

# Guidelines Number GDL10

## Guidance and Statement of Intent for Transgender Inclusion

### 1.0 Guidance Statement

- 1.1 Transgender (Trans) people have a specific protection against discrimination within the Gender Recognition Act 2014. This protects a Trans person who intends to undergo, is undergoing or has undergone gender reassignment.
- 1.2 In addition, good NHS practice dictates that clinical responses should be patient-centred, respectful, and flexible towards all Trans people, including those who do not meet these criteria but who live continuously or temporarily in their confirmed gender role.
- 1.3 The guidance will support staff who work with transitioning or transgender colleagues or patients to understand, support, and promote their colleague's or patient's inclusion in the care environment. This document therefore aims to provide supportive guidance for all Trust staff to:
  - Enable staff who identify as transitioning or transgender to work in an environment where they feel comfortable, safe, and respected.
  - Ensure that Trans patients are treated equally to patients who do not share that characteristic.
  - Assist colleagues who identify with their gender as determined at birth (cis) to feel knowledgeable and supported to care for, to work with and to support Trans people.
- 1.4 This guidance document is supported by the following appendix:
  - Appendix 1: [Information on the use of personal pronouns](#)

### 2.0 Accountabilities

- 2.1 The Head of Equality Diversity and Inclusion will be accountable for the guidelines. The Chief People Officer is the Executive Sponsor for the Guidelines. The People and OD Committee are the responsible committee for the guidelines.

### 3.0 Guidelines Detail

- 3.1 RWT supports and embraces the aims and the rights of staff members and patients to express their own gender identity, and through all stages of transition from the declaration of intent to change gender onwards regardless of medical intervention. As a result, the Trust is committed to the following actions.
  - We will actively challenge any identified discrimination, where appropriate and safe to do so.
  - We will address all colleagues and patients using the personal pronoun that a Trans person requests in both written and verbal communication with them. Staff will ask all people how they wish to be addressed and respond accordingly (see [appendix 1 for supporting information on the use of personal pronouns](#)).
  - We will support and enable inclusion of our Trans colleagues and patients/service users.

### Definitions

- 3.2 The list of definitions below offers explanations of various phrases and words used commonly by and about the Transgender community., and definitions useful in respect of this document. It is not exhaustive, and they are subject to frequent change and updating.

Affirmed gender	This refers to the post-transition gender role of a person who has undergone gender reassignment. It is possible for an individual to transition fully to the affirmed gender without surgical intervention (e.g., by obtaining a GRC).
Cisgender	Individuals who identify with their gender as determined at birth.
Cross-dresser	People who choose to wear clothing usually associated with the opposite gender. Most people who are cross-dressers do not experience any discomfort with their gender identity and do not wish to transition their gender role.
Dignity	Concerned with how people feel, think and behave in relation to the worth or value of themselves and others. To treat someone with dignity is to treat them as being of worth, in a way that is respectful of them as valued individuals.
Gender dysphoria (GD)	The persistent personal discomfort that occurs when the physical sex does not match the gender identity/social role associated with the sex appearance.
Gender reassignment	Where a person proposes to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning their sex by changing physiological or other attributes of sex. This is a personal process that may involve medical interventions such as counselling, psychotherapy, hormone therapy or surgery. Surgery is not obligatory to reassign gender.
Gender reassignment surgery (GRS)	Surgery to change gender. An individual must live continuously in the gender role that matches the intended gender identity for 12 months before undergoing genital surgery. Some other procedures, such as chest surgery may be undertaken before this stage, and others after, according to the needs of the individual undergoing reassignment. Surgery is not obligatory to reassign gender.
Gender recognition certificate (GRC)	Enables the law to recognise a Trans person as having all the rights and responsibilities appropriate to a person of their acquired gender.
Gender variance/ Gender nonconforming	Dressing or behaving in a way that is perceived by others as being outside cultural gender norms.
Harassment	Unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual (Equality Act 2010).

