead to poor wellbeing, disengagement from services and an increase in people seeking care that may be considered high risk and unsafe. The presence of these barriers can contribute to apprehension and low levels of confidence when accessing general and specialist gender identity healthcare services.^{5, 44}</p> <p>People will often initially contact primary care services when looking for information, support and treatment related to their gender identity.^{40, 45} People may present with multiple and/or complex needs, including co-occurring conditions. People accessing gender identity</p>	<p>Evidence highlights a number of barriers to accessing gender identity services which can lead to poor wellbeing, disengagement from healthcare and an increase in people seeking care that may be high risk and unsafe. People will often contact primary care services initially when looking for information, support and treatment related to their gender identity.^{13, 22} It is important that all services work together to deliver person-centred care that is kind, high-quality, timely, and provides continuity and consistency of care.</p>

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<p>care may or may not wish medical treatments or interventions. Primary care and community services have a role in providing information and ongoing gender identity healthcare as well as referring people to specialist services.⁴⁰ Referrals should be timely and in line with national waiting time targets.²⁹ As people wait for referrals, services should continue to provide support with updates on waiting lists, where appropriate (see standard 7 for more about referrals).</p> <p>It is important that all services work together to deliver person-centred care that is high-quality, evidence based, timely, and provides continuity and consistency of care across pathways. As part of collaborative and multidisciplinary working, there should be arrangements in place, particularly in remote, rural and island settings to support people to access care that is right for them. This might include the use of digital tools to support people’s access services.³⁷</p>	<p>Organisations should ensure that their work to reduce inequalities (Standard 2) underpins inclusive access to gender identity services.</p> <p>Information about accessing gender identity services should be clear, readily available and in different formats. People should be able to access information and support that is right for them. This includes support that is available in primary care and other community settings, which may often be the person’s first point of contact with health and care services.</p> <p>Organisations should use feedback to improve access to services. This should include understanding barriers to access, service user involvement in service design and undertaking impact assessments.</p> <p>As part of collaborative and multidisciplinary working, there should be arrangements in place, particularly in remote, rural and island settings to support people to access care that is right for them, including help with health costs, where appropriate.²⁸</p>

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
			Responsive services should further empower people who face additional barriers to accessing care to be active participants in their healthcare.
Who is responsible for meeting this standard?	Yes	All organisations and staff in line with their roles, responsibilities and workplace setting.	<ul style="list-style-type: none"> • Gender identity services • Independent providers • Primary care • NHS boards
Criterion 5.1 (<i>Criterion 3.3</i>)	Yes	<p>People can access healthcare, including support and advice:</p> <ul style="list-style-type: none"> • in a primary care or community setting • from knowledgeable and well-informed professionals • that is timely²⁹ • that is based on current evidence and best practice • as close to home as possible, where appropriate. 	People seeking to access services in a primary care or community setting receive suitable support and advice from knowledgeable and well-informed professionals.
Criterion 5.2 (<i>Criterion 3.2</i>)	Yes	Where specialist services are not available locally, organisations ensure robust pathways are in place to provide access to a regional or national service.	Where specialist services are not available locally, organisations ensure robust pathways are in place to provide access to a national, regional or suitable local provision.
Criterion 5.3	Yes	Organisations have systems in place to provide people accessing gender identity healthcare with:	Organisations have systems in place to provide, where appropriate and practicable:

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
(Criterion 3.4)		<ul style="list-style-type: none"> information about services, including who to contact and how to arrange appointments coordinated appointments across services access to remote (including digital options) or in-person consultations or appointments opportunities for extended consultations updates on anticipated waiting times information on what services are available (locally, regionally and nationally) which services the person is being referred to. 	<ul style="list-style-type: none"> information about services, including who to contact and how to arrange appointments coordinated appointments for services access to remote or in-person consultations or appointments adequate staff time and resources are available for extended consultations updates on anticipated waiting times.
Criterion 5.4 (Criterion 3.6)	Yes	<p>Organisations work in partnership with other services and providers to:</p> <ul style="list-style-type: none"> ensure that support and advice is available, accurate and up to date support referrals to specialist services from primary care and other community based services raise awareness about local and specialist services. 	<p>Organisations support partnership working to:</p> <ul style="list-style-type: none"> ensure that support and advice is available about specialist services to primary care and other community based services raise awareness about local and specialist services.
What does the standard mean for people?	Yes	<ul style="list-style-type: none"> You will be able to access support and advice from your GP or community based service. 	<ul style="list-style-type: none"> You will have access to gender identity services. Where possible, services will be locally provided. If you have to travel, you will be supported to claim expenses.

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<ul style="list-style-type: none"> Staff will help you by sharing information and signposting you to other services, if that is what you need. 	<ul style="list-style-type: none"> Staff will help you by sharing information and signposting you to other services, if that is what you need. Your GP practice will support you and work with others to make sure you get the care and support you need.
What does the standard mean for staff?	Yes	<p>Staff, in line with their roles, responsibilities and workplace setting:</p> <ul style="list-style-type: none"> support people to access information and services on a fair and equitable basis have a comprehensive understanding of access pathways and explain them clearly to people seeking access to gender identity services help people to access gender identity services locally where possible take a person-centred approach to people’s care and reduce barriers to access for them where possible will be supported to address and minimise waiting lists, where possible. 	<p>Staff, in line with their roles, responsibilities and workplace setting:</p> <ul style="list-style-type: none"> will be able to offer services on a fair and equitable basis, regardless of personal circumstance, geographical location or other factors will be supported to address and minimise waiting lists where possible.

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
What does the standard mean for the organisation?		<p>Organisations:</p> <ul style="list-style-type: none"> • demonstrate partnership working with primary care and community services in providing equitable access to specialist gender identity services • have systems and policies in place to support appointment attendance, including coordination across services, remote services as appropriate. 	<p>Organisations:</p> <ul style="list-style-type: none"> • demonstrate partnership working with primary care and community services in providing access to specialist and equitable gender identity services • have systems and policies in place to support appointment attendance, including travel and expenses reimbursement.
What does the standard mean for primary care?		<p>The sections on what this standard means for primary care was amalgamated post-consultation with what this means for staff and organisations sections.</p>	<p>Primary care:</p> <ul style="list-style-type: none"> • work in partnership with other organisations to ensure timely, equitable access to gender identity services • have a comprehensive understanding of access pathways and explain them clearly to people seeking access to gender identity services • help people to access gender identity services locally where possible • take a person-centred approach to trans and non-binary patients' care and reduce barriers to access for them where possible.
Examples of what meeting	Yes	<ul style="list-style-type: none"> • Evidence of supporting people in local, community based services. 	<ul style="list-style-type: none"> • Specialist gender identity services have a service specification, including a staff workforce plan.

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
this standard might look like		<ul style="list-style-type: none"> • Evidence of the fair and equitable provision of services for people regardless of personal circumstances, geographical location or other factors. • Coordination of appointments to support the person. • Use of text reminders for appointments, online consultations and other technology to remove service barriers where appropriate. • Expense and reasonable cost reimbursement policies. • Evidence of clear policies on a fair, person-centred and supportive response when people cancel or do not attend for appointments. • Demonstration of partnership working in supporting access to specialist services. 	<ul style="list-style-type: none"> • Partnership working in supporting access to specialist services. • Coordination of appointments to support the person. • Easily accessible travel and expenses reimbursement policy. • Use of text reminders for appointments, online consultations and other technology to remove service barriers where appropriate. • Evidence of clear policies on a fair, person-centred and supportive response when people cancel or do not attend for appointments.

