TRANS INCLUSIVE HOSPITAL CARE

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INDEX

Introduction p3

What does the law say? p4

Expect inclusive practice: policies and processes p6

It starts at home: communication makes a difference p8

Little things make a big difference: the hospital environment p9

Unique, like everyone else: patient-centred care p11

Ask, don't assume: things to avoid p11

Get it right: names, pronouns and record keeping p13

Keep it relevant: asking trans people about their bodies p14

Maintain confidentiality: when to tell others a patient is trans p18

Be aware of the impact of our previous experiences: trans people, mental health, and wellbeing p20

Keep your patient comfortable: inpatient stays p22

Dignity in an emergency: trans patients in a&e p27

Top tips p29

Additional information and resources p30

Glossary p33

INTRODUCTION

Trans people in the UK face multiple barriers to accessing NHS healthcare, which can lead to poorer health outcomes.

TransActual's **Trans Lives Survey 2021** found that 70% of trans people had experienced transphobic discrimination when accessing non-transition related healthcare. 83% of non-binary respondents to the Trans Lives Survey 2021 had been discriminated against on this basis when accessing healthcare. Disabled trans people, Black trans people and trans People of Colour were more likely to have experienced transphobic discrimination than the wider trans population.

Trans people regularly report that doctors blame unrelated symptoms on matters relating to them being trans or to their medical transition. This is so common that the term 'trans broken arm syndrome' is used to describe it.

When healthcare staff lack confidence in working in a trans inclusive way, this can impact trans people's experiences at appointments and during hospital stays. TransActual's **Trans Inclusive Healthcare? Trans people's experiences accessing healthcare in the UK** report (2024) found many examples of this. One person told us:

> ***"A lot of time when I go into NHS appointments they can see that I'm trans. There's a lot of hesitation and sort of attitude of like, well this person is trans, we have to treat them differently because we don't want to upset them. You see that reflected in doctors not wanting to have to deal with you because they think it can get complex."***

These sorts of experience can lead to trans people avoiding seeking healthcare or putting it off until their condition deteriorates. This acts to perpetuate healthcare inequalities for trans people.

Everybody should be able to access hospital care that's appropriate to their needs and trans people are no exception. We know that many of the issues faced by trans people when accessing healthcare are because staff lack the training, resources and confidence to work in a trans inclusive way. There's a perception that it's complicated to care for trans patients. In reality, trans inclusive hospital care is really not as complex or challenging as many perceive it to be. At its heart is simply good patient-centred care.

> ***"The perfect experience would be to just exist in the world as a human being who just happens to be trans accessing health services."***

from Trans Inclusive Healthcare? Trans people's experiences accessing healthcare in the UK (2024)

If you find that we've used a word or phrase unfamiliar to you, take a look in the Glossary and/or the Medical transition: an overview section of this resource.

WHAT DOES THE LAW SAY?

It's the responsibility of everyone working in a hospital to act in a way that does not break, or risk breaking, the law. Whilst many laws and policies apply to the treatment of trans people in hospital, The Equality Act 2010, The Gender Recognition Act 2004, and UK GDPR are particularly relevant.

The Equality Act

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." Equality Act 2010, S7(1)**

It is important to note that protection under the characteristic of 'gender reassignment' applies to trans people whether or not they've undergone any medical aspects of transition or have been given any diagnosis in relation to them being trans. The protected characteristic of 'gender reassignment' applies to trans people of any age.

This means that it is unlawful to discriminate against, harass or victimise any trans people.

The Equality Act 2010 makes certain exceptions in relation to trans people. Of relevance to hospitals is the single-sex services exception. With regards to single-sex services (including single-sex spaces), the Act states that people may be excluded on the basis of gender reassignment if 'the conduct in question is a proportionate means of achieving a legitimate aim.' Equality Act 2010, pt7, s28(1).

The Public Sector Equality Duty (Equality Act s149) places additional duties on public bodies, such as the NHS. NHS hospitals have a duty to:

(a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;

(b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;

(c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

GDPR

Article 5(1d) of the UK GDPR requires that personal data shall be:

> **"accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that personal data that are inaccurate, having regard to the purposes for which they are processed, are erased or rectified without delay."**

Of course, all aspects of the UK GDPR apply to trans people, but the accuracy principle is of particular relevance in relation to updating names and sex markers on your patients' medical records.

The Gender Recognition Act

The privacy of trans people with a Gender Recognition Certificate (GRC) is protected by section 22 of the Gender Recognition Act 2004. The Act states:

> **"It is an offence for a person who has acquired protected information in an official capacity to disclose the information to any other person." Gender Recognition Act 2004, s22(1).**

In a hospital context, this means that it's unlawful to disclose a patient's trans status to others:

a) If they have a Gender Recognition Certificate; and

b) If you learnt that the patient is trans through the course of your work.

If you have permission from the patient in question, it would of course be fine to share their trans status with colleagues that need to know. It's important that a colleague would only need to know a patient's trans status if it relates to their clinical care.

EXPECT INCLUSIVE PRACTICE: POLICIES AND PROCESSES

Having trans inclusive policies and processes makes it clear to all staff that they are expected to work in a trans-inclusive way. Well written policies and processes will also help to ensure a consistent approach across the hospital.

The content of each individual policy or procedure will depend on its purpose, but it is good practice to:

Use inclusive, additive language.

It is good practice to use the pronouns 'they', 'them' and 'their' unless it is a policy that is specifically talking about men or women.

For policies and procedures that will typically relate to people of one gender (for example, in relation to perinatal care), additive language is useful. For example, you could refer to 'mothers or birthing parents'.

Set clear expectations around anti-discrimination

Make it clear that discrimination is not acceptable in your hospital. It can be helpful to name the forms of discrimination and to give examples of each to ensure that all staff understand what they're being asked to do (or not do).

Sense check

As you're developing a policy or process, do a sense check and ask yourself some key questions.

> Is it clear that this applies to all of our patients, including trans patients?

> Have we inadvertently excluded trans people?

> Would the process need to be different for a trans person? If so, how?

> How would this policy or process make a trans person feel?

There are a number of trans-focussed organisations and trans-inclusion consultants that can support with your sense-checking. This is something that TransActual can support you with.