Personal protected characteristic	The Equality Act 2010 provides a legal framework to protect the rights of individuals and advance equality of opportunity for all. Within this there is a statutory duty not to directly or indirectly discriminate against anyone who possesses a protected characteristic. These are essentially aspects of a person's identity that makes them who they are. Gender reassignment is one of the nine PPC's outlined in the Act.
Physical Sex	This is simply the sex that was registered at birth and is usually decided by the genital organs present at birth.
Respect	A positive regard shown to a person as a human being, as an individual, by others and demonstrated as courtesy, good communication, taking time and equal access.
Sexuality	Sexual orientation of a person, which is separate and unrelated to gender dysphoria or the wish to transition.
Trans Man	A person who was registered female at birth, but who identifies as a man.
Trans Woman	A Trans woman is a person who was registered male at birth, but who identifies as a woman.
Transgender	Often abbreviated to 'trans'. This is often used as an 'umbrella term' to include all people who experience gender dysphoria and express this in some way. It includes transsexual people but is much wider to embrace a wide variety of gender expression including those who have no intention of permanently changing gender role and may use a variety of self-descriptions.
Transsexual	An adjective that describes people whose sex, as registered at birth, is not congruent with their current gender identity.

### Support, Inclusion, and Overarching Obligations

- 3.3 As detailed above, the Trust is committed to supporting Trans staff and patients/service users.
- 3.4 Staff should be aware and recognise that unauthorised disclosure of changed identity by any member of staff is a criminal offence. This information can only be disclosed by certain staff in very strict circumstances when consent has been sought and the transmission of data is required for the medical care of the Trans person. Therefore, any breach of this may be subject to management in line with the Trust's Disciplinary Policy.
- 3.5 **Harassment:** In the Equality Act 2010, Trans people are defined as having a PPC. Staff should actively address any negative behaviour displayed towards Trans people patients or staff where it is safe to do so. Staff can escalate any concerns regarding harassment, whether experienced or witnessed, to the line manager. In addition, with regards to staff experiencing/witnessing harassment against staff, the [Dispute Resolution in the Workplace Policy \(HR06\)](#) and [Dignity and Respect at Work Statement of Intent \(HR06 attachment 2\)](#) and [Raising Concerns at Work Policy \(HR16\)](#) can be referred to.
- 3.6 **Changes in gender presentation:** Staff should be mindful that a person's presentation might change depending on how someone identifies, and they may wear clothing not usually worn by the gender with which they identify for reasons of

comfort. Clinical and employment decision making should not be affected by the clothes that people wear, their hairstyle or their voice. It is not uncommon for people who are transitioning to appear in different gender identities on different days.

### **Support and Inclusion of Staff**

- 3.7 As detailed above, the Trust is committed to supporting Trans staff and patients/service users. It is unlawful and unacceptable to discriminate against someone at work or to treat them differently because they are transgender, perceived to be transgender or associated with someone who is transgender. RWT considers transphobic language or behaviours to be unacceptable in the workplace, even if the behaviour or language is not targeted at a specific person.
- 3.8 It is essential that all staff respect colleagues and patients/service users and uphold the Trust values and work in line with the Trust's Standards of Behaviour and Conduct. Therefore, any breach of this may be subject to management in line with the Trust's Disciplinary Policy.
- 3.9 Confidentiality is a primary issue of concern for many transgender individuals. It is important to be aware that employees, or prospective employees, holding a GRC are not obliged to disclose their previous gender status.
- 3.10 Line managers will consult and liaise with staff who disclose that they intend to transition or who are transitioning, to explore what may support them, and to discuss how they wish the process of transition may be shared with colleagues.

### **Transition at work**

- 3.11 Once an employee has raised the intention to change gender role, they are protected from discrimination by the Equality Act 2010.
- 3.12 Transition can be difficult for an existing employee, who starts coming to work with a different gender status and presentation. It is essential that any decision-making around this has the involvement of the person, for example identifying the point in which they wish to be referred to by their new name (if relevant) and in accordance with their new gender role.
- 3.13 It is similarly important that colleagues of the transgender person are prepared for the change (knowing how to address the person and being able to handle visitors who may have known the person in their previous gender role). This must be done sensitively and in conjunction with the employee with consideration for their privacy. Line managers should work closely with the transgender person to ensure that they are comfortable with what and how information is shared. This may include exploration of briefing sessions to provide colleagues with useful information and to enable questions they may have to be answered (for example, it may be possible for this to be delivered by the LGBT+ Employee Voice Group, specialist Equality & Diversity employees or external transgender consultants).
- 3.14 Employees have the legal right to use the toilets and facilities for their affirmed gender. Any risks associated with the right to privacy for all employees concerned, will be considered and managed with sensitivity on a case by case basis.

