

Menopause policy

1. Overview

The RCVS is committed to providing an inclusive and supportive working environment for all staff.

Menopause is a natural part of every woman's life, and it isn't always an easy transition.

Whilst every woman does not suffer with symptoms, supporting those who do will improve their experience at work. Menopause should not be taboo or 'hidden'. It is important that all staff understand what menopause is and to be able to talk about it openly, without embarrassment.

This policy sets out the guidelines for staff and managers on providing the right support to manage menopausal symptoms at work and sets out to educate and inform staff about how they can support women at work and ensure that anyone suffering with menopause symptoms feels confident to discuss it and ask for support.

The policy aims to reduce absenteeism due to menopausal symptoms and assure women that the RCVS is a responsible non-discriminatory employer.

It might not always be obvious who is experiencing menopause symptoms. It's important for employers to remember that the menopause affects most women and other people who have a menstrual cycle. This can include:

- trans people – 'trans' is an umbrella term used to describe people whose gender is not the same as the sex they were assigned at birth
- people with 'variations of sex development' (VSD) – some people might prefer to identify as intersex or use the term 'differences in sex development' (DSD)
- those who identify as non-binary – non-binary people do not think of themselves as simply male or female

2. Who it is for

The policy is aimed at all staff, it is not just an issue for women, men should be aware too. The changing age of the UK's workforce means that between 75% and 80% of menopausal women are in work. Also see section 1 regarding trans employees about who the policy is for.

3. Symptoms of menopause

It is important to note that not every woman will notice every symptom, or even need help or support. However, 75% of women do experience some symptoms, and 25% could be classed as severe.

Symptoms can manifest both physically and psychologically including, but not exclusively, hot flushes, poor concentration, headaches, panic attacks, heavy/light periods, anxiety, and loss of confidence. Some women also experience difficulty sleeping.

4. Drivers of the menopause

Information and guidance from the National Institute for Health and Care Excellence (NICE) and ACAS has been used to inform this policy. The NICE guidelines set out the recommendations for medical

professionals when treating menopausal women, and for patients as to the treatment and guidance they should be offered.

Self-management, with support from the RCVS, managers and colleagues, will help to manage symptoms. Section 5 details some recommendations to support symptomatic women, and men who may need advice and support. Appendix 1 is a template to assist managers in recording conversations, agreed actions and adjustments, with members of staff.

In accordance with NICE guidelines, women should be advised to seek medical advice from their GP in the first instance. Appendix 2 offers a helpful guide for women on how to have constructive conversations about menopause with their GP.

5. Managers guide/employees reference - for discussion

The RCVS recognise that every woman is different, and it is, therefore, not feasible to set out a structured set of specific guidelines.

If an employee wishes to speak about their symptoms, or just to talk about how they are feeling (they may not recognise themselves that they are symptomatic), or if a male employee wishes to speak about a family member, please ensure that you:

- allow adequate time to have the conversation
- encourage them to speak openly and honestly in a confidential space
- suggest ways in which they can be supported (see symptoms below)
- discuss the Menopause Advice Sheet (Appendix 2)
- agree actions, and how to implement them (using the template at Appendix 1)
- agree if other members of the team should be informed, and by whom
- ensure that designated time is allowed for a follow up meeting
- be aware of symptoms which can manifest both physically and psychologically, including, but not exhaustively or exclusively those listed below;
 - Hot Flashes – request temperature control for their work area, such as a fan on the desk (where possible a USB connected desk fan to ensure environmentally friendly) or moving near a window, or away from a heat source and ensure easy access to drinking water
 - Headaches – offer a quiet space to work. Offer noise-reducing headphones to wear in open offices and have time out to take medication if needed
 - Difficulty Sleeping – considered a request for flexible working, particularly if suffering from a lack of sleep
 - Low Mood – agree time out from others, when required, without needing to ask for permission. Identify a ‘buddy’ for the colleague to talk to outside of the work area. This could be someone you know who has already experienced symptoms or someone who is happy to talk to you about the menopause. Identify a ‘time out space’ to be able to go to ‘clear their head’, have agreed protected time to catch up with work
 - Poor concentration – discuss if there are times of the day when concentration is better or worse, and adjust working pattern/practice accordingly, review task allocation and workload, provide books for lists, action boards, or other memory-assisting equipment
 - Anxiety – promote counselling services provided by your employer.
 - Panic Attacks – agree time out from others, when required. Identify a ‘buddy’ outside of work area and be able to have time away from their work to undertake relaxation

techniques. Undertake mindfulness activities such as breathing exercises, or going for a walk. Discuss whether the member of staff has visited their GP.