Standard 6: Assessment and care planning

Note: Standard 8 in the consultation draft

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
Title	No	Assessment and care planning	Assessment and care planning
Standard statement	No	People have a holistic, effective and person-centred assessment and care plan.	People have a holistic, effective and person-centred assessment and care plan.
Rationale	Yes	<p>People may engage with health services at different stages and for different reasons. People should be fully involved in decisions about their care, and where appropriate their families/representatives should be involved with consent.</p> <p>A holistic, person-centred assessment is undertaken to ensure that people receive the care that is right for them. Assessments should be undertaken by trained healthcare staff who are responsive to the needs of the person and understand the services available. Referrals should be made in line with the relevant care pathway.¹⁵</p>	<p>A holistic, person-centred assessment is undertaken ensuring that people receive the care that is right for them. People may engage with health services at different stages and for different reasons. Access to a multidisciplinary team, consistency of care and incorporating the person's needs and aspirations supports the creation of a personalised care plan to achieve the desired outcomes.</p> <p>Referrals to services including surgery should be appropriate and timely for the person. Staff undertaking prescribing, medical or surgical treatments should be trained and knowledgeable of relevant national clinical pathways and competency frameworks.⁴¹ Primary care</p>

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<p>Access to a multidisciplinary team, consistency of care and incorporating the person’s needs and aspirations supports the development of a personalised care plan. This ensures that people receive the care that reflects their needs and personal circumstances. Services should work in partnership to ensure that care needs are continually assessed, reviewed and monitored. The care plan should be shared with the wider multidisciplinary team, including the person’s GP and/or pharmacy, where appropriate. There should be clear communication between services, including transfer of care in line with local pathways.</p> <p>Not everyone will need a referral to specialist gender identity services. Some people’s care needs will be better met in other services, including primary care. Some people may decide to halt or reverse aspects of their gender identity healthcare. An individual’s decision will be personal and a person-centred and compassionate approach should be taken by staff and services.^{12, 15, 35, 38, 39}</p>	<p>should be aware that people may opt to self-medicate while waiting for a specialist appointment and follow local and national advice on bridging medications.¹⁹</p> <p>Some people may decide to halt or reverse aspects of their gender identity healthcare. An individual’s decision will be personal and a person-centred and compassionate approach should be taken by staff and services.^{19, 20}</p>

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
Who is responsible for meeting this standard?	Yes	All organisations including NHS Scotland gender identity services and independent providers.	<ul style="list-style-type: none"> • Gender identity services • Independent clinics • Primary care • NHS boards
Criterion 6.1 <i>(Criterion 8.2)</i>	Yes	<p>Organisations have local pathways and protocols for assessment for surgical, non-surgical and other relevant services that:</p> <ul style="list-style-type: none"> • have been developed in partnership with other services • define roles and responsibilities in the initial and subsequent assessment, monitoring and care planning • support continuity of care, for example having a named clinician • provide information on areas covered in the assessment • ensure the active involvement of people in decision making, and their families/representatives where appropriate, and where consent is provided • support shared care across services and settings. 	<p>Organisations have local pathways and protocols for assessment of people that:</p> <ul style="list-style-type: none"> • have been developed in partnership with other services, including primary care and pharmacy • define roles and responsibilities in the initial and subsequent assessment, monitoring and care planning.

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
Criterion 6.2 (Criterion 8.1)		<p>Assessment at a gender identity service is undertaken by appropriately trained healthcare professionals, is comprehensive and holistic, and includes:</p> <ul style="list-style-type: none"> • the person’s needs and what matters to them, avoiding assumptions about what support or treatment may be sought⁹ • relevant existing or previous care and treatment plans • mental health and wellbeing • medical history, including co-occurring conditions • sexual health and fertility • capacity and consent in line with national guidance • need for further support and/or treatment • input from the family/representative with consent and where appropriate. 	<p>The initial assessment should be comprehensive and holistic, covering the person’s:</p> <ul style="list-style-type: none"> • individual needs and desired outcomes, avoiding assumptions about what support or treatment may be wanted • existing or previous care and treatment plans • health and wellbeing including continuity of care, for example named clinician • capacity and consent • need for further support and/or treatment.
Criterion 6.3 (Criterion 8.4)	Yes	<p>Organisations delivering gender identity services have protocols in place to ensure timely referral²⁹ to appropriate services covering:</p> <ul style="list-style-type: none"> • fertility preservation • hair removal and wig provision 	<p>Where there is an assessed need, referrals to appropriate services are timely, these may include but are not limited to:</p> <ul style="list-style-type: none"> • endocrinology, where not already incorporated into the gender identity service • fertility preservation • hair removal and/or wig prescription

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<ul style="list-style-type: none"> • medical treatment including input by specialist pharmacists, endocrinology and paediatric endocrinology • mental health and psychological support • sexual and reproductive health • speech and language therapy <p>surgical services.</p>	<ul style="list-style-type: none"> • mental health and psychological support • speech and language therapy • surgical services.
<p>Criterion 6.4 <i>(Part Criterion 6.2-6.4)</i></p>	<p>Yes</p>	<p>Specialist gender identity services have pathways and protocols to ensure the referral into the service is appropriate for the person. This covers:</p> <ul style="list-style-type: none"> • review of referral criteria and appropriateness of referral • timely triage and referral to other, more appropriate services, including primary care and mental health services • supporting people to understand how their care needs are assessed, and which services will best suit their needs • partnership working with other services to minimise delays to the person’s care 	<p>Organisations have clear policies and procedures, which detail:</p> <ul style="list-style-type: none"> • referral pathways, including who can make a referral to specialist gender identity services • the information required to accompany the referral • eligibility criteria for referral to specialist gender identity services. <p>Organisations have protocols and policies with clear lines of responsibility and accountability:</p> <ul style="list-style-type: none"> • for the review and triage of referrals by appropriately qualified staff

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<ul style="list-style-type: none"> • how to work with the referring service and healthcare professionals to ensure appropriate referrals. 	<p>Specialist gender identity services offer timely triage and advice for professionals when a non-specialist service may be more appropriate for the person.</p>
Criterion 6.5 (<i>Criterion 8.3</i>)	Yes	<p>The care plans developed in specialist gender identity services:</p> <ul style="list-style-type: none"> • are co-produced with the person • provides a key summary of person’s initial assessment, any ongoing care and support needs • can be accessed by the person • are communicated across the multidisciplinary team including the person’s GP, pharmacy, with the person’s consent where appropriate <p>are regularly reviewed and updated as a person’s circumstances or needs change.</p>	<p>The care plan:</p> <ul style="list-style-type: none"> • is developed in partnership with the person • fully documents the person’s initial assessment, any ongoing care and support needs • can be accessed by the person • is communicated across the multidisciplinary team, with the person’s consent • is regularly reviewed and updated as a person’s circumstances or needs change.
Criterion 6.6 (<i>Criterion 8.5</i>)	Yes	<p>The organisation has transfer of care protocols when people move between care providers. This includes NHS services and primary care providers and people transferring from outwith the UK. The protocols should:</p> <ul style="list-style-type: none"> • be person-centred 	<p>The organisation has transfer of care protocols when people move between different NHSScotland boards, UK NHS trusts and primary care providers which:</p> <ul style="list-style-type: none"> • are person-centred • enable continuity and consistency in care

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<ul style="list-style-type: none"> enable continuity and consistency in care describe clear roles and responsibilities provide clear criteria about maintaining the original referral date, where appropriate set out key information required to reduce unnecessary delays in the person's care. 	<ul style="list-style-type: none"> ensure clear roles and responsibilities are described provide clear criteria about maintaining the original referral date, where appropriate set out key information required for transfer to reduce unnecessary delays in the person's care.
Criterion 6.7 <i>(Criteria 8.11 and 8.12)</i>	Yes	<p>People who decide to halt, reverse or restart aspects of their gender identity healthcare are supported by knowledgeable and compassionate staff to:</p> <ul style="list-style-type: none"> discuss their needs explore treatment, care and support options access services which are right for them. 	<p>Organisations have person-centred protocols to support people who decide to pause or reverse aspects of their gender identity healthcare.</p> <p>Organisations have person-centred and holistic protocols for the timely reassessment of, or support for, people who have:</p> <ul style="list-style-type: none"> completed active treatment decided to pause treatment been discharged from specialist services.
What does the standard mean for people?	Yes	<ul style="list-style-type: none"> You will be offered a comprehensive and holistic multidisciplinary assessment. You will be supported to identify and achieve your goals and personal outcomes. You will have a person-centred care plan, which will be reviewed and updated as your needs change. 	<ul style="list-style-type: none"> You will be offered a comprehensive and holistic assessment. You will be supported to identify and achieve your goals and personal outcomes. You will have a person-centred care plan, which will be reviewed and updated as your needs change.