### **The pre-transition period**

- 3.15 It is vital to discuss with the employee how they would prefer to handle the transition

and allow them to proceed at their own pace. The transition period at work should be negotiated and agreed between the employee who is transitioning and the line manager, with the ability for all parties to seek additional support, advice and guidance as required. This must be done sensitively and with respect for confidentiality. It is important to ensure that the employee is comfortable with what is happening at work. Considerations during this period may include:

- Gaining consent for essential information to be shared with key individuals as appropriate.
- Identifying what support and information may be needed for themselves and others, and when.
- The potential timescale for different stages of the transition, and agreeing the date from which the individual will start work in their affirmed gender, how this will be shared with colleagues, and the practicalities around elements such as the use of toilets and changing facilities, and changing of personnel records, ID badges etc.
- Establishing relevant leave and pay for any absences during the transition.

### Living in the affirmed gender

- 3.16 Once a person has transitioned, they might not regard themselves as transgender, identifying only in their affirmed gender as a man or woman (although some people do not feel comfortable in either group and may live androgynously or in a non-gendered role).

### Management of attendance at work

- 3.17 Staff will be supported during the period of their transition and beyond. Appointments and absences related to the person's gender transition will be managed sensitively, confidentiality and appropriately in line with relevant Trust policies and procedures.
- 3.18 As part of these considerations, it is important that line managers are aware that there may be various elements to the process of transition, such as psychological, hormonal, and surgical (not an exclusive list).
- 3.19 **Medical appointments:** Where medical appointments arise in relation to transition, these will be managed in line with the [Time off to attend Health Related Appointments Procedure \(HR01 attachment 11\)](#) where paid time off will not be unreasonably refused. Managers should consider any requirements that clinicians may impose on individuals undergoing gender reassignment, and the distances that employees may need to travel for appointments.
- 3.20 **Episodes of sickness absence:** Where staff experience sickness absence related to their transition, this will be managed in line with the [Trust's Supporting and Managing Staff Attendance at Work Policy \(HR13\)](#). Normal sick pay provisions will apply to any episodes of sickness.
- 3.21 Where an individual undergoes surgery that is medically recommended then, in accordance with Trust policy ([HR13](#)) it would be exempt from the policy triggers whilst the individual is in the normal recovery period. Further information on this is contained within the Managing Attendance guidance document contained within the [HR Advisory Toolkit](#).
- 3.22 Episodes of sickness absence would not normally be exempted from the "support triggers" and the initiation of a "health and wellbeing meeting" as this process is intended to be supportive and to and foster a culture of support whereby open

dialogue can exist between managers and staff to aid staff health and wellbeing and to facilitate regular attendance at work. As part of this it gives an opportunity for the staff member and their manager to look at the reasons for the absence and whether any additional support could be in place to assist them.

3.23 The attendance management process does enable managers to use discretion by making reasonable adjustments to the “escalation triggers”. Where reasonable adjustments are made to the escalation triggers the manager should complete an [Escalation Exemption Form](#), which details the rationale for their decision and discretion.

3.24 Further information, advice and guidance can be obtained from the [Trust’s Supporting and Managing Staff Attendance at Work Policy](#) and associated documents (HR13), the [Managing Attendance](#) guidance document, and the HR Advisory team.

### **Support and Inclusion of Patient/Service users**

3.25 Much of the care and support that the Trust provides, together with employment, can proceed without the need for knowledge or reference to a Trans person’s previous gender. People who hold a GRC can choose whether they inform the Trust, only choosing to disclose if it becomes medically necessary.

3.26 It is important that staff ask patients how they would like staff members to work with their family, as some Trans people might not have informed family members of their intention to transition. It may be helpful to refer to the person using our service as ‘them’ or by their preferred name, as proposed to using pronouns, when speaking with the family and to ensure that all correspondence uses gender-neutral pronouns.

3.27 If the family member or carer of the person using Trust services does not support the intention to transition, the preference of the patient using RWT’s services will take precedence.

3.28 Where required, staff may be required (supported by a clinical lead or a senior practitioner) to explain the Trust’s position on supporting Trans people to families and carers, whilst remaining sensitive and respectful to the family’s perspective and views. If the patient is at risk of harm, whether an adult or a child, further advice should be sought from the line manager or relevant safeguarding team.

3.29 **Trust facilities:** Patients/service users have the legal right to use the toilets and facilities for their affirmed gender. Any risks associated with the right to privacy for all service users concerned, will be considered and managed with sensitivity on a case by case basis.

