



SECTION: 1 – PATIENT CARE Including Physical Healthcare

POLICY /PROCEDURE: 1.37

NATURE AND SCOPE: POLICY AND PROCEDURE - TRUST WIDE

SUBJECT (Title): TRANS PATIENTS

This policy and procedure details the position the Trust takes in relation to providing inclusive, high quality, patient-centred services to Trans patients and the responsibilities under the Gender Recognition Act (GRA) 2004, Sex Discrimination Act (SDA) 1975/86 and the Equality Act (2006/10).

It also provides guidance and practical ‘best practice’ advice to enable the Trust and its clinicians to understand the needs of Trans patients and in doing so supports the Trust as a service provider to delivers fair, equitable and inclusive services.

DATE OF LATEST RATIFICATION: 8 JUNE 2016

RATIFIED BY: EXECUTIVE LEADERSHIP TEAM

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ASSOCIATED TRUST POLICIES AND PROCEDURES:

Care Programme Approach Policy - 1.05

Nice Guidance Policy - 1.19

Implementation of Nice Guidance Procedure - 1.19a

Privacy/Dignity and Compassionate Care Policy and Procedure - 1.27

Safe and Secure Handling of Confidential Information Policy - 7.04

Clinical Records Management Policy and Procedure - 7.06

Trans Employees Policy and Procedure - 10.07

Conduct Policy - 10.10

Public Interest Disclosure (Whistle Blowing) Policy and Procedure– 10.15

Safeguarding Vulnerable Adults Policy - 17.04

Trust-wide Single Equality Scheme 2013-2016

NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST

TRANS PATIENTS POLICY AND PROCEDURE

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NOTTINGHAMSHIRE HEALTHCARE NHS FOUNDATION TRUST**TRANS PATIENTS POLICY AND PROCEDURE****1.0 INTRODUCTION**

- 1.1 The purpose of this policy is to provide guidance and practical 'best practice' advice to enable the Trust and its clinicians to understand the needs of Trans patients and in doing so supports the Trust as a service provider to deliver fair, equitable and inclusive services.
- 1.2 The Trust believes that Trans patients are entitled to be treated with dignity and respect and permitted to access our services free from harassment, unfair discrimination and unnecessary barriers.

2.0 POLICY/PROCEDURE PRINCIPLES

- 2.1 This policy sets out how the Trust will meet its duty and requirements under current and forthcoming legislation and provide inclusive, high quality, patient-centered services to Trans patients.
- 2.2 It is important to note, however, that most often a person's gender status will be irrelevant and undue attention should not be paid to a person's gender status – other than correct use of pronouns etc. - when it is not pertinent to the matter at hand.

3.0 DEFINITIONS

- 3.1 There is a broad range of terminology when it comes to describing Trans individuals. It is important to recognise the fact that language changes and evolves as understanding and perceptions change, and that different Trans communities will adopt different terms and usage.
- 3.2 '**Transgender**' is a generic 'umbrella' term generally used by those who identify themselves as Transgender, Trans, gender variant, non-binary and others who have some diversity of gender identity or presentation e.g. people who cross dress.
- 3.3 '**Non-binary gender people**' are those who identify outside of the gender binary of male or female and may include genderqueer, bi-gender, pangender, genderless, agender, neutrois, third gender and gender fluid people. **Genderqueer** may be used by some members of the Trans community as an umbrella term for gender identities other than man and woman, thus outside of the gender binary. People may identify as one or more of the following:
- both man and woman (bigender, pangender);
 - neither man nor woman (genderless, agender);
 - moving between genders (gender fluid); or
 - third gender or other-gendered. This includes those who do not place a name to their gender having an overlap of, or blurred lines between, gender identity and sexual orientation. Some individuals may refer to this as genderqueer.

