

# HR04

## Menopause in the Workplace Policy

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# Menopause in the Workplace Policy

## 1.0 Policy Statement

- 1.1 The Royal Wolverhampton NHS Trust is committed to supporting employees to sustain good health and high levels of wellbeing in the workplace. At RWT we recognise that the wellbeing of our employees has a direct impact on the clinical outcomes and the experience of our patients, and we believe that when our staff are feeling well, supported, cared for, and are satisfied with their work, the experience of our patients improves.
- 1.2 Anyone can be affected by hormonal changes during their lives for a number of reasons, including pregnancy, fertility treatment, gender transitioning, conditions needing hormone treatment, and the menopause. These can bring about symptoms that could affect a colleague at work.
- 1.3 Menopause is a transition of life rather than taboo or an off-limits topic of conversation. We want all our colleagues to feel comfortable and supported at work.
- 1.4 Menopause and perimenopause are very personal experiences and will differ from individual to individual. Symptoms will fluctuate during the course of the menopause transition. Different levels of adjustments and support may be required at different times based on individual needs.
- 1.5 The aims of this policy and its associated documents are as follows.
- Foster an environment in which colleagues can openly and comfortably initiate conversations or engage in discussions about menopause and that appropriate support and reasonable adjustments are considered.
  - Provide guidance and information for all staff and managers on the potential symptoms of the menopause and the potential impact of the menopause in the workplace.
  - Outline the requirements for all staff experiencing peri-menopausal or menopausal symptoms that are affecting them in the workplace so that they can continue to be successful in their roles and responsibilities.
  - Acknowledge that menopause awareness is important for all colleagues.

## 2.0 Definitions

The table below outlines definitions for terms referred to within the policy and its associated documents.

EAP	Employee Assistance Programme.
Early menopause	Where the menopause occurs before the age of 45.
Menopause	A biological phase in which the menstrual cycle ceases and the individual can no longer get pregnant naturally. Usually, it is medically defined once a person has not had a period for 12 consecutive months. The average age for a person to go through the menopause is 51 but some individuals can start experiencing symptoms many years before and after their periods stop. The menopause can also occur as a result of medication, radiotherapy, ovarian disease or a surgical procedure.
OHWB	Occupational Health and Wellbeing.

Perimenopause	Used to describe the years building up to the menopause. It is where the ovaries gradually begin to make less oestrogen and therefore some individuals may start to experience menopausal symptoms. It usually starts in a person's 40s but can start in their 30s or even earlier.
Post-menopause	The time after the menopause has occurred, starting when an individual has not had a period for 12 consecutive months. Symptoms can continue in the post menopause stage for a number of years.
Premature menopause	Where the menopause occurs before the age of 40.

**3.0 Accountabilities**

3.1 The **Director Sponsor** will be accountable for the revision of this policy which will be necessary from time to time as a result of changes in legislation or in the light of experience when applying the policy and its associated procedures. Any revisions will be agreed through the Trust's Joint Negotiating Committee.

3.2 The **Chief Operating Officer, Directors, Deputy Chief Operating Officers, Deputy Directors, Divisional Managers, Group Managers, Department Managers, Heads of Service and Directorate Managers** will be responsible for ensuring that this policy is fairly and consistently applied within their area of responsibility in the Trust and that Group Managers and Department Managers attend the relevant training provided in relation to this policy.

3.3 **Managers** will be responsible for the following.

- Encouraging and supporting staff to look after their health and wellbeing, including making all reasonable attempts to release staff to attend health and wellbeing activities and interventions as appropriate, dependent on the needs of the service.
- Being aware of relevant policies and procedures, attending awareness training as appropriate, understanding their legal duty to protect the health, safety and wellbeing of staff and signposting them to appropriate services for further advice and support.
- Being open and willing to have discussions with any member of staff about the menopause, treating the discussion confidentially, sensitively, and professionally.
- Knowing their staff and their circumstances to be able implement this policy fairly, sympathetically, and reasonably, taking all known circumstances into consideration.
- Working collaboratively with the individual employee to reach agreements about support required and how this will be achieved.
- Where relevant, seeking expert advice from HR and OHWB to assist with the management of an individual's menopause symptoms in the workplace.
- Undertaking any risk assessments as required e.g. stress risk assessment, manual handling risk assessment.
- Taking issues relating to the menopause into account when managing attendance in accordance with the [Supporting and Managing Staff Attendance at Work Policy](#).
- Implementing all adjustments that have been agreed and regularly reviewing them in conjunction with the individual employee.
- Considering the effects of menopause symptoms and the side effects of treatment in relation to any performance capability management and disciplinary procedures.
- Ensuring all staff are aware of the range of support services available and how to access them, and to support them in doing so as and when appropriate.

