



Ministry
of Defence

JSP 889
Policy for the Recruitment and Management of
Transgender Personnel in the Armed Forces

Part 1: Directive

Foreword

People lie at the heart of operational capability; attracting and retaining the right number of capable, motivated individuals to deliver Defence outputs is critical. This is dependent upon maintaining a credible and realistic offer that earns and retains the trust of people in Defence. In order to achieve this, all personnel must be confident that, not only will they be treated fairly, but also that their families will be treated properly and that Service veterans and their dependants will be respected and appropriately supported.

JSP 889 provides policy guidance relating to transgender Service Personnel. The Ministry of Defence is absolutely committed to making diversity and inclusion integral to all our policies, functions and services so that we continue to attract and retain the best people available who represent the society we exist to defend. Policies and processes must avoid discrimination and we must ensure all people – military, Civil Service, contractor and others, who work for Defence are valued, respected and never bullied, harassed or inappropriately treated.

Lieutenant General Richard Nugee
Chief of Defence People
Defence Authority for People

Preface

How to use this JSP

1. JSP 889 provides policy guidance relating to the recruitment and management of transgender personnel in the Armed Forces.
2. The JSP consists of only a Part 1 - Directive, which provides the direction that must be followed in accordance with statute or policy mandated by Defence or on Defence by Central Government, and is structured in three sections:
 - Introduction.
 - Annexes A-E.
 - Appendices 1-8.

Coherence with other Defence Authority Policy and Guidance

3. Where applicable, this document contains links to other relevant JSPs, some of which may be published by different Defence Authorities. Where particular dependencies exist, these other Defence Authorities have been consulted in the formulation of the policy and guidance detailed in this publication.

Related JSP	Title
464	Tri-Service Accommodation Regulations (TSARs)
545	Tri-Service Regulations for Recruiting
760	Tri-Service Regulations for Leave and Other Types of Absence
761	Honours and Awards in the Armed Forces
763	The MOD Bullying and Harassment Complaints Procedures
835	Alcohol and Substance Misuse and Testing
837	Service Code of Practice – Custody and Detention and Committal to Civil Prison
893	Policy on Safeguarding Vulnerable Groups
950	Medical Policy

Training

3. There are a number of courses available on Diversity & Inclusion, including the following:
 - Defence Equality Diversity & Inclusion Adviser (DEDIA).
 - Defence Assistant Equality Diversity & Inclusion Adviser (DAEDIA).
 - Defence Assistant Equality Diversity & Inclusion Adviser (Re-Qualification) (DAEDIAR).
 - Defence Senior Military Officers Courses.
4. DEDIA, DAEDIA, and DAEDIA Re-Qualification and Defence Senior Officers Courses are run at the Intrinsic Leadership and Behaviours Team (ILaB), Shrivenham Leadership Centre (SLC) at the Defence Academy. Further information can be found at the following link:

- Intrinsic Leadership and Behaviours Team (ILaB) [Defence Academy Courses](#); for details see [2017DIN07-076](#).

5. Further courses are also available on Defence Academy and these form part of any induction programme for any new entrants joining the Department. Learning on diversity and inclusion and how to deal with situations that may arise in the workplace are available on Civil Service Learning. These include the following:

- [Disability Awareness](#).
- [Equality and Diversity Essentials](#).
- [LGB&T Awareness](#).
- [Unconscious Bias](#).
- [Mental Health](#).
- [Race Awareness](#).
- [Diversity and Equality CS Learning](#).

Further Advice and Feedback – Contacts

- Head Office Diversity and Inclusion Team: 020 7218 6985.
- Navy Diversity and Inclusion Team: 02392 625517.
- Army Diversity and Inclusion Team: 01264 886888.
- RAF Diversity and Inclusion Team: 01494 495046.

6. The owner of this JSP is People-Sec-Diversity Policy 1 at Defence Personnel Secretariat, Diversity & Inclusion Team. For further information on any aspect of this guide, or questions not answered within the subsequent sections, or to provide feedback on the content, contact:

Job Title/Email	Project focus	Phone
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Introduction

1. Defence recognises that its workforce is its most important asset and it is committed to ensuring that its policies are inclusive and fair. All Service Personnel, and those applying to join the Armed Forces, have the right to be treated with fairness, dignity and respect. Defence intends to ensure that individuals who are proposing to undergo, are undergoing or have undergone gender-reassignment are treated equitably and lawfully in all aspects of their employment.

2. This document sets out the Armed Forces' policy on the recruitment and management of transgender Service Personnel who are members of the Regular and Reserve armed forces.

3. The policy should be of use to:

- a. Transgender Service Personnel.
- b. Commanding Officers.
- c. those who undertake a welfare role.
- d. Defence Equality Diversity & Inclusion Advisers / Defence Assistant Equality Diversity & Inclusion Advisers.
- e. career managers.
- f. medical personnel.
- g. Service Recruiters.

4. This guidance contains advice set out in a number of annexes, and appendices including the legal background to the employment of transgender Service personnel. Information is also included regarding the handling of applications to join the Services and the management and support of transgender individuals within the Services. Advice is also included on the medical care and treatment of transgender Service people, as well as information on support groups.

Setting the Context

5. **The Equality Act 2010** re-enacted and consolidated provisions that were previously contained in a number of disparate discrimination enactments¹. Amongst other things, the 2010 Act prohibits employers from discriminating, victimising or harassing those in employment because of a protected characteristic. Gender reassignment is one of the nine protected characteristics listed in the 2010 Act. Additionally, the 2010 Act imposes a duty ('the public sector equality duty') on public authorities. See the Legal Overview section in Annex A for more information.

6. **Gender Dysphoria.** For most people, their innate sense of being male or female matches their sex at birth (i.e. their assigned gender). However there are a small number

¹ For example, the Sex Discrimination Act 1975; the Disability Discrimination Act 1995.

of people whose gender identity does not match their assigned gender. These are transgender people. For transgender people their gender identity does not match their anatomy and this incongruence can be so strong that they need to transition and to be accepted in all respects as belonging to their acquired or affirmed gender. It must be noted however, that not all transgender personnel will undergo transition and, equally, that those who do transition may not necessarily undergo medical or surgical treatments to present themselves in the opposite gender and to be accepted in all respects as belonging to the affirmed gender. This experience is a widely recognised medical condition, referred to as gender dysphoria or transsexualism. Gender dysphoria is not a symptom of another medical condition. The NHS estimates that the incidence of gender dysphoria in the UK is approximately 1 in 4,000 of the population.