Relevant policies and procedures may include:

- Admission, transfer and discharge
- Data protection and confidentiality
- Equality, Diversity & Human Rights Policy
- Procedure for checking pregnancy status
- Record keeping
- Same-sex accommodation policy
- Staff code of conduct

Many NHS Trusts have a policy specifically on the care for trans patients, this can be incredibly helpful and can include matters such as:

- Key terminology
- Legal context
- Staff behaviour
- Confidentiality
- Trans-inclusive language
- Record keeping and correspondence
- Ward accommodation
- Provision of toilets and bathrooms
- Additional privacy considerations
- Protecting patients from harassment and discrimination

Policies and procedures on their own cannot make a hospital trans-inclusive. It's the implementation of them that makes a difference to your trans patients. With that in mind, it's important to make sure your staff have access to high quality training on trans-inclusive care.

It's important to recognise that you may have trans members of staff and your policies should reflect that too. That's beyond the scope of this resource, but you'll find more information on being a trans-inclusive employer in NHS Confederation's Leading for all: supporting trans and non-binary healthcare staff resource.

IT STARTS AT HOME: COMMUNICATION MAKES A DIFFERENCE

A patient's experience of a hospital starts before they have even left their home. That's one of many reasons it's important to take a whole-hospital approach to trans inclusion. A bad experience relating to a phone call, letter or email from the hospital could make them feel unable to come to their appointment.

You can get your communication right for trans people by:

- Avoiding assumptions based on the pitch of a person's voice on the phone
- Making sure patient records are up to date
- Ensuring that paperwork is inclusive, with options for non-binary people
- Using inclusive additive language such as 'men and anyone else with a prostate' in literature for matters typically associated with men or women (for example in relation to pregnancy or prostate cancer)
- Including an anti-discrimination statement prominently on your website and specifically mentioning that transphobic discrimination and harassment is not and will not be tolerated
- Celebrating any LGBTQ+ inclusive work you've done and making it easy to find on your website

LITTLE THINGS MAKE A BIG DIFFERENCE: THE HOSPITAL ENVIRONMENT

There are lots of things that you can do to create a reassuring and comfortable hospital environment for trans people. Many of these are small, quick and inexpensive and others may require a bit more time and investment.

Waiting areas and display boards

Make sure that displays around the hospital and in waiting areas reflect the patients in your local community. Just as it's important that Black people and People of Colour see themselves represented in your health promotion materials, it's important that trans people see themselves represented too.

Look for ways to signal to trans people that they are welcome, can expect to be treated with respect and will be supported in your hospital. This might include:

- Displaying a poster detailing your hospital's commitment to equality and diversity (make sure it specifically mentions trans people)
- Flying the Progress Pride flag during LGBT+ history month and the trans flag on Trans Day of Visibility.
- Displaying a Progress Pride flag and/or trans flag all year round.
- Displaying and providing trans-specific health promotion materials.

In waiting areas and in clinics for specialisms that are typically associated with people of a particular gender (for example, gynaecology), take extra care to make sure there are trans-specific health promotion materials relating to that specialism. It's also advisable to avoid colour coding spaces with pink and blue – not just from a trans inclusion perspective, but because it perpetuates gender stereotypes.

Individual members of staff

There are things that individual members of staff can do to signal that they're a safe person for a trans person to talk to. These include:

- Sharing their own pronouns when they introduce themselves and/or in their e-mail signature.
- Wearing an NHS Rainbow Badge
- Including pronouns on their name badge
- Wearing a rainbow lanyard

It's important to recognise that it's not enough to just put a poster of a trans flag on a display board. This signal of commitment to trans inclusion must be backed up by your policies, processes and through the behaviour of all members of staff.

When you include your pronouns in your e-mail signature, it can be useful to include a link to a page explaining why you're sharing them. You could link to transactual.org.uk/pronouns or to a similar page.

Toilets and other single-sex facilities

Trans people ought to be able to use the facilities that most closely align with their gender. For trans women that would be women's facilities and for trans men it would be men's facilities.

There are a number of reasons for this:

- **Discrimination against trans people is against the Equality Act 2010. In the case of single-sex facilities, trans people's exclusion is only permissible if it is proportionate and justifiable to do so. This may only ever be on a case by case basis.**
- **Being forced to use the inappropriate facilities could lead people to find out that the particular person is trans. Some people don't tell people that they're trans because it could place them at risk of harassment or even physical harm. This may not take place immediately within the hospital, but later within the community.**
- **The impact of dysphoria is such that, given the choice of using inappropriate toilet facilities or not using the toilet at all, trans people will not use the toilet when at your hospital. Not having access to appropriate toilet facilities will make trans people less likely to come to hospital, which could place their health at risk.**

Providing gender neutral facilities (in addition to facilities for men and women) is a step you can take to make your hospital inclusive of non-binary people. Gender neutral toilet facilities can consist of a single self-contained toilet and sink, or can include communal sinks with a series of toilet cubicles with floor to ceiling doors and walls.

Single occupancy accessible toilets are often already gender neutral, but it's important to ensure that enough facilities are available for everyone that may need to use them. Make sure that gender neutral facilities are well signposted to ensure that they can be easily located and that everybody understands that anyone can use them.

UNIQUE, LIKE EVERYONE ELSE: PATIENT-CENTRED CARE

As you already know, good quality patient-centred care means working holistically and treating patients as individuals. This is no different for trans people. Like your other patients, we are unique and come to a hospital or to your clinic with our own experiences and needs.

Trans people can come from any background or cultural heritage, some of us experience racism, some of us are disabled and/or neurodiverse and some of us are migrants. Some trans men and non-binary people give birth to their children, many trans people are non-birthing parents. Just like anyone else, we go through the ageing process and experience everything that goes along with it – geriatric care is just as relevant to us as anyone else.

It's important not to make assumptions about your patients or to think that trans-inclusion is not relevant to your area of specialism – it is.

ASK, DON'T ASSUME: THINGS TO AVOID

When we make assumptions about people, it has the potential to be harmful. In a hospital, staff might make assumptions about a patient's gender or their body based on their voice, their name, the gender marker on their medical record, or on their appearance. In the case of trans people, these assumptions are frequently incorrect. Many of these assumptions may also commonly impact intersex people and people who don't conform to gender stereotypes too.

Often your assumptions might cause you to misgender a patient. That is, referring to them using the incorrect pronouns or gendered language. For trans people, the experience of being misgendered can trigger feelings of dysphoria and be extremely distressing. Some assumptions, of course, may have significant clinical implications which extend beyond the experience of dysphoria.

> ***"When I was hospitalised in the ward, I don't know if it was meant to be like, respectful or what, but they kept overly using gendered terms. And in the ward, I was too scared to tell them that I was trans because I was essentially trapped."*** *from Trans Inclusive Healthcare? Trans people's experiences accessing healthcare in the UK (2024)*

Here are some common assumptions that people make and alternative ideas which will help you avoid making them.

