



## Gender Reassignment Policy

Lead Manager:	Head of Health Improvement & Inequalities
Responsible Director:	Director of Public Health
Approved by:	Policy Planning and Performance Group
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## **1. Introduction**

This policy sets out NHS Greater Glasgow & Clyde's roles and responsibilities as a service provider to patients who have the protected characteristic of Gender Reassignment. The Equality and Human Rights Commission explain that to be protected from gender reassignment discrimination, you do not need to have undergone any specific treatment or surgery to change from your birth sex to your preferred gender. This is because changing your physiological or other gender attributes is a personal process rather than a medical one.

You can be at any stage in the transition process – from proposing to reassign your gender, to undergoing a process to reassign your gender, or having completed it.

This policy approach is considered to be a proportionate response to the high levels of discrimination and prejudice experienced by people with the protected characteristic of gender reassignment. It is also considered a proportionate response to comparatively low levels of reported understanding or confidence by healthcare staff when working with patients and colleagues who have reassigned their gender.

The policy has been directly informed by the Equality Act (2010) and the legally protected characteristic of Gender Reassignment. However, delivering sensitive services will rely on staff having a wider understanding of inequality and any (or all) of the legally protected characteristics as set out in the Equality Act (2010) will need to be considered to ensure a person-centred service is delivered.

This policy has been developed through consultation and engagement with representatives from a range of NHSGGC services and transgender service user groups and the 2021 update has drawn on evidence returned through the Scottish Government's equality impact assessment of the proposed Gender Recognition Reform Bill 2019.

The Policy does not specifically apply to specialist gender reassignment services which are subject to the nationally agreed Gender Reassignment Protocol (GRP). This policy directs staff in the provision of inclusive and sensitive services for patients accessing **any** of our mainstream services.

### **1.1 NHS Greater Glasgow & Clyde's Approach**

NHSGGC recognises that traditional gender stereotypes are inadequate in reflecting the lives of patients using our services. NHSGGC will challenge a 'them and us' position, adopting instead an understanding that we are all part of a diverse gender spectrum.

NHSGGC recognises that people have the right to live with dignity and privacy in the gender with which they identify, and that there must be no exceptions to this when a patient with the protected characteristic of gender reassignment uses services and facilities.

### **1.2 Scope of this policy**

The policy applies to all NHSGGC employees. Staff will be expected to comply with the policy at all times and positively challenge colleagues and users of services who act in a manner that breaches legal and wider organisational commitments to equality, dignity and respect. Legal duties as a health care service provider are outlined in Appendix 2 to this policy.

### **1.3 Policy Review**

The Gender Reassignment Policy will be subject to review every 36 months post implementation to ensure it fulfils its operational use as a tool for best practice and as a source of guidance for the organisation.

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

Alastair Low  
Planning & Development Manager  
Corporate Inequalities Team  
NHS Greater Glasgow & Clyde  
JB Russell House  
Gartnavel Royal Hospital  
1055 Great Western Road, Glasgow  
G12 8XH  
Tel: 0141 2014560  
[alastair.low@ggc.scot.nhs.uk](mailto:alastair.low@ggc.scot.nhs.uk)

The Policy relates to treatment in general health care settings. Further information about specialist services is available from:

Dr David Gerber  
The Sandyford Initiative  
2-6 Sandyford Place  
Sauchiehall Street  
Glasgow G3 7NB  
[David.gerber@ggc.scot.nhs.uk](mailto:David.gerber@ggc.scot.nhs.uk)

## **2. Aims of the Gender Reassignment Policy**

NHS Greater Glasgow & Clyde is committed to ensuring equality of opportunity for people who are planning to, currently undergoing or who have undergone a process to reassign their gender. All patients have legal rights that are set out in Appendix 2 of this policy. The

fundamental position of this policy is that patients will be accepted and treated in their acquired gender and that there are very restricted exceptions to this.

The policy will support legal compliance in mainstream health service provision.