- Where staff declare that sickness absence is related to menopausal symptoms, ensuring that this is recorded on the return to work discussion document and any management meetings associated with supporting and managing attendance.
- 3.4 **Employees** will be responsible for the following.
- Taking responsibility for their own wellbeing and doing their best to take all reasonable steps to look after both their physical and mental health including seeking medical advice and treatment as required.
  - Where appropriate, taking responsibility for sharing any health or other relevant information with their manager that may impact on their attendance or work performance so that employees and managers can collaboratively establish appropriate ways of supporting and managing this (such as agreeing adjustments).
  - Actively participating in discussions about their wellbeing at work and any menopausal symptoms or issues that may be affecting this.
  - Seeking advice from their manager, HR, OHWB, EAP, Maximum (formerly Remploy) or a trade union representative should they need additional information about this policy or the management of the impact of their menopause on their working life. Guidance on how to approach conversations is available in the [Guidance Document for Staff on Menopause](#).
- 3.5 The **HR Advisory Team** will be responsible for supporting the implementation of these processes, including providing advice to staff, and advice, guidance and relevant support for managers.
- 3.6 **OHWB** is responsible for promoting the physical and mental wellbeing of Trust staff, including providing support and guidance to them and managers in the form of medical advice, guidance, support, and health promotion.
- 4.0 Policy Detail**
- 4.1 This policy applies to all staff employed by the Trust.
- What is the menopause?**
- 4.2 The menopause is defined as a biological phase in which the menstrual cycle ceases and the individual can no longer get pregnant naturally.
- 4.3 The menopause can occur when:
- the ovaries spontaneously fail to produce the hormones oestrogen and progesterone,
  - the ovaries fail due to disease,
  - the ovaries fail due to specific treatment such as chemotherapy or radiotherapy, or
  - when the ovaries are removed surgically.
- 4.4 The resulting low and changing levels of hormones, particularly oestrogen, are thought to be the cause of menopausal symptoms. Periods stop because the low levels of oestrogen and progesterone do not stimulate the endometrium (lining of the womb), in the normal cycle.
- 4.5 Many people do not realise that menopause is a hormonal transition that happens over many years. Menopause itself is a one-day in time event, and it is usually reached when there hasn't been a period for 12 months. But, for many people, prior

to that day, there are hormonal changes that trigger menopausal symptoms that typically last between 4 and 8 years, which is known as the perimenopause.

- 4.6 The menopause is a natural part of ageing that usually occurs between 45 and 55 years of age. The average age for a woman to reach the menopause is 51 years old. As many as 1 in 20 women may go through an early menopause, which is where the menopause occurs before the age of 45 (ACAS). Around 1 in 100 women experience the menopause before the age of 40, known as premature menopause (NHS Employers).