Annexes

- A. Legal Overview.
- B. Recruitment of Transgender Service Personnel.
- C. Managing and Supporting Transgender Service Personnel.
- D. Health Guidance for Transgender Service Personnel.
- E. Further Guidance.

Appendices

- 1. Glossary of Key Terms.
- 2. Geographical Assignment / Stability Request Medical Practitioner Guidance and Patient Confidentiality Consent Form.
- 3. Administrative Procedures – Actions Required.
- 4. Example of a Transition Programme.
- 5. Specimen Name Change Proforma.
- 6. Exemplar List of Records Requiring Amendment or Organisations to be Informed.
- 7. Example of a Transition Programme – Flowchart.
- 8. Advice or Support Groups for Transgender People and Sources of Information.

ANNEX A: LEGAL OVERVIEW

EQUALITY ACT 2010

1. Part 5 of the Equality Act 2010 provides protection from discrimination, harassment and victimisation for persons at work and persons applying for work. To enjoy protection, a person must possess one of the protected characteristics listed in the Act. One of the listed protected characteristics is '**gender reassignment**'. A person possesses this protected characteristic if the person is 'proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex'². Notably, a person may enjoy protection even if they have not and do not intend to undergo medical treatment as part of the process.

2. Additionally, the 2010 Act also imposes the '**public sector equality duty**' on public authorities. The MOD, including the single Services, is a public authority for the purposes of the 2010 Act and as a result, the MOD must have 'due regard' to the aims set out at section 149 of the 2010 Act when exercising functions. The public equality aims are (a) eliminating conduct that is prohibited by the Act, (b) advancing equality of opportunity between persons who share a protected characteristic and (c) fostering good relations between those who do and do not share a protected characteristic. The Equality and Human Rights Commission is responsible for enforcing the public sector equality duty.

3. The Equality Act 2010 extends to England Wales and Scotland³. It does not extend to Northern Ireland. However, there is legislation in force in Northern Ireland which provides broadly similar protection to those who are transgender⁴.

GENDER RECOGNITION ACT 2004 (GRA)

4. This legislation allows transgender people (aged 18 or over) to acquire legal recognition in their acquired gender (i.e. the gender that is opposite to their gender at birth). Pursuant to the 2004 Act, a person who has been living their life in their affirmed gender and who intends to live in that gender until their death may apply for a **Gender Recognition Certificate (GRC)**. If a person obtains a full GRC, their gender is for all legal purposes their affirmed gender. There are special provisions relating to transgender people who have changed their gender under a law of a country or territory outside the UK. **A person's transgender status does not depend on possession of a GRC and a transgender person should not be asked if they have a GRC or be asked to provide one.**

BIRTH CERTIFICATES

5. Birth certificates are legal documents and an individual may be required to produce one for a number of reasons. As indicated above any person who has a full GRC, acquires legal recognition in their acquired gender. Consequently, if the birth was originally registered in the UK, they may obtain a birth certificate in their affirmed gender.

² See Equality Act 2010, ss. 4 and 7.

³ Although the 2010 Act does not extend outside the UK, a service person may still pursue a claim before an employment tribunal in the UK for conduct (e.g. discrimination, harassment etc.) that takes place overseas.

⁴ See the Sex Discrimination Order (Northern Ireland) Order 1976 (SI 1976/1042 (NI)).

RIGHT TO PRIVACY

6. Section 22 of the GRA makes it an offence for a person to disclose ‘**protected information**’ to others where that information was ‘received in an official capacity’. Broadly speaking, ‘protected information’ for these purposes means information that (a) relates to a person who has made an application to obtain a GRC or (b) concerns the gender history of a person who has a GRC. There are certain circumstances where ‘protected information’ may be lawfully disclosed however, commanding officers and career managers, etc should always seek legal advice from a service lawyer before protected information is disclosed. Regardless of whether a transgender person has applied for or is in possession of a GRC, information about a person's assigned gender or their gender history should not be disclosed to others unless there are compelling reasons to do so. In case of doubt, legal advice should again be obtained from a service lawyer.

DATA PROTECTION ACT (DPA) 2018

7. Information about a person's medical or gender history or their sexual identity, is likely to be regarded as ‘**sensitive personal data**’ for the purposes of the DPA. Broadly speaking, where a person can be identified by reference to personal data (sensitive or otherwise) that is held by an organisation, the DPA imposes restrictions on when and how the organisation can collect, and retain, or disclose that data. It is important that personnel comply with the specific requirements attached to the recording, management and disclosure of sensitive data. Data must be held correctly and access to it should only be given on a strictly ‘need to know’ basis. Data should not be kept for longer than necessary and it should be accurate. Accordingly, records should be amended to reflect changes connected to a person's affirmed gender, e.g. a change of name. Any data held in relation to former Service Personnel may also fall within the scope of the DPA. It may therefore be necessary to amend records relating to former members of the regular and reserve forces who are transgender, e.g. to reflect a change of name etc. More information on the DPA can be found in: <https://ico.org.uk/for-organisations/guide-to-data-protection/>.

FREEDOM OF INFORMATION ACT 2000 (FOI)

8. Requests for information under the FOI seeking information about an individual's gender must be handled with care in order to avoid the disclosure of protected information. Further advice on handling FOI requests is available from the MOD Information Rights Compliance Team: CIO-FOI@mod.gov.uk.

