

Written evidence from the British Medical Association [EW0091]

About the BMA

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding healthcare and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

Overview

The UK health and care system has been designed around the needs of just half the population – historically, men have been treated as the default patient in medical research and clinical practice, whilst women’s healthcare needs have been marginalised and stigmatised.¹ The BMA believes strong action is needed to ensure that women’s needs are placed at the centre of their health and care.

In [our response² to the UK Government’s consultation](#) on a Women’s³ Health Strategy, we provided evidence for areas in which women’s health and care can be improved in line with the Government’s six core themes for the strategy. We recommended that:

1. All women, particularly those who have historically been marginalised, can access healthcare without fear of stigmatisation. The design and provision of health and care services should take the needs of all women into consideration.
2. The quality and accessibility of information on women’s health is improved through broader teaching on women’s health in medical training and curricula and evidence-based sex and relationships education.
3. Women have access to high quality sexual and reproductive healthcare, maternity services, and other women’s health services.
4. **Women’s health is maximised in the workplace through occupational health and wellbeing support, and improved support for pregnancy and parental leave, menstrual health, and menopause.**
5. Women are included in clinical research.
6. Steps are taken to understand and respond to the impacts of COVID-19 on women’s health.

We welcome this inquiry’s focus on menopause and the workplace, and we will expand on our policy regarding (4) – *maximising women’s health in the workplace through improved support for menopause* – in this submission to the select committee. We have recently developed our policy in this area through engagement with our membership in an all-member survey on the menopause, culminating in the publication of our 2020 report, ‘[Challenging the culture of menopause for working doctors](#)’⁴. In our report, we identify five key areas of action to support doctors going through the menopause:

¹ Winchester (2021) [Women’s health outcomes: Is there a gender gap?](#)

² Our submission can be read here: www.bma.org.uk/media/4206/bma-response-to-dhsc-women-health-strategy-call-for-evidence-june-2021.pdf

³ We acknowledge that not only individuals who identify as women require access to services traditionally designated as women’s health services. These services must be appropriate, inclusive, and sensitive to the needs of individuals whose gender identity does not align with the sex they were assigned at birth. The terms ‘woman’ and ‘women’s health’ are used in this response in line with the language used in the Government’s consultation, with the understanding trans men and non-binary individuals assigned female at birth also require access to many of these services.

⁴ Our report can be read here: www.bma.org.uk/media/2913/bma-challenging-the-culture-on-menopause-for-working-doctors-report-aug-2020.pdf

1. **Breaking the taboo** – employers should take a pro-active approach to normalising the topic of menopause and spread awareness, particularly among managers, of the impact the symptoms can have on work. This can be achieved by implementing a menopause policy that includes information on menopause and the support and adjustments that are available to support staff. For reference, NHS Wales has already developed a comprehensive menopause policy.
2. **Access to flexible working** – enabling doctors to work flexibly will make their symptoms more manageable and improve morale. This should be made available across all specialities, and for those in, or applying for, senior roles.
3. **Adjustments to the workplace** – this could include improving room ventilation, easier access to toilet facilities, drinking water and rest breaks.
4. **Support for mental health and wellbeing** – menopause can impact mental health as well as physical health. Employers should sign-up to the standards in the [BMA's mental wellbeing charter](#) to effectively support staff's mental health.
5. **Developing an inclusive culture** – including actions to address sexist and ageist behaviours in the workplace that prevent women speaking about menopause and asking for support.

These areas of action will inform our responses to the specific questions raised by the committee for this inquiry.

Specific responses

1. What is the nature and the extent of discrimination faced by women experiencing the menopause?

How does this impact wider society?