#### **Why is discussion about the menopause important?**

- 4.7 Historically, menopause was considered as something experienced towards the end of life, likely because at that time life expectancy was on average a lot earlier than it is today. In the early 1900's, menopause was experienced around the age of 57 and life expectancy was around 59 years of age (source: *Henpicked*).
- 4.8 Nowadays life expectancy is much longer. The average age to reach menopause is age 51, we are living into our 80's, and we have a 1 in 6 chance of living to age 100, and more people are at work than ever before, working into our 60's and 70's (source: *Henpicked*). Therefore, menopause is now a mid-life experience, and an individual could potentially be at work for 20 or 30 years beyond reaching the menopause.
- 4.9 The UK is an ageing population, and currently around 8 in 10 menopausal individuals are in work currently.
- 4.10 From an RWT perspective, 20% of our workforce are females in the age band of 46-55, meaning that at any one time a significant proportion of our workforce will experience symptoms that might feasibly impact on their working life. This figure will likely be even higher when considering that there are staff outside of these criteria who will be experiencing menopausal symptoms.
- 4.11 Some of us experience the menopause first hand, and the remainder through our relationships whether that's with a partner, family member, friend or colleague. It is therefore in turn an organisational issue which needs support from managers.
- 4.12 It is important the menopause is an inclusive discussion. It is recognised that not everyone experiencing the menopause will identify or express themselves as a woman. Therefore the information covered in this policy and its associated guidance documents applies to anyone experiencing the menopause transition, regardless of their gender expression or identity.

#### **Symptoms of the menopause**

- 4.13 Symptoms can vary from person to person and range from being very mild to severe. Statistics suggest that 3 out of 4 individuals going through the menopause experience symptoms and 1 in 4 could experience severe symptoms that can impact on their day-to-day life (source: NHS Employers).
- 4.14 Many people don't start with the symptoms traditionally associated with the menopause, such as hot flushes or period changes, and it is often reported that when symptoms do start to be experienced the cause is put down to some other reason, for example the person thinks they're feeling tired because things are

particularly busy or stressful in their life, and the connection with the menopause is not always made until later down the line when the pieces of the jigsaw are put together.

- 4.15 The variety of symptoms that can be experienced really is vast, however symptoms can include:
- aches and pains including muscle and joint stiffness,
  - difficulty sleeping and night sweats,
  - dry eyes,
  - fatigue, feeling tired and lacking energy,
  - feeling anxious and panic attacks,
  - hot flushes (or may feel hotter than normal),
  - headaches including migraines,
  - irregular periods which can become heavier,
  - low mood and mood swings,
  - memory issues, struggling to remember things, concentration and focus,
  - noticeable heartbeats,
  - putting on weight,
  - skin irritation,
  - taking longer to recover from illness,
  - urinary problems e.g., frequent urinary tract infections (UTIs), and
  - vaginal dryness.
- 4.16 A GP is usually able to diagnose whether symptoms are related to the menopause, however, if the individual is under the age of 45, they may be offered a blood test as well to confirm a diagnosis.

### **Workplace and Health and Safety Considerations**

- 4.17 Depending on the type of environment the employee works in, managers should consider reviewing the work and work environment for employees currently going through the menopause who are experiencing symptoms that are affecting them in the workplace. Managers should be mindful of the impact that workplace factors may have in contributing to exacerbating symptoms and should consider the following.
- Are sanitary and rest facilities easily accessible?
  - Are private washing and changing facilities available?
  - Can they easily access sanitary products?
  - Do rotas and shifts ensure that workers have easy access to sanitary and washing facilities?
  - Are regular breaks provided and taken to access facilities?
  - Is ventilation available and is it regularly maintained?
  - Is additional ventilation provided if necessary?
  - Have workstation risk assessments been reviewed to take the menopause into account?
  - Do manual handling assessments take these issues into account?
  - Are other policies used flexibly and compassionately to take into account menopausal symptoms (e.g., supporting and managing attendance at work, performance capability and disciplinary)?
- 4.18 A [Guidance Document for Managers on Menopause](#) is provided in the HR Advisory Toolkit to support managers in understanding more about the menopause and the

adjustments that could be considered dependent on the work area and the symptoms experienced.

### Link to other policies

- 4.19 The following policies may be useful when supporting staff whose menopause symptoms are impacting on them in the workplace.
- Agile Working Policy (HR02),
  - Annual Leave and Bank Holidays Procedure (HR01, attachment 9),
  - Flexible Working Procedure (HR01, attachment 14),
  - Performance Capability Policy (HR19),
  - Staff Dress Code and Uniform Policy (HR22),
  - Supporting and Managing Staff Attendance at Work Policy (HR13),
  - Time off to attend Health Related Appointments Procedure (HR01, attachment 10), and
  - Workplace Health and Wellbeing Policy (HR48).
- 4.20 In addition, the [HR Advisory Toolkit](#), the [Hormonal Health](#) webpage, and the [Workplace Wellbeing](#) webpage are available to provide further guidance and support particularly around the support and reasonable adjustments that are available and should be considered.

