Written evidence submitted by Miss Williams (GRA0021)

Summary:

- Trans healthcare is abysmal in the UK, and as such prevents me from gaining legal recognition.
- This poor healthcare record may be, in part, due to the requirement for a diagnosis from a Panel approved expert.
- Any reform that fails to deal with this issue fails to reform the gender recognition act.
- This healthcare issue is also a much wider issue beyond legal recognition.
- The government should seriously consider widespread changes to how trans healthcare is provided by the NHS.

I am a trans person, who has lived as my acquired for more than 2 years, yet I am not eligible for a GRC currently, or under the proposed reforms of the Gender Recognition Act.

1) The only reason I have not applied for a gender recognition certificate is the requirement for a diagnosis from a Gender Recognition Panel approved expert. Access to such 'experts' is difficult, with waiting times ranging from 30 months (Sheffield; Leeds) to 43 months (Northamptonshire) to first access, with diagnosis potential taking 16 months or more (Leeds) after first access to these 'experts'. This suggests that I could be waiting 5 years before they can access gender recognition. Personally, I was referred to the Tavistock and Portman GIC, which is not currently providing estimated wait times.

2) This roadblock seems unnecessary by the requirement for the experts to be recognised by the Gender Recognition Panel – this was, until 2019, the only qualification in transgender health in the UK (RCP). This may have lead to a culture of treating trans healthcare as its own specialty in the UK, meanwhile in other countries, trans healthcare has been provided as a part of the services sexual health/family planning clinics (PP).

3) This roadblock also seems unnecessary as I have been able to obtain a British Passport under my acquired gender, requiring only a letter from my GP. This was obtained well before the 2 year requirement for a GRC.

4) The requirement for a gender identity specialist is made further suspect by comparison to other diagnoses; I have been diagnosed with anxiety in the past, the primary diagnostic tool was a questionnaire. It stands to reason to me as a trans person that diagnosing gender identity is unlikely to be more complex than anxiety. This naturally raises the question of why is trans healthcare treated as such a complex specialty.

5) Any attempt to reform the gender recognition act without guaranteeing that the requirement for diagnosis is met within 2 years (or whatever length of time other evidence should suggest is necessary) should be considered a complete failure of this reform. Such guarantees could be made by improving trans healthcare with much stronger legal protections so that I can gain a diagnosis in short order; waiving the requirement for a recognised 'expert' to make the diagnosis, for example allowing a GP to make such a diagnosis; or removing the requirement for a diagnosis entirely.

6) This issue is indicative of wider issues that trans people such as myself face. Despite the Equality act, and the NHS constitution for England which states the right to access to treatment within 18 weeks, trans people may not be able to access treatment for up to 16 months after diagnosis (Leeds), meaning that I could be waiting for more than 6 years for treatment – more than 17 times the mandated waiting time.

7) Again, as in (2) and (4), it can be speculated that the codification of gender identity as a separate specialty in the GRA may have impacted how trans healthcare is provided in the UK, prioritising the diagnosis by a small number of appointed experts, instead of provision by existing sexual health services. This healthcare architecture, whyever it exists in the UK, has lead to unacceptably long waiting times in comparison to the US (PP), despite the US having an objectively worse system of healthcare (CF).

8) Because of (7), I would STRONGLY recommend that the government take a serious review of the current system of trans healthcare in the UK, and how it would compare to a adult gender identity service provided as part of existing widespread sexual health services, especially as the COVID-19 pandemic has caused further disruption to already completely inadequate services (Sheffield). I would further suggest that in such a review, continuing with the current system should not be considered a neutral option.

9) Some may make some suggestions about 'regret' in response to the suggestion in (8), it should be noted that it has been suggested back as far back as 1969 that such the small number of such cases may be in part due to the struggle to access trans healthcare (Benjamin), and that widespread provision of trans health services might do well to prevent them.

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References

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(RCP) – https://www.rcplondon.ac.uk/file/12855/download?token=vbCAm_DX; accessed 2020-10-28
(PP) – https://www.plannedparenthood.org/learn/gender-identity/transgender/what-do-i-need-know-about-trans-health-care; accessed 2020-10-18
(CF)
https://www.commonwealthfund.org/sites/default/files/documents/___media_files_publications_fund_report_2014_jun_1755_davis_mirror_mirror_2014.pdf; accessed 2020-10-28
(Benjamin) Newer aspects of the transsexual phenomenon, The Journal of sex research, 1969-05, Vol.5(2) p.135-141