Transgender and Non-Binary Inclusive Care

Policy

1. Purpose

To ensure all transgender and non-binary (TNB) patients receive equitable, safe, respectful, and legally compliant care, free from discrimination, in accordance with GMC professional standards, BMA guidance, NHS screening protocols, and RCN best practice. The policy sets out roles, procedures, and required standards across clinical and non-clinical services.

2. Scope

Applies to all staff (clinical, administrative, volunteer, contracted services) across all sites and services (in-person and remote). Covers adult care only.

3. Definitions

- Transgender / Trans: Umbrella term for people whose gender identity differs from sex assigned at birth.
- Non-binary: Gender identity outside the male/female binary.
- Gender incongruence/dysphoria: Distress or incongruence related to gender identity; terminology is evolving—use patient preferred terms.

4. Legal & Professional Framework

- Equality Act 2010: Prohibits discrimination on grounds of gender reassignment.
- GMC standards: Dignity, non-discrimination, confidentiality, shared decision making.
- NHS England screening: Invitations based on GP-registered gender may differ from clinical need; ensure anatomy based screening is offered.
- RCN guidance: Person centered care, respectful communication, and inclusive environments.

5. Responsibilities

5.1 Board/Executive/Managers: Approve policy; monitor compliance.

5.2 Clinical Leads: Implement procedures; ensure staff follows national guidance.

5.3 Staff: Use chosen name/pronouns; manage confidential communications.

5.4 HR: Deliver mandatory training and maintain completion records.

6. Core Guidance

In line with NHS Screening Guidance we will tailor our work based on current anatomy, sex assigned at birth and not current legal gende or hormonal/surgical status.
Principally, this means that Trans men who retain cervixes can opt-in for transvaginal examinations.
Staff conducting scans will be respectful of pronouns and chosen name, listening actively to use the patient's preferred terms, apologising for errors and correcting them.
Staff should explain the options around procedures as they do for all other patients with their recommendations and practice being based on the patient's anatomy in order to complete the scan requested with the best chances of gaining good quality images effective for diagnosis.
Good communication is key to a positive patient experience. Examples of good communication would include the use of the following questions:

- **"What name and pronouns should we use?"**

Ensures respectful communication and avoids misgendering.

- **"How would you like me to refer to your anatomy?"**

Use patient's preferred terms (e.g., "chest tissue," "genitals") to reduce discomfort and dysphoria.

- **"Which surgeries or anatomical structures are relevant today?"**

Important for planning approach—e.g., transvaginal vs transabdominal, or whether TVUS is appropriate.

- **"Are you currently taking hormone treatments (e.g., testosterone or oestrogen)?"**

Hormonal status can affect tissue appearance and inform imaging interpretation.

- **"Would you like a chaperone or someone to be present?"**

Necessary for intimate imaging, respectful across all genders.

Only ask questions that directly affect the clinical or procedural process. Avoid intrusive or curiosity-driven questions unrelated to care—they can feel disrespectful or invasive.

6. Policy Principles & Procedures

6.1 Respectful Communication: Ask—don't assume; apologise and correct mistakes; avoid unnecessary questions.

6.2 Administrators: Capture chosen name, title, and pronouns; explain administrative limits.

6.3 Medical Records & Data Handling: Support updates; maintain anatomy fields; ensure confidentiality.

6.4 Clinical Assessment & Care Planning: Attend to general health needs; document relevant history.

6.5 Screening: Base offers on anatomy; discuss opt in/opt out mechanisms.

6.6 Facilities & Environment: Offer gender neutral toilets; inclusive signage.

6.7 Privacy, Dignity & Chaperones: Provide chaperones; protect privacy.

6.8 Incidents, Feedback & Escalation: Zero tolerance for harassment; record and investigate incidents.

7. Training & Competency

Mandatory induction for all staff; annual clinical modules; refreshers every 2 years.

8. Monitoring, Audit & Quality Improvement

Quarterly audits on name/pronoun recording, screening offers, annual review of incidents and feedback.

9. Document Control

Related documents: Equality, Diversity & Inclusion Policy; Safeguarding; Complaints.