### Uniform

- 4.21 Employees who wear a uniform or PPE may request to adjust their uniform or remove layers where possible in response to symptoms and may request access to shower or washing facilities and to change their uniform if the need arises during the working day.
- 4.22 This may be agreed as a means of supporting an employee to manage their symptoms and must be discussed with their line manager and agreed in advance on an individual basis, taking into account individual needs and clinical and workplace requirements.
- 4.23 The provision of additional uniforms may need to be considered to ensure individuals can change during the day. Consideration may also need to be given to temporary changes to uniform e.g., alternatives to hosiery, layers, lighter weight material etc. if appropriate for the work area.
- 4.24 Further information about considerations for uniforms are included with in the [Guidance Document for Managers on Menopause](#).
- 4.25 Where there is a proposal to introduce a new or modified uniform to an area, the needs of staff experiencing hormonal or menopausal symptoms should be considered.

### Trans people and the Menopause

- 4.26 'Trans' is 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. Transitioning is the steps a trans person may take to live in the gender with which they identify. Each person's transition will involve different things. For some, this involves medical intervention, such as hormone therapy and operations, but not all trans people want or are able to have this.



- 4.27 Trans men (those who identify as male but were assigned female sex at birth) will experience a natural menopause if their ovaries remain in place and no hormone therapy is given. Trans men will also experience menopausal symptoms if the ovaries and uterus are surgically removed (this may happen at an earlier age than commonly happens with a natural menopause). Symptoms may be reduced or complicated if hormone therapy (such as the male hormone testosterone) is used.
- 4.28 Trans women (those who identify as female but were assigned male sex at birth) undertaking hormone therapy will usually remain on this for life and should generally experience limited 'pseudo' menopausal (menopausal-like) symptoms - unless hormone therapy is interrupted, or hormone levels are unstable. Such treatment interruptions however can be a common experience for trans women (and trans men).
- 4.29 As such, many trans people are likely to experience at least some menopausal symptoms. How a trans person experiences symptoms in later life may vary depending on the age at which they transitioned and when in time that was (as treatments have changed and developed over time).
- 4.30 Negative and discriminatory attitudes may make it more difficult to disclose difficulties or ask for adjustments. Some trans people may not wish to disclose their trans status and, as a result, may be reluctant to discuss menopausal symptoms if doing so would disclose their status.
- 4.31 During 2023 the Trust plans to release a Transgender guidance document which may be a useful reference tool. Once the document is available it will be on the Trust intranet site (using the search term 'transgender guidance').

### **Black Asian and Minority Ethnic Community**

- 4.32 Some research has found that there is a variation in the average age at which the menopause takes place between individuals of different ethnic backgrounds. Reporting of the most common and significant symptoms of menopause has also been found to vary among different ethnic groups. It is unclear to what extent these differences are caused by social, economic, language and cultural factors rather than ethnic origin.
- 4.33 People who do not have English as a first language or with diverse cultural backgrounds may have more difficulty in communicating the symptoms or difficulties they are experiencing, as many cultures do not have a term to recognise the menopause. This may make it more difficult for them to access medical advice or ask for help or adjustments at work.
- 4.34 This procedure does not form part of the contract of employment.



## 5.0 Financial Risk Assessment

1	Does the implementation of this policy require any additional Capital resources	No
2	Does the implementation of this policy require additional revenue resources	No
3	Does the implementation of this policy require additional manpower	No
4	Does the implementation of this policy release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this policy which cannot be delivered through current training programmes or allocated training times for staff.	No
	Other comments	

## 6.0 Equality Impact Assessment

An initial equality impact assessment has been carried out and it indicates that there is no likely adverse impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.

