



Transgender Policy for

- (i) Provision of Generic Health Services**
- (ii) Employer's Duty**

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| Approved by: | Policy Planning and Performance Group |
| Date approved: | May 2010 |
| Date for Review: | May 2012 |
| Replaces previous version: [if applicable] | n/a |

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1. Introduction

The policy sets out NHS Greater Glasgow & Clyde's roles and responsibilities as a service provider and employer for transgender people. The Policy was developed by NHSGGC's Transgender Policy Group in consultation with a number of local and national transgender groups and NHSGGC staff. The policy has been written to help the organisation uphold its responsibility to protect the rights of transgender people as outlined in the Gender Equality Duty (Equality Act 2006) and other associated legislation.

The Policy is underpinned by an understanding that provision of goods and services must be delivered in ways that are sensitive to the needs of inequality groups. To this end the Policy understands that transgender people will come from a range of backgrounds and will require care that takes cognisance of their gender status alongside other factors pertaining to their age, gender, ethnicity, religious or faith beliefs, disability and socio-economic status.

This Policy should be considered alongside existing NHSGGC Policies including the Dignity at Work Policy, Equal Opportunities Policy, Attendance management Policy and the Staff Uniform and Dress Policy.

1.1 NHS Greater Glasgow & Clyde's Approach

NHSGGC recognises that transgender people are entitled to fair and equal access to all NHS services. A person's gender status will not exclude them from the high standards of care expected from NHSGGC.

NHSGGC recognises a broad spectrum of gender diversity within society and that traditional gender stereotypes are inadequate in reflecting the lives of employees and service users.

NHSGGC recognises people have the right to access NHS medical gender reassignment provision and that such provision can be a vital life-saving treatment for transsexual people experiencing intense gender dysphoria.

NHSGGC recognises that people have the right to live with dignity and privacy in the gender with which they identify, and that there must be no exceptions to this when a transgender person is in the employment of NHSGGC or using services and facilities.

NHSGGC's commitment to Care is included in this policy as Appendix 1.

1.3 Scope of this policy

The policy applies to all NHSGGC employees. Staff will be expected to comply with the policy at all times and positively challenge colleagues and users of services who act in a manner that breaches the legal aspects of NHSGGC's responsibilities. The organisation's legal duties as a health care service provider and employer are outlined in Appendix 3 to this policy.

1.4 Policy Review

This is NHS Greater Glasgow & Clyde's first Transgender Policy and will be subject to review within 12 months of implementation to ensure it fulfils its operational use as a tool for practice and as a source of guidance for the organisation.

The policy will evolve through testing against real situations and will grow in its utility through a process of feedback from the wider system. As such, all queries relating to this policy should be directed to:

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The Policy relates to treatment in general health care settings. Detailed information relating to specialist services provided by NHS Greater Glasgow & Clyde for trans people is included as Appendix 5 to this Policy. Further information about specialist services is available from:

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2. Aims of the Transgender Policy

NHS Greater Glasgow & Clyde is committed to ensuring equality of opportunity for trans patients and trans employees. All trans service users and employees have legal rights that are set out in Appendix 3 of this policy. The fundamental directive of this policy is that trans people will be treated in their chosen gender at all times.

The policy will support legal compliance in two distinct areas:-

- General health service provision to trans patients
- NHS Greater Glasgow & Clyde's responsibilities as an employer of trans people.

To support work in these areas, NHS Greater Glasgow & Clyde will:-

- Ensure trans people using or visiting services can do so without fear of prejudice, discrimination or harassment
- Provide management and staff with guidance on the appropriate care for trans people and the legal context for this
- Provide information to trans people regarding their rights to equality of access of service and employment opportunities
- Ensure that employees who intend to undergo, are undergoing, or have undergone gender reassignment are treated with fairness and support in their recruitment and development
- Support staff to contribute to culture change within this organisation

To ensure practice is principled, evidence-based and sensitive, NHSGGC has used learning from a number of specialist agencies including Press for Change and the Scottish Transgender Alliance. NHS Greater Glasgow & Clyde's 'Seven Steps to Delivering Inclusive Care' has been adapted from care principles developed by Press for Change and is included as Appendix 1 to this document.

3. What does transgender mean?

Transgender is an umbrella term for people who, for whatever reason, feel their gender identity or gender expression differs from their birth sex.

While the organisation is committed to understanding the context of transgender issues within a social model of health, for the purposes of this policy NHS Greater Glasgow & Clyde understands the term transgender and its legal protections to include anyone experiencing symptoms of Gender Dysphoria.

A small number of people may not identify with a binary (male/female) concept of gender and choose to live their lives within an androgynous or third gender identity. Where this is the case, discussions relating to provision of services must take place with this broader understanding of gender and gender identity.

A detailed explanation of transgender terminology is included as Appendix 2 to this document.

The terms trans person, trans man, trans women etc are usually the preferred terms for this community so this is how they will be referred to in this policy.

4. General NHS care

Trans people will receive equitable access to all NHS Greater Glasgow and Clyde services. The organisation understands that a person's gender status will not exclude them from the high standards of care expected.

4.1 Accessing Services

Where a trans person has notified services of a change of name and title, they must be addressed using the new personal details provided in all forms of communication. Continued use of previous name and gender title (Mr, Ms Mrs etc.) is insensitive, distressing and may be in breach of the law. In all respects, trans people will be addressed in line with their current gender status. Where automated systems exist for contacting patients, system administrators must be contacted to make the required adjustments to contact details.

In line with general aspirations for sensitive provision, patients should be offered a choice in terms of the gender of the practitioner they see (where practicable).

4.2 In Patient Accommodation

Where inpatient wards are divided by sex (female/male only wards), trans people will be offered accommodation that matches the **gender in which they are currently living**. For example, trans women will not be placed on male wards. To do so would be insensitive and may constitute a breach of the Gender Recognition Order 2005 and incur both financial and reputational risk to NHS Greater Glasgow and Clyde.