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<ul style="list-style-type: none"> Your care plan will be developed jointly between you and your clinician and will support you to meet your needs. Your assessment will take into account your ongoing health and care needs and any medications you use. Your care plan will be followed if you move between different services and NHS boards. When you join the gender identity service from another NHS provider or NHS health board, your initial date of referral will be maintained. You will be supported by kind, empathetic and knowledgeable staff. 	<ul style="list-style-type: none"> Your care plan will support you to meet your assessed needs. Your assessment will take into account your ongoing health and care needs and any medications you use. Your care plan will be followed if you move between different services and NHS boards, where appropriate. When you join the gender identity service from another provider or health board, your initial date of referral will be maintained.
What does the standard mean for staff?	Yes	<p>Staff, in line with roles, responsibilities and workplace setting:</p> <ul style="list-style-type: none"> can confidently complete a holistic needs assessment with input from the relevant specialties and other services can develop, review and appropriately share a care plan understand their role in reviewing assessed needs 	<p>Staff, in line with roles, responsibilities and workplace settings:</p> <ul style="list-style-type: none"> can confidently complete a holistic needs assessment with input from the relevant specialties and other services can develop, review and appropriately share a care plan understand their role in reviewing assessed needs

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<ul style="list-style-type: none"> work with partners across different healthcare settings, including primary care support and enable people to make informed decisions about their healthcare <p>provide information on who to contact if an individual requires further advice, support and intervention.</p>	<ul style="list-style-type: none"> work with partners across different healthcare settings, including primary care provide information on who to contact if an individual requires further advice, support and intervention.
What does the standard mean for the organisation?	Yes	<p>Organisations:</p> <ul style="list-style-type: none"> ensure staff are trained in holistic needs assessments and person-centred care planning, including regular review of an individual's needs have processes in place for service transfer, which support consistency and continuity of care and demonstrate positive working relationships between services and other NHS boards or providers <p>ensure staff are supported to provide the right information, advice and signposting as part of care planning.</p>	<p>Organisations:</p> <ul style="list-style-type: none"> ensure staff are trained in holistic needs assessments and person-centred care planning, including regular review of an individual's needs have processes in place for service transition, which support consistency and continuity of care and demonstrate positive working relationship between services, providers and other NHS boards staff are supported to provide the right information, advice and signposting as part of care planning.
What does the standard mean for primary care?	Yes	The sections on what this standard means for primary care was amalgamated post-consultation with what this means for staff and organisations sections.	<p>Primary care:</p> <ul style="list-style-type: none"> are aware of their remit within a person's care plan

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
			<ul style="list-style-type: none"> • support and enable their trans and non-binary patients to make informed decisions about their healthcare • have a good understanding of the role of endocrine therapies including bridging prescriptions and are willing to accept an appropriate role in a person’s care where endocrine therapies are prescribed • work in partnership with specialist services for local monitoring and management of aspects of an individual’s gender identity care, for example undertaking blood tests • ensure prescriptions are maintained when an individual moves either between GP practices or NHS boards.
Examples of what meeting this standard might look like	Yes	<ul style="list-style-type: none"> • Evidence of clearly documented assessments and multidisciplinary care plans. • Documented pathways and referral protocols for service transfer. • Individual and accessible transfer of care plans. • Evidence of supporting people to identify and monitor their own needs and choices. 	<ul style="list-style-type: none"> • Evidence of clearly documented assessments and multidisciplinary care plans. • Documented pathways for service transfer. • Individual and accessible transfer of care plans. • Evidence of supporting people to identify and monitor their own needs and choices.

Final standards ordering <i>(equivalent in draft)</i>	Amended following feedback	Final standards	Consultation draft standards
		<ul style="list-style-type: none"> Accurate and accessible information to support an individual's decision making on treatment. 	<ul style="list-style-type: none"> Evidence of timely referrals to other relevant services. Accurate and accessible information to support an individual's decision making on treatment.

Standard 7: Referral to gender identity services

Note: Standard 6 in the consultation draft.

Final standards ordering <i>(equivalent in draft)</i>	Amended following feedback	Final standards	Consultation draft standards
Title	Yes	Referral to gender identity services	Referral into specialist gender identity services

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
Standard statement	Yes	NHS boards ensure referral and timely access to gender identity services.	Organisations ensure there is a robust referral pathway into specialist gender identity services.
Rationale	Yes	<p>NHS boards should have clear referral pathways for gender identity services which are well described and accessible. Primary care has a central role in ensuring people are referred to the appropriate service. Referrals to gender identity services should follow referral criteria and be made by appropriately trained healthcare professionals.</p> <p>People who have been referred should be supported throughout the process. They should receive information regarding the referral which includes anticipated timeframes for the initial appointment and what to expect at appointments. Gender identity services should regularly communicate with people on waiting lists, as required and in line national and local standards.²⁹ Services should signpost people to support services, including third sector organisations, as appropriate.⁶ Protocols should be in place to ensure that the original date of referral is maintained when people have moved between NHS boards, across other UK NHS services, or</p>	<p>Organisations should have clear referral pathways which are well described and accessible. Information regarding the referral should include anticipated timeframes for the initial appointment, what to expect at appointments and signposting or referral to other services, such as third sector organisations, where appropriate. People who have been referred should be supported throughout the process. Services should demonstrate regular check-in with people on waiting lists and signpost to interim support services where required.⁵</p> <p>Primary care has a central role in ensuring people receive a timely referral to the appropriate service. Primary care should have an understanding of the referral processes, including options for signposting and waiting times.</p> <p>Good communication and partnership working between services ensures continuity and consistency of care for the person. This is enabled by a multidisciplinary approach and the sharing of relevant information about</p>

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<p>have moved from a young person’s service to an adult service.</p> <p>Good communication and partnership working between services ensures continuity and consistency of care for the person. This is enabled by a multidisciplinary approach and the sharing of relevant information, following appropriate consent. Collaborative working ensures ongoing care or treatment between primary care and specialist gender identity services.</p>	<p>ongoing care or treatment between primary care and specialist gender identity services.</p>
Who is responsible for meeting this standard?	No	All organisations and staff in line with their roles, responsibilities and workplace setting.	All organisations and staff in line with their roles, responsibilities and workplace setting.
Criterion 7.1 (<i>Criterion 6.1</i>)	Yes	<p>NHS boards have referral pathways for:</p> <ul style="list-style-type: none"> • specialist gender identity services • other related gender identity healthcare services including speech and language therapy and fertility preservation. 	Organisations ensure that information about referral pathways to specialist gender identity services is readily available in primary care, community and specialist settings.
Criterion 7.2 (<i>Criterion 6.2</i>)	Yes	Specialist gender identity services have clear policies and procedures, which include:	Organisations have clear policies and procedures, which detail:

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<ul style="list-style-type: none"> • a service specification, setting out who the service is for, and what it provides • referral pathways and criteria, including which healthcare professionals can make a referral to the service • the information required for the referral • support, including updates on waiting times where appropriate, for people waiting to be seen • communication of decision making when a referral is not accepted. 	<ul style="list-style-type: none"> • referral pathways, including who can make a referral to specialist gender identity services • the information required to accompany the referral • eligibility criteria for referral to specialist gender identity services.
Criterion 7.3 <i>(Criterion 6.3)</i>	Yes	Specialist gender identity services have protocols and policies with clear lines of responsibility and accountability: <ul style="list-style-type: none"> • for the review and triage of referrals by appropriately trained staff • to ensure that people who have moved between NHS boards, UK NHS services or providers, or who have moved from a young person’s service to an adult service, keep their original date of referral. 	Organisations have protocols and policies with clear lines of responsibility and accountability: <ul style="list-style-type: none"> • for the review and triage of referrals by appropriately qualified staff • to ensure that people who have moved between NHS boards, other UK NHS services or other providers, or who have moved from a young person’s service to an adult service, keep their original date of referral.
Criterion 7.4	Yes	Primary care and other referrers to specialist gender identity services:	Primary care and other referrers to specialist gender identity services:

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
(Criterion 6.5 and 6.6)		<ul style="list-style-type: none"> • understand when to refer to the gender identity service and when a referral to another service may be more appropriate • listen to and involve people in decisions about referrals • support the person during the referral process, including signposting or referral to other services such as mental health support where appropriate. 	<ul style="list-style-type: none"> • understand when to refer to the gender identity service and when a referral to a non-specialist service may be more appropriate • support the person during the referral process, including signposting or referral to other services such as mental health support. <p>Organisations ensure the person is kept up to date on the progress of their referral and signposting for additional support where this is required.</p>
Criterion 7.5 (Criterion 6.7)	Yes	<p>Specialist gender identity services ensure that people who have been referred receive clear information on:</p> <ul style="list-style-type: none"> • where they have been referred • expected timelines, with regular updates • who to contact for further support. 	<p>Organisations ensure that people who have been referred receive clear information on:</p> <ul style="list-style-type: none"> • where they have been referred • expected timelines, with regular updates • who to contact for further support.
Criterion 7.6 (Criterion 6.8)	Yes	<p>There is partnership working across the system to ensure that referral mechanisms are accessible, reliable, transparent and effective.</p>	<p>There is partnership working across the system to ensure that referral mechanisms are accessible, reliable and effective.</p>

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
What does the standard mean for people?	Yes	<ul style="list-style-type: none"> • You will be referred to the right service at the right time for the care you need. • You will have access to information about gender identity services, where they are located and how the referral happens. • You will be kept updated on anticipated waiting times. • You will be offered additional and/or other appropriate support where required as you wait to be seen. • If you move to a new area, you will retain your original referral date. 	<ul style="list-style-type: none"> • You will be referred to the right service at the right time for the care you need. • You will have access to information about gender identity services in your area and how the referral happens. • You will be kept informed of your progress on the waiting list. • You will be offered additional and/or interim support where required as you wait to be seen.
What does the standard mean for staff?	Yes	<p>Staff, in line with roles, responsibilities and workplace settings:</p> <ul style="list-style-type: none"> • will support people to receive the right care at the right time • understand referral pathways and criteria for specialist gender identity services and when a referral to another service is more appropriate • understand and follow professional guidance, best practice and protocols 	<p>Staff, in line with roles, responsibilities and workplace settings:</p> <ul style="list-style-type: none"> • will support people to receive the right care at the right time • understand the referral pathway and criteria • are supported by their organisation to manage workload.

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<ul style="list-style-type: none"> know who to contact for specialist advice, additional support or referral updates where appropriate. 	
What does the standard mean for the organisation?	Yes	<p>Organisations:</p> <ul style="list-style-type: none"> demonstrate partnership working with primary care and community services such as onward referral to specialist gender identity services provide clear referral criteria and options for people who do not meet these criteria provide clear pathways for referral to specialist services, which are applied and widely disseminated ensure referrals, waiting times for initial assessment and any other barriers to access services are monitored and appropriate action is taken to minimise unnecessary delays. 	<p>Organisations can demonstrate:</p> <ul style="list-style-type: none"> partnership working with primary care and community services such as onward referral to specialist gender identity services a clear service specification for specialist gender identity services, describing referral criteria, and options for people who do not meet the criteria clear pathways for referral to specialist services are in place and disseminated that referrals, waiting times for initial assessment and any other barriers to access services are monitored and appropriate action is taken to minimise unnecessary delays.
What does the standard mean for primary care?	Yes	The sections on what this standard means for primary care was amalgamated post-consultation with what this means for staff and organisations sections.	<p>Primary care:</p> <ul style="list-style-type: none"> understand referral pathways and criteria for gender identity services and when a referral to non-specialist services is more appropriate understand and follow GMC and other professional guidance^{19, 22}

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
			<ul style="list-style-type: none"> • provide information to the person about the progress of referral where appropriate • know who to contact for specialist advice or referral updates.
Examples of what meeting this standard might look like	Yes	<ul style="list-style-type: none"> • Demonstrate waiting time management initiatives for specialist gender identity services. • Standardisation of referral information and forms across specialist gender identity service providers. • Audit of referral information, processes and acceptance rate and feedback from service users. • Examples of partnership working across the care pathway. 	<ul style="list-style-type: none"> • Demonstrate waiting time management initiatives for specialist gender identity services. • Standardisation of referral information and forms. • Audit on referral information, processes and acceptance rate. • Performance data and feedback from service users. • Examples of positive experiences of the care pathway. • Demonstration of continuity in medication.

Standard 8: Specialist gender identity healthcare

Note: This standard, focusing on specialist gender identity healthcare, was added as a specific standard following consultation feedback. Some criteria and text has been moved here from standard 8 (Assessment and Care Planning) in the consultation draft.

Final standards ordering (<i>equivalent in draft</i>)	Amended following feedback	Final standards	Consultation draft standards
Title	Yes	Specialist gender identity healthcare	<i>Added after consultation</i>
Standard statement	Yes	People have access to safe, high-quality specialist gender identity healthcare.	<i>Added after consultation</i>
Rationale	Yes	People should have access to safe, high-quality specialist gender identity healthcare, including non-surgical, surgical and pharmaceutical interventions and treatment. This should follow national clinical protocols, guidance and pathways. ¹ Specialist gender identity healthcare should be based on robust holistic clinical assessment, evidence based clinical protocols, best practice and with appropriate governance processes in place.	<i>Added after consultation</i>

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<p>Services should ensure they support people to make informed decisions and should follow relevant capacity and consent protocols. Referrals to gender identity services, including surgical and non-surgical care, should be appropriate and timely for the person.²⁹ Staff should be trained and knowledgeable about relevant national clinical pathways and regulatory and competency frameworks.</p> <p>Discussions about specialist healthcare should include risk and benefits of any treatment, continuity of care and safe administration of medications, as appropriate. Policies and protocols to support decision making relating to medication should be developed. All staff who prescribe or administer medication should have appropriate qualifications and competencies and do so in line with regulatory requirements.⁴³ Specialist pharmacy advice should be integral to multidisciplinary discussions. The monitoring and review of medications should be embedded in practice. Where appropriate, repeat and bridging prescriptions should be considered, with decisions recorded appropriately.</p>	