3.30 **Admission to single sex accommodation:** In line with the Trust’s [Same Sex Accommodation Policy \(OP81\)](#), Trans people will be accommodated according to their gender presentation, unless they specify otherwise. It is good practice to involve the patient in their care planning as much as possible. This can reassure them and help staff to understand what they can do to support the Trans person. Patients sharing wards with Trans patients might express curiosity. As with all other patients, normal confidentiality rules apply and no information can be shared.

- 3.31 **Medical Examinations:** Medical examinations can be a sensitive issue for Trans people, with regard to undressing and to the gender of the professional undertaking the examination. Best practice is to explain to the patient that an examination needs to take place and to ask them how they would like this to proceed.
- 3.32 If it is known that the patient is Trans, reassurance should be given RWT understands and accepts that there are many different types of bodies, and that Trans status is both accepted and understood by RWT staff. Staff should be aware and recognise that Trans patients may be wearing body contouring garments. This could include examples such as contouring/compression garments and prosthetics. Trans patients must not be asked to remove body contouring clothing unless they offer to do so, or it is essential and they consent for assessment and treatment purposes. Staff should consider that for some Trans people the presence of a body shape which does not reflect their gender identity can be a source of mental distress.
- 3.33 **Risk Assessment:** Staff or patients might be concerned about the possible risks and vulnerabilities that could arise because of a Trans person being admitted to a ward in accordance with their identified gender. These should be assessed objectively in the light of the cause of that concern. After consideration, it may be appropriate to take additional action to manage risk such as reviewing the care plans of all those affected, facilitating discussions with all, including education and understanding about inclusive practices. A Trans person must not be moved solely in response to this enhanced risk.
- 3.34 Incidents and threats against people on the grounds of their protected characteristic or identity can be deemed to be hate crimes. Trust policies should be adhered to in such instances. The victim should be made aware of their right to report the incident / threat to the police.

### Confidentiality and record keeping

- 3.35 Records relating to a person's Trans status are confidential and are classified as one of the special classes of personal data under General Data Protection Regulations (GDPR). This should only be shared with others with the consent of the individual involved, and only if the information is relevant to the care provided to the person/their employment (detailed further in the sections below).
- 3.36 Staff members with responsibility for personal data storage must ensure that documents relating to gender identity issues, including historical ones that reveal a previous gender identity, are securely stored with access limited to those members of staff with a need to have sight of those documents.

### Patient/Service user health records

- 3.37 In the case of GP referrals, any changes of gender status are likely to have been noted by the GP in the incoming health record/referral. There may be occasions where a change in gender status has not been recorded. In these circumstances Trust staff will discuss with the patient their needs including their preferred pronoun.
- 3.38 A patient/service user over 18 years old can request that their gender be changed in a record by statutory declaration. This gender change on PAS can only be completed by the PAS Team, but this does not give to the patient the same rights as those that can be made by the Gender Recognition Act 2004 (i.e., by obtaining a GRC).

3.39 At the time of the issuing of a GRC, a new NHS number can be issued which would be initiated by the GP. A re-registration on PAS can then be created if it is the wish of the patient. It is important for the clinician(s) involved in the patient care discuss with the patient what records are to be moved into the newly created record. Further information can be obtained within the [Health Records Policy \(OP07\)](#).

3.40 Should archived notes need to be accessed, it would be best practice to obtain written consent to do so from the patient/servicer user. If they are unable to give written consent, or does not consent, the best interests of the person, and of the people around them will be considered in making the decision to access, in line with the Gender Recognition Act (2004). The Act states that the term 'medical purposes' includes the purposes of preventative medicine, medical diagnosis and the provision of care and treatment.

#### Staff employment records

3.41 All staff records must remain confidential, and access must be restricted to only those who have consent for the purposes of their work duties. Any records relating a person's Trans status or former identity should be held securely or if it is no longer required for any purpose should be destroyed, in accordance with GDPR.

3.42 Some records may need to make reference to birth sex such as pensions, insurance, security vetting, qualification certificates and any medical records. Any records that may disclose a previous gender status must not be contained openly within a personnel file. Managers should ensure the protection of such information (e.g., password protect electronic documents, sealed envelopes for paper documents).

3.43 In many instances, particularly where an individual has a gender recognition certificate, a new employer will not generally need to be aware of the birth sex except in the exceptional circumstances previously mentioned.

3.44 Any information relating to an employee's gender status or history should not be disclosed to a third party without the employee's explicit consent.