HUMAN RIGHTS ACT (HRA)

9. The HRA 1998 incorporates the European Convention of Human Rights (ECHR) into UK law. Article 8 provides a right to respect for one's private and family life. The scope of this qualified Convention right is wide and the ECHR has indicated that a person's name, gender identification, sexual orientation and sexual life ‘fall within the sphere protected by article 8’⁵. Furthermore, in *Goodwin v UK*, the Grand Chamber of the Court held that the UK had violated a transgender person's right to a private and family life because (at the time) UK law did not provide a means through which a transgender person could have their gender reassignment recognised in law. This case resulted in the enactment of the Gender Recognition Act 2004. Article 14 of the ECHR provides that Article 8 and other Convention rights shall be secured without discrimination. Thus, a person may rely on

⁵ *Pretty v UK* (2002) 35 EHRR 1 at para 61.

Article 14 if he or she can show that he or she has been a victim of discrimination which has affected his or her enjoyment of his or her right to a family or private life.

BULLYING AND HARASSMENT

10. It is MOD policy that all employees should be treated with dignity and respect in the workplace irrespective of gender identity and/or reassignment. It is unlawful to discriminate against an individual because they are transgender. Defence expects its personnel to do all they can to ensure that the working environment is free from all forms of bullying and harassment.

11. It is possible that those who are transgender may be targets of harassment and other unlawful, unacceptable behaviour. It must therefore be made clear that such behaviour will not be tolerated. There are three types of unlawful harassment set out within a single definition in the Equality Act 2010. One type of harassment is unwanted conduct which is related to a relevant protected characteristic which has the purpose or effect (a) of violating the complainant's dignity or (b) creating an intimidating, hostile, degrading, humiliating or offensive environment for the complainant. Thus a person who is subjected to verbal abuse or who is ostracised because they are undergoing gender reassignment may be a victim of harassment. More information about bullying and harassment can be found in [JSP 763: The MOD Bullying and Harassment Complaints Procedures](#).

VICTIMISATION

12. A person is victimised if they are subjected to a detriment because they have undertaken a 'protected act', for example where they are denied promotion because they have made a complaint of gender reassignment discrimination or because they have given support to another person who has made a complaint. More information about victimisation is set out in [JSP 763: The MOD Bullying and Harassment Complaints Procedures](#).

ANNEX B: RECRUITMENT OF TRANSGENDER SERVICE PERSONNEL

APPLICATIONS TO JOIN THE ARMED FORCES (INCLUDING RESERVISTS)

1. Defence is committed to ensuring that there is no discrimination against transgender applicants during the recruitment process. Defence encourages diversity in the workplace and welcomes applications to join the Regular and the Reserve Armed Forces from transgender people. Where those responsible for recruiting Armed Forces personnel become aware that an applicant is transgender, the application process should be followed using the applicant's affirmed gender.

2. As Ground Close Combat roles (GCC) are now open to women, applications from transgender individuals to join these roles should be processed in the same way as any other application. Recruiters and those involved in the recruitment process must ensure that information that reveals that an applicant is transgender must be handled in a lawful manner. **Further guidance and advice can be obtained from a single-Service lawyer. Information is also available in [2016DIN01-115: Women in Ground Close Combat – Lifting of Exclusions for Women in Ground Close Combat Roles across Defence](#).**

CONFIDENTIALITY

3. A transgender applicant is ordinarily under no obligation to reveal to a recruiter (or to anyone in the recruitment process) that they are transgender, or their gender history. However, this information may be revealed in the recruitment process through the production of official documentation, (e.g. academic qualifications, birth certificates etc) which indicate that the applicant's affirmed gender is different to their acquired gender. Where information is received which reveals that an applicant is transgender (including any information which reveals that the person has applied for or is in possession of a Gender Recognition Certificate) care should be taken to ensure the information is not forwarded to others unless it is necessary to do so. Before any information is forwarded, the recruiter should seek the advice of a single-Service lawyer because in certain circumstances it is an offence to disclose information of this type to another.

4. Consideration should always be given as to whether the information received can be provided in a manner that removes all references to the applicant's gender history. For example, if it is necessary to establish or confirm the academic qualifications held by an applicant, consideration should be given to whether the recruiter can formally record the detail of the applicant's academic qualifications (grades/ subjects years taken etc.) rather than retaining or forwarding photocopies of certificates.

5. In certain circumstances it may be necessary for an applicant to reveal that they are transgender and for the information to be recorded and forwarded to others. Where possible, the applicant should give their informed consent to such information being retained or provided to another. It is therefore important that the applicant understands what information will be provided, why it is to be provided and to whom it will be provided. More information on handling and management of information can be obtained from the MOD Information Rights Compliance Team: CIO-FOI@mod.gov.uk.

CRIMINAL RECORDS CHECK

6. The Disclosure and Barring Service (DBS) offers a checking process for transgender applicants who do not want to reveal details of their previous identity when they are asked to complete an application form for a DBS certificate.

RESERVISTS

7. An application from a transgender person seeking a role in the Reserves will be treated the same as applications to join Regular Service. Each application will be managed on a case by case basis to ensure that individuals are able to meet the entry requirements for each Service.

APPLICANTS AGED 16 AND 17

8. Defence currently recruits individuals under the age of 18. For transgender individuals who are joining the Armed Forces at 16 and 17, it is important to ensure that they are given the appropriate care and support as would be the case for all individuals joining under 18 years of age. Defence has a duty of care in accordance with [JSP 893: Policy on Safeguarding Vulnerable Groups](#) and the Single Service Under 18 recruiting policies:

- [Navy Recruiting Policy](#)
- [Army Recruiting Policy](#)
- [RAF Recruiting Policy](#)

ANNEX C: MANAGING AND SUPPORTING TRANSGENDER SERVICE PERSONNEL

1. It is essential that any Service person who indicates that they are transgender is treated with dignity and is offered the appropriate level of support. Transgender people may have undergone or may be undergoing a turbulent and emotional period. They may find it difficult to reveal that they are transgender and therefore may choose not to disclose their gender identity to their Chain of Command (CoC) or colleagues. Those who are responsible for the welfare and management of Service personnel should be mindful of the difficulties faced by transgender people and note that some (not all) transgender people may exhibit symptoms associated with stress or anxiety related conditions.
2. The process that a transgender person undergoes to commence living in their affirmed gender is referred to as the '**transition**'. When undergoing transition, some transgender people undergo medical intervention. However, not all transgender people choose to or are able to undergo medical intervention.
3. It is vital that throughout the transition period the individual's professional and domestic requirements are carefully and sensitively managed. At the start of the process, the individual's Joint Military Employment Standards (JMES) should be reviewed in accordance with JSP 950, Part 1, Leaflet 6-7-7: Joint Service Manual of Medical Fitness, Section 5. **No final decision regarding the permanent JMES should be taken without consulting a single Service Occupational Physician. Legal advice from a Service lawyer should always be obtained before any decision is made to discharge (including medical discharge) or retire a Service person who is undergoing transition.**

