

oyal C ege
s n

CLINICAL PROFESSIONAL RESOURCE



Acknowledgements

The contributors and co-authors of this guidance include:

George Burrows

og oesce B4.4 (l -1.o.22)13.4 9chl -1.coh417owexp-1.7 1ae B4hho-da(s g)0 (k)-7 h(n t)1a3

This publication is due for review in November 2022. To provide feedback on its contents or on your experience of using the publication, please email publications.feedback@rcn.org.uk

This document has been designed in collaboration with our members to ensure it meets most accessibility standards. However, if this does not fit your requirements, please contact corporate.communications@rcn.org.uk

This publication contains information, advice and guidance to help members of the RCN. It is intended for use within the UK but readers are advised that practices may vary in each country and outside the UK. The information in this booklet has been compiled from professional sources, but its accuracy is not guaranteed. Whilst every effort has been made to ensure the RCN provides accurate and expert information and guidance, it is impossible to predict all the circumstances in which it may be used. Accordingly, the RCN shall not be liable to any person or entity with respect to any loss or damage caused or alleged to be caused directly or indirectly by what is contained in or left out of this website information and guidance.

Published by the Royal College of Nursing, 20 Cavendish Square, London, W1G 0RN

© 2020 Royal College of Nursing. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means electronic, mechanical, photocopying, recording or otherwise, without prior permission of the Publishers. This publication may not be lent, resold, hired out or otherwise disposed of by ways of trade in any form of binding or cover other than that in which it is published, without the prior consent of the Publishers.

Introduction 4

Introduction

This resource is designed to help you respond to the needs of service users who identify as trans or non-binary. There may be approximately 500,000 trans people in the UK and even more people who identify as non-binary. Initially created in response to a Royal College of Nursing (RCN) Congress resolution, this guidance has been updated following further developments from a wide range of organisations engaged in research and advocacy in this arena.

Equality legislation exists across England, Northern Ireland, Scotland and Wales which outlaws discrimination on the grounds of gender reassignment or gender identity. This matters when trans and non-binary patients and service users are welcomed into and supported to engage with health care services. However, the RCN recognises that trans and non-binary people frequently experience prejudice and discrimination. The nursing community must, through its professional actions and interests, work to eliminate and significantly reduce this at both an individual and a societal level in partnership with a range of organisations, including those that represent the needs of trans and non-binary people.

As a nurse, midwife or nursing associate, the Nursing and Midwifery Council (NMC) The Code (NMC, 2018) highlights the role of nursing in promoting dignity and the need to prioritise people: “You put the interests of people using or needing nursing or midwifery services first. You make their care and safety your main concern and make sure that their dignity is preserved and their needs are recognised, assessed and responded to. You make sure that those receiving care are treated with respect, that their rights are upheld and that any discriminatory attitudes and behaviours towards those receiving care are challenged.”

In January 2016, the House of Commons Women and Equalities Select Committee published its Transgender Equality report, which found: “Trans people encounter significant problems in using general NHS services, due to the attitude of some clinicians. They are often treated with disrespect, discrimination and prejudice. The NHS is failing to ensure zero tolerance of transphobic behaviour.”

Providing health care to trans and non-binary patients and service users

What is gender dysphoria?

Gender dysphoria is described as the experience of dissonance between the physical appearance and the personal sense of being a man, woman, both or neither. According to the NHS Choices definition, gender dysphoria is 'a condition where a person experiences discomfort or distress because there is a mismatch between their biological sex and gender identity.' In ICD 11 it is described as 'gender incongruence'.

There are many variations of gender experience between the traditional binary definitions of being exclusively a 'man' or a 'woman', some of which cause both psychological and physiological discomfort. This may be alleviated by medical intervention. Some trans and non-binary people may need little or no medical treatment, but will still benefit from support and recognition of their gender and how this may affect their care needs and may need some medical intervention; others may need little or none.

Nurses and health care support workers should bear in mind that gender identity is not necessarily fixed and can be fluid over time. It may take a great many years before an individual feels sufficiently confident and capable of describing their true gender identity to others. For that reason, it is sometimes relatively late in life that the patient is diagnosed. Some people with a fluid gender identity may present and identify in different ways at different times during their life. This is OK and is not the same as being confused.

Some patients may feel pressure to conform to the expectations of others about how to live their lives and may spend many years searching for a way to authentically describe their feelings.

Starting points in trans and non-binary journeys

Although in some parts of the UK, individuals are able to self-refer to gender identity clinics (GIC), some of which are nurse-led, generally speaking GPs tend to refer patients to their nearest/preferred gender identity clinic. Referrals may also be accepted by other health and social care professionals, including nurses.