NHS Greater Glasgow & Clyde will work to ensure any patient with the protected characteristic of gender reassignment will:-

- be able to use or visit services without fear of prejudice, discrimination or harassment
- be treated sensitively and inclusively by staff who are confident and competent in delivering services to them (and understand the legal context for this)
- receive information regarding their rights to equality of access of service
- will not experience discrimination or unfair treatment due to any other legally defined protected characteristic in addition to gender reassignment

### **3. What does Gender Reassignment mean?**

This policy is a response to the legal protection extended under the protected characteristic of Gender Reassignment as defined in the Equality Act 2010. The Act defines gender reassignment as:

‘where a person has proposed, started or completed a process (or part of a process) for the purpose of reassigning the person’s sex by changing physiological or other attributes of sex’. The definition of gender reassignment no longer requires the person to be under medical supervision to be protected by the law. A transsexual person also has the protected characteristic of gender reassignment.

NHSGGC is committed to understanding gender reassignment as part of a wider spectrum of gender identity diversity. To this end we would challenge discriminatory behaviour on the grounds of any gender variance through application of existing policies, though appreciate current protection under the Equality Act (2010) extends specifically to the definition of gender reassignment (as above).

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

A detailed explanation of transgender terminology is included as Appendix 1 to this document.

## 4. General NHS care

People with the protected characteristic of gender reassignment will receive fair and equitable access to all NHS Greater Glasgow and Clyde services. The organisation understands that a person's expressed gender identity will not exclude them from the high standards of care expected.

### 4.1 Accessing Services

Where services have the patient's permission to share information about their gender reassignment, every effort must be made to ensure the patient is addressed using any new personal details provided in all forms of communication. Continued use of previous name and gender title (Mr, Ms Mrs etc.) is insensitive, distressing and may be in breach of legislation. In all respects, someone with the protected characteristic of gender reassignment will be addressed in line with their current gender identity. Where automated systems exist for contacting patients, system administrators must be contacted to make the required adjustments to recorded personal details.

### 4.2 In-Patient Accommodation

Where in-patient accommodation remains configured by sex (female/male only wards), patients with the protected characteristic of gender reassignment will be offered services in line with current guidance from the Equality and Human Rights Commission that uses an example stating –

*'An organisation which is providing separate sex services or single-sex services should treat a transsexual person according to the gender they identify with (as opposed to the physical sex they were born with). The service provider can only exclude a transsexual person or provide them with a different service if they can objectively justify doing so.'*

*A voluntary organisation may have a policy about providing its service to transsexual users, but this policy must still be applied on a case-by-case basis. It is necessary to balance the needs of the transsexual person for the service, and the disadvantage to them if they are refused access to it, against the needs of other users, and any disadvantage to them, if the transsexual person is allowed access. To do this may require discussion with service users (maintaining confidentiality for the transsexual service user). Care should be taken in each case to avoid a decision based on ignorance or prejudice.*

*One factor an organisation should consider, is where a transsexual person is visually and for all practical purposes indistinguishable from someone of the gender they identify with, they should normally be treated according to their gender identity unless there are strong reasons not to do so.'* <https://www.equalityhumanrights.com/en/advice-and-guidance/services-particular-groups>

The EHRC recommend that decisions in relation to placement of people with the legally protected characteristic of gender reassignment are made on a case by case basis. NHSGGC will work to provide non-discriminatory placement in this way.

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

Some transsexual people will require this type of post surgical care for clinical issues commonly associated with their birth sex – for example, a transsexual man may require a hysterectomy. Where these cases occur, patients with the protected characteristic of gender reassignment must be involved in all discussions relating to appropriate accommodation and clinical/surgical teams will be required to evidence all reasonable steps have been taken to meet the needs of the patient. In the event that clinical risk clearly outweighs choice of gender-appropriate accommodation, the patient must be involved in discussions in advance of admission.

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

Members of staff with any concerns regarding accommodation for transsexual patients should discuss the matter with their Clinical Co-ordinator or line manager.

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

### **4.3 Sex-specific Services**

Services notified of a change of gender for an individual, will make alternative arrangements for provision of sex-specific services. For example, transsexual men should not be invited to ‘Well Woman’ clinics. It is inappropriate and insensitive and may breach legislation. Transsexual men may still be required to attend for sex-specific services (e.g. cervical smears or mammograms). NHS Inform - <https://www.nhsinform.scot/healthy-living/screening/screening-information-for-the-transgender-community> - offer up to date information on national screening programmes and in inclusion for Trans people.