Some non-binary people prefer to use gender-neutral pronouns such as one, ze, sie, hir, co, ey or, more commonly, the singular "they", "their" and "them"; while others prefer the conventional binary pronouns "her" or "him". Some genderqueer people prefer to be referred to alternately as he and she (and/or gender neutral pronouns), and some prefer to use only their name and not use pronouns at all.

- 3.4 The terms '**Transsexual**' and '**Transvestite**' are medically defined terms which appear in diagnostic guides. However, these terms are often seen as offensive and stigmatising and are generally best avoided.

- 3.5 A person who '**Cross Dresses**' (previously defined as a Transvestite) is someone who enjoys wearing the clothing of the 'opposite' gender for periods of time. People who cross dress do not generally seek physical reassignment; they can be male or female.
- 3.6 For the sake of clarity and simplicity the word '**Trans**' will be used in this document to include all people at whatever stage they are in their transition.
- 3.7 '**Gender dysphoria**' is a term that is used both as a diagnosis and as a descriptive term to describe the discomfort or distress that an individual may feel due to incongruence between their birth assigned sex and their gender role, expression or identity. This might be accompanied by a desire to have treatment such as cross-sex hormones or surgery to make their body more congruent (International Classification of Diseases 10 (ICD- 10), [F64.0]; and Diagnostic and Statistical Manual of Mental Disorders (DSM-5).
- 3.8 There has been considerable debate as to whether Trans related issues should exist as a diagnosis in a mental health classification **as the condition is not considered to be a mental illness**, although there **may be accompanying mental distress** due to stigmatization and discrimination; sometimes referred to as minority, or marginalisation stress. The forthcoming International Classification of Diseases 11 (ICD-11 is likely to use the category 'Gender Incongruence' which will be removed from the mental health chapter and is likely to be situated in a newly created chapter entitled 'Sexual, Reproductive and Gender-related Health Conditions'.
- 3.9 Accordingly '**Trans**' is the terms of choice most often adopted by individuals in the UK. Many Trans people change their name and personal details and live as a member of the gender with which they identify i.e. their true gender. The process is referred to as '**gender reassignment**'. They may or may not seek treatment such as cross-sex hormones and surgery. Birth assigned males who transition to a female gender role are referred to as Trans women when it is appropriate to refer to their Trans status. Similarly, birth assigned females who transition to a male gender role are referred to as Trans men when it is appropriate to refer to their Trans status. However, usually a Trans person's Trans status is not relevant and they should be simply referred to as women and men, female or male.
- 3.10 '**Transitioning**' is the process by which a public change of gender presentation takes place with accompanying formal change of gender with associated documentation. At present it is difficult for people who identify outside of the gender binary of male or female to alter their gender on many documents, however this is changing.
- 3.11 A Trans person can change all their official documentation to reflect their acquired/ affirmed gender identity of male or female at the time of transition except their birth certificate. Their birth certificate can only be changed by applying for a '**Gender Recognition Certificate**' (GRC). A Trans person may apply for and may be successful in being granted a GRC when they have lived in their chosen gender for a minimum of two years irrespective of whether they are taking cross-sex hormones and/or have had gender surgery. Application for a GRC requires two clinical reports with respect to the Trans person's diagnosis and treatment. A GRC and new birth certificate gives full legal recognition of a Trans person's gender irrespective of whether a person has had any physical interventions such as cross-sex hormones or gender surgeries.
- 3.12 The Trust expects Trans people who have been consistently living in their preferred gender role to be treated for all purposes as a person of that role irrespective of whether they have obtained a Gender Recognition Certificate or not (see sections 8.0 and 9.0 below). Please remember that disclosure of 'protected information' (as defined by Section 22 of the Gender Reassignment Act) is a criminal offence (see sections 8.3 and 18.2 regarding disclosure).

