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Core competencies for healthcare practitioners and clinics providing gender-affirming care from the patient perspective: An international qualitative study

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KEYWORDS
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Summary *Purpose:* Transgender and gender-diverse (TGD) individuals face significant barriers to healthcare access, including healthcare providers' (HCPs) lack of knowledge on TGD-specific healthcare issues, discrimination, and mistreatment. The World Professional Association for Transgender Health recommends integrating TGD health competencies into training. However, specific guidance on what these competencies should be, particularly from a patient-centered lens, is lacking. Hence, the purpose of this study was to establish core competencies for HCPs and clinics providing gender-affirming care using patient perspectives.
Methods: Patients who were 16 years or older and seeking gender-affirming care at tertiary care centers or communities in Canada, Denmark, the Netherlands or the United States 2018–2020 were included. Concept elicitation interviews were conducted, and the interviews were analyzed using content analysis approach.
Results: 84 participants were included. Participant-elicited core competencies were described at the level of HCP and the clinic. Competencies pertaining to HCPs were categorized into 4 domains: generic traits (professionalism, nonjudgmental attitude, openness), cultural competency (awareness of TGD-specific health issues, trauma-informed care), patient-centered care (incorporating patient preferences, knowledge, and goals into treatment plans), and care organization and delivery (multidisciplinary care). Competencies pertaining to clinics were categorized into 2 domains: generic traits (timeliness, efficiency, responsiveness) and gender-affirming care-specific cultural competency (culturally competent support staff, discrete check-in processes, non-assumptive forms).
Conclusion: Patient-centered core competencies should be integrated into HCP trainings and clinic workflows and have the capability to improve the quality of care that TGD patients receive.
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The World Professional Association for Transgender Health Standards of Care, Version 8 (WPATH SOC8) identified a lack of knowledgeable and culturally competent healthcare professionals (HCP), along with structural barriers, as significant concerns.[1] WPATH SOC8 recommends that training programs for health professionals include competencies for transgender and gender-diverse (TGD) healthcare. However, the core competencies required for effective gender-affirming care remain undefined. This study aims to understand patient experiences of gender-affirming care and to establish patient-derived core competencies for HCPs and clinics providing such care.

Methods and analysis

This qualitative study is part of a larger program of research to develop a patient-reported outcome measure (PROM) for gender-affirming care (the GENDER-Q).[2] People aged 16 years and older were recruited from gender clinics in Canada, Denmark, the Netherlands, and the United States (US), and from support groups in the Netherlands. Ethics approval was obtained from the Hamilton Integrated Research Ethics Board (Canada), the Medical Ethical Committee at Amsterdam University Medical Center, VUmc (the Netherlands), and Advarra (US). In Denmark, the study was classified as exempt health research. Participants were introduced to the study by their healthcare team, and invited to contact the research team to learn more. Between December 2018 and March 2020, semi-structured interviews were conducted in-person or over the phone, using a published interview guide.[2] Participants discussed barriers to accessing gender-affirming care, interactions with their care team, and suggestions for improving care experiences. Interviews were audio-recorded, transcribed, and translated into English where necessary. Transcripts were analyzed using line-by-line coding and constant comparison. Initial coding and checks were conducted on the first 10 interviews from each country, with regular team reviews of the codebook.

Results

Table 1 shows characteristics of the 84 study participants. Participants described their experiences with gender-affirming care at the level of HCP and the clinic (primary care, outpatient or hospital). The HCP and clinic domains were further organized into subdomains (Figure 1).

Health professionals

Generic traits

Participants expected their healthcare providers (HCPs) to demonstrate professionalism, strong interpersonal communication skills, openness, a warm demeanor, approachability, friendliness, and a non-judgmental attitude. They also wanted their HCPs to support their sexual and gender identity, respect their autonomy and preferences regarding information disclosure, and be trustworthy.

Table 1 Characteristics of participants in the qualitative interviews (N = 84).

Participant characteristics		N (%)
Country	Canada	20 (24)
	Denmark	12 (14)
	The Netherlands	21 (25)
	United States	31 (37)
Gender identity	Trans masculine	42 (50)
	Trans feminine	37 (44)
	Nonbinary / Gender queer/ Gender non-conforming	5 (6)
Age	16–19	14 (17)
	20–29	23 (27)
	30–39	20 (24)
	40–49	11 (13)
	50–59	11 (13)
	≥60	5 (6)
Race	White	53 (63)
	Other	9 (11)
	Prefer to not answer/missing	22 (26)
Marital status	Single, never married	35 (42)
	Married / Living common law	20 (24)
	Divorced/Separated/Not in relationship	10 (12)
	Currently in relationship	19 (23)
Education	Some high school/Completed high school	32 (38)
	Some college, trade or university	8 (10)
	Completed college, trade or university	36 (43)
	Completed Masters/Doctoral degree	8 (10)
Treatment type	Masculinization	47 (56)
	Feminization	37 (44)
Reported having	Voice surgery and/or therapy (all)	15 (18)
	Body contouring	1 (1)
	Feminizing procedures	
	Tracheal shave (seeking feminization only)	3 (8)
	Facial feminization surgery	6 (16)
	Surgery to augment the chest	10 (27)
	Vaginoplasty	22 (59)
	Masculinizing procedures	
	Surgery to flatten or contour the chest	31 (83)
	Phalloplasty	10 (21)
	Metoidioplasty	6 (13)
	Scrotoplasty	5 (11)
	Glansplasty	5 (11)
	Erectile device	3 (6)