Assumption	Alternative
This patient is a man, he'll need a urine bottle.	I don't know if this person will be able to use a urine bottle, I'll offer a choice of urine bottle or bed pan.
This person is dressed in a feminine way, so I'll refer to them as 'this lady'.	I'll refer to the person by their name, or 'this person' if I don't know what they're called.
This person has a deep voice, but I'm trying to phone a woman. It must be her partner, I'll ask if their wife is available to speak.	I don't know who I'm talking to, so I'll ask to speak to the person I'm trying to call by referring to the patient by name.
I don't need to ask this man if he could be pregnant.	I don't know if this man is trans or not and it's important to know if someone is pregnant for this procedure. I'll ask him whether there's a chance he could be pregnant and explain that it's something that we ask all our patients before this particular procedure.
This person has ticked 'Mx' for a title, but they look like a woman to me. I'll correct it to Ms.	I'll trust that the patient checked over the paperwork before giving it back to me.
My patient hasn't arrived yet, the only person in the waiting room is a woman and I'm meant to be seeing someone about a suspected issue with their prostate.	I'll call the patient's name, it's possible that the woman in the waiting room is trans.
This patient is non-binary, I'd better find out if they've had transition-related surgery.	**Either:** This condition could not be impacted by my patient having had transition related surgery, I don't need to ask them about it. **Or:** This condition could be impacted by my patient having had transition related surgery. I'll ask them about it, but explain why I'm asking.

GET IT RIGHT: NAMES, PRONOUNS AND RECORD KEEPING

There is research to show that trans people are more likely to describe their interactions with healthcare professionals as good when their identities are respected or affirmed, and that they greatly appreciate having their medical documentation changed to reflect their gender. (Heng, A. et al. (2018) Transgender peoples' experiences and perspectives about general healthcare: A systematic review, International Journal of Transgenderism, 19(4), pp. 359–378)

As discussed in the previous section, the experience of being misgendered can be deeply distressing for trans people. The same applies to the use of a trans person's previous name, if they have changed it.

Here are some things that you can do to make sure you're getting it right for your trans patients:

- Share your pronouns when you introduce yourself, this creates an opportunity for patients to tell you their pronouns if they wish to.
- Use the correct pronouns and name for a patient regardless of whether they're there or not. This includes in their notes and in letters to other clinicians, unless they've asked you to do something differently.
- If you're not sure of a patient's pronouns or gender and you need to know, ask them. It's better to ask than to get it wrong.
- Apologise if you get a patient's name or pronouns wrong, then correct yourself. It's better to do this than pretend it didn't happen.
- Avoid unnecessarily gendered language in documents and on paperwork.
- Make sure forms are inclusive:
    - Offer people the option to tick that they're non-binary rather than male or female, and provide an 'other' box to ensure that culturally-specific terms (such as hijra or two-spirit) can be used too.
    - Provide Mx as an option for a person's title.
    - Avoid having questions or sections specific to people of a certain gender, make them specific to the body part by using additive language. For example 'men or other people with a prostate'.
- Make sure your databases allow you to record if someone is non-binary or if their gender is not the same as the marker on their NHS record, and find a work-around if they don't.
- Keep a record of patients' pronouns – for inpatients, this could be in the form of a sticker at the top of their notes.
- Change the name and gender marker on your patients' records when they ask you to, and remember that failing to do so may be unlawful under GDPR. Do not change a patient's name or gender marker on their medical record without asking them first, always seek their consent.

KEEP IT RELEVANT: ASKING TRANS PEOPLE ABOUT THEIR BODIES

Sometimes the fact that someone is trans will be relevant to the care you give them, but at other times it won't be. This section focuses on navigating conversations with trans people about their bodies and when it is (and isn't) relevant to ask them about any transition related surgeries they might have had or hormone they might be taking.

It's important to note that not all trans people will have had transition related surgery or be taking hormone replacement therapy. This can be influenced by a number of factors such as NHS waiting times, their relationship to their body, chronic illnesses and disabilities.

Do not assume that a trans person does not experience dysphoria related to their body just because they present in a certain way or have not accessed certain aspects of transition-related care.

Reduce the impact of dysphoria

It's important to understand that trans people might experience dysphoria associated with different parts of their body or different bodily functions. This might relate to the presence of some things and the absence of others. These might include:

- Body hair and facial hair
- Breasts
- Erection and/or ejaculation
- Genitals
- Hair loss
- Height, hand and foot size
- Laryngeal prominence
- Menstruation
- Prostate
- Urination
- Uterus and ovaries
- Voice pitch

A trans person's dysphoria could be triggered by:

- The language used about their body (or talking about that part of their body at all)
- Others seeing certain parts of their body
- Physical examination of certain body parts

As a clinician, you might need to talk to your patient about things that might make them feel dysphoric and you might have to physically examine them. If it's clinically necessary, then it should not be avoided. However, there are steps you can take to reduce the dysphoria a trans patient might experience. These steps are good practice, whether or not your patient is trans or not:

> Ask them what language they use to refer to their body and mirror that when talking to them. Use anatomical terminology in your notes, but also include a list of terms they use to describe those body parts – this will help your colleagues to support them in future.

> Before a physical examination or intervention, explain why you need to do it and what you're going to do. Ask if there's anything you can do to make them feel more comfortable and let them know that they can ask you to stop the examination at any time.

If you ask them to undress, only ask them to remove the minimum amount of clothing. If it's possible for them to remain dressed and to raise or lower the clothing slightly, then do that instead. Keep the physical examination as brief as possible and allow the patient time to put their clothing back on before you continue your conversation with them.

If your patient seems upset during the examination or procedure, acknowledge it rather than ignoring it. Ask them if they'd like you to continue and get it over with, or if they'd prefer you to stop. If it's not possible to stop, let them know that you'll be done as quickly as possible.

Avoid rushing the patient straight out of the consultation room after the examination or procedure. Distress can manifest in different ways and it may not necessarily be apparent that the patient is upset or experiencing dysphoria. Give them a moment to breathe before checking that they're ok and offering them the opportunity to ask you any questions.

Keep the number of staff in the room to a minimum. Be aware that, whilst it might be a good learning experience, this might not be the best appointment for a student clinician to shadow in.

"I had to go through like the whole process of like, two nurses, a surgeon, and the surgeons assistant, all coming in and asking you the same questions on the day of the operation. But all completely respectful.