However, some male or female only wards are configured to offer specialist after care treatment for sex-specific issues. For example a man requiring a prostatectomy may receive post surgical care in a male urology ward and be treated by a specialist nursing team trained to respond to any post operative complications that may arise.

Many trans people will require this level of post surgical care for clinical issues commonly associated with their previous gender – for

example, a trans woman may require a prostatectomy or a trans man a hysterectomy. Where these cases occur, trans patients must be involved in all discussions relating to appropriate accommodation and clinical/surgical teams will be required to demonstrate all reasonable steps have been taken to meet the needs of the trans patient. In the event that clinical risk clearly outweighs choice of gender-appropriate accommodation, the trans patient must be involved in discussions in advance of admission.

Where trans patients require immediate inpatient stay following presentation via an unplanned care route, it is important that there is clear communication between the emergency team and the receiving ward regarding the needs of the patient. This must be done sensitively and within the context of The Gender Recognition (Disclosure of Information) (Scotland) Order 2005 (see 4.4)

Members of staff with any concerns regarding accommodation for trans people should discuss the matter with their Clinical Co-ordinator.

Appendix 6 details a case study highlighting best staff practice when a transgender person requires in-patient accommodation. Appendix 8 details a planned inpatient journey.

4.3 Sex-specific Services

Services notified of a change of gender for an individual, will make alternative arrangements for provision of sex-specific services. For example, trans men will not be invited to ‘Well Woman’ clinics. It is inappropriate and insensitive and may breach legal protection. Trans men may still be required to attend for sex-specific services (cervical smears or mammograms). Where this happens, the patient must be involved in determining the most appropriate way to communicate information - it may be to send an individual invitation and ensure that details are removed or amended on mailing databases to avoid future distress and confusion.

4.4 Transgender Identity Disclosure

In all matters, members of staff must be aware that it breaches legislation to disclose a person's trans status to a third party without first gaining their express permission to do so.

The Gender Recognition (Disclosure of Information) (Scotland) Order 2005 provides a limited exception permitting disclosure for medical purposes of the protected information about someone's gender recognition history **ONLY** where the following three criteria are **ALL** met:

- the disclosure is made to a health professional; and
- the disclosure is made for medical purposes; and
- the person making the disclosure reasonably believes that the subject has given consent to the disclosure or the subject cannot give such consent (for example, unconscious).

5. NHS Greater Glasgow and Clyde - Responsibilities as an employer

NHS Greater Glasgow and Clyde supports and respects diversity in all aspects of its functions, including those relating to employer responsibilities. The organisation views discrimination against employees as unacceptable in any form and transgender employees will enjoy the right to equal treatment and protection from discrimination and harassment.

It is estimated there are between 15,000 – 45,000 transgender people in the UK, including around 6,000 who intend to undergo, are undergoing or have undergone gender reassignment (Press for Change). A disproportionate number of trans people are unemployed or employed in low paid work. Much of this relates to perceived or real discrimination in the workplace and NHS Greater Glasgow and Clyde will work to promote the organisation as a credible employer of choice for trans people.

The legal framework protecting the rights of transgender employees has been included as Appendix 3 to this policy. NHSGGC commits to uphold our legal responsibilities to transgender employees in the following manner:

5.1 Respecting the gender identity of transgender employees

NHSGGC will ensure that transgender staff are treated as being of the gender in which they are living irrespective of whether they have undergone any hormonal or surgical treatment or have a Gender Recognition Certificate.

It is unacceptable for colleagues and managers to refuse to recognise, for any period of time, a member of staff as belonging to the gender in which they are currently living.

5.2 Genuine Occupational Qualification

Some specific types of work are exempted under the Sex Discrimination Act as amended by the Sex Discrimination (Gender Reassignment) Regulations 1999 and may be lawfully restricted to

people of a particular sex. Examples include where work involves the need to conduct intimate searches, work in private homes or any other areas where intimate contact is involved. For instance, it may no longer be deemed appropriate for a female care worker providing the care needs for an older woman to continue in that post if she transitions to become a man. Similarly a person transitioning from male to female may be excluded from working in a Genuine Occupational Qualification area with vulnerable women until they have successfully applied for gender recognition to become legally female for all purposes. The amendments to the Act were made to make it clear that an employer must act reasonably in claiming exemptions for a post. In line with this, NHSGGC will explore all possible alternative options before invoking this exemption and excluding a transgender person from an employment opportunity. It must be noted that this exemption **does not apply to anyone with legal recognition for his or her chosen gender.**

Where a member of staff is intending to undergo gender reassignment and is already employed in an area or post covered by the exemption, NHSGGC will work with the employee at the earliest opportunity to negotiate redeployment options.

5.3 Single Sex Facilities

NHS Greater Glasgow and Clyde understands that the process of transitioning for a transgender person takes immense courage and personal conviction and would be failing in its duty if it did anything other than support a person during this time. NHS Greater Glasgow and Clyde supports the use of single sex facilities for transgender people who are living permanently in their chosen gender. Where sex specific facilities do not afford reasonable levels of privacy for male and female staff (shared changing areas etc.) measures will be taken to upgrade facilities to meet this need. This is not a consideration to 'protect' trans or non-trans staff, but rather to ensure that all members of staff, irrespective of their gender, race, disability, age, sexual orientation or faith are accorded the right to privacy.

5.4 Dress Code

NHSGGC supports any transitioning member of staff with regard to the clothing they feel best represents their gender identity and stage of transition in line with NHSGGC's Staff Uniform and Dress Code Policy.

5.5 Harassment

NHSGGC adopts an all-encompassing anti-harassment stance to protect our employees. This means harassment will not be accepted be it perpetrated by staff, visitors or service users. A 2000 report looking at workplace harassment issues for transgender people found that more than a quarter of transgender employees faced harassment and discrimination (verbal and physical) on a regular basis.