4.0 DUTIES

- 4.1 Executive Directors, Clinical Directors, General Managers and Heads of Service all have a responsibility to ensure that the Trust is compliant with Legislation and Governmental Guidance, including Equality and Human Rights legislation and as such promote a culture of valuing diversity in its fullest sense.
- 4.2 All managers have a responsibility to create a culture in which offending behaviour is not tolerated and where everyone is treated with dignity and respect. Where instances of such behaviour do arise, managers are responsible for addressing the concerns swiftly, thoroughly and confidentially. It will be important to respect the feelings of all those concerned, however concerns alone are insufficient to prevent Trans people from being treated as people of their acquired/ affirmed gender role. Just as the Trust will not adapt practice in light of Racist concerns expressed as discomfort, so the Trust will not adapt practice in light of Transphobic concerns expressed as discomfort. This will include such things as use of toilets, changing facilities, and single sex accommodation.
- 4.3 All employees have a responsibility to treat patients with dignity and respect and with fairness and equity; be accountable for their own behaviour and actions and must understand the way in which their behaviour may affect others.
- 4.4 The Trust will ensure that all employees are aware of the content of this policy and procedure and ensure that any concerns are treated seriously and addressed swiftly, sensitively and appropriately.
- 4.5 Trans people have no obligation to disclose whether they have a Gender Recognition Certificate or if they identify as Trans - the whole purpose of the law is to provide Trans people with privacy. Many Trans people choose not to have a Gender Recognition Certificate, however, it is still vitally important that you keep what you know private, unless it is a clinical necessity or they tell you specifically (and are competent to do so) that you do not need to keep this information private. Knowledge about a Trans person's history should be regarded as being on a 'need to know' basis. Even then, if you have obtained the information in your official capacity i.e. in work, the information cannot be passed on unless the Trans person lacks capacity in this regard or has formally told you (preferably in writing) that you may tell other specific people. This is in line with our existing procedures regarding sensitive personal information and requirements of the Data Protection Act 1998. If you do tell people outwith of these circumstances you will be criminally liable under the Gender Recognition Act 2004.
- 4.6 You must assume that a Trans person who has changed their name by statutory declaration or Deed Poll is a member of their new/true gender for all purposes, unless you are told otherwise.
- 4.7 Once the patient's public transition to their true gender role has taken place, the Trust expects all its staff to treat the individual in a manner appropriate to that gender and to use forms of address which refer to that gender and to use the acquired name and appropriate pronouns. Failure to do so could lead to disciplinary action under the Trust's Conduct Policy and/or prosecution in a criminal court.

5.0 IMPLEMENTATION

- 5.1 Further work is required to implement and embed this policy into practice so as to effect the necessary change in practice, attitudes and behaviour. Following consultation and agreement of the content of the policy, awareness will be raised by the Lesbian, Gay, Bisexual and Trans (LGBT) Forum and the Gender Equality Steering Group, within clinical services via team leaders and ward managers and by Trans awareness training of clinical staff to ensure that services are patient-centred and afford Trans patients the respect and dignity that they require.
- 5.2 The work of the LGBT Forum, the Gender Equality Steering Group and the Equality, Diversity and Inclusion Community of Interest in engaging with Nottinghamshire's diverse communities

will be supported by the Trust, to ensure the organisation continues to learn from its stakeholder groups.

5.3 All Equality Impact Assessments will include and consider Trans issues.

6.0 TRANSITION

6.1 Transition is the process of changing from one gender role to another- i.e. from birth gender to true gender. Individuals experiencing gender dysphoria may live for many years in the gender role that society expects of them until they undergo transition to live permanently according to the gender role that is more comfortable for them.

6.2 Individuals may or may not decide to transition fully into the social role of the gender to which they identify and some individuals may choose to live in their desired gender role in some of aspects of their life but not in others.

6.3 Although Trans people are legally entitled to treatment within the NHS, some individuals may decide to transition without medical treatment whilst others may decide to have treatment privately. Treatments may include specialist psychological and psychiatric assessment; monitoring of progress through a social gender role change; psychological support if required; cross-sex hormone therapy; voice therapy; hair removal treatment; and surgical treatments; although not all patients will undergo all these interventions.