Gender-affirming care-specific cultural competency
Participants expected HCPs to use their correct names and pronouns, provide trauma-informed care, and explain sensitive questions or physical examinations, particularly those involving the chest or genitalia. Participants were frustrated by when providers incorrectly linked medical issues to a patient's gender identity or suggested ending gender-affirming treatments. They also expected their HCPs to be aware of gatekeeping practices and relevant legal or insurance considerations. Overall, they expected care experiences like those of cisgender individuals.

Patient-centered care
Effective care involved HCPs being responsive to patients' preferences for information and treatment planning and integrating their goals and values. Providing detailed information about surgery and potential complications was crucial. Participants wanted HCPs to help them choose treatments based on individual characteristics and to set realistic, evidence-based expectations regarding complications, recovery, and follow-up. Some expressed concerns about surgery being withheld based on non-empirical criteria, such as a high body mass index.

Care organization and delivery
High-quality care included having a dedicated care team, clear communication methods, prompt responses to concerns, and continuity of care with local follow-up options. Some participants felt that having a transgender or gender-diverse provider enhanced their care experience.

Gender affirming clinic

Generic traits
Timely, efficient, and coordinated care was crucial for a positive experience. Participants valued professional, friendly, and respectful staff, effective handling of paperwork, and reasonable wait times.

Gender-affirming care-specific cultural competency
Participants wanted welcoming, safe clinical spaces and culturally competent staff. They looked for cues such as LGBTQIA+ identity symbols and expected the consistent use of gender-neutral language (e.g., names, pronouns). They also emphasized that patient data forms should avoid assumptions about gender identity, body functions, or life choices. In healthcare settings, participants preferred discreet communication regarding how they should be addressed and sought clinics in safe, inclusive spaces (e.g., avoiding placement of transmenn in gynecology clinics) to ensure privacy.

Discussion

This paper reinforces literature on TGD competency for HCPs and gender-affirming care clinics.[3–5] The core competencies identified can help standardize training programs and improve the organization of gender-affirming care. Using study data, two GENDER-Q experience of care scales were developed to enhance gender-affirming care based on patient perspectives.

Limitations

The sample had limited representation of non-binary individuals, who may face unique challenges. Most