In addition to breaching NHSGGC workplace policies much of this will also constitute criminal behaviour. NHSGGC considers harassment and bullying to be pernicious in the extreme and will act swiftly to deal with all cases as part of our commitment to providing an inclusive workplace.

5.6 A shared vision

NHSGGC hope that our transgender staff feel fully supported in relation to all aspects of their gender identity and gender expression and will continue to develop better ways of working to ensure transgender people feel happy, safe and secure in all their dealings with us and come to recognise NHSGGC as a leader in best practice across our systems.

NHS Greater Glasgow & Clyde – Commitment to Care

This section outlines the standards of care and care approaches to be offered to NHSGGC transgender service users. This section draws heavily from ‘Seven Fundamental Concepts – A Manifesto for Care’, (Christine Burns, 2005). The Seven Fundamental Concepts provides an understanding of the history of transgender issues and helps inform an understanding of the fundamental ways in which transsexual people seek to promote greater sensitivity in the underpinning of care services. It is a statement of expectation from a service user perspective.

Our seven steps to delivering inclusive care:

1. In order to deliver appropriate and sensitive services NHSGGC recognises that transgender people are “**not sick but different**” in relation to their transgender status. NHSGGC recognises that sex and gender are not simple concepts but that infinite variances are possible.
2. As above, NHSGGC understands that as sex and gender offer infinite opportunities for people to express their true self, then it is inappropriate to expect transgender people to be an homogenous group. We understand that there are “**different ways of being different**”. Transgender people must be treated as individuals requiring a tailored care pathway that should be devised in consultation with the service user.
3. The majority of transgender people want support to be who they are rather than interventions to stop them finding peace with their true gender identity. NHSGGC understands its role in helping transgender people “**to be, rather than not to be**”. Unless there is clear evidence of mental impairment serious enough to affect the individual’s ability to make informed decisions and assume full responsibility for outcome(s) NHSGGC will not support approaches that seek to impose a specific regime of compliance or an unwanted course of treatment on a service user seeking help with gender issues.

4. NHSGGC understands that “**autonomy and independence requires choice**”. To make the right, meaningful choices and therefore take ownership and responsibility for those choices, transgender people require access to impartial advice and also a diverse range of services that are capable of supporting those choices.
5. NHSGGC understands “**where care begins and ends, succeeds and fails**”. Through this understanding, transgender people will be treated holistically with the services’ primary goal being to support service users to navigate the stages of change and adjustment necessary to achieve a comfortable and sustainable happy life. This means that the service user and provider should view interventions such as hormone administration and surgeries as (optional) steps in the overall journey and not the goals in themselves.
6. NHSGGC understands that key outcomes with a service user are achieved by “**determining responsibility – achieving partnership**”. Service users must be encouraged to take responsibility for decisions they have made with informed consent. Ways of working that disempower the user or which remove responsibility from them are not appropriate mechanisms in determining positive outcomes.
7. NHSGGC recognises that if a patient focus approach is being taken then “**second opinions**” should be for the benefit of the service user as opposed to the provider. They should have clearly stated objectives so everyone is clear about the purpose. If a practitioner genuinely feels in an individual case that the service user is incapable of giving informed consent then they should state this.

All of the above must be undertaken within the protective legal framework that acknowledges transgender people share common rights with non-transgender people. These rights will be protected in all aspects of NHSGGC service delivery. The ‘right to be’ cannot be challenged by our services. It must instead be supported. This means any transgender person accessing NHSGGC services or working for NHSGGC has the right to live in their chosen gender

without fear of recriminations or service restrictions and discrimination. **This extends to all areas of our service including the basic rights to access gendered sanitary provision and single sex wards of the gender in which the person is living - regardless of their physical body.**

What Does Transgender Mean?

When a child is born, the midwife or doctor declares it to be a boy (male) or a girl (female) through a belief that a person's gender status can be ascribed on the basis of the visual appearance of their external genitals. The early assumption made is that sex and gender are interchangeable and that everyone can be neatly divided into two, mutually exclusive gender categories – boy or girl.

In most cases, the gender assumptions made on the basis of the external genitals of the baby work, with maturing children feeling a sense of comfort with their assigned gender.

However, sex and gender are more complex than just the visual appearance of external genitals at birth. Variance can therefore occur in any of three main ways – biological sex variance; gender identity variance; and gender expression variance.

A person's **biological sex** includes all aspects of their sex-related biological structure: not only their external genitals but also their internal reproductive system, their chromosomes and their secondary sexual characteristics such as breasts, facial and body hair, voice, and body shape. Most people's biological sex will be clearly and consistently female or male. However, a small but significant number of people have bodies which are not completely male or female. People born with these kinds of physical variations are referred to as **intersex people**. A person may also have a biological sex which is not completely clearly male or female if they have started to undergo some hormonal or surgical intervention as part of a process of gender reassignment.

An individual's **gender identity** is their internal self-perception of their own gender. A person may identify as a man, as a woman, or as having a 'non-binary' gender identity such as androgyne/polygender/thirdgender. A person's gender identity may not match up with their biological sex. A person's understanding of

their own gender identity develops during the early years of their childhood and appears to become fixed by the time they go through puberty. Therefore, unlike someone's physical body, a person's gender identity is as invisible as their personality when they are born. A person's gender identity remains hidden from others unless the person decides to articulate or express it in some way.

An individual's **gender expression** is how they present themselves through their external gender-related appearance (including clothing and hairstyle) and their behaviour (including hobbies/interests and mannerisms). A person may have masculine, feminine or androgynous aspects of their appearance or behaviour.

In Scotland, it is currently common to use the terms **transgender people** or **trans people** as 'umbrella' terms to cover the many diverse ways in which people can find their personal experience of their gender and possible variations from the assumptions and expectations of the society they live in. The umbrella terms **transgender people** or **trans people** can therefore include transsexual people, cross-dressing people, people with non-binary gender identities (such as androgyne, thirdgender and polygender people) and others.