3.45 Further advice is available from the Head of Equality Diversity and Inclusion (Workforce).

#### Advice and support

3.46 Additional support and advice can be gained by contacting:

- Divisional HR representatives in HR Advisory Team or [rwh-tr.hr-advisory@nhs.net](mailto:rwh-tr.hr-advisory@nhs.net)
- OHWB [rwh-tr.OccupationalhealthRWH@nhs.net](mailto:rwh-tr.OccupationalhealthRWH@nhs.net) 01902 695450 (ext 85450) <http://trustnet.xrwh.nhs.uk/departments-services/o/occupational-health-and-wellbeing-service/>
- Trust's wellbeing webpage <https://www.rwt.nhs.uk/wellbeing/>
- Employee Voice LGBT+ Group: [rwh-tr.employeevoicegoup@nhs.net](mailto:rwh-tr.employeevoicegoup@nhs.net) <http://trustnet.xrwh.nhs.uk/working-at-rwt/supporting-our-lgbt-colleagues/>

#### Other available resources

- Wolverhampton LGBT <https://wolverhamptonlgbt.org>
- Stonewall <https://www.stonewall.org.uk>

- Gender Information Research and Education Service (GIRES) <https://www.gires.org.uk>
- Equality and Human Rights Commission <https://equalityhumanrights.com/en>

#### 4.0 Equipment Required

No specialist equipment has been identified.

#### 5.0 Training

LGBT+ awareness training for staff has been designed to support this guidance.

#### 6.0 Financial Risk Assessment

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

#### 7.0 Equality Impact Assessment

An equality analysis has been carried out and it indicates that:

Tick	Options
✓	A. There is no impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.
	B. There is some likely impact as identified in the equality analysis. Examples of issues identified, and the proposed actions include: <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>

#### 8.0 Maintenance

RWT will continue to monitor the effectiveness of its Transgender Guidance and to liaise with transgender and other stakeholder groups to ensure the continued robustness and effectiveness of its policies

## 9.0 Communication and Training

Face-to-Face and Virtual learning will take place via a number of sessions arranged with Wolverhampton LGBT Network.

## 10.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Evaluation
The implementation of the guidance on the Number of complaints received on the grounds of Trans Inclusion from staff (although they will be dealt with through the Grievance process)	Head of Equality Diversity Inclusion	Annual Equality Report will publish annual return on Workforce Grievance Data & PALS Data	Annually	People and Organisational Development Committee
Analysis of PALS data related to Transgender	Equalities Officer (Patient Experience)			

## 11.0 References

- Data Protection Act 1998 [Data protection: The Data Protection Act - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/data-protection-act-1998)
- Equality Act 2010 (Sect 149) Public Sector Equality Duty <https://www.gov.uk/government/publications/public-sector-equality-duty>
- Gender Recognition Act 2004 [Gender Recognition Act 2004 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2004/2)
- Human Rights Act 1998 Article 3 [human rights act 1998 article 3 and 8 - Search \(bing.com\)](https://www.bing.com/search?q=human+rights+act+1998+article+3+and+8)

## Part A - Document Control

<b>Procedure/ Guidelines number and version</b>  GDL10  Version 1.0	<b>Title of Procedure / Guidelines</b>  Guidance and Statement of Intent for Transgender Inclusion	<b>Status:</b>  Final		<b>Author:</b> Head of Equality Diversity Inclusion (Workforce)  <b>For Trust-wide Procedures and Guidelines Chief Officer Sponsor:</b> Chief People Officer
Version / Amend ment History	Version	Date	Author	Reason
	1.0	April 2023	Head of Equality Diversity Inclusion (Workforce)	Implementation of Guideline
<b>Intended Recipients:</b> All Staff				
<b>Consultation Group / Role Titles and Date:</b>  <b>Transgender Guidance Working Group: Met periodically from Feb 2022 to Feb 2023</b> <ul style="list-style-type: none"> <li>• Head of EDI</li> <li>• EDI Administration Apprentice</li> <li>• Chair LGBT EVG</li> <li>• Head of Patient Records</li> <li>• Resourcing Lead</li> <li>• HR Advisory Team – Policy Lead</li> <li>• Head of Patient Experience</li> <li>• Head of Patient Engagement</li> </ul> <b>Consultation was carried out as follows:</b> <ul style="list-style-type: none"> <li>• Staff Side Representatives via Email October 2022</li> <li>• Equality Diversity Inclusion Steering Group October 2022</li> <li>• LGBT+ Employee Voice Group – Dec 2022 – Feb 2023</li> </ul>				
<b>Name and date of group where reviewed</b>		Policy Group - April 2023		
<b>Name and date of final approval committee (if trust-wide document)/ Directorate or other locally approved committee (if local document)</b>		TMC – April 2023		
<b>Date of Procedure/Guidelines issue</b>		May 2023		