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<p>Evidence highlights that some people may self-source medication without input from a regulated professional such as a pharmacist. Policies and protocols should include providing support and non-judgemental advice from relevant qualified staff for people self-sourcing.</p> <p>Organisations should ensure the appropriate governance arrangements are in place to support continuity of care and support throughout the pathway, in line with national and local protocols. For example, when people have moved between NHS boards, UK NHS services or other providers.</p>	
Who is responsible for meeting this standard?	Yes	All organisations and staff providing specialist gender identity healthcare.	<i>Added after consultation</i>
Criterion 8.1	Yes	<p>Organisations have systems and processes in place in line with national protocols for non-surgical, surgical and pharmaceutical treatment that:</p> <ul style="list-style-type: none"> • support informed choice and decision making • cover referral, assessment and treatment across the patient pathway. 	<i>Criterion added after consultation</i>

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
Criterion 8.2 (Part Criterion 8.6)	Yes	Organisations have protocols in place for non-surgical, surgical and pharmaceutical treatment by trained, competent and registered staff, which includes: <ul style="list-style-type: none"> • criteria for accessing treatment in line with relevant guidelines • baseline and ongoing monitoring and review requirements by appropriately trained staff, including primary care and pharmacy staff • any additional monitoring requirements, for example blood sampling, and who is responsible for these • who to contact to discuss any concerns or if the person wishes to change or discontinue treatment or medication • information sharing protocols across multidisciplinary teams and services. 	People receive advice and accessible information from trained, competent and registered staff relating to prescribed endocrine therapy including: <ul style="list-style-type: none"> • benefits and risks associated with commencing or discontinuing medication • instructions for taking medications • regular monitoring and review by appropriately trained staff, including GPs and pharmacy staff • any additional monitoring requirements, for example blood sampling, and who is responsible for these.
Criterion 8.3 (Part Criterion 8.6)	Yes	Organisations provide clinical advice and information on non-surgical interventions from trained, competent and registered, which includes: <ul style="list-style-type: none"> • benefits and risks of interventions • capacity and consent in line with national guidance • pre-assessment for intervention 	People receive advice and accessible information from trained, competent and registered staff relating to prescribed endocrine therapy including: <ul style="list-style-type: none"> • benefits and risks associated with commencing or discontinuing medication • instructions for taking medications

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<ul style="list-style-type: none"> discharge planning aftercare and support protocols where required, including a point of contact for the person. 	<ul style="list-style-type: none"> regular monitoring and review by appropriately trained staff, including GPs and pharmacy staff any additional monitoring requirements, for example blood sampling, and who is responsible for these.
Criterion 8.4 <i>(Part Criterion 8.4)</i>	Yes	<p>Organisations have protocols in place for the provision of non-surgical interventions, which include:</p> <ul style="list-style-type: none"> access to locally provided services including voice support, mental health support, fertility preservation and facial hair removal and wigs referral process with clear roles and responsibilities alignment with national guidance and policy.¹ 	<p>Where there is an assessed need, referrals to appropriate services are timely, these may include but are not limited to:</p> <ul style="list-style-type: none"> endocrinology, where not already incorporated into the gender identity service fertility preservation hair removal and/or wig prescription mental health and psychological support speech and language therapy surgical services.
Criterion 8.5 <i>(Criterion 8.10)</i>	Yes	<p>Organisations provide clinical advice and information on surgical interventions from trained, competent and registered staff including:</p> <ul style="list-style-type: none"> benefits and risks of interventions capacity and consent in line with national guidance pre-assessment for surgery discharge planning 	<p>Organisations provide clinical advice and information on surgical interventions from trained, competent and registered staff including:</p> <ul style="list-style-type: none"> benefits and risks of interventions capacity and consent pre-assessment for surgery what to expect when recovering from surgery discharge planning

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<ul style="list-style-type: none"> • aftercare and support protocols where required, including a point of contact for the person. 	
Criterion 8.6	Yes	<p>Organisations have protocols in place for the provision of surgical interventions, which includes:</p> <ul style="list-style-type: none"> • access to locally provided surgery or nationally commissioned surgery • availability of locally provided surgery • referral process with clear roles and responsibilities • alignment with national guidance and policy.¹ 	<i>Criterion added after consultation</i>
Criterion 8.7 <i>(Criterion 8.6)</i>	Yes	<p>Organisations provide clinical advice and information on medications from trained, competent and registered staff including:</p> <ul style="list-style-type: none"> • the benefits and risks associated with commencing or discontinuing medication • instructions for taking medications including self-administration • the purpose of their medication and importance of taking it as prescribed • the importance of medications monitoring and review by regulated health professionals. 	<p>People receive advice and accessible information from trained, competent and registered staff relating to prescribed endocrine therapy including:</p> <ul style="list-style-type: none"> • benefits and risks associated with commencing or discontinuing medication • instructions for taking medications • regular monitoring and review by appropriately trained staff, including GPs and pharmacy staff • any additional monitoring requirements, for example blood sampling, and who is responsible for these.

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
Criterion 8.8 <i>(Criterion 8.7)</i>	Yes	Organisations have protocols for medication and prescribing that are developed with specialist pharmacy input which cover: <ul style="list-style-type: none"> • repeat and ongoing prescriptions • bridging prescriptions • monitoring and review of all prescriptions including dose and duration • prescribed medications and/or those not prescribed • advice and support from an appropriate specialist • the maintenance of prescriptions when the person moves, where possible and clinically appropriate. 	Organisations develop protocols around endocrine therapy, including bridging prescriptions with primary care, pharmacy and people with lived experience that include: <ul style="list-style-type: none"> • clear documentation on reason for bridging prescription • dose, duration, monitoring and review • discussion with appropriate specialist.
Criterion 8.9	Yes	Medications are: <ul style="list-style-type: none"> • prescribed by staff with an independent prescribing qualification and competency in this clinical area or based upon the specialist recommendation of a prescriber in this clinical area, in line with regulatory requirements • dispensed and/or administered by staff with the relevant professional qualifications and competencies • regularly reviewed. 	<i>Criterion added after consultation</i>

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
Criterion 8.10 <i>(Criterion 8.8)</i>	Yes	Healthcare professionals work together to ensure safe transfer of care between: <ul style="list-style-type: none"> • providers including between NHS/independent provider • sectors including between NHS/social care such as care homes • settings including between primary/secondary • countries including between Scotland and other UK countries/overseas. 	Primary care professionals work together to ensure that, where possible, a person’s prescription or prescriptions relating to gender identity healthcare are maintained when the person moves from one NHSScotland board to another, or between providers
Criterion 8.10	Yes	Where appropriate, with consent and in line with national guidance, families/representatives: <ul style="list-style-type: none"> • receive information about interventions including potential side effects • information and guidance to support the person • are informed about any changes to treatment or intervention and the reason for change. 	<i>Criterion added after consultation</i>
What does the standard mean for people?	Yes	<ul style="list-style-type: none"> • You will be provided with the opportunity to discuss, consider and decide on the best course of treatment at the time that is right for you. • You will receive information and guidance to support your decision making. 	