### **4.4 Gender Reassignment Identity Disclosure**

In all matters, members of staff should be aware that disclosing a person’s gender reassignment status to a third party without first gaining their express permission to do so may constitute a breach of legislation.

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

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

END.

## Appendix 1

### What Does Transgender Mean?

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

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

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

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

An individual's **gender identity** is their internal self-perception of their own gender. A person may identify as a man, as a woman, or as having a 'non-binary' gender identity such as androgyne/polygender/thirdgender. A person's gender identity may not match up with their biological sex. A person's understanding of their own gender identity develops during the early years of their childhood and appears to become fixed by the time they go through puberty. Therefore, unlike someone's physical body, a person's gender identity is as invisible as their personality when they are born. A person's gender identity remains hidden from others unless the person decides to articulate or express it in some way.

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

In Scotland, it is currently common to use the term **trans people** as 'umbrella' term to cover the many diverse ways in which people can find their personal experience of their gender and possible variations from the assumptions and expectations of the society they live in. The umbrella term **trans people** can therefore include transsexual people, cross-dressing people,

people with non-binary gender identities (such as androgyne, thirdgender and polygender people) and others.

**Transsexual people** consistently self-identify as the opposite gender from the gender they were labelled at birth based on their biological sex. Depending on the range of options and information available to them during their life, most transsexual people try to find a way to transition to live fully in the gender that they self-identify as. Transitioning is also known as **gender reassignment**. Many, but not all, transsexual people take hormones and some also have surgery to make their physical bodies match their gender identity better. People who have undergone, are planning to undergo or are currently undergoing a process to reassign their gender are protected against discrimination in the provision of goods and services and employment as detailed in the Equality Act (2010).

**Gender dysphoria** is a recognised medical issue for which gender reassignment treatment is available on the National Health Service in Scotland. Gender Dysphoria is distress, unhappiness and discomfort experienced by someone about their biological sex not fully matching their gender identity. Transsexual people usually experience intense gender dysphoria which is significantly reduced by undergoing gender reassignment to live as their self-identified gender (which can include taking hormones and/or getting surgery to make their physical bodies match their gender identity better). Around 1 in 11,500 people in Scotland seek NHS medical assistance to undergo a process of gender reassignment. Transgender people may experience various degrees of gender dysphoria, especially when unable to fully express their gender identity.

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

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

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

**Cross-dressing people** simply wear, either occasionally or more regularly, clothing associated with the opposite gender (as defined by socially accepted norms). Cross-dressing people are generally happy with the gender they were labelled at birth and do not want to permanently alter the physical characteristics of their bodies or change their legal gender. They may dress as the opposite gender for emotional satisfaction, or just because they feel

more comfortable doing so. Cross-dressing men are sometimes referred to as transvestite men, however this is becoming an increasingly out-dated term and may cause offence.

People who intend to transition (undergo gender reassignment) or have transitioned to live permanently in their self-identified gender have legal protection in regard to employment and goods, facilities and services provision under UK sex discrimination law. Therefore, public sector organisations such as the National Health Service must give due regard to promoting equality and eliminating discrimination and harassment on grounds of gender reassignment in line with our duty as set out in the Equality Act (2010).

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

## Appendix 2

### NHSGGC & Legal Context

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

#### **The Equality Act (2010) (Specific Duties) (Scotland) (2012)**

The Equality Act 2010 places a statutory duty on all public sector organisations, when carrying out their functions, to have due regard to the need: to eliminate unlawful discrimination and harassment; promote equality of opportunity and promote good relations between people who have the protected characteristic of gender reassignment and those who do not.. The Act places a responsibility on statutory services to pro-actively promote non-discriminatory practice, moving the focus away from an historic reactive complaints-orientated approach. This means services must invest significant resource in ensuring functions (including promotion of services) are fit for purpose and meet the needs of diverse groups through an intensive process of planning, development and reflection/assessment.

This policy is part of NHSGGC's commitment to ensuring patients with the protected characteristic of gender reassignment feel safe, secure, respected and equal as users of NHSGGC services.