Accommodation and environment

Where trans and non-binary patients are cared for in an inpatient setting, care should be taken to meet their needs for privacy and dignity whilst an inpatient. Patient placement should be based on both asking the patient for their preference, and on gender presentation.

Psychological support

The role of counselling or psychotherapy by the counsellor, psychotherapist, psychologist or psychiatrist should be to facilitate the process of exploration for the patient.

Therapy should not be provided as a vehicle to change the trans or non-binary person's mind about their true gender. Many organisations, including NHS England, agree that this 'conversion therapy' is unethical and potentially harmful to the person's health.

Psychological therapies should be used as part of a patient's treatment programme. This will enable people, through a variety of approaches, to be clearer about their gender identity and to determine whether they want to start, continue or alter their treatment.

Nurses and health care support workers have a powerful role to play in affirming the true gender identity of trans and non-binary people. This can be demonstrated by using pronouns of the patient's choosing when referring to them.

Nurses and health care support workers may also wish to signpost their trans and non-binary clients and patients to the wide range of voluntary and community-based trans and non-binary support groups that exist. Further information can be found in the advice and support section of this document.

The international good practice guidelines for the assessment and treatment of adults with gender dysphoria state that some of the key factors for ensuring positive health outcomes for trans and non-binary patients include peer support and mentoring, family

Transitioning to a different gender role

Transitioning refers to the social, psychological, emotional and economic processes that a trans person undergoes as they more fully express their gender. The time this takes is variable and depends on the individual's ability to embrace significant change in their life. If requiring genital surgery, adults have to undergo a preoperative 12-month experience, as well as other treatment, where they live in their true gender role.

When trans patients begin to transition, their physical appearance may not always be consistent with some of the cultural norms traditionally held about the appearance and behaviours of their gender. Through asking the patient about their preferences in a dignified and respectful way, nurses, nursing associates, and health care support workers have a powerful role to play in affirming the gender identity of trans people.

Masculinising hormone therapy

Hormonal therapy is one of the key treatments provided to trans and non-binary patients as part of their medical transition. The aim of treatment is to get the testosterone levels into the normal male range. It can produce permanent changes in the way the body looks.

Hormone treatment is safe when medically supervised, but there are side effects.

These include:

- increased risk of polycythaemia (high haemoglobin levels)
- increased cholesterol and liver test abnormalities
- slight increase of veno-thrombotic events (blood clots)
- thickening of the womb lining.

The key message for patients is to stop smoking and maintain a healthy body weight. There is no clear evidence about whether vaping is beneficial or reduces harm compared with tobacco smoking. Nicotine still poses health risks, including the development of cervical cell abnormalities and cancer.

Menstruation usually stops rapidly following testosterone administration, as the doses used normally suppress ovarian function.

Thickening of the womb lining can be screened for with serial ultrasound scanning which can be scheduled at two-yearly intervals due to risk of endometrial hyperplasia. A hysterectomy may be indicated following a full assessment of individual need, including sympy i, allowce is n9.4 (s)10.81 (l)12 (t)15TJ 09()JC2.1 (e).5 (v)17 (a)9.1 5(on)-13.5 (c)3.9 (e)2.3 (he)-3.7 (dr)

Health promotion/healthy choices for trans and non-binary patients

- Prostate cancer – although trans and non-binary people tend to have a lower risk of contracting this form of cancer, it is important to note that most gender reassignment surgical procedures do not involve removing the prostate. Therefore, any trans or non-binary person with a prostate will need to be aware of a continued risk of prostate cancer. Nurses should advise anyone with a prostate to ensure that they attend appointments designed to check prostate health.
- Bone protection – hormone replacement therapy for trans women can, in some instances, increase the risk of osteoporosis. Nurses and health care support workers should remind trans and non-binary people to consider their bone protection options.
- Breast awareness – breast cancer can be hormone-related. Therefore all trans patients and service users should be breast-aware and examine their breasts at the same frequency as other women. Changes in breast tissue and appearance in trans and non-binary people should not be treated in the same way as for other, cisgender men and women. Trans men, following breast reduction surgery, do have a lower risk profile than women. However, breast awareness remains important and changes to breast tissue should always be considered abnormal and an early GP consultation should be sought.
- Smoking cessation – trans women are at increased risk of veno-thrombotic events as a result of hormone therapy. Smoking cessation advice should be offered at every opportunity. Trans men may have a lower risk profile in relation to veno-thromboembolic events. However, smoking cessation should be offered at every opportunity.
- Healthy drinking – trans and non-binary people may suffer social isolation, which can place them at an increased risk of excess alcohol consumption. Guidance on healthy drinking should be recommended to patients.
- Sexual health – trans patients are at the same risk of sexually transmitted infections as other sexually active individuals in the population.
- Cervical cancer awareness – trans and non-binary people with a cervix remain at risk of cervical cancer. They may not be automatically recalled for screening, and those who experience dysphoria may find the experience particularly traumatic or painful.