- 1.1 The menopause affects every individual who menstruates in their lifetime, but many do not know what to expect or what care they may need. Shame, discrimination, and stigma relating to ageing and the menopause are highly prevalent and can have a huge impact on a woman's quality of life. These issues are particularly challenging for the 25% of menopausal women who experience severe symptoms, which can lead to the onset of potentially avoidable health problems.⁵
- 1.2 Some respondents to the [BMA's 2019 all member survey on the menopause](#)⁶ believed that raising the topic, and asking for changes or adjustments to help them manage their symptoms, would be viewed negatively and add to the gender bias they already experienced. Indeed, almost half of respondents (47%) reported that they felt uncomfortable raising the subject with their managers. There was concern that it would damage their career progression and they would be labelled as 'not up to the job' or that colleagues would think they were 'past it' and career opportunities would be taken away.
- 1.3 Access to health and wellbeing services that are free, confidential, comprehensive, and meet individuals' needs are essential to maximising women's health in the workplace and retaining women in the workforce. The services should be capable of providing tailored support, recognising that there is no such as thing as a typical menopause experience - for example, on average 1 in 100 women experience early menopause and this can be very distressing for those intending to have children. Women who share other protected characteristics such as race, religion and disability can have different experiences and perceptions of the menopause that

⁵ Royal College of Obstetricians and Gynaecologists (2020) [Better for women](#)

⁶ British Medical Association (2020) [Challenging the culture on menopause for working doctors](#)

should be respected and supported. Health and wellbeing services must be fully aware of women's health, and work against the culture of downplaying conditions that specifically, or more often, impact women.

2. What is the economic impact of menopause discrimination?

- 2.1 The majority of women experience menopause between the ages of 45 and 55, with symptoms lasting an average of four years. There are currently just over 30,000 women doctors in this age group on the GMC register (and in younger cohorts the number of women will be higher)⁷. The [BMA's 2019 all member survey on menopause](#) found that a significant number have reduced their hours, left management roles or intend to leave medicine altogether – despite enjoying their careers – because of the difficulties they faced when going through menopause. It is extremely concerning to find that some women may be permanently stepping back from senior positions in medicine – a key cause of the gender pay gap – and the health service may be losing highly experienced staff because of inflexibility and a lack of support during a relatively short phase of life. The health service is under immense pressure and we cannot afford to lose experienced doctors because of a lack of flexibility and support.
- 2.2 The starting point is to breakdown the taboos about speaking about menopause at work, to be more understanding of how it can affect people's lives, and to be flexible in the support offered (usually for a temporary period) to ensure that we do not lose valuable skills and experience from the workforce.

3. How can businesses factor in the needs of employees going through the menopause?

4. How can practices addressing workplace discrimination relating to menopause be implemented? For example, through guidance, advice, adjustments, or enforcement. What are examples of best or most inclusive practices?

- 4.1 Menopause is often considered to be a taboo subject in the workplace. Clinical environments bring up specific challenges for healthcare practitioners working through the menopause. To better understand these challenges, The [BMA's 2019 all member survey on the menopause](#), which received 2,000 responses, found that:
 - 93% of respondents had experienced menopause symptoms, with 65% experiencing both physical and mental symptoms. Symptoms included hot flushes, migraines, joint pain, fatigue, and difficulty sleeping.
 - 90% said that these symptoms had impacted their working lives, with 38% saying that the impact was significant.
 - 36% of respondents had made changes to their working lives due to menopause and 9% intended to make changes. This included changing working hours, changing career path, and retiring early. A further 38% wanted to make changes to their working lives as a result of menopause but said they were not able to do so. Some respondents wanted to step down from senior positions, move to lower paid specialties, or even leave medicine altogether because of the impact that menopause.
 - Only 16% had discussed their menopause symptoms with their manager, while 47% wanted to but did not feel comfortable doing so.
- 4.2 The significant negative impact of the menopause on many women's wellbeing and careers is extremely concerning, particularly given that some of this negative impact is due to inflexibility and lack of support in the workplace. Our report, '[Challenging the culture on menopause for working doctors](#)' highlights how employers can, and should, do more to support women through

⁷ <https://data.gmc-uk.org/gmcdata/home/#/reports/The%20Register/Stats/report>

the menopause. These measures and approaches are outlined in the subsequent bullet point points.