Transsexual people consistently self-identify as the opposite gender from the gender they were labelled at birth based on their biological sex. Depending on the range of options and information available to them during their life, most transsexual people try to find a way to transition to live fully in the gender that they self-identify as. Transitioning is also known as **gender reassignment**. Many, but not all, transsexual people take hormones and some also have surgery to make their physical bodies match their gender identity better.

Gender dysphoria is a recognised medical issue for which gender reassignment treatment is available on the National Health Service in Scotland. Gender Dysphoria is distress, unhappiness and discomfort experienced by someone about their biological sex not fully matching their gender identity. Transsexual people usually experience intense gender dysphoria which is significantly reduced by undergoing gender reassignment to live as their self-identified gender (which can include taking hormones and/or getting surgery to make their physical

bodies match their gender identity better). Around 1 in 11,500 people in Scotland seek NHS medical assistance to undergo a process of gender reassignment. Other types of transgender people may also experience various degrees of gender dysphoria, especially when unable to fully express their gender identity.

A **female-to-male (FTM) transsexual man (trans man)** is someone who was labelled female at birth but has a male gender identity and therefore is currently seeking to transition, or has already transitioned, to live permanently as a man.

A **male-to-female (MTF) transsexual woman (trans woman)** is someone who was labelled male at birth but has a female gender identity and therefore is currently seeking to transition, or has already transitioned, to live permanently as a woman.

People with **non-binary gender identities**, such as **androgyne, thirdgender and polygender people**, find they do not feel comfortable thinking of themselves as simply either men or women. Instead they feel that their gender identity is more complicated to describe. Some may identify their gender as being a combination between a man and a woman, or alternatively as being neither. Like transsexual people, androgyne people and polygender people can experience gender dysphoria (sometimes as intensely as transsexual people do) and may sometimes at least partially transition socially and may take hormones or occasionally have some surgery done.

Cross-dressing people simply wear, either occasionally or more regularly, clothing associated with the opposite gender (as defined by socially accepted norms). Cross-dressing people are generally happy with the gender they were labelled at birth and do not want to permanently alter the physical characteristics of their bodies or change their legal gender. They may dress as the opposite gender for emotional satisfaction, erotic pleasure, or just because they feel more comfortable doing so. Cross-dressing men are sometimes referred to as transvestite men, however this is becoming an increasingly out-dated term and may cause offence.

People who intend to transition (undergo gender reassignment) or have transitioned to live permanently in their self-identified gender

have legal protection in regard to employment and goods, facilities and services provision under UK sex discrimination law. Therefore, public sector organisations such as the National Health Service must give due regard to promoting equality and eliminating discrimination and harassment on grounds of gender reassignment as part of the Gender Equality Duty (GED).

NHS Greater Glasgow & Clyde has voluntarily adopted best practice (as recommended by a number of Scottish equality organisations and trade unions) to promote equality on the grounds of gender identity and gender expression and to eliminate transphobic discrimination and harassment for all employees and service users, regardless of whether or not they intend to undergo gender reassignment. Details of the types of discriminatory behaviour often experienced by Transgender people are included as Appendix 3 to this policy.

Appendix 3

NHSGGC & Legal Context

The foundation of delivering services that are non-discriminatory must be compliance with the law. As a starting point on the journey to delivering fully inclusive and accessible services, NHSGGC staff must be familiar with their legal responsibilities in relation to working with trans service users and trans staff. This section details the relevant legal considerations for practice.

Sex Discrimination (Gender Reassignment) Regulations 1999

The law on employment discrimination (Sex Discrimination Act, as amended by the Sex Discrimination (Gender Reassignment) Regulations in 1999) makes it unlawful to discriminate against someone who 'intends to undergo, is undergoing or has undergone gender reassignment'. Gender reassignment is defined within the Act as 'a process which is undertaken under medical supervision for the purpose of reassigning a person's sex by changing physiological or other characteristics of sex, an includes any part of such process'. However, it is important to know that this does not necessarily mean genital surgery. The procedures undertaken when someone permanently changes his or her gender role will vary according to the circumstances of the individual, as in any other medical treatment.

The above regulations make it clear that it is unlawful to discriminate on the grounds of gender reassignment in employment (recruitment, promotion, access to benefits, selection for redundancy, vocational training etc.). Discrimination is defined in terms of the comparative treatment of a transgender person and the treatment of "other persons" for whom no gender reassignment grounds exist. For example, to establish whether there has been less favourable treatment of someone undergoing gender reassignment in terms of time off, the absence allowed to them should be compared with the absence which is due to sickness or injury of "other persons" for whom no gender reassignment grounds exist.

Gender Recognition Act 2004

This Act of Parliament gave legal recognition to transgender people following a permanent change of gender. It sets out the process for individuals to apply for a Gender Recognition Certificate (GRC) after being assessed by a medical gender specialist doctor as having gender dysphoria and providing confirmation that they have been living full-time in their acquired gender for at least 2 years and intend to remain living in their acquired gender for the rest of their life. It is not necessary for someone to have undergone genital surgery to receive a full GRC.

Once a full GRC is issued to a person, their legal sex/gender henceforth becomes for all purposes their acquired gender – including for marriage and civil partnership purposes and for employment in posts where a Genuine Occupational Qualification to be a particular sex/gender applies. People with a GRC can apply for a corrected birth certificate if their birth was registered in the UK. A person who has received a GRC is not required to show their GRC to others such as employers or service providers. It is not an identity document and will not be carried on the person.

It is very important to note that employers and service providers must change on first request by an individual, their name and gendered title (i.e. Mr, Miss, Ms) on all their employment, medical and other records, identity badges and future correspondence. All that the individual needs to state in their request is that they are starting a process of gender reassignment to live permanently in their acquired gender. They do not need to show a Gender Recognition Certificate in order to change over their day-to-day documentation or to use the toilet facilities of their acquired gender. Indeed, as it is necessary to live fully in the acquired gender for at least 2 years before applying for a Gender Recognition Certificate, a refusal by an employer or service provider to allow these changes at the start of an individual's gender reassignment process would unfairly prevent that individual from later being able to apply for a Gender Recognition Certificate and consequently would be discriminatory.