Depending on the discussion understanding if they have visited their GP may be the next step, particularly if the areas of difficulty are sleeping, panic attacks or anxiety. If they have visited their GP, and are being supported by them, it may be helpful at this point to make an Occupational Health referral to give specific advice regarding the workplace.

6. Discrimination and unfair treatment

The RCVS has a zero-tolerance approach towards discrimination, unfair treatment and harassment. Inappropriate behaviour or language may constitute discrimination, harassment, bullying or victimisation. Discrimination including harassment and victimisation are covered by the Equality Act 2010. It is important that timely action is taken where misconduct occurs on the grounds of an employee's sex, age, disability or gender reassignment in line with the harassment and bullying policy.

7. Support available

Employees experiencing peri or menopausal symptoms have access to a range of services such as the EAP helpline which offers 121 24/7 counselling services along with reading material and advice plus free access to the Mind Matters Kite app. A list of useful contacts can also be found at the end of the policy.

8. Legal protection for staff going through the menopause

The menopause is not a specific protected characteristic under the Equality Act 2010. But if an employee or worker is put at a disadvantage and treated less favourably because of their menopause symptoms, this could be discrimination if related to a protected characteristic, for example:

Age

Disability

Gender reassignment

Sex

9. Roles and responsibilities

Employees	<ul style="list-style-type: none">• Taking a personal responsibility to look after their health• Being open and honest in conversations with managers or the People team• Contributing to a respectful and productive working environment• Being willing to help and support their colleagues who may be experiencing symptoms• Understanding any necessary adjustments their colleagues are receiving as a result of their menopausal symptoms• Alerting managers or the People team to any possible discrimination
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Policy owner – People (Human Resources)

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Manager	<ul style="list-style-type: none"> • Familiarise themselves with the Menopause policy and guidance • Being ready and willing to have open discussions about menopause • Discussing with the People team an Occupational Health referral where appropriate • Taking action where there is evidence of discrimination • Supporting employees who alert them to symptoms of the menopause • Work with the People Team (or Human Resources) to establish if an Occupational Health meeting is required
People team (or Human Resources)	<ul style="list-style-type: none"> • Offer guidance to managers on the policy • Arranging training sessions and developing briefing sessions for staff • Monitoring and evaluating the effectiveness of the policy relating to absence levels and performance
Occupational health	<ul style="list-style-type: none"> • Carry out assessments of staff • Signposting to appropriate sources of help and advice • Make recommendations about staffs circumstances in identifying reasonable adjustments
Employee Assistance Programme (EAP) (if this is available to you)	<ul style="list-style-type: none"> • Provide access to telephone counselling if available • Provide access to material on-line to assist with stages of the menopause

10. Time off for supporting a family member

If an employee is supporting a family member who is experiencing peri/menopause symptoms, they may need to take time off to support them.

The employee should discuss the need for any leave outside of their annual leave with their manager.

11. Definitions of Menopause

1.1 Menopause is defined as a biological stage in a woman's life that occurs when she stops menstruating and reaches the end of her natural reproductive life. Usually, it is defined as having occurred when a woman has not had a period for twelve consecutive months (for women reaching menopause naturally).

The average age for a woman to reach menopause is 51, however, it can be earlier or later than this due to surgery, illness or other reasons.

1.2. Perimenopause is the time leading up to menopause when a woman may experience changes, such as irregular periods or other menopausal symptoms. This can be years before menopause.

1.3. Post menopause is the time after menopause has occurred, starting when a woman has not had a period for twelve consecutive months.

Appendix 1

Confidential staff discussion template

Staff name	Department	Present at the meeting	Date of meeting
Summary of discussion			
Agreed actions			
Date of the next meeting			

Appendix 2

Menopause advice sheet – How to talk to your GP about menopause

If you are suffering from menopausal symptoms to the point they're getting in the way of you enjoying life, it's time to talk to your doctor.