AGREEMENT OF TRANSITION PROGRAMME

4. Where a person indicates an intention to transition to their affirmed gender, certain administrative and other arrangements will need to be undertaken. To ensure that these arrangements are discreetly and efficiently managed, it is useful if the individual can agree a transition programme (see Appendix 4) with their line management. Amongst other things, it will be essential for the individual concerned to determine when and how they would wish to present themselves in their affirmed gender at work for the first time. **The number of persons who are involved in these discussions should be kept to a minimum: only those personnel who need to know should be involved in this process.** The content and length of the transition programme will be different in each case. **Commanding Officers (COs) who are notified that a person under their chain of command is intending to transition should therefore contact the relevant single Service Diversity and Inclusion team for guidance when agreeing a suitable transition programme.**
5. The transgender person should notify their CO (or someone else in their Chain of Command) of their intention to transition at an early stage. This will enable the CO and Career Managers to take measures to ensure that adequate support and guidance is provided for the individual whilst also minimising any disruption to operational capability at the Service establishment. However, **the time at which the individual notifies the Service authorities is a matter for the individual; the decision could depend on any health treatment that they are receiving.** The individual may provide a letter from their gender identity clinic or other health advisor to support their intention. Normally, it will take at least 4 weeks to make all the necessary arrangements (e.g. changing JPA

records, issuing new IDs, issue new uniforms etc.) to reflect the Service person's affirmed gender. This period may be longer depending on the nature of the engagement of the individual concerned⁶. Of prime importance is ensuring that the transgender individual determines when and how their transition commences and the speed with which their transition plan is effected.

INFORMING COLLEAGUES

6. Before any information is disseminated to colleagues and peers etc., COs (usually through the line management chain) should discuss with the transgender person, what information will be disseminated to his/her colleagues and peers *and* how that information will be disseminated. The approach adopted will differ depending on the individual's wishes and the size and structure of the unit or establishment where the individual is serving. In a small unit, informing all personnel together may be the best approach. In a large unit or establishment it may be unnecessary and inappropriate to inform colleagues who have no direct contact with the individual. **The process of informing colleagues will require careful handling.** If colleagues react in a hostile or inappropriate manner to a transgender colleague, it may result in legal challenge (e.g. discrimination and harassment claims). Furthermore, in certain circumstances such behaviour may also amount to a criminal offence. A hostile response to the transgender person may also have a negative psychological effect at what may be a difficult time for the individual. However, it is equally important that colleagues do not refrain from engaging with the transgender individual (out of fear of saying the wrong thing). Consequently, when informing colleagues it is important to ensure that the message that is given:

- a. sets a positive tone; includes sufficient information to convey the relevant facts (as agreed with the individual) but does not contain nugatory information.
- b. respects the individual's right to confidentiality about medical and personal aspects.
- c. includes details about how personnel can get further information about questions they may have.
- d. emphasises the importance of using the person's new name and correct pronouns.
- e. notifies the recipient that the information they have been given should not be disseminated to others unless specific authorisation to do so is given.

7. Education and awareness-raising are essential and single Service D&I policy teams and single Service LGBT staff networks can provide a useful source of support.

ACCOMMODATION

8. In common with all other Service personnel, a transgender person's entitlement to service accommodation depends on their marital category and their gender (for transgender personnel this means their affirmed gender). In certain circumstances (to preserve the dignity and privacy of the person undergoing transition) special arrangements may be made to accommodate particular needs. For example, after

⁶ Examples might include vetting restrictions.

discussing the issue with the transgender person, dispensation (with the agreement of the individual concerned) should be given to provide a transgender person with access to a private ablution area, if the accommodation that he/she is living in only contains communal ablution areas. The following paragraphs provide more details on this subject but any queries should be raised with a single Service lawyer or single Service Diversity and Inclusion policy team.

9. **Single Living Accommodation (SLA).** Use of single-sex facilities. The determining issue for allocation of SLA is the gender (the affirmed gender) of the transgender person. Therefore as soon as the transition process begins the person should be provided with accommodation that is appropriate to their affirmed gender. From the date of transition the person should also have use of the toilet and changing room facilities appropriate to their affirmed gender. Under no circumstances should a transgender person be expected, after transitioning, to use the facilities of their assigned gender. Each case should be individually managed in consultation between the individual, chain of command and medical officers. Where possible, consideration should be given to providing greater privacy in toilets, showers and changing rooms, e.g. by the provision of additional partitions, shower curtains, etc as would be afforded to anyone asking for more privacy for personal reasons. Transgender individuals must be given the appropriate support at this sensitive time without the fear of disclosure of their transition.

10. **Service Family Accommodation (SFA).** Transgender Service personnel who are married or in a civil partnership are in PStatCat1. Accordingly, they are entitled to occupy SFA. However, if the marital category of a transgender Service person alters so they cease to be PStatCat1 because they separate/divorce from their spouse or civil partner they must vacate the SFA within the timescale set out in [JSP 464: Tri-Service Accommodation Regulations \(TSARs\)](#). If a transgender person is PStatCat2 (i.e. he or she has parental responsibility for any children pursuant to the Children Act 1989) that person will be entitled to occupy SFA. PStatCat 3/4 are eligible for surplus SFA, in accordance with JSP 464. Entitlement to Service accommodation for Reservist personnel is detailed in JSP 464 Vol 1 (SFA).

GEOGRAPHICAL ASSIGNMENT / STABILITY

11. It is recognised that Transgender Service personnel may experience difficulties accessing support due to the demands of Service life and the aim should be to minimise personal disadvantage whilst ensuring Service commitments are met. The diagnosis and any subsequent treatment takes time and, as Service personnel are more mobile than the majority of the UK population, this can impact on continuity of care and increase the stress associated with the process. Therefore, where possible and practicable, Defence will provide up to three years of geographic stability in the UK, for transgender Service personnel accessing treatment. This will be assessed on a case by case basis by the single Services.