Section 22 of the Gender Recognition Act 2004 makes it a criminal offence, with a fine of up to £5000 on conviction, for any person to disclose information which they have acquired in an official capacity about an individual's application for a Gender Recognition Certificate, or about the gender history of a successful applicant. If a person has a Gender Recognition Certificate or it could be assumed they might have a Gender Recognition Certificate (for example they are living permanently in their acquired gender), then this cannot normally be disclosed further in a way which identifies the person involved without that person's express consent or, more exceptionally, a specific order by a court or tribunal.

Section 22(4) of the Gender Recognition Act 2004 states specific exempt circumstances where it is not an offence to disclose protected information about a person's application for a Gender Recognition Certificate, or about that person's gender history. The exempt situations of relevance to NHSGGC are where:

- the information does not enable that person to be identified;
- that person has agreed to the disclosure of the information;
- the disclosure is in accordance with an order of a court or tribunal;
- the disclosure is for the purposes of preventing or investigating crime.

The Gender Recognition (Disclosure of Information) (Scotland) Order 2005 provides a limited exception permitting disclosure for medical purposes of the protected information about someone's gender recognition history ONLY where the following three criteria are ALL met:

- the disclosure is made to a health professional; and
- the disclosure is made for medical purposes; and
- the person making the disclosure reasonably believes that the subject has given consent to the disclosure or the subject cannot give such consent (for example, unconscious).

Where a patient is capable of giving consent to aspects of their medical treatment, then health professionals MUST obtain the consent of the patient if it is clinically desirable to disclose the

patient's gender history to another health professional. Unless there is clear clinical need for such disclosure, it should be avoided.

The Equality Act 2006

The Equality Act 2006 amended the Sex Discrimination Act 1975 to place a statutory Gender Equality Duty on all public sector organisations, when carrying out their functions, to have due regard to the need: to eliminate unlawful discrimination and harassment; and to promote equality of opportunity between men and women. The Act places a responsibility on statutory services to pro-actively promote non-discriminatory practice, moving the focus away from an historic reactive complaints-orientated approach. This means services must invest significant resource in ensuring functions (including promotion of services) are fit for purpose and meet the needs of diverse groups through an intensive process of planning, development and reflection/assessment. The Gender Equality Duty protects the rights of women (including male-to-female transgender women) and men (including female-to-male transgender men).

As part of the Gender Equality Duty, public sector organisations are required from 06 April 2007 to have due regard to the need to pro-actively eliminate discrimination and harassment in employment and vocational training, for people who intend to undergo, are undergoing or have undergone gender reassignment.

With effect from 06 April 2008, the new Sex Discrimination (Amendment of Legislation) Regulations 2008 have extended discrimination and harassment protection on the grounds of gender reassignment to also cover the provision of goods, facilities and services. Correspondingly, the Gender Equality Duty is also automatically extended to require public sector organisations to now also take due regard to their need to pro-actively eliminate unlawful discrimination and harassment on grounds of gender reassignment in their provision of goods, facilities, and services as well as in employment and vocational training.

Sex Discrimination (Amendment of Legislation) Regulations 2008

The Sex Discrimination (Amendment of Legislation) Regulations 2008 came into effect on 06 April 2008 and fulfil the UK Government's obligation to implement the Gender Directive (2004/113/EC) which was already in force elsewhere in Europe. It makes it unlawful to discriminate against someone who 'intends to undergo, is undergoing or has undergone gender reassignment' in the provision of goods, facilities or services.

The Sex Discrimination (Amendment of Legislation) Regulations 2008 also extended protection from harassment by explicitly making an employer liable if an individual is harassed by a third party (such as a member of the public using a service) during the course of employment, in circumstances where the employer knows that the person has been subjected to such harassment on at least two other occasions (whether by the same or a different third party) but has failed to take steps to prevent it. The Sex Discrimination Act already provided since 2005 protection from harassment on grounds of sex and on grounds of gender reassignment.

NHS Greater Glasgow and Clyde is committed to addressing all forms of inequalities as an employer, a provider and procurer of services and as an active partner with our colleagues in allied organisations. One of our key transformational themes explicitly states the need for "...a whole senior team and organisation contributing to leadership on health improvement and tackling inequalities". A corporate commitment to this theme manifested itself in the establishment of the Corporate Inequalities Team (CIT) and later, in December 2007, with the introduction of Health Board-wide policy in the shape of NHS Greater Glasgow & Clyde's Equality Scheme.

As part of an overall approach, the Equality Scheme gives the organisation a framework for identifying and addressing inequalities relating primarily to disability, race and gender. Developing the Equality Scheme is part of the organisation's legal responsibility and we are accountable to the Equality and Human Rights Commission (EHRC) for ensuring we meet the legislative requirements of the

Disability Equality Duty (DED), the Race Equality Duty (RED) and the Gender Equality Duty (GED).

NHSGGC's Transgender Policy flows directly from our responsibility to deliver services and employment opportunities that incorporate an understanding and sensitivity of gender as a core and integrated consideration of planning and delivery as described in the GED.

This policy is part of NHSGGC's commitment to ensuring transgender people feel safe, secure, respected and equal as both employees and users of our services.

Health Outcomes for Transgender People

There is strong evidence that transgender people as a social group experience disproportionately poorer health than the majority of the population who 'fit' their assigned birth gender. Transgender people are more likely to suffer from mental health issues including depression, suicide ideation, addiction-related behaviour and self-harm. Transgender people are also more likely to be victims of crime and where their transgender status is known, be subject to bullying and harassment throughout their lives. Transgender people are also more likely to have difficulty accessing sports and leisure facilities necessary to maintain good physical health.

