

## Menopause Policy – Higher Education

### Policy Statement

Universities and medical schools should be asked to commit to providing an open, safe and healthy working environment for its (medical and dental) staff, regardless of their stage of life.

As part of that commitment universities and medical schools should recognise that at any one-time significant numbers of (medical and dental) staff will be either experiencing symptoms of the menopause or living with someone who is. Each university/medical school should take a proactive approach to the menopause, promoting a greater understanding across the workforce so that people can be facilitated to give of their best regardless of menopausal symptoms and their impact.

### Aims and objectives

Evidence suggests that many people who take time off work because of the menopause do not tell their employer the real reasons for their absence. This can be because the person feels that their symptoms are a private and/or personal matter, that their symptoms might be embarrassing for them and/or the person they would be confiding in. They can also worry that their symptoms will not be taken seriously, that they will be thought to be less capable or that their job security and/or chances of promotion will be harmed.

An effective policy must be inclusive of all those who experience menopause and recognise how each person's experience of menopause is different, therefore requiring a tailored approach. Some people may go through menopause at an earlier age than expected or have a sudden onset of symptoms as a result of surgical or medical treatment. People who are non-binary, transgender or intersex may also experience symptoms as a result of the menopause. Experiences of menopause may also vary for reasons related to other characteristics such as race, culture, religion and belief or disability. Every individual should be treated with sensitivity, dignity and respect.

We aim to break down the barriers that limit or negatively impact upon the contributions of any workers based on these symptoms, treating people with dignity and respect. Where possible changes or adjustments will be made to help balance out menopausal symptoms.

If a member of staff feels unable or uncomfortable approaching their manager to talk about the impact of the menopause, they can approach the occupational health service, the HR department or their trade union for assistance.

### Responsibilities of the university/medical school

The university/medical school will:

- I. Provide a safe and healthy workplace so that people can give of their best
- II. Develop a culture where people feel safe to discuss issues relating to the menopause that affect them
- III. Provide training and information about the menopause and its impact to managers and the workforce as a whole
- IV. Provide appropriate facilities and make changes and adjustments for those experiencing the symptoms of the menopause where possible
- V. Ensure occupational health service provision includes consideration of the impact of the menopause



## Responsibilities of Occupational Health

Occupational Health will:

- I. Champion the case for information about and support for those experiencing symptoms of the menopause
- II. Provide advice to HR, managers and to individuals
- III. Consider and make recommendations on changes and adjustments when requested
- IV. Be prepared to approach managers for a confidential discussion about the menopause when requested by a member of staff

## Responsibilities of managers

Line managers will:

- I. Access educational and training materials in relation to the menopause, developing an awareness of the symptoms and an understanding of the issues affecting people going through it
- II. Foster a working environment where people feel safe and comfortable about discussing menopausal issues affecting them
- III. Treat people fairly and sympathetically, maintaining their confidentiality
- IV. Consider what changes and adjustments might be made to assist people with the impact of the menopause. A checklist of potential issues to consider in carrying out a menopause-sensitive risk assessment are included in Appendix B
- V. Where appropriate access advice and support from occupational health
- VI. Keep records of any adjustments made and regularly review them

## Responsibilities of the HR department

The HR department will:

- I. Ensure that training and information is available for managers on the menopause and its impact as well as the handling of sensitive conversations
- II. Be empathetic with any staff who approach them about the menopause, brokering discussions with managers as needed
- III. Take advice from occupational health as appropriate
- IV. Promote the use of menopause-sensitive risk assessments as part of ensuring consistency
- V. Maintain a central record of any adjustments made

## Responsibilities of Trades unions

Trade union partners will:

- I. Provide advice and support to their members concerning the menopause and its potential impact
- II. When requested assist members in approaching their manager to discuss adjustments
- III. Lobby the employer for and help them achieve best practice

## Menopause and the law

There are two main strands of law that may relate to the perimenopause and menopause:

- The Health and Safety at Work Act 1974 which says an employer must, where reasonably practical, ensure health, safety and welfare at work
- The Equality Act 2010 which protects workers against discrimination.