6.4 The process of diagnosis and treatment in an NHS Gender Clinic can take anything from a matter of months to a period of years. Individuals going through an NHS treatment programme will usually be required to provide documentary evidence of full transition in all aspects of their life before being considered for hormone treatment. Trans males will generally be required to have hormone treatment for at least 6 months before referral for chest surgery and a further six months before genital surgery; and Trans men and women will be required to have lived in the gender role of their identity (often referred to as real life experience) and had hormones for at least one year to be referred for genital surgery. A social gender role change for at least two years is a prerequisite to obtaining a Gender Recognition Certificate.

6.5 Some Trans individuals choose to obtain hormone treatment through independent private practitioners or via the internet. Particularly if hormones are self-prescribed via the internet, the individual may be taking inappropriate doses or preparations and may not be receiving the appropriate monitoring (Mepham et al., 2014). If patients present in this way to services advice may be sought from the Nottingham Centre for Gender Dysphoria within the Trust. Harm reduction in this context is paramount.

6.6 Trans individuals may also opt to undertake surgical treatment privately, sometimes going abroad for surgery. If this is not carried out by specialist surgeons it may result in a high risk of complications and/or poor cosmetic results.

6.7 It should always be recognised that Trans people are not only Trans, but may also be people of various ethnicities, lesbian, heterosexual, gay, or bisexual, of different ability and age, etc., and that they may hold beliefs about religion and the world in the same way as anyone else. They may also face oppression because of any one or more of these factors or the intersections between them.

7.0 TREATMENT AT THE NOTTINGHAM CENTRE FOR GENDER DYSPHORIA

7.1 The Nottingham Centre for Gender Dysphoria is a nationally commissioned multidisciplinary specialist clinic within Nottinghamshire Healthcare NHS Foundation Trust which accepts referrals from across the UK. Referrals may come from both primary and secondary care. Treatment follows the principles of the UK Standards of Care (Ahmad et al., 2013; Wylie et al. 2014).

- 7.2 Patients are assessed over a six month period by two members of the clinical team before any decisions are made with regard to cross-sex hormone treatment. Assessment may involve members of the patient's social network.
- 7.3 Patients are usually offered cross-sex hormone therapy at around the same time as full transition or once evidence of full transition has been given if already fully transitioned. Cross-sex hormone therapy usually involves testosterone for Trans men and oestrogens and gonadorelin analogues for Trans women; non-binary people may also be treated.
- 7.4 Following successful completion of 12 to 24 month's treatment, patients who request it will be assessed in terms of readiness for referral to surgery. Surgery may include:-

7.4.1 For Trans women:

Genital reconstructive surgery, bilateral breast augmentation, thyroid chondroplasty and cryothyroid approximation. The only core funded surgery for Trans women is genital reconstructive surgery. Other surgery may be sought as an individual funding request.

7.4.2 For Trans men:

Chest reconstructive surgery, hysterectomy, bilateral oophorectomy, and metoidioplasty or phalloplasty. These are all core funded surgeries.

7.4.3 For non-binary people:

Others surgeries may be available depending upon patient requests.

- 7.5 The Nottingham Centre for Gender Dysphoria regularly audits patient satisfaction regarding all aspects of care and support provided (Davies et al., 2013).
- 7.6 Further information regarding the Nottingham Centre for Gender Dysphoria is available online at: www.nottinghamshirehealthcare.nhs.uk/nottingham-centre-for-gender-dysphoria