12. All transgender Service personnel accessing NHS reassignment/transition treatment may request geographic stability using the form at Appendix 2. A transgender Service person wanting to maintain stability in order for them to complete treatment will need to consult their health professional and inform their CoC in order to set the conditions for stability as early as possible. Undertaking such a move must be carefully considered and managed. Transgender Service personnel do not have the right to demand an assignment to a particular location or to avoid an assignment for which the order has already been issued, in order to seek treatment. However, if, for example, a professional

course is required, and this is out of the area of stability, then it would be necessary to liaise with the course providers to ensure that time off would not jeopardise the completion of the course and vice versa treatment completion/progression. In any case, the individual should be given the opportunity to attend. Advice should also be sought from single Service Lawyers, and the single Service Diversity and Inclusion Team.

13. **Engagement with CoC.** The CoC should acknowledge the requirement for stability and where possible consider potential assignment options with the transgender Service person in order that they can inform the assignment process.

14. **Career Implications.** Whilst career managers have a duty to try to accommodate the needs of the individual there may be occasions when this is not possible because of the overriding needs of the Service. Assigning authorities must:

a. endeavour to ensure that any assignment generated by the need for stability does not adversely affect the transgender Service person's career profile, acknowledging that this cannot be guaranteed.

b. be alert to the risk of adversely affecting the career of a third party when considering extending a transgender Service person in post or assigning them to a particular post in order to achieve stability. Where issues arise regarding how this policy should be applied, further advice should be sought from the Single Service lawyers.

15. **Retention of Accommodation.** If an extension in post is granted, personnel will also need to apply for retention of their Service accommodation in line with the direction set out in JSP 464, Tri-Service Accommodation Regulations.

FITNESS TESTS

16. Physical fitness is a fundamental requirement for all members of the Armed Forces. To measure and ensure that members of the Armed Forces maintain their fitness, personnel are required to undertake fitness tests at regular intervals. Some roles in the Armed Forces are inevitably more arduous than others and so the minimum level of achievement required to pass a fitness test will differ. The fitness tests that transgender personnel must undertake will accordingly vary in accordance with their role. Careful consideration should however be, given to the needs of a transgender individual when conducting fitness tests to ensure that transgender individuals (as is the case for all Service Personnel) receive the appropriate advice, care and support during this process.

17. Transgender Service personnel should consult with their respective Service Diversity and Inclusion Team to identify a way forward before taking their fitness test. Each case will be managed on a case by case basis. Furthermore, confidentiality over an individual's decision to undergo transition and or their gender history must be preserved. Further advice on fitness tests should be sought from the single Service Diversity and Inclusion team who are the initial Point Of Contact (POC) on this issue.

EXEMPTIONS FROM ARMED FORCES' WEIGHT MANAGEMENT POLICY

18. [DIN 2017DIN01-179](#) sets out the policy on this issue. It is possible for an individual to be affected by the hormones that they are taking during transition. In this case an exemption should be made while they are going through this process.

ANNEX D: HEALTH GUIDANCE FOR TRANSGENDER SERVICE PERSONNEL

MEDICAL GRADING

1. **Pre-entry Medical Requirements.** Candidates may present prior to, during or having undergone treatment. In each case the candidate is required to meet the same physical and mental entry standards as any other candidate. Policy on Pre-entry medical requirements is detailed in [JSP 950, Part 1, Leaflet 6-7-7: Joint Service Manual of Medical Fitness, Section 4](#).

2. **In-Service Medical Grading.** Policy on In-Service medical grading is detailed in [JSP 950, Part 1, Leaflet 6-7-7: Joint Service Manual of Medical Fitness, Section 5](#). Personnel in the Armed Forces are subject to both intensive training and physically arduous, mentally taxing, operational tours. Stringent entry standards are required; however for serving personnel the physical requirements placed on them may change as they progress through their career. All Personnel must undergo appropriate health review to ensure that their functional capacity is sufficient to meet the demands of their employment and that this employment will not have a negative effect on the health of the individual.

HEALTH CARE AND TREATMENT FOR SERVING TRANSGENDER PERSONNEL

Service personnel must ensure that they inform their unit medical staff of any treatment that they are receiving which is not being provided via the Defence Medical Services (DMS).

3. **Guidance on Healthcare and Treatment.** Further guidance and resources are available from the following:

- a. General Medical Council⁷.
- b. The Royal College of Nursing⁸.
- c. Royal College of Psychiatrists⁹.

4. Often there are practical concerns for staff such as how to address a patient who is transgender. Names and pronouns should match the gender presentation; if unsure it is good practice to discreetly ask (some people may have already changed their name by deed poll, but this is not a legal requirement). Staff should ensure they address the service user by the appropriate name in written, verbal and electronic communication, including the use of appointment boards in the waiting room. Changes made to records should be consistent and all practice staff should show sensitivity.

5. **Referral to a Gender Identity Clinic (GIC)¹⁰.** All transgender Service personnel requesting treatment for gender dysphoria, whether their pathway is going to be self-funded or accessed via a NHS commissioned service, are to be referred to a Department of Community Mental Health Clinic (DCMH) to ensure an appropriate medical grading is

⁷ http://www.gmc-uk.org/guidance/ethical_guidance/28852.asp.

⁸ <https://www.rcn.org.uk/professional-development/publications/pub-005575>.

⁹ http://www.rcpsych.ac.uk/files/pdfversion/CR181_Nov15.pdf.

¹⁰ [GIC Clinics](#).

awarded. In addition the individual is to be referred to a GIC; it is only the GIC who can confirm diagnosis of gender dysphoria and enter the patient into a formal gender confirmation pathway. To prevent unnecessary delays, referrals to DCMH and the GIC may be initiated concurrently.

ELIGIBILITY AND FUNDING

6. Transgender Service personnel may access a gender dysphoria pathway via a funded NHS commissioned service or from a self-funded private organisation.