#### **Gender Recognition Act 2004**

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

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

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

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

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

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

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

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

Where a patient is capable of giving consent to aspects of their medical treatment, then health professionals MUST obtain the consent of the patient if it is clinically desirable to disclose the patient's gender history to another health professional. Unless there is clear clinical need for such disclosure, it should be avoided.

## Appendix 3

### Health Outcomes for Transgender People

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

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

### Discriminatory practice

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

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

Trans people are afforded additional protection in law through application of the Offences (Aggravation By Prejudice) (Scotland) Act 2009. The Act allows for enhanced sentencing when an offence against a transsexual person is motivated by ill-will on the grounds of their gender identity. Members of staff should be aware of the significance of hate incidents and the impact this will have on health and wellbeing. NHSGGC has a set of guidance notes to inform staff on the steps to be taken should they witness or receive information pertaining to hate incidents.

## Appendix 4

### Practice Case Study

Patients with the protected characteristic of gender reassignment are protected by law in terms of their rights to receive care that meets their current gender identity. NHS staff must be aware of their legal responsibilities in helping this to happen and understand the significant issues faced by patients in terms of receiving equitable and sensitive services.

The following case study represents a scenario experienced in a health setting.

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

Often, where inpatient care is planned, ward managers opt to accommodate transgender patients in single-occupancy rooms where available to avoid potential difficulties. Adopting this position as a default in itself could be discriminatory. Patient placement needs to be done with the full engagement of the patient involved and on a case by case basis.

#### Inpatient Scenario:

*A nurse is summoned to a patient's bed in a female ward. The patient appears to be agitated. When asked what's concerning her, the woman explains she didn't expect to be sharing the ward with a man and points to the bed opposite. She states it's inappropriate to have 'him' in the ward with the other women. She tells the nurse she can't relax and wants 'him' removed from the ward. If this doesn't happen she'll make a formal complaint – the hospital has a duty of care to look after her and they're not taking this seriously by putting her in this situation.*

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

The response to the patient's concern isn't appropriate and may breach legislative protection afforded to Trans people. Someone's Trans status should not be disclosed to a third party without the express permission of the Trans person and the assumption that others in the ward will feel uncomfortable is unfounded. In this instance there is no need to either disclose or seek permission to disclose gender identity. The nurse should work to allay the patient's concerns – it would be appropriate to re-iterate that the ward is indeed female only and that there are no men present. Duty of care extends to protect all patients from harassment and should the patient continue to make demands about the removal of the other patient and be vocal in the ward it would be appropriate to remind her of this. The nurse should check with the other patient and sensitively ask if everything is ok. If the other patient has heard any of the discussions it is imperative that she is given every assurance that the matter will be resolved. If the patient is upset and there is spare capacity, it would be appropriate to

offer her the option to move to a single room, though this must be with the interests of the patient in mind rather than conflict avoidance. Balancing the rights of patients is challenging. The concern expressed by the complainant should not be dismissed and accordingly if there is spare capacity of single rooms it may be prudent to make this offer to the complainant.

The complainant should be given all appropriate support to access NHSGGC's complaints process if they feel their concerns have not been listened to properly.

### GLOSSARY

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

**Equality Act (2010)** Legislation that brought into law the protected characteristic of Gender Reassignment and provides protections through the aligned Public Sector Equality Duty making it unlawful to treat someone unfairly because they propose to, are undergoing or have undergone a process to realign their gender.

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

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

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

**GRA** Gender Recognition Act 2004

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

**GRP** NHS Scotland's Gender Reassignment Protocol (GRP) was introduced in July 2012 and sets out the gender reassignment treatment transgender people in Scotland are entitled to.

**GRS** Gender reassignment surgery

**Hormone therapy** A treatment in which the hormones naturally occurring in the bodies of trans people are replaced with those of the other sex. The purpose is to create the physical characteristics of the other gender. For example, for a man to develop breasts or have less hair, as is characteristic of a woman.

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

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

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

**Sexual Orientation** Sexual Orientation may be defined as: An orientation towards persons of the same sex (lesbians and gay men); an orientation towards people of the opposite sex (heterosexual); an orientation towards persons of the same sex and opposite sex (bisexual).

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

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

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

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

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