Transphobic (discriminatory behaviour based someone's transgender status) attitudes not only impact on the health of transgender people but on the health and wellbeing of family and friends. Children of transgender people and other family members and friends can, through association, face verbal and physical abuse on a daily basis.

Discriminatory practice

Transgender people may experience some or all of the following examples of discriminatory practice:

- People refusing to associate with or ignoring them because of their transgender status
- Not being addressed in their acquired gender or not having their new name used
- Having their personal life and relations probed into
- Having malicious gossip spread about them
- Having confidential information relating to their transgender status released without their approval
- Not being allowed to use sanitary facilities that are appropriate to the gender in which they live
- Being treated less favourably than others in regard to sickness or other absences
- Being refused access to services, facilities or premises due to prejudice from staff or other service users
- Being verbally abused or physically assaulted because of their transgender status.

As the biggest single employer in Scotland with around 44,000 members of staff, NHSGGC cannot claim to have a shared value base across its work force in relation to understanding of transgender issues. However, as both an employer and deliverer of care for transgender people we will ensure that health and life experience are not diminished but rather enhanced through celebrating and embracing diversity. We will, as a single entity, develop a shared understanding and response to the needs of transgender people and become a catalyst for change, taking our understanding back to the communities where we work to challenge attitudes and discrimination that perpetuate and contribute to poor health outcomes for all marginalised groups.

Integrated Care pathway Gender Service, Sandyford Initiative

1. Self-referral or referral by outside agency.
2. Appointment with one of the doctors*
 - a. No GID→discharge/onward referral
 - b. Gender dysphoria or uncertainty→ongoing assessment/Counselling
 - c. GID→refer for 2nd opinion (one from psychiatrist one from another doctor)
3. 2nd opinion completed
 - a. Transsexualism confirmed→attend drop in and /or scheduled appointments for repeat assessments, bloods, practical help/advice.
 - i. Begin RLE on agreed date (date may be reset if attendance inconsistent)
 - ii. Referral to Speech and Language therapy if necessary
 - iii. Encourage to begin electrolysis
 - iv. After 3 months of confirmed RLE, hormonal treatment may be instituted. This requires discussion between clinicians at bi-monthly gender team meeting(documented in case records).
 - a. Consent from patient completed and 'A guide to hormone therapy for trans people' provided
 - b. Referral to endocrinology if necessary
 - c. Bloods**
 - d. In exceptional circumstances a trial of hormones may be instituted following discussion at gender team meeting.

Hormones continued if:

 - Symptomatic relief achieved without RLE
 - Patient likely to continue taking hormones unsupervised and obtained illegally
 - Continual review by team and discussed at gender team meeting.

- e. For F-M hormones only instituted after 6 months RLE
 - b. Uncertainty → further appointed assessments
4. At least 1 year of RLE minimum
 - a. Attend local support groups during this period
 - b. Evidence of successful engagement provided by patient and copied for records e.g. driver's license, household bills, letter from employer/college or interview with significant other.
 5. Referral for surgery(GCS)
 - a. Request for funding from local health authority.
 - b. Referral letter *** along with Psychiatric assessment and 2nd opinion from mental health professional if funding in place.
 - c. Attend local surgical clinic at Sandyford
 6. Referral for breast surgery(F-M)
 - a. Can only be referred after once started on androgens requires 2 opinions (ONE MENTAL HEALTH OPINION).
 7. All patients to have appointment within 6 months of surgery to discuss any issues
 - a. Patient provided with post-op plan and copy to GP
 - b. Post op assessment/ outcome data
 8. Attendance encouraged at drop in post operatively should there be any issues
 9. Adolescent gender dysphoria
 - a. Assessment by Dr Westwater, Child and Adolescent Psychiatrist
 - b. Assessment by paediatric Endocrinologist
 - c. No irreversible treatments prior to age 18

*Information should be provided to the patient regarding services in the local area, purple booklet

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1. M-F

- i. Baseline monitoring-Glucose, FBC, U&E, LFT, lipids, TSH. FT4, testosterone, estradiol(<100pmol/l), Prolactin(50-400mU/l)
- ii. Oestradiol 1-4mg/day OR 50-150mcg patches 2-3X per week
- iii. Levels 24hrs post dose(300-400pmol/l or 80-140pg/ml)
- iv. Lipid levels, LFT's, BP
- v. Stop oestrogen 4 weeks prior to surgery
- vi. Finasteride 5mg/day. Goserelin 3.6mg 4 weekly OR 10.8mg 12 weekly. Cyproterone acetate50-100mg add if above ineffective. Monitor testosterone levels.
- vii. 5year breast screening
- viii. Prostate awareness

2. F-M

- i. Baseline monitoring- Glucose, FBC, U&E, LFT, lipids, TSH. FT4, testosterone, estradiol(<100pmol/l), Prolactin(50-400mU/l)
- ii. Goserelin 3.6mg 4 weekly OR 10.8mg 12 weekly.
- iii. Sustanon(testosterone enanthate) 250mg 2-3 weekly
- iv. Testosterone levels just prior to next injection
- v. Testagel 5g daily
- vi. Monitor HB HCT(FBC)

*** The referral letter for surgery should detail the patients engagement with the service and their adaptation to the RLE. It should also confirm that 2 mental health assessments have been undertaken. A copy of the psychiatric report should be appended.

Ratified 6th October 2009

Practice Case Studies

Transgender people are protected by law in terms of their rights to receive care that meets their current gender needs. NHS staff must be aware of their legal responsibilities in helping this to happen and understand the significant issues faced by transgender people in terms of receiving equitable and sensitive services.

The following case studies represent scenarios experienced in the workplace and in a health setting.

Concerns expressed by many NHS staff specifically relate to inpatient accommodation for transgender patients, normally where accommodation is segregated by sex (female and male only wards). These concerns tend to fall into three areas – identifying the most appropriate accommodation for a transgender person, the potential hostility of other male or female patients towards the transgender patient and the fear that sharing a ward with a transgender person will in some way cause upset to non-transgender patients.