I realized at the at the end of the day, I turned to my partner, and said, if you realized no one has said the word penis from, like, the time I turned up here, to the time of discharging. And we've had reasons to talk about that area of the body throughout the whole day, including how to look after and maintain a catheter, all sorts of things, descriptions of what the what actually occurred in the operation, all of these things.

They had just been led by my language and what I wanted to say, because I didn't say it, they didn't say it's just really impressed by that." from 'Trans Inclusive Healthcare? Trans people's experiences accessing healthcare in the UK (2024)'

Decide if it's relevant

There are occasions where it will be relevant to ask a trans patient about aspects of medical transition that they may have accessed.

These might include:

- When considering prescribing medication that would be contraindicated if a patient is on hormone replacement therapy.
- When investigating hormone levels for matters unrelated to a person's medical transition.
- When considering prescribing medication that could make hormone replacement therapy less effective.
- If their symptoms are consistent with a urinary, genital or gynaecological condition, pregnancy, an enlarged prostate, or certain types of cancer.
- If you need to catheterise them. This is particularly important before catheterising trans men and non-binary people who've had a phalloplasty or metoidioplasty with urethral lengthening because their urethra may be narrower than other people's or may take a less direct route to the bladder.
- Issues with the hand or wrist, if the patient has had radial forearm phalloplasty. That will usually be apparent by the distinctive scar.

If you do need to ask a trans person about their medical transition, explain why you're asking. Trans people are accustomed to inappropriate curiosity and questions about their body so it's important that they understand that you are asking for a specific purpose.

Pregnancy and fertility

Men who aren't trans can't get pregnant, but it's not possible to tell if a man or masculine presenting person is trans just by looking at them. Some trans men and non-binary people can and do get pregnant. For this reason, it's important to ask everyone if there's a chance they could be pregnant in situations where you're required to ask – for example, before an x-ray or prior to surgery. Explaining that it's a question you ask every patient will reduce the risk of triggering dysphoria in trans men and non-binary people.

For treatments that could impact a person's fertility, don't assume that a trans person won't be interested in fertility preservation. Being genetically related to their child(ren) is important to some trans people. However, be aware that conversations around fertility may need to be had sensitively.

Cancer screening

When screening for, diagnosing and treating cancers of the reproductive systems, it is important to understand that your treatment of a trans person might be different than for your other patients. In these circumstances it will be important for you to understand which aspects of medical transition your patient has accessed.

GYNAECOLOGICAL CANCERS

Trans men and non-binary people assigned female at birth face a number of barriers to cervical cancer screening. Currently any trans man or non-binary person with a male sex marker on their NHS record will not be included in the call-recall system. Some GP practices and trans-specific services will actively encourage them to book an appointment, but often the onus is on the individual trans person to keep track of when they're next due to be screened. If someone has had a hysterectomy, they are of course no longer at risk or cervical cancer.

Taking testosterone typically causes menstruation to stop and can result in vaginal atrophy, which makes bleeding after vaginal sex more common. This may be relevant when diagnosing or ruling out gynaecological cancers in trans men and non-binary people.

Some symptoms of gynaecological cancers may be masked be the effects of taking testosterone, so it will be important to consider that as part of the diagnostic process.

PROSTATE CANCER

Trans women and non-binary people assigned female at birth retain their prostate and could therefore develop prostate cancer. If your trans patient takes oestrogen or medication to block the effects of testosterone, PSA may be lower. For this reason it's advisable to conduct an internal examination. For patients who've had a vaginoplasty, the examination should take place via the vagina rather than the rectum.

BOWEL CANCER

Some vaginoplasty techniques use a segment of bowel to create the vagina. If a trans woman or non-binary patient has had vaginoplasty, it will be relevant to find out which technique was used for their surgery. This is because any abnormalities found in their bowel may also be present in their vagina.

BREAST CANCER

Anyone aged between 50 and 70 should access breast cancer screening if they have breasts. This includes trans women and non-binary people who've developed breasts as a result of oestrogen treatment, and trans men and non-binary people who developed breasts at puberty. As with cervical cancer screening, trans men and non-binary people with a male sex marker on their NHS record will not automatically be called for screening. Trans men and non-binary people do not need to access breast screening after top surgery UNLESS they have been told by a doctor they at increased genetic risk.

OUTpatients is the UK's LGBTIQ+ cancer charity. You'll find more information on trans inclusive cancer care on the OUTpatients website.

UK Cancer and Transition Service offer a service for trans people who have cancer or a history of cancer that interacts with their gender affirming care. Find out more on the UCATS website.

MAINTAIN CONFIDENTIALITY: WHEN TO TELL OTHERS A PATIENT IS TRANS

Telling other people that a person is trans can impact the way they are treated by others and, in some circumstances, can put them at risk of harassment and even physical assault. It may also be a breach of GDPR and the Gender Recognition Act 2024.

In addition to this, some trans people might not have told everyone in their life that they've changed their name and pronouns. If you are aware that a patient is trans, it is useful to find out which name and pronouns they'd like you to use when talking or writing to other people about them.

Sharing information with colleagues

In some circumstances, it will be relevant to tell colleagues that a patient is trans. Only share this if it's something that they need to know. This would usually be because it is clinically relevant or because it'll change the way in which they'll need to care for the patient.

It is good practice to seek a trans person's permission before telling other people that they're trans. Make sure you explain who you'll share the information with and why it's important.

Your approach will of course be different if the patient is unable to give consent because they're unconscious or otherwise unable to communicate.

Sharing information with the next of kin and family members

Whilst many trans people have supportive family members, this is not always the case. It's important to understand that some trans people may have challenging relationships with their families. Some trans people will nominate a close friend as a next of kin if they do not have a partner or supportive family member in their life.

Some trans people may not have told their family members that they are trans. This means that family members might not know that they've transitioned or are planning to transition. Other trans people may be estranged from their families or from certain family members for safety reasons.

It's important not to make assumptions on your trans patients' relationships with their families, including those based on stereotypes of people from particular cultural and religious backgrounds.

With this in mind, it's good to have double checked next of kin details and what information a trans person is (and isn't) happy for you to share with them.