## 7.0 Maintenance

This policy will be reviewed every three years or earlier if warranted by a change in standards or if changes are deemed necessary from internal sources.

## 8.0 Communication and Training

8.1 The HR Department will provide advice on the policy to staff, and advice and support to managers in the fair and equitable application of this policy as appropriate.

8.2 Menopause awareness training is available online and information sharing sessions on the menopause will be arranged by the Wellbeing Team at regular intervals during the year which will be advertised through staff bulletins.

8.3 The [HR Advisory Toolkit](#), the [Hormonal Health](#) webpage, and the [Workplace Wellbeing](#) webpage is available to provide further guidance and support.

8.4 All Group Managers, Matrons, Departmental and Directorate Managers are responsible for the communication of this policy to their staff.

## 9.0 Audit Process

9.1 The Chief People Officer has overall responsibility for the update and maintenance of this policy.

9.2 The Divisional Team, as well as the People and Organisational Development Committee (POD), will be responsible for monitoring its implementation and reviewing this policy to ensure it reflects national standards and best practice.

Criterion	Lead	Monitoring method	Frequency	Committee
Fair and consistent application of this policy	Divisional HR Managers HR Manager - Advisory	Feedback from staff-side and managers via Divisional HR reps	3-yearly on policy review	POD Committee

## 10.0 References

- *Henpicked*. <https://henpicked.net/menopause-hub/>
- NHS Employers
- ACAS
- FOM, (2016, November). Guidance on menopause and the workplace, Faculty of Occupational Medicine of the Royal College of Physicians, retrieved from <http://www.fom.ac.uk/health-at-work-2/information-for-employers/dealing-with-healthproblems-in-the-workplace/advice-on-the-menopause>

## 10.1 With special thanks to documents produced by:

- Nottingham University Hospitals NHS Trust,
- NHS Fife, and
- Black Country and West Birmingham Healthier Futures.

**Part A - Document Control**

<b>Policy number and Policy version:</b> HR04 v1.0	<b>Policy Title:</b> Menopause in the Workplace Policy		<b>Status:</b> Final	<b>Author:</b> HR Manager - Advisory <b>Director Sponsor:</b> Chief People Officer
Version / Amendment History	Version	Date	Author	Reason
	V1	Mar 2023	HR Manager - Advisory	New Policy
<b>Intended Recipients:</b> All staff				
<b>Consultation Group / Role Titles and Date:</b> Staff Side – Autumn 2022; HR Advisory department – Autumn 2022; Wellbeing team – Autumn 2022; Menopause task and finish group – Autumn 2022				
<b>Name and date of Trust level group where reviewed</b>			Joint Negotiating Committee – Feb 2023 Trust Policy Group – Feb 2023	
<b>Name and date of final approval committee</b>			Trust Management Committee – Mar 2023	
<b>Date of Policy issue</b>			March 2023	
<b>Review Date and Frequency</b> (standard review frequency is 3 yearly unless otherwise indicated)			March 2026 (then every 3 years)	
<b>Training and Dissemination:</b> Information sharing and engagement at manager’s meetings, launched via Divisional Management forums. Formal launch as part of ‘Career Wellbeing Week’. Advice and guidance available from the HR Advisory Department as and when required by managers and staff, alongside Occupational Health and Wellbeing.				
<b>To be read in conjunction with:</b> <a href="#">HR01 Work Life Balance/Family Friendly (Leave) Policy</a> <a href="#">HR02 Agile Working Policy</a> <a href="#">HR13 Supporting and Managing Staff Attendance at Work Policy</a> <a href="#">HR22 Staff Dress Code and Uniform Policy</a> <a href="#">HR48 Workplace Health and Wellbeing Policy</a>				
<b>Initial Equality Impact Assessment (all policies):</b>			<b>Completed Yes</b>	
<b>Full Equality Impact assessment (as required):</b>			<b>Completed No</b>	
If you require this document in an alternative format e.g., larger print please contact Policy Administrator 8904.				
<b>Monitoring arrangements and Committee</b>			People and Organisational Development Committee (POD)	
<b>Document summary/key issues covered:</b> The aim of this policy and its associated documents is to: <ul style="list-style-type: none"> <li>▪ Foster an environment in which colleagues can openly and comfortably initiate conversations or engage in discussions about menopause and that appropriate support and reasonable adjustments are considered.</li> <li>▪ Provide guidance and information for all staff and managers on the potential symptoms of the menopause and the potential impact of the menopause in the workplace.</li> </ul>				