Children

Gender-variant children and young people should be accorded the same respect for their self-defined (or true) gender as trans and non-binary adults are, regardless of their internal or external sex characteristics, including genitals.

Where there is no segregation in respect of issues like accommodation, as is often the case with children, there may be no requirement to treat a young gender-variant person any differently from other children and young people.

Where segregation is needed, then this should be in accordance with the dress, preferred name and/or stated gender identity of the child or young person.

Confidentiality

Disclosing someone's trans or non-binary status or history without permission or cause is, in some cases, a criminal offence. You should always gain consent before disclosing this information, with permitted exceptions only when it is not possible to gain consent and is essential for the delivery of services, for example the emergency care of an unconscious person, and only to the staff who need to know to effectively deliver relevant care.

There are a narrow range of circumstances where exceptions are permitted such as when it is not possible to gain consent and is essential for the delivery of services, such as the emergency care of an unconscious person. In these circumstances, this should only be disclosed to staff who need to know a person's status in order to deliver relevant and necessary care.

Advice and support

The following organisations provide advice, information and support to those individuals

Additional resources

Guidance and Ethical Considerations for Undertaking Transgender Health Research and Institutional Review Boards Adjudicating this Research [Adams et al 2017 <https://doi.org/10.1089/TRGH.2017.0012>].

International Standards of Care, available from the World Professional Association of Transgender Health [

Your continuing professional development and revalidation

This guidance may help you to meet your requirements for revalidation with the Nursing and Midwifery Council (NMC). You could write a reflective account and use this as part of your reflective discussion with another colleague who is also on the NMC register.

Consider some of the questions below.

- What did you learn about providing care for trans patients?
- What impact did this have on you?
- How might you change your practice as a result?
- How is this relevant to The Code ?

The NMC's revalidation website has more information about this.
See <http://revalidation.nmc.org.uk>

The RCN also has dedicated information to support you with revalidation.
See rcn.org.uk/professionaldevelopment/revalidation



Transition: the period of time during which individuals change from the gender role associated with their sex assigned at birth to a different gender role. For many people, this involves learning how to live socially in the 'other' gender role; for others, this means finding a gender role and expression that is most comfortable for them. Transition may or may not include feminisation or masculinisation of the body through hormones or other medical procedures. The nature and duration of transition is variable and individualised.

Two-spirit: is an umbrella term traditionally used by Native American people to recognise individuals who possess qualities or fulfill roles of both male and female genders.

Ze/hir: these are alternate pronouns that are gender-neutral and may be preferred by some trans people. Pronounced /zee/ and /here/ they replace 'he' and 'she' and 'his' and 'hers' respectively. Alternatively others may use the plural pronouns 'they/their' as a gender-neutral singular pronoun to replace 'he/she'.

References

Equality and Human Rights Commission (2018) Is Britain fairer? The state of equality and human rights 2018, London: Equality and Human Rights Commission. Available at <https://www.equalityhumanrights.com/sites/default/files/is-britain-fairer-accessible.pdf> (Accessed November 2020)

House of Commons Women and Equalities Committee (2016) Transgender equality: First report of session 2015-2016, London: The Stationery Office (HC390). Available at www.publications.parliament.uk/pa/cm201516/cmselect/cmwomeq/390/39003.htm#_idTextAnchor216 (Accessed November 2020).

Nursing and Midwifery Council (2018) The Code: Professional standards of practice and behaviour for nurses and midwives, London: NMC. Available at nmc.org.uk (Accessed November 2020).

Public Health England and the Royal College of Nursing (2015) Preventing suicide among lesbian, gay and bisexual young people: a toolkit for nurses, London: PHE [PHE 2014800].

Public Health England and the Royal College of Nursing (2015) Preventing suicide among trans young people: a toolkit for nurses, London: PHE [PHE 201480].

Government Ef.3 (4)-19.6 3.4 (n)/TT3 1 20462 (n)19Ta t: Pef.3 (4)-19l C3-3.3 8 (l)1502n02n02n02n02n02n

RCN quality assurance

Publication

This is an RCN practice guidance. Practice guidance are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

Description

This resource is designed to help nursing staff respond to the needs of service users who identify as trans or non binary, in both the NHS and independent sectors.

Publication date: November 2020 Review date: November 2022

The Nine Quality Standards

This publication has met the nine quality standards of the quality framework for RCN professional publications. For more information, or to request further details on how the nine quality standards have been met in relation to this particular professional publication, please contact publicationsfeedback@rcn.org.uk

Evaluation

The authors would value any feedback you have about this publication. Please contact publicationsfeedback@rcn.org.uk clearly stating which publication you are commenting on.