Sharing information with other patients

There is no reason for you to tell other patients that one of your other patients is trans. A person's trans status should be treated with the same level of discretion you'd treat their medical history with. This is not information that other patients, their family members or members of the public have a right to know. If another patient asks you if a patient is trans, you could respond by saying something like ***"Whether or not someone is trans is information personal to them. I don't share any patient's personal information and I'm sure you wouldn't want me to tell other patients your private information. With that in mind, that's not a question I'm going to answer."***

If another patient is behaving in a discriminatory way towards a trans patient, it is possible to deal with this without disclosing that the individual patient is trans. For example, by saying ***"At our hospital, every patient has the right to be treated with respect. The language you're using to talk about this person would be considered offensive by many people and I'd like you to stop."***

BE AWARE OF THE IMPACT OF OUR PREVIOUS EXPERIENCES: TRANS PEOPLE, MENTAL HEALTH, AND WELLBEING

Relationships with healthcare professionals

It's important to recognise the impact that a trans person's previous experiences with healthcare professionals can have on their approach to accessing healthcare or communicating with healthcare professionals.

Previous negative experiences can act to deter trans people from accessing medical care as and when they need it. These previous experiences might also lead them to be more anxious about any appointments they do attend or about the prospect of an inpatient stay.

Trans people wait a long time to access NHS-funded transition related care, and many will be extremely conscious that their access to this care is controlled by medical professionals. Many trans people worry that a medical condition or procedure may result in them no longer having access to some or all aspects of their transition-related care – for example, their GP no longer prescribing their hormone replacement therapy or them being refused transition related surgery due to their mental health.

Mental health

Trans people are more likely to experience poor mental health than the wider population.

Stonewall's **LGBT in Britain: Health Report (2018)** found that within the past year:

- 70% of non-binary people had experienced depression
- 71% of trans people (including 79% of non-binary people) had experienced anxiety
- 19% of trans people (including 24% of non-binary people) had experienced an eating disorder
- 46% of trans people (including 50% of non-binary people) had considered taking their own life
- 35% of trans people (including 41% of non-binary people) had self-harmed

The study also found that rates of mental ill health are higher for LGBT People of Colour, disabled LGBT people and for LGBT people who have experienced a hate crime.

Within mental health services, 29% of the respondents to Scottish Trans Alliance's **Trans Mental Health Study (2012)** felt that their gender identity was not seen as genuine and was seen as an aspect of their mental ill health, 26% felt uncomfortable being asked about their sexual behaviours and 17% were told that their mental health issues were because they were trans.

The Trans Mental Health Study found factors relating to discrimination, familial rejection, societal inequality and ongoing dysphoria can all have an impact on a trans person's mental health. For disabled trans people, Black trans people and trans People of Colour, these issues are likely to be further exacerbated by other aspects of minority stress.

All of the factors outlined in this section may impact whether or not a trans patient presents at hospital at all, but also in the way they interact during appointments and inpatient stays. It's important to be understanding of this in your interactions with trans patients and to take the extra time to listen to any of their concerns and offer reassurance. Taking a trauma informed approach to care is good practice, not just for trans patients but for all patients.

It is important to know that while the experience of dysphoria does play a part in impacting trans people's mental health, being trans is not in itself a mental health condition and poor mental health ought not to be an inevitable outcome for trans patients.

Read TransActual's Trans Lives Survey 2021 and Transition Access Survey 2022 for more information on trans people's experiences of discrimination and on the impact of waiting for transition-related care on trans people's mental health.

KEEP YOUR PATIENT COMFORTABLE: INPATIENT STAYS

Ward choice

Hospital staff might need to make extra considerations when admitting a trans patient. It is important to understand that trans women are entitled to be treated on a women's ward and trans men are entitled to be treated on a men's ward (unless there are exceptional circumstances, as detailed elsewhere in this resource). You should ask non-binary patients where they would feel most comfortable.

For patients who are in hospital for reasons typically associated with men or with women, it might be that you try to accommodate them on a different ward than others under the care of the same team. For example, it is good practice to accommodate a trans man having a hysterectomy on a general medical ward rather than on a gynaecological ward. A patient being on a different ward does not prevent their consultant or their team visiting them during rounds.

It's important to be aware that some trans people might find it uncomfortable to be on a ward with others. If this is the case, if may be helpful for them to have a bed in a side room if possible. However, it's important not to make assumptions about what a trans person may or may not want.

In circumstances where it's not possible to accommodate a trans patient according to their wishes, it is important to explain the situation with them and take additional measures to support them in the space they are accommodated in.

What does NHS guidance say?

NHS guidance states that "a trans person does not need to have had, or be planning, any medical gender reassignment treatment to be protected under the Equality Act: it is enough if they are undergoing a personal process of changing gender. In addition, good practice requires that clinical responses be patient-centred, respectful and flexible towards all transgender people whether they live continuously or temporarily in a gender role that does not conform to their natal sex."

It goes on to specify that "Those who have undergone transition should be accommodated according to their gender presentation. Different genital or breast sex appearance is not a bar to this, since sufficient privacy can usually be ensured through the use of curtains or by accommodation in a single side room adjacent to a gender appropriate ward. This approach may be varied under special circumstances where, for instance, the treatment is sex-specific and necessitates a trans person being placed in an otherwise opposite gender ward. Such departures should be proportionate to achieving a 'legitimate aim', for instance, a safe nursing environment.

This may arise, for instance, when a trans man is having a hysterectomy in a hospital, or hospital ward that is designated specifically for women, and no side room is available. The situation should be discussed with the individual concerned and a joint decision made as to how to resolve it. In addition to these safeguards, where admission/triage staff are unsure of a person's gender, they should, where possible, ask discreetly where the person would be most comfortably accommodated. They should then comply with the patient's preference immediately, or as soon as practicable. If patients are transferred to a ward, this should also be in accordance with their continuous gender presentation (unless the patient requests otherwise).

If, on admission, it is impossible to ask the view of the person because he or she is unconscious or incapacitated then, in the first instance, inferences should be drawn from presentation and mode of dress. No investigation as to the genital sex of the person should be undertaken unless this is specifically necessary to carry out treatment.

In addition to the usual safeguards outlined in relation to all other patients, it is important to take into account that immediately post-operatively, or while unconscious for any reason, those trans women who usually wear wigs, are unlikely to wear them in these circumstances, and may be 'read' incorrectly as men. Extra care is therefore required so that their privacy and dignity as women are appropriately ensured.

Trans men whose facial appearance is clearly male, may still have female genital appearance, so extra care is needed to ensure their dignity and privacy as men.

Non-binary individuals, who do not identify as being male or female, should also be asked discreetly about their preferences, and allocated to the male or female ward according to their choice."

p12-13, Delivering Same Sex Accommodation, NHS England (2019)

Dysphoria and the need for privacy

A lot of trans people take measures day-to-day to reduce their dysphoria, and some of these measures might not be possible during their inpatient stay.