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<ul style="list-style-type: none"> You will be supported to understand the risks and benefits of any treatment or interventions. If you take medication, you will be able to review this with trained staff at agreed timeframes. 	
What does the standard mean for staff?	Yes	<p>Staff in line with roles, responsibilities and workplace setting:</p> <ul style="list-style-type: none"> provide treatment and interventions in line with best practice and current evidence and guidelines support people to make informed choices about their treatment including medicines conduct regular treatment reviews using a structured approach <p>are able to explain the risks and benefits of any non-surgical, surgical and pharmaceutical interventions under consideration and the pathway for onward referral.</p>	<i>Criterion added after consultation</i>
What does the standard mean for the organisation?	Yes	<p>Organisations:</p> <ul style="list-style-type: none"> work in partnership with specialist services for local monitoring and management of a person's gender identity care 	<i>Criterion added after consultation</i>

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<ul style="list-style-type: none"> • have systems and processes in place to support the safe delivery of gender identity healthcare services including transfer of care • provide information for shared and supported decision making <p>ensure staff are trained and competent in the delivery of gender identity healthcare.</p>	
<p>Examples of what meeting this standard might look like</p>	<p>Yes</p>	<ul style="list-style-type: none"> • Documentation in clinical notes that demonstrates supported and shared decision making. • Non-surgical referral pathways. • Electronic pharmacy records accessed across healthcare settings. • Clear local pathways and protocols on prescribing, medications management and review. • Service level agreements relating to provision of surgery. <p>Clear pathways on provision of surgery.</p>	<p><i>Criterion added after consultation</i></p>

Standard 9: Mental health and wellbeing

This standard was added as a specific standard following consultation feedback. The consultation draft had mental health and wellbeing woven throughout.

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
Title	Yes	Mental health and wellbeing	<i>Title added after consultation</i>
Standard statement	Yes	People have timely, equitable, consistent and person-centred access to mental health and wellbeing support.	<i>Statement added after consultation</i>
Rationale	Yes	<p>People should be able to access mental health and wellbeing support as part of ongoing assessment and care, when required. People accessing gender identity healthcare experience a range of challenges that can affect their psychological health and wellbeing.⁴⁶⁻⁴⁹</p> <p>People accessing gender identity healthcare may also report co-occurring mental health conditions including anxiety and depression.⁵ Over-medicalisation has been reported as contributing to apprehension and low levels of confidence when accessing general healthcare and gender identity healthcare services.^{5, 44}</p>	<i>Added after consultation</i>

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<p>A holistic and person-centred approach should be taken regarding any referral for mental health and wellbeing support. Services should be trauma informed and promote wellbeing and psychological safety in line with national standards, training frameworks and policy.^{15, 35, 48, 50-52}</p> <p>Services that promote wellbeing and psychological safety can reduce health inequalities and improve outcomes.⁴⁷ Understanding and acknowledging the experiences of people who have experienced trauma can help services improve for everyone.^{19, 35}</p> <p>For general mental health and wellbeing support, people should be supported at a local level to access appropriate services, including counselling, Children and Adolescent Mental Health Services (CAMHS) or other psychological interventions, within national timeframes.^{29, 46} A range of services should be provided, including wraparound and peer support to ensure people receive the care and support that is right for them. Services should work in partnership across providers and settings.</p>	

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		Young people, including care-experienced people, may require additional support that is responsive to their needs. ^{46, 50, 52} Support for families and representatives should also be provided, where appropriate.	
Who is responsible for meeting this standard?	Yes	All organisations and staff in line with their roles, responsibilities and workplace setting.	<i>Added after consultation</i>
Criterion 9.1	Yes	NHS boards have referral pathways to mental health and emotional wellbeing support services that are person-centred and trauma informed, including third sector and peer support services.	<i>Criterion added after consultation</i>
Criterion 9.2	Yes	People, and where appropriate their families/representatives, have access to an initial appointment for their mental health assessment within national referral times. ²⁹	<i>Criterion added after consultation</i>
Criterion 9.3	Yes	People are informed about options for continuous or ongoing support for their mental health and emotional wellbeing, including unscheduled mental health support.	<i>Criterion added after consultation</i>
Criterion 9.4	Yes	Enhanced and tailored support is provided for people with assessed social communication needs,	<i>Criterion added after consultation</i>

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		neurodevelopmental conditions, learning disabilities or additional support needs.	
Criterion 9.5	Yes	People have access to mental health and wellbeing support from appropriately qualified staff, including: <ul style="list-style-type: none"> • counselling • clinical psychology • community mental health services including CAMHS • age and stage appropriate therapeutic support • peer support • third sector support. 	<i>Criterion added after consultation</i>
Criterion 9.6 <i>(Part Criterion 7.5)</i>	Yes	Families/representatives are offered: <ul style="list-style-type: none"> • access to mental health support from a person with the appropriate skills and knowledge of gender identity healthcare • signposting to relevant support organisations • support at key stages of a person’s life or care. 	Where young people, their families or representatives require psychological and/or social support, this is delivered and managed by their own NHS board of residence.
What does the standard mean for people	Yes	<ul style="list-style-type: none"> • If you need support for your mental health or emotional wellbeing, you will be supported to access it. 	<i>Added after consultation</i>

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
accessing care and support?		<ul style="list-style-type: none"> Staff understand your experience and the impact it may have had on you. 	
What does the standard mean for staff?	Yes	<p>Staff, in line with roles, responsibilities and workplace setting:</p> <ul style="list-style-type: none"> undertake assessments for mental health and emotional wellbeing and know who to refer to if someone needs support understand, recognise and respond appropriately to individual needs <p>provided person-centred, trauma informed care which respects the person and is non-judgemental.</p>	<i>Added after consultation</i>
What does the standard mean for the organisation?	Yes	<p>Organisations:</p> <ul style="list-style-type: none"> develop referral pathways and arrangements with a broad range of mental health and emotional wellbeing services ensure staff have time to support and care for people and their families/representatives provide mental health and wellbeing support within community and primary care settings where appropriate 	<i>Added after consultation</i>

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<ul style="list-style-type: none"> support timely referral to specialist mental health and psychological services where required ensure mental health support and interventions are evidence based, holistic and person-centred. 	
Examples of what meeting this standard might look like	Yes	<ul style="list-style-type: none"> Evidence of referral pathways for mental health and emotional wellbeing services including CAMHS. Signposting to support group or peer support for the person and their families/representatives, where appropriate. Evidence of timely referrals to services. 	<i>Added after consultation</i>

Standard 10: Gender identity services for young people

Note: Standard 7 in the consultation draft.

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
Title	No	Gender identity services for young people	Gender identity services for young people
Standard statement	No	Young people have timely access to safe, high-quality and person-centred gender identity services which understand, respect and uphold their rights.	Young people have timely access to safe, high-quality and person-centred gender identity services which understand, respect and uphold their rights.
Rationale	Yes	<p>Young people accessing gender identity services may have additional care and support needs. This standard sets out additional requirements which services should provide. Young people’s services should also be delivered in line with standards 1-9.</p> <p>Delivering healthcare services for young people requires effective communication and multidisciplinary and multi-agency working between services. The implementation of local and national protocols and evidence based integrated clinical and care pathways will ensure young people can access the right care, from the right person at the right time.^{17, 42, 53} This may include CAMHS, social</p>	<p>Trans and non-binary young people are more likely to experience discrimination at school, poor family and caregiver relationships, and experience of the care system. All these factors may impact on their health and wellbeing.³⁴ All young people have rights under the UNCRC Article 1 and other policy frameworks, which outline the responsibilities for organisations and staff.^{10, 14, 35} This includes, but is not limited to, that people should be informed of their rights, including the right to privacy and the right to confidentiality and the circumstances where confidentiality may be breached in order to keep them safe or protect them from harm.</p>