<ul style="list-style-type: none"> <li>▪ Outline the requirements for all staff experiencing peri-menopausal or menopausal symptoms that are affecting them in the workplace so that they can continue to be successful in their roles and responsibilities.</li> <li>▪ Acknowledge that menopause awareness is important for all colleagues.</li> </ul>	
<b>Key words for intranet searching purposes</b>	Menopause Perimenopause Post-menopause
<b>High Risk Policy?</b>	<b>No</b>

Part B

**Ratification Assurance Statement**

Name of document: HR04 Menopause in the Workplace Policy

Name of author: Jenni Smith

Job Title: HR Manager - Advisory

I, \_\_\_\_\_ the above named author confirm that:

- The Strategy/Policy/Procedure/Guidelines (please delete) presented for ratification meet all legislative, best practice and other guidance issued and known to me at the time of development of the said document.
- I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.
- The document meets the requirements as outlined in the document entitled Governance of Trust- wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines (OP01).
- The document meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable.
- I have undertaken appropriate and thorough consultation on this document, and I have detailed the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.
- I will send the document and signed ratification checklist to the Policy Administrator for publication at my earliest opportunity following ratification.
- I will keep this document under review and ensure that it is reviewed prior to the review date.

Signature of Author: *J Smith*

Date: 19<sup>th</sup> December 2022

Name of Person Ratifying this document (Director or Nominee):

Job Title:

Signature:

- I, the named Director (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder/author change.

To the person approving this document:

Please ensure this page has been completed correctly, then print, sign and email this page only to: The Policy Administrator

## IMPLEMENTATION PLAN

To be completed when submitted to the appropriate committee for consideration/approval

<b>Policy number and policy version</b> HR04 v1	<b>Policy Title</b> Menopause in the Workplace Policy	
<b>Reviewing Group</b>	People and Organisational Development Committee	<b>Date reviewed:</b> December 2022
<b>Implementation lead:</b> JENNI SMITH, HR MANAGER - ADVISORY		
<b>Implementation Issue to be considered (add additional issues where necessary)</b>	<b>Action Summary</b>	<b>Action lead (Timescale for completion)</b>
Strategy; <b>Consider</b> (if appropriate) 1. Development of a pocket guide of strategy aims for staff 2. Include responsibilities of staff in relation to strategy in pocket guide.	Policy will be communicated through the Divisional/ Department Meetings and Trust communication channels, and formal launch as part of 'Career Wellbeing Week'.	Upon policy approval HR Advisory Team Wellbeing Team
Training; Consider 1. Mandatory training approval process 2. Completion of mandatory training form	Advice available from HR Advisory, OHWB, and wellbeing team.  Virtual training will be available once provided by ICS (expected March 2023)	Immediately available HR Advisory Team OHWB Wellbeing Team ICS - March 2023
Development of Forms, leaflets etc; Consider 1. Any forms developed for use and retention within the clinical record <b>MUST</b> be approved by Health Records Group prior to roll out. 2. Type, quantity required, where they will be kept / accessed/stored when completed	Tools and templates will be available on the HR Advisory Toolkit	Drafts prepared to be immediately available following policy approval HR Advisory Team
Strategy / Policy / Procedure communication; Consider 1. Key communication messages from the policy / procedure, who to and how?	Launched via management forums, communicated through the chairs of approving committees, via the Intranet and Trust communication channels, and guidance provided by the HR Advisory team, and formal launch as part of 'Career Wellbeing Week'.	Upon policy approval HR Advisory Team

Financial cost implementation Consider Business case development	None	
<b>Other specific Policy issues / actions as required</b> <b>e.g. Risks of failure to implement, gaps or barriers to implementation</b>	n/a	