These include:

WEARING A CHEST BINDER

This is an item of clothing used to compress and flatten a person's breasts. A binder should not be worn for more than 8 hours a day and should never be worn to sleep in. Binders can restrict breathing, so there may sometimes be clinical reasons to ask a patient to not wear their binder.

For patients who normally bind their chest, it can be distressing to be seen without a binder on – even when wearing several layers of clothing. It's important that hospital staff are mindful of this and, where possible, try to reduce the number of different members of staff a patient in this situation has to encounter.

Measures to help with dysphoria in these circumstances might include the patient wearing a loose hoodie, or having extra blankets on their bed. If a patient is on a ward, they might prefer to have the curtain drawn when they aren't wearing their binder.

WEARING A WIG

Some trans women and non-binary people might wear a wig if they are bald or have a receding hairline. Being seen without their wig might make them feel dysphoric. Most people take their wig off before going to sleep and any patient would have to remove their wig for surgery. There are things you can do to reduce the impact of the dysphoria a trans patient might experience when unable to wear their wig, many of these are similar to the steps you can take for a patient who normally binds their chest. That is, try to reduce the number of different members of staff the patient has to encounter whilst not wearing their wig, offer or suggest the option of wearing a hat or headscarf, or offer the option of drawing the curtain around their bed.

SHAVING FACIAL HAIR

Many trans women and some non-binary people shave their facial hair, often more than once a day. This is because of the dysphoria they experience by having stubble or facial hair. It might be that somebody is particularly self-conscious about hair regrowth, and may notice it on themselves (for example by the feel of their skin) even if nobody else does.

If you have a patient who experiences distress in relation to their facial hair, you can support them by ensuring that they have access to shaving facilities as and when they need them. If they're unable to get out of bed, you could provide them with a bowl of water and a mirror. If they're unable to shave for themselves, ask them if they'd like someone to help them to shave.

Bear in mind that a patient in this situation might feel self-conscious when you ask them about shaving. One discreet way of offering this kind of support might be to include a razor on a list of personal hygiene items that they're offered during their stay or for all patients to be offered a list of personal care tasks they can be supported with.

PACKING AND TUCKING

Packing is the process of using prosthetics or padding to create a more affirming body shape. For trans men and some non-binary people, this might include using a prosthetic penis or a pair of socks to create a bulge in their underwear. Some trans women and non-binary people may use prosthetic breast forms or padding in their bra.

Tucking is a process used by some trans women and non-binary people to reduce the appearance of a bulge in their underwear. It typically involves tucking their testicles into the inguinal canals and pulling the penis between the legs and towards the back of the body. Most people that tuck hold everything in place with tape, a piece of fabric called a gaff, or very supportive underwear.

As with other garments and actions designed to reduce a trans person's experience of dysphoria, trans people should only be asked not to pack or tuck if it doing so would have an impact on their clinical condition or their recovery.

If it's not possible for a trans patient to pack or tuck, the simplest way to reduce the impact of dysphoria is to make sure they have access to an appropriate number of blankets whilst in bed and to a dressing gown for when they're out of bed.

If it's not possible for a trans woman or non-binary person to wear their breast forms, your approach to reducing the impact of dysphoria might be similar to that for a trans man or non-binary person who would normally bind their chest but is unable to.

Continence and continence care

As referenced elsewhere in this resource, it's important not to make assumptions about who will need a urine bottle and who will need a bedpan. Some trans men and non-binary people may need to use a bedpan rather than a urine bottle, some trans women and non-binary people may prefer to use a urine bottle.

This will depend on whether or not they've had genital surgery and on what type of genital surgery they've had. You won't necessarily know whether or not a patient is trans, the simplest thing to do is ask them.

If you need to catheterise a patient, it's important to know if they've previously had surgery relating to their urethra. This is true for any patient, not just trans patients. The simplest way to find out about this is to ask the patient or, if they're unable to answer, to check their medical records.

It's especially important to ask trans men and non-binary people who've had a phalloplasty or metoidioplasty with urethral lengthening about any recommendations their surgeon might have given them in relation to future catheterisation.

For example, they may recommend a paediatric catheter to prevent damage to the neourethra. Those patients may also have a urethra that takes a less direct route to the bladder. In an emergency, it is a good idea to err on the side of caution and use a paediatric catheter for anyone that's had a phalloplasty or metoidioplasty.

Be aware that if you need to support a trans patient with any continence-related care, they may be especially self-conscious and it may trigger dysphoria. You might not know they're trans prior to seeing their genitals – it's important not to pass comment about them or react in a way that may make them feel any more self-conscious than they already do. Refer to the **Keep it relevant: Asking trans people about their bodies** section of this resource for other things you can do to reduce the discomfort a trans person might experience during continence-related care.

Other patients and their visitors

It's not uncommon for trans people to experience harassment or abuse from complete strangers when out in the community. This means that they're at risk of experiencing it in hospital too – from other patients and/or their visitors, or from members of staff. It is important that you have a policy that makes it clear to both patients and their visitors that harassment and abuse toward patients (as well as staff) is unacceptable and that staff know what to do if such a situation arises.

Regardless of other patients' attitudes towards trans people, be aware that the fear of harassment or abuse might lead to a trans patient might asking for extra privacy. For example, a trans patient might be more comfortable with the curtain pulled round their bed all of the time or during visiting hours. This would also be useful for a trans person who is experiencing dysphoria. However, don't make assumptions about what a trans patient will or won't want – ask them.

DIGNITY IN AN EMERGENCY: TRANS PATIENTS IN A&E

You'll be able to ask most patients in A&E for their name, pronouns and any relevant parts of their identities. However if a patient is unconscious or unable to understand and answer questions, they won't be able to tell you. Additionally, you might not be able to tell a patient's gender or if they're trans just by looking at them.

If the person has come into hospital with a friend or family member, you could ask them the patient's name, pronouns and any known medical history. You could, of course, ask their emergency contact the same things if you have access to their contact details. If they've been brought into hospital by ambulance, the paramedics will already have given you all the information they have about the person.

In many circumstances, you won't need to know whether or not your patient is trans – you will just need to know their name and pronouns. You would only need to look for more information on a patient's trans status if it's relevant.

When might trans status be relevant during emergencies?

It might be relevant to know that a patient is trans if:

Their injury or condition is at or near a previous surgical site such as the chest or groin. In this instance you might want to know how the patient's anatomy might differ from that of other patients, or if it might be more easily damaged. For example, some trans men and non-binary people who've had phalloplasty surgery have an erectile device within their penis – this is likely to be a malleable rod or a device with a saline reservoir in the abdomen, a pump in the scrotum and an inflatable cylinder (or two) in the penis.