Menopause is not a protected characteristic under the Equality Act, but unfavourable treatment could be viewed as discrimination related to sex, disability, age or gender reassignment.

The Health and Safety at Work Act requires employers to undertake risk assessments including risks to those going through the menopause.

Further information on this aspect of the issue can be found on the ACAS website.<sup>a</sup>

a [Menopause and the law: Menopause at work – Acas](#)

## Appendix A – Suggested sources of advice and support

### **NHS Employers – Menopause and the Workplace**

<https://www.nhsemployers.org/retention-and-staff-experience/health-and-wellbeing/taking-a-targeted-approach/taking-a-targeted-approach/menopause-in-the-workplace>

### **ACAS advice on menopause at work**

<https://archive.acas.org.uk/menopause>

### **TUC advice on menopause at work**

<https://www.tuc.org.uk/menopause-work>

### **BMA report *Challenging the Culture on Menopause***

<https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/workforce/challenging-the-culture-on-menopause-for-working-doctors-report>

### **RCN advice**

<https://www.rcn.org.uk/professional-development/publications/rcn-menopause-and-work-uk-pub-009327>

### **UNISON's Menopause Workplace Guide**

<https://www.unison.org.uk/news/press-release/2019/10/menopause-workplace-guide-launched-unison/>

### **The Daisy Network Charity**

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

### **Simply Hormones – Menopause: A guide for Men**

<https://simplyhormones.com/for-men/>

### **The Menopause Matters Forum**

<https://www.menopausematters.co.uk/forum/index.php>

### **British Menopause Society**

<https://thebms.org.uk/>

### **NHS menopause guidance**

<https://www.nhs.uk/conditions/menopause/>

### **Women's Health Concern**

<https://www.womens-health-concern.org/>

## Appendix B – Checklist of questions

**The following questions should be considered as part of considering what changes and adjustments may be needed. There is no hierarchy to this list, and it is not exhaustive.**

What about flexible working, reduced hours, working from home or job-shares?

Could a person experiencing the symptoms of the menopause come off the clinical on-call rota for an agreed period if appropriate?

Could there be a temporary change to working arrangements / job plans / shift working?

Is there adequate seating near windows or another way to access cool, fresh air?

What is the ambient temperature of the working environment? Can this be adjusted?

Is there a source of cool drinking water accessible to all? If not, what can you do about this?

Are the changing and showering facilities adequate and accessible for people at all stages of their lives?

Are there lockable storage facilities so that staff can keep a change of clothes on site?

Are emergency female hygiene products available and accessible to staff?

Is there access to mental health and wellbeing services?

Are there adequate facilities and time for people to take breaks? People experiencing the menopause may need these to be more frequent and closer to toilet facilities.

## Appendix C – The recommended ACAS procedure for agreeing changes at work

There should be steps towards agreeing changes at work to help a worker manage their symptoms when doing their job:

- **Step 1** – a worker with concerns about the menopause or perimenopause may already have talked to their GP and/or a medical specialist, and may have talked too to an organisation’s menopause or wellbeing champion, if there is one.
- **Step 2** – the worker’s line manager should be involved in confidential discussions with the worker, perhaps with a menopause or wellbeing champion or HR’s support, about their menopause or perimenopause concerns, the effects they are having difficulties with and how they might need support.

Perhaps with the help of a champion, HR or an occupational health specialist, the line manager and worker should discuss changes which would help the worker manage their symptoms when doing their job.

If the line manager does not have access to a menopause or wellbeing champion, an occupational health specialist, or HR support, they need to make sure they are objective and knowledgeable in discussing, considering and agreeing changes.

Remember, the worker may prefer to talk initially to someone other than their line manager. See this guidance’s earlier section, **Give a worker the option of talking initially to someone other than their manager**. However, their manager will need to be involved in agreeing any changes.

- **Step 3** – agree changes in writing and to have follow-up discussions to make sure the changes are working for both worker and employer.
- **Step 4** – follow-up discussions need to be whenever necessary, as a worker’s symptoms can fluctuate and/or alter. This means the adaptations at work may need to change.

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BMA 20230091