<p><b>Review Date and Frequency</b> (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)</p>	<p>April 2026 (review every 3 years)</p>
<p><b>Training and Dissemination:</b> 10 LGBT+ Awareness Workshops will be delivered to support awareness raising of Transgender issues and the guidance. The workshops will be open to all staff (April – May 2023).</p>	
<p><b>To be read in conjunction with:</b> HR01 Work life Balance / Family Friendly (Leave) Policy HR06 Dispute Resolution in the Workplace Policy HR13 Supporting and Managing Staff Attendance at Work Policy HR16 Raising Concerns at Work (Freedom to Speak Up) Policy and Procedure HR Advisory Toolkit OP07 Health Records Policy and Statement (GDPR) OP81 Same-Sex (Gender) Accommodation Policy</p>	
<p><b>Initial Equality Impact Assessment: Completed Yes</b> If you require this document in an alternative format e.g., larger print please contact Policy Management Officer 85887 for Trust- wide documents or your line manager or Divisional Management office for Local documents.</p>	
<p><b>Contact for Review</b></p>	<p>Head of Equality Diversity Inclusion (Workforce)</p>
<p><b>Monitoring arrangements</b></p>	
<p><b>Document summary/key issues covered.</b> The guidance will support staff who work with transitioning or transgender colleagues or patients to understand, support, and promote their colleague’s or patient’s inclusion in the care environment.</p>	
<p><b>Key words for intranet searching purposes</b></p>	

## Information on the use of personal pronouns

When coming into hospital care, or when entering new employment, Trans patients and staff are often entering a world where the people around them have never met Trans people before. They may be very apprehensive. It is important to ensure that RWT makes patients and staff feel comfortable in their new environment.

Staff and colleagues might not know how to address Trans people and might be fearful of 'getting it wrong'. Gender titles and pronouns can be confusing to people who are not familiar with them. Rather than focussing on a fear of 'getting it wrong', it is more positive for staff to focus on the task of 'getting it right'.

Best practice for 'getting it right' is very simple. The Trans person is the expert on their own situation, and they should be asked what their preferred terms of address are. It is good practice to ask all colleagues and patients how they would like to be addressed, regardless of their age, gender, race, religion gender reassignment status or ethnicity. This is a common courtesy and ensures that patients and colleagues feel welcomed and respected.

The conversation may be along the lines of the following:

*"We like to make sure that [patients/colleagues] feel respected and comfortable during their time with RWT and it would be helpful if you would tell us how you would like us to address you, which title and name you prefer us to use and any pronouns such as him/her/they or any other that you prefer. We will ensure that staff/colleagues will address you using these."*

There is a wide range of pronouns that that have come into use, such as in the list below. Never assume that pronouns can be assumed from someone's gender appearance. Always take the trouble to ask and, in doing so, respect is given, and offence is less likely to be caused.

Personal names and pronouns are very personal and very important, and it is the individual who has the prerogative to define how they would like to be addressed. None of us would want to be addressed by the titles of the opposite gender if that were not our choice.

### **A selection of possible pronouns (not exhaustive):**

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>(f)ae</b>	<b>(f)aer</b>	<b>(f)aer</b>	<b>(f)aers</b>	<b>(f)aerself</b>
<b>e/ey</b>	<b>em</b>	<b>eir</b>	<b>eirs</b>	<b>eirself</b>
<b>he</b>	<b>him</b>	<b>his</b>	<b>his</b>	<b>himself</b>
<b>per</b>	<b>per</b>	<b>pers</b>	<b>pers</b>	<b>perself</b>
<b>she</b>	<b>her</b>	<b>her</b>	<b>hers</b>	<b>herself</b>
<b>they</b>	<b>them</b>	<b>their</b>	<b>theirs</b>	<b>themself</b>
<b>ve</b>	<b>ver</b>	<b>vis</b>	<b>vis</b>	<b>verself</b>
<b>xe</b>	<b>xem</b>	<b>xyr</b>	<b>xyrs</b>	<b>xemself</b>
<b>ze/zie</b>	<b>hir</b>	<b>hir</b>	<b>hirs</b>	<b>hirself</b>