The patient will need a catheter and has previously had phalloplasty or metoidioplasty surgery to create a penis. You are likely to be able to tell that a patient has had phalloplasty or metoidioplasty when you come to catheterise them. For patients who've had phalloplasty, there will be some scarring on the penis and scrotum and usually at another site such as the forearm, thigh or abdomen. People who've had metoidioplasty typically have a penis smaller than two inches long. If you think your patient has had phalloplasty or metoidioplasty, it is a good idea to err on the side of caution and use a paediatric catheter.
Be aware that some people who've had phalloplasty or metoidioplasty may not void through their penis but through their natal urethral opening. It will be apparent if this is the case when you see their genitals.

Their hormone replacement therapy is contraindicated with any medicines you plan to use.

Pregnancy could be relevant. It's important to remember that trans men and non-binary people with uteruses can get pregnant. If you have a trans patient that could potentially be pregnant, follow the same process that you would for a woman who isn't trans in those circumstances. If you need to catheterise a trans man or non-binary patient who was assigned female at birth, you will notice whether or not they've got a vagina. Obviously, if a patient hasn't got a vagina there will be no possibility of them being pregnant.

Privacy and confidentiality considerations

It might be that you come to discover that a patient is trans in the process of treating them during an emergency. If the information wasn't in their medical records, they might have two scars on their chest in a position most commonly associated with masculinising mastectomy or you might have seen their genitals.

If a friend or colleague accompanied the patient to hospital or is their emergency contact, they might not know that the person is trans. That's because some trans people keep their gender history a secret from most people in their life to protect themselves from discrimination and abuse. You should not mention that a patients is trans to their friends, colleagues or family unless you are certain that they already know. It is unlikely to be relevant and has the potential to place your trans patient at risk once they leave hospital.

If you don't have any information about the person's medical history, you'd use the same processes of risk balancing that you'd use when giving emergency care to any patient.

TOP TIPS

1. **Every patient deserves high-quality patient-centred care, and trans people are no different.**
2. **Take a whole-hospital approach to trans inclusion and make sure staff know what the trust's expectations are and offer them training to support them to meet them.**
3. **Make sure your policies, procedures and practices reflect your responsibilities in relation to the Equality Act 2010 and the Public Sector Equality Duty.**
4. **Find ways to signal that you're trans inclusive – for example by wearing a rainbow lanyard or by displaying a trans flag poster.**
5. **Display trans-inclusive health promotion materials and ensure that your literature and forms are trans-inclusive. Use additive language such as 'women and anyone else who has a cervix'.**
6. **Provide gender-neutral facilities in addition to facilities for men and for women. Remember that trans men ought to be able to access facilities for men and that trans women ought to be able to access facilities for women, unless there is a specific reason for a particular individual to be denied access to them. The Equality Act 2010 states that this reason must be a proportionate means of achieving a legitimate aim.**
7. **Avoid making assumptions about your patients and their bodies – if in doubt, ask.**
8. **Use the name and pronouns a trans patient has asked you to and, where relevant, make sure you make any changes to their record in a timely manner.**
9. **Keep it relevant. Only ask trans people questions related to their transition if they're relevant to their condition or to their care.**
10. **Protect trans people's privacy. This is not just in relation to a person's trans status, but also in understanding that they might wish to have more privacy than other patients during an inpatient stay.**
11. **Take steps to avoid triggering trans people's dysphoria. Ask them which words they use to refer to their body and by show extra consideration in situations that may be more uncomfortable for a trans person than it would for other patients.**
12. **Ensure that trans patients are protected from discrimination, harassment and abuse and make sure that such behaviour is not tolerated in your hospital.**

ADDITIONAL INFORMATION AND RESOURCES

Further reading, guidance and training

ABC of LGBT+ Inclusive Communication A guide for health and social care professionals

Cancer Research UK: I'm trans or non-binary, does this affect my cancer screening?

Centre for Pharmacy Postgraduate Education: Transgender healthcare – consulting with dignity and respect e-learning module

General Medical Council: Trans healthcare

King's Health Partners: How to reduce inequalities in end of life care for LGBTQ people e-learning course

NHS Confederation: Leading for all: supporting trans and non-binary healthcare staff

NHS England: Delivering same-sex accommodation

NHS England: Inclusive palliative and end-of-life care for lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ) people e-learning course

Royal College of Nursing: Fair Care for Trans Patients

St George's Hospital Medical School:

Transgender Healthcare: Caring for Trans Patients e-learning course

The Society of Radiographers Inclusive pregnancy status guidelines for ionising radiation: Diagnostic and therapeutic exposures

TransActual's healthcare professionals hub contains more information on trans inclusive healthcare and trans people's healthcare experiences, as well as details on the training available from TransActual.

transactual.org.uk/healthcare-professionals

MEDICAL TRANSITION: AN OVERVIEW

Each person's medical transition will be different, however it is useful for clinical staff to be aware of the most commonly accessed forms of transition related care. Please note that this section refers to the care that can be accessed by trans adults over the age of 18 and does not reflect what is available to children and young people.

TRANS WOMEN AND NON-BINARY PEOPLE ASSIGNED MALE AT BIRTH

HORMONAL TREATMENTS

Available on the NHS:

- Oestradiol – used for the feminising effects, typically taken for life.
- Finasteride – can be used prevent hair loss in trans people of all genders.
- GnRH agonist – can be used to suppress testosterone, typically given as an injection. Not taken after surgeries involving orchidectomy.

Accessed outside the NHS:

- Progesterone – taken by some in combination with Oestradiol for perceived additional effects.

GENDER AFFIRMING SURGERIES

Available on the NHS:

- Vaginoplasty – creation of a vulva, clitoris and a vagina, using penoscrotal skin and/or small or large intestine segments. The intestinal technique is rarely used in NHS treatment, the penile inversion method is more common. The process involves an orchidectomy and is typically completed in one procedure. **Read more about vaginoplasty in the GDNRSS booklet.**
- Vulvoplasty – creation of a vulva and clitoris using penoscrotal skin. Some people choose to have Vulvoplasty without vaginoplasty. **Read more about vulvoplasty in the GDNRSS booklet.**
- Orchidectomy – removal of the testes, typically in combination with vulvoplasty or vaginoplasty. However, some people will have orchidectomy as a stand alone procedure.