7. Where a transgender Service person, who meets the NHS eligibility criteria, moves from one commissioning area to another during treatment, funding and treatment should be consistent and continuous and any transition undertaken by that individual must be taken into account by treatment providers in the new area. To ensure that members of the Armed Forces suffer no disadvantage, MOD is working with NHS colleagues.

8. There is no mechanism to publically fund private care to expedite treatment where NHS care is available. If transgender Service personnel choose to use private facilities they do so at their own risk and own cost, noting that MOD cannot guarantee the quality or safety of the service provided. Nor can MOD guarantee continued geographic stability to permit completion of treatment.

9. A transgender Service person, who is having treatment which would have been commissioned by the NHS, but who has commenced that treatment on a self-funded private basis, can at any stage request to transfer to complete the treatment within the commissioned NHS pathway. In this event, the transgender Service person will, as far as possible, be provided with the same treatment as they would have received if they had received commissioned NHS treatment throughout. The NHS Commissioning Board will not reimburse the transgender Service person for any treatment received as a self-funded private patient before a request is made to move back into an NHS treatment pathway. At the point that they seek to transfer back to NHS care:

- a. the NHS Commissioners are at liberty to request the patient be reassessed by an NHS clinician.
- b. the patient will not be given any preferential treatment by virtue of having accessed part of their care privately, and
- c. the patient will be subject to standard NHS referral to treatment times.

10. Although the NHS provides a transgender treatment pathway, additional treatment options may only be available privately. Where a transgender Service person seeks part of their overall treatment privately, the supervising NHS clinician can subsequently re-consider NHS entitlement if the treatment sought privately is deemed clinically inappropriate.

11. **Hormone Therapy.** DMS primary care clinicians must endeavour to work in partnership with the GIC and, where clinically appropriate, prescribe hormone therapy recommended for their patients by the GIC. They are also expected to undertake patient safety monitoring, by providing basic physical examinations (within the competence of the prescriber) and blood tests recommended by the GIC. The GIC is expected to assist the prescribers by providing relevant information and support, including the interpretation of

blood test results. Hormone therapy should be monitored at least 6 monthly in the first 3 years and yearly thereafter, dependent on clinical need. Hormone therapy for the treatment of gender dysphoria is frequently prescribed as off-label. Medical and Non-Medical prescribers should consult [JSP 950, Leaflet 9-3-3: Use of Unlicensed and Off-label Medicines within the MOD](#).

12. **Private Medication.** A transgender Service person whose private consultant has recommended treatment with a medication normally available as part of NHS commissioned care can ask their DMS primary care clinician to prescribe the medication as long as all of the following criteria are met:

- a. The DMS primary care clinician considers it to be medically appropriate in the exercise of his or her clinical discretion.
- b. The drug is normally funded by the NHS/DMS.
- c. The DMS primary care clinician is willing to accept clinical responsibility for prescribing the medication.

13. If the above criteria cannot be met, consideration should be given to referring the patient to an NHS consultant who can determine whether to prescribe the medication as part of NHS funded treatment. In all cases there should be communication between the consultant and the DMS primary care clinician about the diagnosis and the treatment plan including any proposed medication.

14. Where the transgender Service person seeks self-funded private treatment, they might request their DMS primary care clinician to issue prescriptions for drugs recommended by private consultants that are more expensive, but without good evidence that they are more effective than those locally prescribed for the same condition within the NHS. The decision about whether to fund the treatment at an additional cost rests with the patient's primary healthcare provider e.g. NHS Clinical Commissioning Group or Head Quarters Surgeon General Defence Primary Healthcare¹¹. This advice should be explained to the patient who will retain the option of purchasing the more expensive drug via the private consultant.

15. **Bridging Prescriptions.** Transgender Service personnel may face a long wait before their first appointment with a gender specialist. To bridge the gap, some transgender people may self-medicate with products bought on-line from an unregulated source, without prior medical assessment or supervision. If a transgender Service person is self-medicating, the DMS primary care clinician should discuss the risks in line with GMC guidance on consent¹² and [JSP 835: Alcohol and Substance Misuse and Testing](#). DMS primary care clinicians can provide a limited (1 - 6 months) prescription for hormones while patients wait for their appointment with a gender specialist, if clinically appropriate and the DMS primary care clinician is willing to accept clinical responsibility for prescribing the medication. The individual concerned must provide the clinician with confirmation of the

¹¹ The interface between NHS and private treatment: a practical guide for doctors in England, Wales and Northern Ireland. Guidance from the BMA Medical Ethics Department. May 2009: <https://www.bma.org.uk/-/media/files/pdfs/practical%20advice%20at%20work/ethics/interfaceguidanceethicsmay2009.pdf>.

¹² http://www.gmc-uk.org/guidance/ethical_guidance/consent_guidance_discussing_side_effects_and_complications.asp

commencement of the treatment pathway. It is also important to establish limits as to the duration of bridging therapy¹³.

16. Aesthetic Surgery and Treatments. Aesthetic surgery and treatments are classed as non-essential elective¹⁴ procedures and, as such, are not required to return military personnel to operational fitness; therefore they are not provided or commissioned by the DMS. The following aesthetic surgery and treatments are not routinely funded by the NHS and will not be funded by the DMS:

- a. voice-modifying surgery.
- b. breast augmentation (augmentation mammoplasty).
- c. facial feminisation surgery – treatments may include:
 - (1) thyroid chondroplasty / tracheal shave (reducing size of larynx).
 - (2) rhinoplasty (nasal surgery).
 - (3) facial bone reduction.
 - (4) blepharoplasty/facelift.
- d. liposuction and/or body sculpture.

17. Leave for Private Consultations and Special (Paid) Leave for Private Aesthetic Surgery and Treatments. As aesthetic surgery and treatments are non-essential elective procedures transgender Service personnel should plan to utilise their individual leave allowance accordingly. However, many of the processes can be complicated and involve additional leave requirements. Special Paid Leave for private healthcare treatment may be permitted where full time medical attendance or hospital treatment is required. The authority for granting Special Paid Leave for private healthcare treatment rests with the CO of the Unit on whose strength the transgender Service person concerned is borne. The CO is to seek advice from the transgender Service person's DMS primary care clinician as to the effect of the proposed treatment on the patient's medical employment standard prior to granting Special Paid Leave for this purpose. Such Special Paid Leave is not to be deducted from their Individual Leave Allowance (ILA).