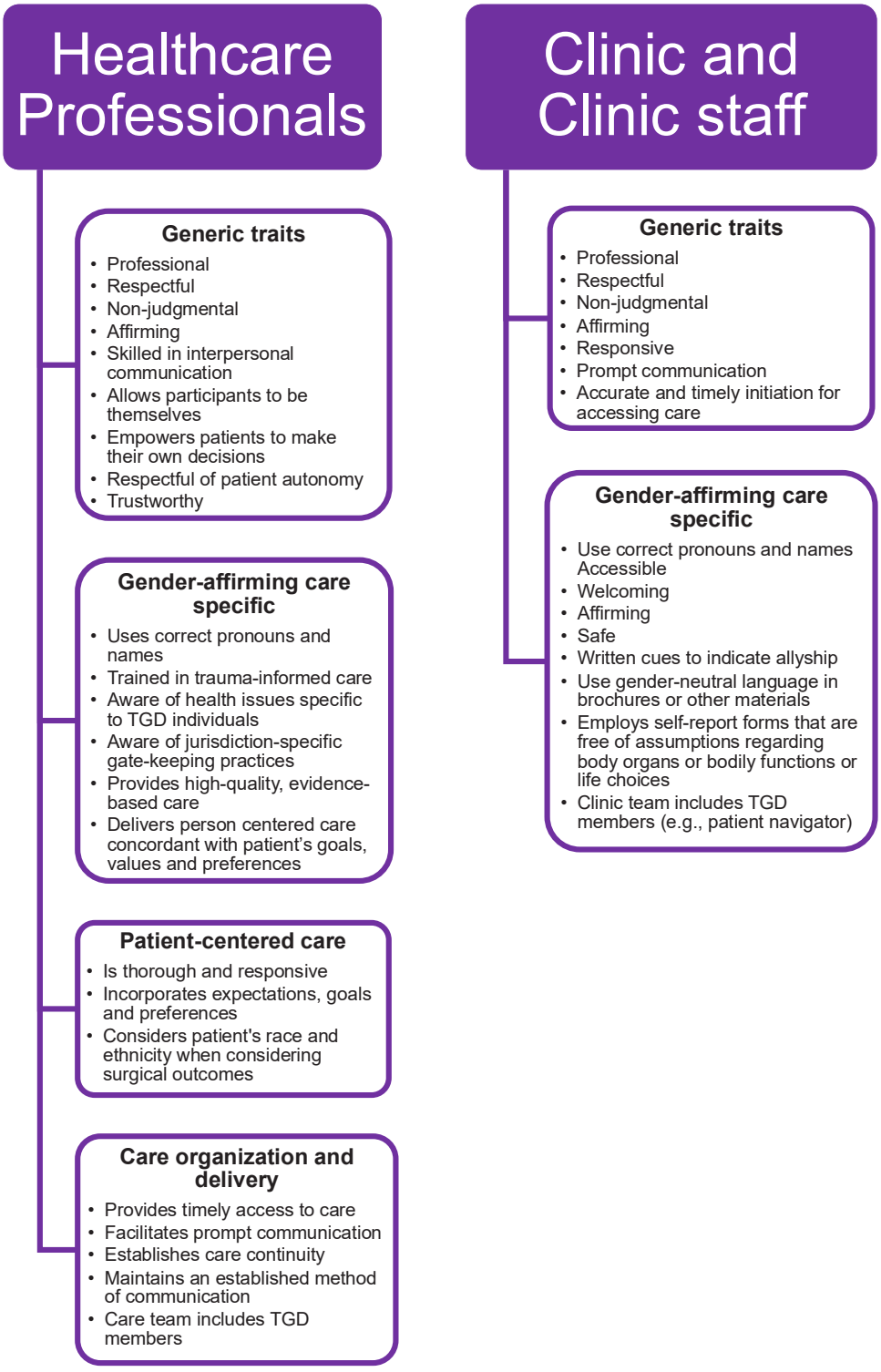

Figure 1 Core competencies for healthcare professionals and clinics providing gender-affirming care from the patient perspective. TGD = transgender and gender diverse.

participants were White, limiting insights into the experiences of racial or ethnic minority individuals. The study only includes perspectives of those who have overcome common healthcare access barriers.

Conclusion

Patient-centered core competencies can enhance the quality of care for TGD patients. These competencies offer a framework for training practitioners and establishing quality benchmarks to track improvements in TGD healthcare experiences over time.

Ethical approval

Research ethics board approval was obtained from the Hamilton Integrated Ethics Board (Canada; coordinating site), the Medical Ethical Committee at Amsterdam University Medical Center, VUmc (the Netherlands) and Advarra (United States (US)). In Denmark, the study was included on the list of health research (exempt) within the Region of Southern Denmark.

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CRediT authorship contribution statement

Conceptualization: M.N.K., S.M., T.C.v., N.J., M.G.M., A.P. and A.F.K.; Data curation: M.N.K., S.M., S.D., T.C.v., A.H., A.L.J., N.J., M.G.M., L.P., T.S., R.S., J.S., T.T., K.S., J.A.S., A.P. and A.F.K.; Formal analysis: M.N.K., S.M., S.D., T.C.v., M.G.M., L.P., A.P. and A.F.K.; Funding acquisition: M.N.K., T.C.v., N.J., M.G.M., A.P. and A.F.K.; Investigation: M.N.K., S.M., S.D., T.C.v., A.H., A.L.J., N.J., M.G.M., L.P., T.S., R.S., J.S., T.T., K.S., J.A.S., A.P. and A.F.K.; Methodology: M.N.K., T.C.v., M.G.M., A.P. and A.F.K.; Project administration: M.N.K., T.C.v., M.G.M., A.P. and A.F.K.; Resources: M.N.K., S.M., S.D., T.C.v., A.H., A.L.J., N.J., M.G.M., L.P., T.S., R.S., J.S., K.S., J.A.S., S.H., A.P. and A.F.K.; Software: A.F.K.; Supervision: M.N.K., S.M., S.D., T.C.v., M.G.M., L.P., A.P. and A.F.K.; Validation: M.N.K., S.M., S.D., T.C.v., M.G.M., L.P., A.P. and A.F.K.; Visualization: M.N.K., S.M., S.D., A.P. and A.F.K.; Writing – original draft: M.N.K., A.P. and A.F.K.; Writing – review & editing: M.N.K., S.M., S.D., T.C.v., A.H., A.L.J., N.J., M.G.M., L.P., T.S., R.S., J.S., T.T., K.S., J.A.S., S.H., A.P. and A.F.K.

Conflict of interest

No competing financial interests exist for any author of this article.

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