8.0 TREATMENT OF TRANS PATIENTS IN THE COMMUNITY

- 8.1 Service providers, particularly within health settings, need to ensure that all services afford equal and appropriate access to Trans patients. They also need to provide specialist provision for the treatment of issues related to gender identity.
- 8.2 A significant number of Trans individuals experience difficulties when accessing healthcare (Whittle et al., 2007). This may be due to prejudice and/or lack of knowledge by healthcare staff. Staff training programmes should be accessed to address these issues.
- 8.3 Once a Trans person formally changes their name and gender role, all NHS records should be amended to reflect this change. A Gender Recognition Certificate is not necessary for this to be effected. The patient's Trans identity should not be disclosed to staff outside of the treating team and should only be shared on a "need to know basis" within teams. Section 22 of the Gender Recognition Act 2004 makes it a criminal offence to disclose a person's Trans identity to somebody else if obtained in an official capacity and without their express permission. This covers individuals who have made an application to The Gender Recognition Panel as well as those whose application has had a successful outcome. While it is not a criminal offence to disclose the Trans status of someone without a GRC, the Trust expects the same degree of privacy to apply in these cases also. Furthermore it is highly unlikely that staff would know whether an individual had applied for or been granted a GRC.

- 8.4 Trans individuals may present to mental health services at any stage of transition or treatment; or, of course, after treatment has finished. This may be due to distress relating to gender dysphoria or to discrimination and victimisation (minority stress) as well as, more commonly issues unrelated to their Trans status. Trans individuals may have a higher rate of self-harm behaviour and suicide than the general population (Whittle et al 2007; Dhejne et al., 2011; Claes et al., 2014) although the evidence suggests that there are no higher rates of mental illness amongst this population. It is important to note that like anyone else Trans individuals may experience psychiatric morbidity, unrelated to any gender issues, which may need medical treatment, counselling or psychotherapy.
- 8.5 Hormone therapy is a low risk intervention (Asscheman et al., 2009) if given in appropriate doses and with blood monitoring. Patients should be advised to stop smoking to reduce the risk of thrombo-embolism.
- 8.6 Where mental health issues have become such a problem as to reach the threshold for entry to secondary care, Trans individuals should be able to access general mental health services as any other patients. Should mental health services have concerns regarding Trans issues relating to an individual in their care, they can seek advice from the Nottingham Centre for Gender Dysphoria or an alternative specialist gender clinic. The individual's permission should be sought before referral to a specialist gender clinic.
- 8.7 Only in rare circumstances will a mental health patient exhibit gender variant behaviour as a symptom of mental illness e.g. as a result of psychotic beliefs. Consideration should be given to the possibility that this may still represent an underlying gender identity issue even when a patient is otherwise mentally ill.

9.0 IN-PATIENT TREATMENT OF TRANS PATIENTS

- 9.1 The Department of Health guidance on the treatment of Trans people in the NHS (2008) gives little specific guidance for in-patient accommodation. There are, however general principles which should be applied.

Staff should be alert to the possibility of any of their patients having issues relating to their gender. These need to be approached sensitively. Should there be any doubt regarding the patient's gender identity, the patient should be asked how they wish to be addressed.

- 9.2 If the patient has not completed a full transition but wishes to be referred to by name and pronouns other than those of their birth gender, then this should be dealt with respectfully and the patient's wishes adhered to. The patient may be able to be accommodated in a gender neutral environment such as a side-ward but it may be necessary for them to be nursed in gender specific accommodation of their birth gender. However, these patients should be treated with sensitivity, dignity and respect and protected from abuse by other patients or visitors.
- 9.3 Patients who have fully transitioned with evidence of name change, whether or not they have completed treatment, should **always** be treated as the gender of their identity. It would therefore be grossly inappropriate to nurse such a patient on a single-sexed ward of their birth gender. It may be appropriate to discuss with the patient how they wish to be nursed and any special requirements they may have.
- 9.4 Patients who have made an application or who have made a successful application to the Gender Recognition Panel are entitled to full legal recognition in their acquired gender and must be treated as such. Failure to do so will be in breach of the criminal law.
- 9.5 The Sex Discrimination (Amendment to Legislation) Regulations 2008 and Equality Act 2010 extended legal protection for Trans people to include the provision of goods, facilities, services and premises. This means that Trans individuals should not be treated less favourably than other people when being looked after in hospital.