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<p>work, support through educational establishments and support for family and representatives.</p> <p>All young people have rights under the UN Convention of Rights of a Child (UNCRC) Article 1 and other healthcare policy frameworks, which outline the responsibilities for organisations and staff.^{31, 54} This includes, but is not limited to, that young people should be informed of their rights, including the right to privacy and the right to confidentiality, and the circumstances where information may be shared in order to keep them safe or protect them from harm.</p> <p>Staff working with young people are trained in their professional and legal obligations in safeguarding, obtaining consent and supporting decision making.²⁶ Young people, and their families/representatives are informed and involved in discussions and decisions where appropriate and with consent. Young people are supported to understand when information may be shared.</p> <p>Trans and non-binary young people are more likely to experience discrimination and bullying at school, poor</p>	<p>Young people, and their representatives where appropriate, are supported to understand when information may be shared.</p> <p>The provision of a holistic service, with appropriate and relevant integrated care referral pathways to other health and social care services, is important in ensuring that young people receive the care, advice and support they need.¹⁶ This may include psychological support through CAMHS, support through educational establishments, support for family and representatives, and evidence-based medical guidance where necessary.^{24, 36, 37} Young people should be fully and meaningfully involved in the way services are designed to ensure those services meet their needs. Organisations should undertake Children’s Rights and Wellbeing Impact Assessments to understand the needs of their populations and ensure these are addressed.</p> <p>Organisations, including primary care, referring young people to gender identity services should be familiar with referral criteria, guidance and how to contact the</p>

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<p>family and caregiver relationships, and to have experience of the care system. All these factors may impact on their health and wellbeing. There is evidence that trans and non-binary young people also experience higher rates of mental health issues, adverse childhood events and is more neurodivergent.⁵⁵ A holistic initial assessment and ongoing care planning should consider all relevant medical, social, developmental and other factors to support the young person in their decision making.</p> <p>Young people should be actively involved in the way services are planned and be listened to and taken seriously. Organisations should undertake Children’s Rights and Wellbeing Impact Assessments to understand the needs of their populations and ensure these are addressed.</p> <p>Young people may move from young people’s to adult gender identity services as they get older. The transfer to adult services will be determined by personal circumstances, choice and local arrangements for service provision and age boundaries. The move between young people’s and adult services should be as seamless as</p>	<p>service for further specialist information on treatment or advice.</p> <p>Young people may move from paediatric to adult gender identity services as they get older. This will be determined by personal circumstances, choice and local arrangements for service provision and age boundaries. The move between young people’s and adult services should be as seamless as possible, maintaining continuity of care, with early planning and collaborative working relationships between services to support the move.³⁸</p> <p>Organisations and staff should be trained and knowledgeable in their understanding of decision making, consent and safeguarding procedures as they apply to young people.³⁹</p>

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		possible, maintaining continuity of care, with early planning and collaborative working relationships between services to support the move. ³⁰ The original referral date should be applied by the adult service in the event that the young person reaches the relevant age for adult services whilst waiting to access the young people’s service.	
Who is responsible for meeting this standard?	Yes	All organisations and staff providing a gender identity service for young people in line with their roles, responsibilities and workplace setting.	<ul style="list-style-type: none"> • Gender identity services • Independent clinics • Primary care • NHS boards
Criterion 10.1 <i>(Criterion 7.1)</i>	Yes	Young people: <ul style="list-style-type: none"> • are listened to, their experience is acknowledged and taken seriously • are supported to make fully informed decisions about their gender identity healthcare and wellbeing • understand the consent process • are supported to understand and uphold their legal rights 	Young people: <ul style="list-style-type: none"> • are listened to and taken seriously • are fully supported to make active decisions about their gender identity healthcare and wellbeing • are supported to understand and uphold their rights • receive care, information and support, which is accessible, rights-based and appropriate to their stage of emotional development, chronological age and specific needs, for example care-experienced young people.

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<ul style="list-style-type: none"> are supported to understand privacy, confidentiality and who will be involved in decisions at all stages of their care. 	
Criterion 10.2 (Criteria 7.3)	Yes	<p>Initial assessment at the young people’s gender identity service should:</p> <ul style="list-style-type: none"> be holistic, person-centred and trauma informed go at a pace that supports and is informed by the young person involve a full history of the young person’s medical, psychological, social, education, family, welfare and other relevant history include a mental health assessment with screening for neurodevelopment conditions, including autism spectrum disorder, where appropriate include other sources of information including family, where appropriate include assessment and review of any medication history include an assessment of the young person’s current health and wellbeing 	<p>Initial assessment at the young people’s gender identity service should:</p> <ul style="list-style-type: none"> be holistic, person-centred and trauma-informed go at a pace that supports and is informed by the young person involve a full history of the young person’s medical, psychological, social, family and other relevant history include an assessment of the young person’s current health and wellbeing and decision making capacity be undertaken by a multidisciplinary team of relevant professionals with the knowledge, skills and competencies required to address their specific individual clinical and developmental needs involve the young person’s trusted person or representative where appropriate or consent is given.

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<ul style="list-style-type: none"> cover capacity for decision making and consent involve discussion of future pathways where appropriate. 	
Criterion 10.3 (<i>Criteria 7.1</i>)	Yes	Young people receive care, information and support that is based on evidence and good practice. It should be appropriate to their stage of emotional development, age and specific needs, for example care-experienced young people.	Young people: <ul style="list-style-type: none"> receive care, information and support, which is accessible, rights-based and appropriate to their stage of emotional development, chronological age and specific needs, for example care-experienced young people.
Criterion 10.4 (<i>Criterion 7.2</i>)	Yes	Families/representatives, where appropriate: <ul style="list-style-type: none"> are informed of young people’s rights are supported to understand and uphold their own rights are informed and involved in discussions, decisions and care planning can access mental health support and advice are signposted to relevant support organisations. 	Families or representatives are: <ul style="list-style-type: none"> informed of young people’s rights signposted to information or third sector organisations for support and advice.
Criterion 10.5	Yes	Gender identity services for young people work in partnership with staff with specialist skills including paediatrics, specialist pharmacists and paediatric endocrinology, where required.	<i>Criterion added after consultation</i>

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
Criterion 10.6 <i>(Criterion 7.7)</i>	No	Gender identity services for young people work collaboratively and in partnership with schools, youth workers, CAMHS, social workers, primary care and third sector organisations to support and empower young people and to promote good health and wellbeing.	Gender identity services for young people will work collaboratively and in partnership with schools, youth workers, CAMHS, social workers, primary care, and third sector organisations to support and empower young people and to promote good health and wellbeing.
Criterion 10.7 <i>(Criterion 7.8)</i>	Yes	Gender identity health services and support services working with young people have: <ul style="list-style-type: none"> • training and competencies in child development • appropriate referral pathways for young people to local support services • knowledge and implementation of child protection and safeguarding guidance²⁶ • robust information sharing protocols that respect young people’s right to safety and freedom from harm as well as their right to privacy and health.⁵⁴ 	Gender identity health services and support services working with young people have: <ul style="list-style-type: none"> • training and competencies in child development • appropriate referral pathways for young people to local support services • knowledge and implementation of child protection and safeguarding guidance³⁹ • robust information sharing protocols that respect young people’s right to safety and freedom from harm as well as their right to privacy and health.⁴⁰
Criterion 10.8 <i>(Criterion 7.9)</i>	Yes	NHS boards ensure that when a young person is moving to an adult gender identity service: <ul style="list-style-type: none"> • the process is robust, seamless and fully documented • appropriate treatment pathways are followed, for example, medicines management, mental health support 	NHS boards ensure that when a young person is moving to an adult gender identity service, that: <ul style="list-style-type: none"> • the process is robust, seamless and fully documented • appropriate treatment pathways are followed • appropriate information is shared between services for continuity of care

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<ul style="list-style-type: none"> • appropriate information is shared between services for continuity of care • early preparation and forward planning is undertaken to support the person and, where appropriate, their family/representative. 	<ul style="list-style-type: none"> • early preparation and forward planning is undertaken to support the person and, where appropriate, their representative.
Criterion 10.9 (<i>Criterion 7.10</i>)	Yes	<p>A person-centred care plan for moving between young people’s and adult services, will:</p> <ul style="list-style-type: none"> • be developed in collaboration with the young person and, where appropriate, their family or representative • include a named healthcare professional’s contact details • be informed by the young person’s needs and what matters to them • be timely and planned well in advance of any service transition^{29, 30} • be reviewed as needs change • include a plan for unscheduled care during service transition, for example access to support • be documented and shared with relevant services and the young person where appropriate. 	<p>A person-centred care plan for moving between young people’s and adult services, will:</p> <ul style="list-style-type: none"> • be developed in collaboration the young person and, where appropriate, their family or representative • be informed by the young person’s needs and desired outcomes • be timely and planned well in advance of any service transition • be reviewed as needs change • include a plan for unscheduled care during service transition, for example access to support • be documented and shared with relevant services and the young person where appropriate.