- 4.3 **Breaking the taboo** – employers should take a pro-active approach to normalising the topic of menopause and spread awareness, particularly among managers, of the impact the symptoms can have on work. This could be achieved by implementing a menopause policy – outlining information on menopause, the support and adjustments available to support staff, and a pro-active approach from management to provide tailored support to staff. For reference, NHS Wales has developed a comprehensive menopause policy.
- 4.4 We would also draw the committee's attention to Sherwood Forest Hospital Trust which launched a menopause strategy in 2018 that aimed to support colleagues experiencing the menopause. The project was led by chief nurse Suzanne Banks and supported by the organisation Henpicked. There was a collaborative approach to developing the strategy, including representatives from different parts of the workforce and trade unions. The Trust launched a significant programme that has included two menopause conferences, awareness raising communications, alterations to include occupational referrals to include menopause and mental health, and training for line managers so they can be better at supporting their colleagues. They have also made physical changes to the working environments such as fans, access to cool water and changing the uniforms to natural fibres to lessen the impact of hot flushes.
- 4.5 **Access to flexible working** – the most common request from respondents to the BMA's survey was to work more flexibly. Those who had this made this change shared the significant impact that this had on making work and menopause more manageable. Flexible working must be available across all specialties and senior leadership roles should be available to those who need to work less than full time. Employer's flexible working policies should also be visible to employees.
- 4.6 **Adjustments to the workplace and greater access to facilities** – employers should review the working conditions and facilities to make menopausal symptoms more manageable in the workplace. This could include improving room ventilation, easy access to cool drinking water, toilet facilities and better rest facilities. [The BMA Fatigue and Facilities Charter](#), whilst developed to support trainees, could be looked at as guidance for the types of facilities those going through menopause would also benefit from.
- 4.7 **Support for mental health and wellbeing** – our survey findings demonstrate that menopause impacts mental health as much as physical health. Any effective menopause policy must raise awareness and provide support to those managing the mental health impact of menopause. The BMA has developed [a charter for mental wellbeing](#) that we have asked employers to sign up to. The practical steps we want employers to take will be effective in addressing the support the respondents to this survey called for. The BMA also has [wellbeing support services](#), offering counselling and peer support for doctors and medical students.
- 4.8 **Developing an inclusive culture** – a significant number of respondents told us that more understanding and compassion from colleagues and managers would make them feel more supported. Some respondents were uncomfortable coming forward with their symptoms as they found their work culture to be sexist and ageist. The BMA has [produced practical guidance](#) to tackle bullying and harassment in the NHS and to create a positive working environment.

5. How should people who experience the menopause but do not identify as women be supported in relation to menopause and the workplace?

- 5.1 We acknowledge that not only individuals who identify as women require access to services traditionally designated as women's health services. These services must be appropriate,

inclusive, and sensitive to the needs of individuals whose gender identity does not align with the sex they were assigned at birth.

- 5.2 The BMA supports transgender and non-binary individuals' equal rights to live their lives with dignity, which includes the right to equal access to healthcare. All individuals should be able to access healthcare and facilities appropriate to the gender with which they identify.
- 5.3 Gender neutral toilet facilities can foster an inclusive environment and make it easier for trans, non-binary, and intersex individuals to access facilities without fear of discrimination. Increased provision of gender-neutral toilet facilities is also beneficial for cisgender women. Those using women's toilets tend to have to wait longer to access toilets, which can be particularly inconvenient during menstruation or the menopause. Gender neutral toilets can reduce waiting times for all those who would usually use women's toilets.

6. How well does current legislation protect women from discrimination in the workplace associated with the menopause?

Should current legislation be amended?

What further legislation is required to enable employers to put in place a workplace menopause policy to protect people going through the menopause whilst at work?

- 6.1 There are three key pieces of legislation that should protect people experiencing menopause from discrimination, this includes the Equality Act 2010, The Public Sector Equality Duty, and the Health and Safety at Work Act 1974. However, the level of women leaving jobs because of the menopause demonstrates that these alone are not effective in protecting workplace discrimination because of the menopause.
- 6.2 A key problem is that it is not obvious that discrimination law does include menopause. It would be helpful to have accessible guidance available on how the Equality Act 2010 encompasses protection from discrimination from the menopause, based on age and sex being protected characteristics. It would also be beneficial for there to be guidance on when menopausal symptoms meet the Equality Act definition of disability.

7. How effective has Government action been at addressing workplace discrimination related to the menopause, and what more can the Government do to address this issue?

- 7.1 More needs to be done by government to emphasise to employers that they have a legal requirement to create safe working environments for women experiencing the menopause and ensure that they do not face discrimination.
- 7.2 Developing model menopause policies for employers to follow would help address the issue as it sets a standard that employees going through menopause should expect from their place of work.

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