Not available on the NHS:

- Phonosurgery
- Breast enlargement
- Facial feminisation surgery
- Lipoplasty or body contouring
- Hair transplant
- Tracheal shave

TRANS MEN AND NON-BINARY PEOPLE ASSIGNED FEMALE AT BIRTH

HORMONAL TREATMENTS

Available on the NHS:

- Testosterone – used for the masculinising effects, typically taken for life.
- Medroxyprogesterone acetate - sometimes used to suppress menstruation whilst waiting for testosterone treatment to achieve the same effect.
- GnRH agonist – sometimes used to suppress oestrogen, typically given as an injection. Not taken after hysterectomy with oophorectomy.

GENDER AFFIRMING SURGERIES

Available on the NHS:

- Bilateral mastectomy
- Hysterectomy
- Phalloplasty – A procedure to create a penis and masculinise the genitals. Typically split into 3 or more procedures and can include hysterectomy, bilateral salpingo-oophorectomy, urethroplasty, vaginectomy, placement of penile prosthesis, scrotoplasty with placement of testicular prosthesis, and glans sculpting. Donor skin, nerves and blood vessels from the forearm, thigh, or abdomen are used to create the penis. **Read the GDNRSS booklet about phalloplasty**
- Metoidioplasty - A procedure to create a penis and masculinise the genitals. Sometimes completed in one procedure, sometimes completed in multi-stage procedures. It can include hysterectomy, bilateral salpingo-oophorectomy, vaginectomy, and scrotoplasty with placement of testicular prosthesis. The penis is created using clitoral tissue. Techniques vary, but a graft may be taken from the mouth or the forearm for use in lengthening the urethra. **Read the GDNRSS booklet about metoidioplasty**.

Sometimes accessed privately

- Facial masculinization surgery
- Lipoplasty or body contouring

GLOSSARY

Chest binder – a garment used to compress the breasts and give the chest a more masculine appearance.

Gender - Gender is a person's actual, internal sense of whether they are a man, a woman, non-binary, agender or something else. Assumptions about a person's gender are often made on the basis of a person's primary sex characteristics.

Gender dysphoria - Used to describe when a person experiences discomfort or distress because there is a mismatch between their sex assigned at birth and their gender identity.

This is also the clinical diagnosis for someone who doesn't feel comfortable with the sex they were assigned at birth, although medics are moving away from using this diagnosis.

Gender incongruence – A diagnosis in ICD-11, which is defined as a marked and persistent incongruence between an individual's experienced gender and the assigned sex.

Gender reassignment - Another way of describing a person's transition. To undergo gender reassignment usually means to undergo some sort of medical intervention, but it can also mean changing names, pronouns, dressing differently and living in their self-identified gender. Gender reassignment is a characteristic that is protected by the Equality Act 2010, and it is further interpreted in the Equality Act 2010 approved code of practice. The term is controversial and some trans people feel it is outdated and should be reviewed.

Medical transition – A trans person's use of hormones and/or surgeries to reduce the experience of gender dysphoria and to bring their body into line with their gender identity.

Misgendering – The intentional or unintentional use of words or names that misalign with a person's gender. For example, referring to a woman using the pronoun 'he'.

Non-binary - An umbrella term for people whose gender identity doesn't sit comfortably with 'man' or 'woman'. Non-binary identities are varied and can include people who identify with some aspects of binary identities or gender presentations, while others reject them entirely.

Packing – Most commonly used in relation to trans men and non-binary people. The practice of creating a bulge in one's underwear using a prosthetic or padding.

Progress Pride flag – A flag to represent the LGBTQI+ community, which is designed to remind everyone of community members that are often forgotten about. The flag is the traditional 6 stripe rainbow pride flag, with a chevron of black and brown to represent Black LGBTQI+ people and LGBTQI+ People of Colour and pink, blue and white to represent trans people. The chevron contains the yellow background and purple circle of the intersex flag. **Read more about the Intersex inclusive Progress Pride flag**.

Pronouns - Words we use to refer to people's gender in conversation – for example, 'he' or 'she'. Pronouns are used to avoid having to repeatedly use someone's name. Some people may prefer others to refer to them in gender neutral language and use pronouns such as they/their and ze/zir.

Social transition – The changes a trans person might make in their social life to bring their social experience into line with their gender identity. For example, telling people that they're trans, using a new name and different pronouns, or changing the way they dress or style their hair.

Trans/Transgender - An umbrella term to describe people whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. Trans people may describe themselves using one or more of a wide variety of terms including transgender, transsexual, gender-queer (GQ), gender-fluid, non-binary, agender, nongender, third gender, bi-gender, trans man, trans woman, trans masculine, trans feminine and neutrois.

Trans flag – A flag used to represent the trans community. It consists of five horizontal stripes: light pink, light blue, white, light blue, light pink. **Read more about the trans flag**

Trans man - A term used to describe someone who is assigned female at birth but identifies and lives as a man. This is sometimes shortened to trans man, or FTM, an abbreviation for female-to-male. The use of the space between trans and man demonstrates an acknowledgement that trans men are men, and that "trans" is an adjective.

Trans woman - A term used to describe someone who is assigned male at birth but identifies and lives as a woman. This is sometimes shortened to trans woman, or MTF, an abbreviation for male-to-female. The use of the space between trans and man demonstrates an acknowledgement that trans women are women, and that "trans" is an adjective.

Transsexual - This was used in the past as a more medical term (similarly to homosexual) to refer to someone whose gender is not the same as, or does not sit comfortably with, the sex they were assigned at birth. This term is still used by some, and is also used in UK law, although many people prefer the term trans or transgender.

Tucking – The process used to create a smoother, more feminine appearance of a person's crotch. It involves pushing the testicles into the inguinal canal and pulling the penis and scrotum back towards the back of the body. The genitals are held in place using tight underwear, a garment called a gaff, or tape.

TRAINING AND CONSULTANCY FOR HEALTHCARE PROVIDERS

As a trans led and run organisation, TransActual have the knowledge, expertise and experience to ensure you and your colleagues are confident and ready to support your trans patients.

Bespoke training

Our training is developed and delivered by our trans led and run team, ensuring that trans people's voices are central to the training you receive.

We can offer the training online, in-person or as a hybrid session and will adapt any session to meet your organisational needs and priorities.

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- *Policies in relation to trans inclusion for staff and patients*
- *Trans inclusive forms and terminology*
- *Targeted health promotion materials*
- *Trans inclusive systems and processes*

Find out more

Visit **transactual.org.uk/training** or email **info@transactual.org.uk** to arrange a time to talk to one of our experts about your training and consultancy needs.

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