Often, where inpatient care is planned, ward managers opt to accommodate transgender patients in single-occupancy rooms to avoid potential difficulties. Adopting this position as a default is in itself discriminatory. NHSGCG does not operate services on a gender approval spectrum – e.g. if you don't fit a female or male stereotype in terms of appearance you will be removed from public view. We would not operate this way for black, disabled, elderly or gay patients and it is not acceptable to consider this as an option for transgender patients.

Inpatient Scenario:

A nurse is summoned to a patient's bed in a female ward. The patient appears to be agitated and mildly distressed. When asked what's concerning her, the woman explains she didn't expect to be sharing the ward with a man and points to the bed opposite. She states it's totally inappropriate to have 'him' in the ward with the other

women. She tells the nurse she can't relax and wants 'him' removed from the ward. If this doesn't happen she'll make a formal complaint – the hospital has a duty of care to look after her and they're not taking this seriously by putting her in this situation.

The nurse listens and tells the woman she'll see what she can do. She says that she understands having a transgender person on the ward will be upsetting to other women and leaves to talk with a senior colleague about the matter.

The response to the patient's concern is unacceptable and breaches legislative protection afforded to trans people. Someone's trans status can not be disclosed to a third party without the express permission of the trans person and the assumption that others in the ward will feel uncomfortable is unfounded. In this instance there is no need to either disclose or seek permission to disclose gender identity. The nurse should work to allay the patient's concerns – it would be appropriate to re-iterate that the ward is indeed female only and that there are no men present. Her duty of care extends to protect patients from harassment and should the woman continue to make demands about the removal of the transgender patient and be vocal in the ward it would be appropriate to remind her of this. Ultimately it may be the complainant who is required to be removed. The nurse should check with the transgender patient and sensitively ask if everything is ok. If the trans patient has heard any of the discussions it is imperative that she is given every assurance that the matter will be dealt with. If the trans patient is visibly upset and there is spare capacity, it would be appropriate to offer her the option to move to a single room, though this must be with the respite interests of the patient in mind rather than conflict avoidance.

General appreciation of transgender issues is relatively low within our communities and often this is used as a rationale for behaviour that is essentially transphobic. If a white woman complained to a nurse about sharing a ward with a black patient or a heterosexual male complained about being in a ward with a gay man, we would expect our staff to act in a manor that deals with the expressed behaviour immediately.

Workplace Scenario:

A department manager is approached by a male colleague who asks for 'five minutes' to discuss a personal matter. The manager is informed that a member of staff from another department (who is currently transitioning from female to male) had entered the male toilet while a male member of staff was using a urinal. The worker feels it is inappropriate that this can happen; stating rights to privacy have been compromised through having to share facilities with this colleague. He states the previous month, the member of staff in question was 'coming to work as a woman'. He suggests it might be better for everyone if separate toilet facilities are organised for 'her' – there is a single toilet for disabled people that is rarely used – this should be ideal.

The manager considers the issues as detailed by her colleague. She explains that it can be difficult to segregate toilet facilities for staff in this way and that she's pretty sure the transgender person has legal rights that could be enforced. That aside she can understand that some members of staff may feel uncomfortable with the present arrangements and promises to speak to the manager of the transgender person to see if a compromise can be reached.

The immediate problem appears to be apparent lack of planning and support for the transition of a member of the workforce. While not all transgender employees will want to publicly announce their intended transition, it is unacceptable for the workplace not to have put in place arrangements to support the worker in this instance. It may be that in the early days of transitioning another member of staff who's a bit more sympathetic can accompany the transgender employee to the toilet facilities.

The above aside, the manager has a clear duty to ensure that the transgender person does not feel excluded or harassed in the workplace and is afforded the same level of dignity and respect as non-transgender employees. This needs to be explained clearly together with an expectation that support from colleagues will be required. The manager needs to be familiar with legal rights in this instance and perhaps some contextual information relating to the challenges faced by transgender people when living their real life

experience. This can help explain the process and create a better understanding of gender variance.

An agreement to provide separate toilet facilities for the transgender person is unreasonable and inappropriate and would result in the employee feeling excluded in the workplace. It could also be challenged legally – similar cases where transgender people have been forced to use disabled toilets etc. have resulted in significant awards in favour of the transgender person.

GLOSSARY

Acquired gender The new gender of a person who has had their gender reassigned and/or legally recognised. It is possible for an individual to transition fully without surgical intervention.

FtM Female to male transsexual person. A person who is changing, or has changed, gender role from female to male. Also described as a 'trans man'.

Gender dysphoria Gender dysphoria is the medical term for the condition with which a person who has been assigned one gender (usually at birth on the basis of their sex), but identifies as belonging to another gender, or does not conform with the gender role their respective society prescribes to them.

Gender reassignment/transitioning Altering one's birth sex is a complex process that takes place over a long period of time. Gender reassignment or transition includes some or all of the following cultural, legal, and medical adjustments: telling one's family, friends, and/or co-workers; changing one's name and/or sex on legal documents; hormone therapy; and possibly some form of chest and/or genital alteration.

GRA Gender Recognition Act 2004

GRC Gender Recognition Certificate. A full Gender Recognition Certificate shows that a person has satisfied the criteria for legal recognition in the acquired gender. It makes the recipient of the certificate, for all intents and purposes, the sex listed on the certificate from that moment onward. The legal basis for creating a Gender Recognition Certificate is found in the Gender Recognition Act 2004.

GRS Gender reassignment surgery

Hormone therapy A treatment in which the hormones naturally occurring in the

bodies of trans people are replaced with those of the other sex. The purpose is to create the physical characteristics of the other gender. For example, for a man to develop breasts or have less hair, as is characteristic of a woman.