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
What does the standard mean for young people?	Yes	<ul style="list-style-type: none"> • You will be listened to and taken seriously. • You will be supported and empowered to make choices. • You will receive consistency and continuity in care. • Staff and organisations will work together to ensure that you can access the right care and support at the right time. • You will be given opportunities to provide feedback and to help shape services. • Your move between young peoples’ and adult gender identity services will be smooth, seamless and planned well in advance. • Your family/representative will be involved if that is right for you. 	<ul style="list-style-type: none"> • Gender identity services will be accessible and right for you. • Staff and organisations will work together to ensure that you can access the right care and support at the right time. • You will be listened to and taken seriously. • You will be supported and empowered to make choices. • You will receive consistency and continuity in care. • You will be given opportunities to provide feedback and help to shape services. • Your move between young peoples’ and adult gender identity services will be smooth, seamless and planned well in advance.
What does the standard mean for staff?	Yes	<p>Staff, in line with their roles, responsibilities and workplace setting:</p> <ul style="list-style-type: none"> • put the best interests of young people at the centre of their work, including respecting their privacy and confidentiality • involve young people in decision making and support them to make choices 	<p>Staff, in line with roles, responsibilities and workplace setting:</p> <ul style="list-style-type: none"> • put the best interests of young people at the centre of their work, including respecting privacy and confidentiality • involve young people in decision making and support them to make choices

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<ul style="list-style-type: none"> • take a person-centred and evidence based approach to gender identity care for young people • are involved in the development of a care plan for a young person, where appropriate • can demonstrate knowledge, skills and competencies in working with young people • understand social and cultural experiences that may impact on the young person such as being a young carer or care-experienced • are proactive in identifying and responding to concerns such as safeguarding • can refer to the relevant professional or service to provide initial advice and subsequent assessment, if necessary • plan the move between young people and adult services with input from relevant specialties • work in partnership with other services and organisations such as gender identity clinics, CAMHS, social work and third sector partners to ensure the young person is receiving the most appropriate care 	<ul style="list-style-type: none"> • can demonstrate knowledge, skills and competencies in working with young people • understand social and cultural experiences that may impact on the young person such as being a young carer or care-experienced • are proactive in identifying and responding to concerns such as safeguarding • can refer to the relevant professional or service to provide immediate advice and subsequent assessment, if necessary • plan the move between young people and adult services with input from relevant specialties.

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		<ul style="list-style-type: none"> • have a comprehensive understanding of referral pathways into young people’s gender identity services. 	
What does the standard mean for the organisation?	Yes	<p>Organisations:</p> <ul style="list-style-type: none"> • adhere to legislation, evidence based guidance and standards relating to young people • provide evidence of alignment with child protection and safeguarding policies • ensure that staff are trained and knowledgeable in working with young people including consent and confidentiality • ensure that staff maintain their professional registration and participate in training and professional development relating to work with young people • promote collaborative working across all agencies who work with young people • facilitate and participate in plans for transfer of care between services according to the young person’s care plan 	<p>Organisations:</p> <ul style="list-style-type: none"> • uphold the rights of young people • ensure that legislation, guidance and standards relating to young people are adhered to • ensure that staff are trained and knowledgeable in working with young people • ensure that staff maintain their professional registration and are provided with opportunities to participate in training and professional development relating to work with young people • promote collaborative working across all agencies who come into contact with young people • respond to concerns such as safeguarding about a young person and follow necessary procedures and protocols.

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
		respond to concerns such as safeguarding about a young person and follow necessary procedures and protocols.	
What does the standard mean for primary care?		The sections on what this standard means for primary care was amalgamated post-consultation with what this means for staff and organisations sections.	<p>Primary care:</p> <ul style="list-style-type: none"> • take a person-centred approach to gender identity care for young people • are involved in the development of a care plan for a young person • work in partnership with other services and organisations such as gender identity clinics, CAMHS, social work, and third sector partners to ensure the young person is receiving the most appropriate care • have a comprehensive understanding of referral pathways into young people’s gender identity services • 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 • facilitate and participate in plans for transfer of care between services according to the young person’s care plan.

Final standards ordering (equivalent in draft)	Amended following feedback	Final standards	Consultation draft standards
<p>Examples of what meeting this standard might look like</p>	<p>Yes</p>	<ul style="list-style-type: none"> • Evidence of alignment of national policies relating to young people and service delivery. • Information provided in alternative formats and languages, including videos and online material developed in partnership with young people and representatives. • Use of Children’s Rights and Wellbeing Impact Assessments and other impact assessments to inform service design and delivery for young people. • A clearly documented referral pathway to young person’s gender identity services. • Documented local NHS board referral pathways to other services, including CAMHS and/or family and representative support. • Evidence of working with young people, their families or representatives in designing and improving services. • Partnership and multiagency working, including education, CAMHS and the third sector. • Evidence of responsive and person-centred care, for example, to support care-experienced young people. 	<ul style="list-style-type: none"> • Evidence of alignment of national policies relating to young people and service delivery. • Information provided in alternative formats and languages, including videos and online material developed in partnership with young people and representatives. • Use of Children’s Rights and Wellbeing Impact Assessments and other impact assessments to inform service design and delivery for young people. • A clearly documented referral pathway to young person’s gender identity services. • Documented local NHS board referral pathways to other services, including CAMHS and/or family and representative support. • Evidence of working with young people, their families or representatives in designing services. • Partnership and multiagency working, including education, CAMHS and the third sector. • Consistency in recording of care plans, including details of any treatment and requirements by primary care staff.

Final standards ordering <i>(equivalent in draft)</i>	Amended following feedback	Final standards	Consultation draft standards
		<ul style="list-style-type: none"> Consistency in recording of care plans, including details of any treatment and requirements by primary care staff. 	

Appendix 1: Organisational responses

We received feedback from the following organisations:

- Christian Medical Fellowship
- Community Pharmacy Scotland
- Directors of Pharmacy Scotland
- Equalities and Human Rights Commission
- General Medical Council
- Genspect
- LGB Alliance
- LGBT Health and Wellbeing
- LGBT Youth Commission
- Midlothian Health and Social Care Partnership
- NHS Ayrshire & Arran
- NHS Grampian
- NHS Grampian - GP Sub-Committee
- NHS Grampian - Public Health Directorate
- NHS Fife - General Pharmaceutical Council
- NHS Greater Glasgow and Clyde
- NHS Greater Glasgow and Clyde - Area Pharmaceutical Committee
- NHS Highland
- NHS Highland - Area Pharmaceutical Committee
- NHS Lanarkshire
- NHS Lothian
- NSS - Scottish National Blood Transfusion Service
- Royal College of General Practitioners Scotland
- Royal College of Nursing
- Royal College of Psychiatrists in Scotland
- Royal Pharmaceutical Society
- Scottish Council on Human Bioethics
- Scottish Trans
- ScotPAG (Scottish Professionals Advising on Gender)
- TransActual
- Transparentsees

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We are happy to consider requests for other languages or formats.

Please contact our Equality and Diversity Advisor by email at

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Healthcare Improvement Scotland

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