9.6 Patients who are detained in psychiatric hospitals, including secure facilities, may present with particular difficulties. A detained patient may have difficulty making a social gender role change and it is unlikely that such a patient would be able to judge from hospital as to whether it is possible for them to live in another gender in the community. However, there may be some patients for whom living in the community may never be feasible or not for some years and therefore appropriate accommodation needs to be made.

10.0 **ORGANISATIONS PROVIDING INFORMATION AND SUPPORT**

10.1 General:

- Derbyshire LGBT+ (previously Derbyshire Friend) www.derbyshirelgbt.org.uk/
- FTM network www.westernboys.org/
- Gender Identity Research and Education Society www.gires.org.uk/
- Gender Recognition Panel (GRP) www.grp.gov.uk
- Gendys Network www.gender.org.uk/gendys
- Leicester LGBT Centre www.leicesterlgbtcentre.org/
- NHS Choices Trans Health www.nhs.uk/livewell/transhealth/pages/transhealthhome.aspx
- Nottingham Chameleons www.nottinghamchameleons.moonfruit.com
- Nottingham Centre for Gender Dysphoria (Nottinghamshire Healthcare NHS Foundation Trust) www.nottinghamshirehealthcare.nhs.uk/nottingham-centre-for-gender-dysphoria
- Notts LGBT+ Network (previously Nottingham and Nottinghamshire Lesbian and Gay Switchboard) www.nottslgs.org.uk
- Notts Trans Hub: www.nottstranshub.wordpress.com
- Porterbrook Clinic, Sheffield www.shsc.nhs.uk/service-a-z/porterbrook-clinic
- Press for Change www.pfc.org.uk/
- The Gender Identity Clinic, Charing Cross Hospital, London www.wlmht.nhs.uk/gi/gender-identity-clinic/
- The Gender Trust www.gendertrust.org.uk/
- The World Professional Association for Transgender Health www.wpath.org/
- TransBareAll www.transbareall.co.uk/

10.2 Children and Young People:

- Gendered Intelligence: www.genderedintelligence.co.uk/
- Mermaids: www.mermaidsuk.org.uk/
- Outburst: www.outburst.org.uk
- School's Out: www.schools-out.org.uk/
- Trans Active: www.transactiveonline.org/index.php
- Trans4me Youth Group, Nottingham: Contact the Health Shop on 0115 9475414.

11.0 **TRAINING**

11.1 Trans Awareness Training which focuses on clinical scenarios has been delivered across Trust sites for over 5 years. A Trans Awareness Resource Pack has also been developed and disseminated across the organisation and beyond. A copy of this can be obtained from the Trust's Head of Equality and Diversity.

11.2 All existing Equality and Diversity training, including e-learning and first day induction, has been reviewed to include gender variance issues.

12.0 **TARGET AUDIENCE**

12.1 The target audience for this policy is all employees, contractors and volunteers.

13.0 REVIEW DATE

13.1 This policy will be reviewed three years from its implementation or as a result of further legislation being introduced.

14.0 CONSULTATION

14.1 Colleagues from the Royal College of Nursing (East Midlands Region), the Trust's Adult Mental Health Services (Local Services Division) and the Nottingham Centre for Gender Dysphoria (Local Services Division) have been instrumental in developing this Policy and Procedure.

14.2 Broad consultation will be undertaken with the Trust Workforce, Equality & Diversity Committee, the Equality and Diversity Steering Group, the Trust's LGBT Forum and Gender Equality Steering Group, The Equality, Diversity and Inclusion Community of Interest, Staff Partnership Forums and the Executive Leadership Council (ELC).