PROVISION OF BIRTH GENDER MEDICAL SCREENING

18. The DMS will ensure that transgender Service personnel receive appropriate follow-up and general health care. Access to all other medical services should be on an equitable basis with those offered to all other individuals in similar circumstances.

- a. Men and women should be offered information on breast awareness and screening as advised by current national guidelines.

¹³ WPATH. Standards of Care for the Health of Transsexual, Transgender and Gender-Nonconforming People, Version 7, 2011:

[https://s3.amazonaws.com/amo_hub_content/Association140/files/Standards%20of%20Care%20V7%20-%202011%20WPATH%20\(2\)\(1\).pdf](https://s3.amazonaws.com/amo_hub_content/Association140/files/Standards%20of%20Care%20V7%20-%202011%20WPATH%20(2)(1).pdf).

¹⁴ Elective procedures are those chosen (elected) by the patient or doctor which may be advantageous to the patient, but are not urgent.

b. Male To Female (MTF) individuals should be offered advice as appropriate in relation to prostatic disease as prostatectomy is not part of genital reconstructive surgery.

c. Female To Male (FTM) individuals should be offered ongoing screening for cervical disease (if relevant) as advised by current national guidelines and remain on the cervical cytology recall service. The risk of developing ovarian carcinoma if the ovaries remain *in situ* once androgen therapy commences is unknown but unlikely to be different to that of nulliparous women whose lifetime risk is slightly greater than that of women who have been pregnant. Endometrial cancer is a high risk for men who have a uterus while their body is aromatising 'unopposed oestrogen' derived from testosterone. In this respect it is assumed that they will have the same negative response as natal females with a uterus who have the same 'unopposed' oestrogen exposure. It is generally recommended that men consider hysterectomy after 4–5 years on testosterone due to this increased risk. Some men in this situation, and also those with a familial history, may request a hysterectomy much sooner due to increased risk. In view of increased risk of reduction of bone mass secondary to treatment, bone densitometry should be offered as appropriate, as advised by current national guidelines.

FERTILITY PRESERVATION

19. NHS-funded elective fertility preservation in the UK is currently limited to cancer patients prior to undergoing treatment that is likely to cause infertility. Non-cancer related fertility preservation is considered to be an elective procedure that is to be privately arranged and funded by an individual (see [2016DIN01-052: Assisted Conception and Fertility Policy](#)).

20. Transgender Service personnel considering self-funded fertility preservation are encouraged to engage with Service health authorities for advice. Lead times and costs vary between different fertility preservation organisations and between male and female treatment, so early engagement is essential to enable personnel to complete the necessary procedures prior to commencing gender dysphoria treatment. Transgender Service personnel subsequently wishing to access NHS-funded Assisted Conception Services using their frozen sperm/egg/embryo would be subject to the NHS access criteria.

21. **Access to Gender Dysphoria Treatment Overseas.** MOD undertakes to ensure that Service personnel will have NHS 'equivalent' care when assigned abroad. Although treatment may be available privately in countries where military personnel are assigned, the MOD is unable to assure gender dysphoria treatment clinics overseas and therefore will not commission gender dysphoria treatment overseas.

22. Transgender Service personnel will be permitted to return to the UK to undergo gender dysphoria treatment at MOD expense. Special Paid Leave¹⁵ may be permitted for transgender Service personnel temporarily returning to the UK from overseas to access non-aesthetic gender dysphoria treatment. The authority for granting Special Paid Leave in this circumstance rests with the Commanding Officer of the Unit on whose strength the transgender Service person concerned is borne and should be considered in conjunction with the individual's ILA.

¹⁵ [JSP 760: Tri-Service Regulations for Leave and Other Types of Absence](#).

23. **Return to UK.** Transgender Service personnel can elect to request an early assignment back to the UK. The return to UK will ensure they are able to access UK assured gender dysphoria treatment and take full advantage of the NHS provision, where eligible. Each case will be considered in accordance with Service need and through engagement with the manning authorities to consider any career implications of such a move. The process is set out at Appendix 2.

ANNEX E: FURTHER GUIDANCE

GROUND CLOSE COMBAT (GCC) ROLES

1. Defence announced a review of the exclusion of women from ground close combat roles in 2014. As a result of this work the review recommended that GCC roles should be open to women which will include Male to Female (MTF) transgender personnel. To enable the Services to develop a Physical Employment Standard (PES) regime that will provide appropriate support for Service Personnel, the roll out is being managed in stages. Applications to the Royal Marines, Infantry and the RAF Regiment is being managed by the single Services, and individuals seeking to join these roles should consult with the single Service Diversity and Inclusion Team. Applications to transfer into these arms/cap badges as the roll out progresses will be considered on a case by case basis, and career managers must consult their single Service employment lawyers for advice based on individual circumstances. More information on Defence's approach to this issue is available in [2016DIN01-115: Women in Ground Close Combat – Lifting of Exclusions for Women in Ground Close Combat Roles across Defence](#).

SPORTS

2. Sport is a very important part of service life. Transitioning may have an impact on those who are pursuing a particular sport. Individuals should consult with the National Governing Bodies (NGBs) for each individual sport. Individuals can also consult with the single Service Sports Associations.

SEARCHES

3. Arrest, legal custody and searching of transgender personnel who are undergoing or have transitioned will be conducted in accordance with the guidance set out in [JSP 837: Service Code of Practice – Custody and Detention and Committal to Civil Prison](#), paras 1.14 - 1.21. Above all individuals must be treated sensitively, and where necessary the individual will be placed in a separate cell.

CONTROL DRUGS TESTING (CDT)

4. An individual who is identified as needing special consideration in order to be able to comply with the CDT requirement should be treated in a careful, sympathetic manner and with dignity. See Annex A, Chapter 4 (paras 5-6) of [JSP 835: Alcohol and Substance Misuse and Testing](#).