LGBT Lesbian, Gay, Bisexual and Transgender. Where this group does not include trans people it is referred to as LGB.

MtF Male to female transsexual person. A person who is changing, or has changed, gender role from male to female. Also described as a 'trans woman'.

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SDA Sex Discrimination Act 1975 and Sex Discrimination (Gender Reassignment) Regulations (1999)

Sexual Orientation Within the Sexual Orientation regulations, sexual orientation is defined as: An orientation towards persons of the same sex (lesbians and gay men); an orientation towards people of the opposite sex (heterosexual); an orientation towards persons of the same sex and opposite sex (bisexual).

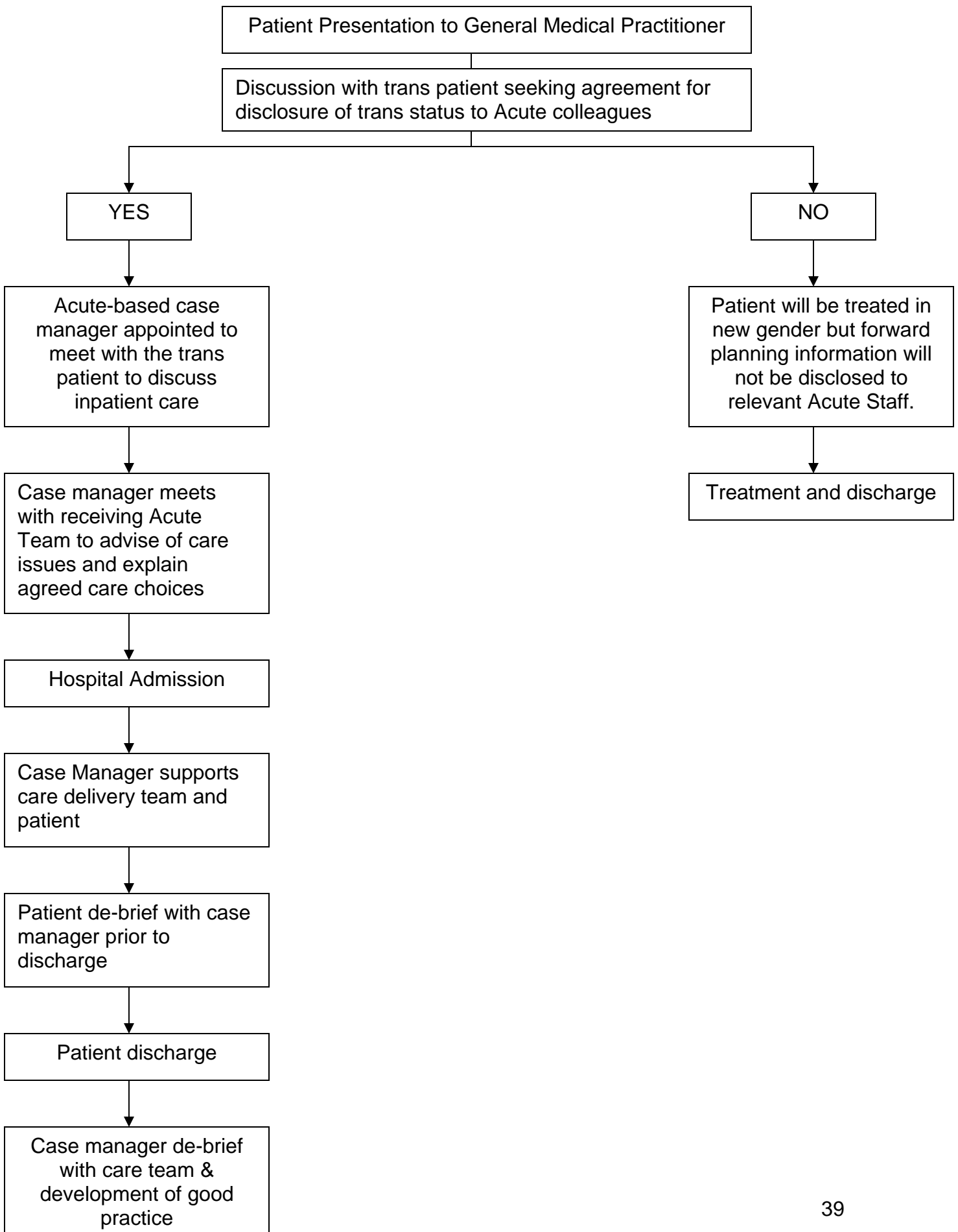
Trans people like everyone, will have a sexual orientation, but it is important to remember that transgender is not a sexual orientation in its own right. There is often confusion around this issue that can lead to insensitive enquiry and misconceptions.

Trans The terms 'trans people' and 'transgender people' are both often used as umbrella terms for people whose gender identity and/or gender expression differs from their birth sex, including transsexual people (those who intend to undergo, are undergoing or have undergone a process of gender reassignment to live permanently in their acquired gender), transvestite/cross-dressing people (those who wear clothing traditionally associated with the other gender either occasionally or more regularly), androgyne/polygender people (those who have non-binary gender identities and do not identify as male or female), and others who define as gender variant.

Transgender An umbrella term for people whose gender identity and/or gender expression differs from their birth sex. They may or may not seek to undergo gender reassignment hormonal treatment/surgery. Often used interchangeably with trans.

Transsexual A person who intends to undergo, is undergoing or has undergone gender reassignment (which may or may not involve hormone therapy or surgery). Transsexual people feel the deep conviction to present themselves in the appearance of the opposite sex. They may change their name and identity to live in the acquired gender. Some take hormones and have cosmetic treatments to alter their appearance and physical characteristics. Some undergo surgery to change their bodies to approximate more closely to their acquired gender.

Transvestite The term used to describe a person who dresses in the clothing of the opposite sex. Generally, transvestites do not wish to alter their body and do not necessarily experience gender dysphoria.



Transgender Unplanned Patient Pathway into Inpatient Care