It can sometimes be difficult to get an appointment, and then it's often only ten minutes and talking about symptoms can be hard, let alone if you feel rushed or unprepared. So, what can you do?

The RCVS has put together some helpful, straightforward tips to help you get the best from your appointment.

- Don't wait. It is all too common for women to feel they must simply 'put up' with menopausal symptoms as a part of life, but if they are affecting you, there are things you can do, and support available. There is no need to wait until symptoms feel unbearable.
- Read the NICE guidelines. This stands for National Institute for Health and Care Excellence and these guidelines are what your doctor will use to determine the type of conversations to have with you and treatments to offer. There are guidelines for patients, which are really useful to read before you see your GP, so you know what to expect.
- Prepare for your appointment. It's easier for your doctor to understand what's going on if you provide them with all the information. That may sound obvious, but blood tests to say where you are on the menopause transition aren't always available or accurate, your hormones can fluctuate daily during this time. Your doctor will be thinking about what to recommend for you, based on your symptoms.
- Keep a list of your symptoms, your menstrual cycle, hot flushes, how you're feeling, and any changes you've noticed. Write them down and take them to your appointment. Your doctor will thank you for it, and it's more likely that together, you'll find the right solution faster. And, if you have any preferences about how you manage your symptoms, tell them that too – for example, if you'd like to try hormone replacement therapy (HRT), or not.
- Ask the receptionist which doctor is best to talk to about menopause. They are often the fount of all knowledge at a surgery and can help you find the best person to speak to. It might not be your usual GP, it could be someone who has had special training in the subject.
- Ask for a longer appointment. If you don't think your standard appointment will be long enough, try to book a double appointment, as some surgeries do offer this.
- Don't be afraid to ask for a second opinion. If you don't feel you've received the help you need, ask to speak to someone else. Don't be put off, you know how you're feeling, and how it's affecting you.
- Ask if there is a menopause clinic in your area. Occasionally, there are regional clinics, specifically devoted to menopause. If there is one in your area, and you think this would be helpful, ask for a referral.

- Take your partner or a friend with you. The chances are you spend your life supporting others and, during menopause, it's your turn to ask them for support. Your partner, or a friend, will know how the symptoms are affecting you. They could support you at the appointment, and also find out how they can continue supporting you.

What to expect from your GP

There are certain things a GP should and should not do during your appointment.

They should:

- Talk to you about your lifestyle, and how to manage both your symptoms, and your longer-term health
- Offer advice on hormone replacement therapy and other non-medical options
- Talk to you about the safety and effectiveness of any treatment

They should not:

- Tell you that it's just that time of your life. Yes, menopause is a natural stage, but please don't feel that means you should have to put up with every symptom without help
- Tell you they don't prescribe HRT. It's up to you what you want to try, and for them to say whether it could be right for you, depending on your medical history
- Impose unnecessary time restrictions, such as they will only prescribe this once, or for a year or two. This is an ongoing conversation, and if your symptoms persist, you will still need help to manage them

Remember, your GP is there to help and support you, and you should feel comfortable and confident in talking to them about your symptoms, and any help you need. Don't think you have to struggle through menopause when there is help and support available.

Useful contacts

National Institute for Health and Care Excellence (NICE) guidelines.

These explain how your GP will determine what types of treatments and interventions they can offer you. You can find out more information by using the following link

<https://www.nice.org.uk/guidance/ng23/ifp/chapter/About-thisinformation>

The National Health Service provides an overview of menopause.

You can find more at

<http://www.nhs.uk/Conditions/Menopause/Pages/Introduction.aspx>.

Menopause information. The Royal College of Obstetricians and Gynaecologists offer further information in a dedicated area of their website at

<https://www.rcog.org.uk/en/patients/menopause/>.

Premature Ovarian Insufficiency (POI) information and support on very early menopause. You can find out more at

<https://www.daisynetwork.org.uk>.

Information on hysterectomy. This provides an insight into surgically induced menopause as a result of having a hysterectomy. Further details can be found at

<https://www.hysterectomy-association.org.uk>.

Henpicked. This site provides information on managing menopause and an insight into women's stories at

<https://henpicked.net/menopause/>