15.0 RELEVANT TRUST POLICIES

- Care Programme Approach Policy - 1.05
- Nice Guidance Policy - 1.19
- Implementation of Nice Guidance Procedure - 1.19a
- Privacy/Dignity and Compassionate Care Policy and Procedure - 1.27
- Safe and Secure Handling of Confidential Information Policy - 7.04
- Clinical Records Management Policy and Procedure - 7.06
- Trans Employees Policy and Procedure – 10.07
- Conduct Policy - 10.10
- Public Interest Disclosure (Whistle Blowing) Policy and Procedure– 10.15
- Safeguarding Vulnerable Adults Policy - 17.04
- Trust-wide Single Equality Scheme 2013-2016

16.0 MONITORING COMPLIANCE

16.1 Responsibility for monitoring will reside with:

- Individual managers reporting compliance
- Clinical Directors annual report to the Trust Board
- The Workforce, Equality and Diversity Sub Committee of the Trust Board

17.0 EQUALITY IMPACT ASSESSMENT

17.1 Following the EIA screening exercise it has been concluded that a full EIA is not needed. The policy and procedure aims to provide a framework which ensures that the particular individual needs of Gender Diverse/Trans Patients from all of our diverse communities are both respected and included with the Trust's policies and practices in relation to the delivery of high quality, patient-centred services and that appropriate support and guidance is available to both staff and managers.

18.0 LEGISLATION COMPLIANCE

18.1 In 1999, gender reassignment treatment was made a legal right on the NHS. In 2002, the European Court of Human Rights (ECHR) established that Trans people should be afforded legal status in the gender that they live in, in terms of equal rights and status, privacy, respect, dignity and treatment. In 2002 The ECHR decided that the UK Law's failure to fully recognise the new gender of Trans people breached Article 8 of the Human Rights Act - the right to respect for private and family life. This resulted in the Gender Recognition Act 2004.

The Equality Act 2010 amended the Sex Discrimination Act 1975 to place a statutory duty on all public authorities, when carrying out their functions, to have due regard to:

- To eliminate unlawful discrimination and harassment
- To promote equality of opportunity between men and women

The Act makes it clear that the equality of men and women includes Trans men and women.

The Sex Discrimination (Amendment of Legislation) Regulations 2008 extended Part III of the Sex Discrimination Act 1975 to render discrimination against Trans people in the provision of goods, facilities, services and housing unlawful.

18.2 The main pieces of legislation are the Gender Recognition Act (GRA) 2004, and the Equality Act (2010).

The GRA gives legal recognition of a persons' acquired gender for all legal purposes for people who satisfy the Gender Recognition Panel that they:

- have or have had gender dysphoria, and
- have lived in the acquired gender for two years prior to the application, and
- intend to live permanently in the acquired gender
- have complied with the evidential requirements set out in section 3 of the Act.

The individual must make a formal application to the Gender Recognition Panel which includes two clinical reports, one of which should be from a gender specialist.

The Gender Recognition Panel or the Secretary of State can also apply for clinical evidence, marital status and other information, which must be given for an application to be successful. Following a successful application, a Trans person will acquire the rights and responsibilities of their acquired gender from the date of recognition.

Section 22 of the GRA also makes it a criminal offence to disclose protected information about a Trans person's gender identity without their permission if it was obtained in an official capacity. This applies to indirect as well as direct (word of mouth) disclosure and therefore means that paper and computer records should be considered with great care as this is an 'absolute offence' with no defence of 'reasonableness'. The Data Protection Act 1998 also means that information about a patient's gender history or treatment should be regarded as sensitive information and so no information regarding the patient's gender should be communicated to others without prior written permission.

The Equality Act 2010 classifies "Gender Reassignment" as a 'Protected Characteristic' and accordingly provides protection for Trans people. Section 7(1) of the Equality Act 2010 states that "A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex."

To qualify for protection, a Trans person will not have to show that they are under medical supervision. This means that a person who has changed their gender without seeing a doctor is protected by the Act.

18.3 The wide range of other legislative provision which relates to patient's gender identity also includes:

- The Human Right Act 1998
- The Data Protection Act 1998
- The Protection from Harassment Act 1997

- 18.4 Trans people who have officially changed their name, have been living full-time in their acquired gender as a man or a woman for over 2 years and intend to do so permanently may go through a formal process of applying for a Gender Recognition Certificate (GRC). This is a legal process set out in the Gender Recognition Act. It enables those who were born in the UK to have a new birth certificate. Once a person has their GRC they must be regarded as a member of their new gender for all legal purposes. That includes all legal records.

Surgery or any other gender reassignment treatment such as hormone therapy is NOT a pre-requisite for a person to obtain a Gender Recognition Certificate.

- 18.5 The Gender Recognition Act ensures that Trans people are afforded all the rights and responsibilities appropriate to that gender from that point forward. The Data Protection Act gives protection by ensuring no information is communicated to others without prior written permission.

19.0 **CHAMPION AND EXPERT WRITERS**

- 19.1 The Champion of this policy is: Dr Julie Hankin, Medical Director. The Expert Writers are: Dr Sarah Murjan, Consultant Psychiatrist, the Nottingham Centre for Gender Dysphoria; Christina Richards, Senior Specialist Psychology Associate, the Nottingham Centre for Gender Dysphoria; and Catherine Conchar, Trustwide Head of Equality and Diversity.

20.0 **REFERENCES /SOURCE DOCUMENTS**

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- 20.9 Mepham, N.J., Bouman, W.P., Arcelus, J., Hayter, M., and Wylie, K.R. (2014). 'People with

Gender Dysphoria Who Self-Prescribe Cross Sex Hormones: Prevalence, Sources and Side Effects Knowledge'. **Journal of Sexual Medicine**, Vol. 11, No.12, pp. 2995-3001.

- 20.10 Whittle, S., Turner, L. and Al-Alami, M. (2007). 'Engendered Penalties: Transgender and Transsexual People's Experiences of Inequality and Discrimination', **Wetherby, Communities and Local Government Publications**. www.pfc.org.uk/pdf/EngenderedPenalties.pdf.
- 20.11 World Health Organisation (2015). **International Classification of Diseases 10** (10th edition). Geneva: WHO.
- 20.12 Wylie K.R., Barrett J., Besser M., Bouman W.P., Bridgeman M., Clayton A., Green R., Hamilton M., Hines M., Ivbijaro G., Khoosal D., Lawrence A., Lenihan P., Lowenthal D., Ralph D., Reed T., Stevens, J., Terry T., Thom B., Thornton J., Walsh D., and Ward D. (2014). 'Good Practice Guidelines for the Assessment and Treatment of Adults with Gender Dysphoria', **Sexual and Relationship Therapy**, Vol. 29, No. 2, pp. 154-214.

21.0 **SUGGESTED FURTHER READING**

There is a wealth of information/research available in libraries, book shops, the web etc. on issues relating to gender, gender identity and gender variance. Below are three suggested sources of further reading which have involved Trust Staff from the Nottingham Gender Clinic.

- 21.1 Richards, C., and Barker, M. (2013). **Sexuality and Gender for Mental Health Professionals: A Practical Guide**. London: Sage.
- 21.2 Richards, C., and Barker, M. J. [Eds.] (2015). **The Palgrave Handbook of the Psychology of Sexuality and Gender**. Basingstoke: Palgrave Macmillan.
- 21.3 Richards, C., Bouman, W. P., and Barker, M. J. [Eds.] (2016). **Genderqueer and Non-binary Genders**. Basingstoke: Palgrave Macmillan.

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RECORD OF CHANGES

DATE	AUTHOR	POLICY/ PROCEDURE	DETAILS OF CHANGE

EMPLOYEE RECORD OF HAVING READ THE POLICY/PROCEDURE**Trans Patient Policy/Procedure**

I have read and understand the principles contained in the named policy/procedure.

PRINT FULL NAME	SIGNATURE	DATE