MEDIA HANDLING

5. The rules governing contact with the Media and Communicating in Public, as set out in **2014DIN03-024** (contact with the media), should be adhered to if the media express interest about a member of the Armed Forces who is transgender. On notice of this media interest, individuals and media teams should also make early contact with the relevant single Service Diversity and Inclusion Policy team for guidance.

PENSIONS

5. Individuals who are about to transition must consider the implications that this will have on their pension. Obtaining a full Gender Recognition Certificate may affect a

pension payable to a spouse or civil partner. It is important that individuals ensure that the organisations which administer their pensions have the appropriate information to enable them to correctly calculate pension payments.

6. For advice on state pensions, individuals should contact the DWP Gender Recognition team: Their contact details are:

Telephone number: 0191 2187622

Fax number: 0191 6138913

E-mail: npc.grteam@dwpgsi.gov.uk

7. For advice on armed forces pensions individuals should contact Veterans UK on 0800 085 3600.

8. For advice on private, occupational or workplace pensions, individuals should contact their pension provider or scheme administrator.

LEAVING THE SERVICES

9. Those individuals about to leave the Services may require references. These should be provided in the name to be used in the new job with no reference to the individual's former name or gender history. DBS Mil should be consulted where individuals have transitioned after leaving the Armed Forces.

MONITORING

10. To help the Department to understand the make up of its workforce, and the impact of policies on staff including transgender individuals, we will continually review the diversity of our workforce. Completing the declaration is voluntary. The information collected will enable Defence to ensure that its policies are not biased against transgender individuals. All data will be handled confidentially and in accordance with the Data Protection Act; any data collected will **not** be widely available.

RELEVANT TRAINING

11. To ensure that individuals understand the importance of an inclusive workforce, all staff must undertake diversity training. These should include unconscious bias training, and any other relevant diversity and inclusion training or seminars. Those who have line management responsibilities in particular must ensure that they complete the necessary suite of courses.

APPENDIX 1: GLOSSARY OF KEY TERMS

Acquired Gender. The Gender Recognition Act 2004 uses the term ‘acquired gender’ to refer to the gender in which a transgender person lives and presents to the world. This is not the gender that they were assigned at birth, but it is the gender in which the transgender person should be treated.

Affirmed Gender. ‘Affirmed’ gender may be used to describe the post-transition gender role. This term may be preferred by transgender people to ‘acquired gender’ (see above) which is specific to the Gender Recognition Act 2004 as they are not acquiring a new gender identity, instead they are affirming their gender identity.

Assigned Gender. The gender that a person is given at birth and is recorded on the birth certificate. This detail cannot be changed without a valid GRC.

FTM. A female to male transgender person (sometimes referred to as a transgender man) is a person who was assigned female at birth but has a male gender identity.

Gender. The overwhelming majority of people have a gender that accords with their anatomical sexual presentation. Amongst other things gender consists of two related aspects: gender identity, which is a person’s internal perception and experience of their gender; and gender role, which is the way that the person lives in society and interacts with others, based on their gender identity.

Gender Dysphoria. Transgender people who seek medical intervention are typically diagnosed with ‘gender dysphoria’ as a first step. Gender dysphoria describes the sense of a strong, persistent discomfort or distress caused by the dissonance between a person’s self-identified gender and the gender they were assigned at birth

Gender Identity. A person’s sense of self as a man, woman, non-binary person or other sense of gender. A person’s gender identity is typically expected to follow directly from the sex they were assigned at birth (based on physical attributes), but this is not always the case.

Gender Reassignment/Transitioning. A process which is undertaken over a long period of time for the purpose of reassigning a person’s gender by changing physiological or other characteristics in relation to the affirmed gender. This may include counselling, hormone treatment and (although not always) surgery such as chest and/or genital alteration. The process also includes legal adjustments such as changing the name and gender on legal documents.

Gender Recognition Certificate (GRC). A certificate that is issued under the Gender Recognition Act 2004 and which enables transgender people to be legally recognised in their acquired gender. Once in possession of a certificate the transgender person is entitled to obtain a new birth certificate. For employment purposes the certificate has no significance; transgender Service personnel should be treated in accordance with their affirmed gender, regardless of whether the person has a GRC.

Interim GRC. An Interim GRC will be issued to a successful applicant if he or she is married or a civil partner at the time of the application. The interim certificate is issued to allow the applicant and his or her spouse/civil partner to end their marriage/civil partnership easily if they wish to do so. It has no legal significance beyond this use.

When the marriage/civil partnership has ended, a full GRC will be issued to the successful applicant.

Gender Recognition Panel. A Gender Recognition Panel considers applications for gender recognition. The panels are ordinarily made up of legal and medical members who assess whether the legal and medical criteria for legal recognition are met. If the applicant is successful, the panel will issue a full or an interim GRC.

Legal Recognition. Legal recognition means that in the eyes of the law a person is seen to be of his or her affirmed gender, as opposed to the gender that was registered on that person's birth record when he or she was born.

MTF. A male to female transgender person (sometimes referred to as a transgender woman) is a person who was assigned male at birth but who has a female gender identity.

Post-Operative Stage. This is when an individual has undergone surgery and now presents some, or all, of the anatomical sexual characteristics relevant to their affirmed gender. This is not to be used as a term to describe or define a person.

Real Life Experience. This is another name for the Social Reassignment phase during which the individual must live and work in their affirmed gender before certain medical procedures will be carried out.

Sexual Orientation. An orientation towards persons of the same sex (lesbians or gay men and women) or an orientation towards a person of the opposite sex (heterosexual) or an orientation towards persons of the same sex and opposite sex (bisexual). Sexual orientation is not to be confused with gender identity.

Transgender. A broad, inclusive term referring to anyone whose personal experience of gender extends beyond the typical experiences of those of their assigned sex

Transsexual Person. Somebody physically of one sex with an urge to belong to or resemble the opposite sex.

Transvestite. Somebody who adopts the dress of the opposite sex for a variety of reasons but has no desire to be accepted as a member of that sex.

APPENDIX 2: GEOGRAPHICAL ASSIGNMENT / STABILITY REQUEST MEDICAL PRACTITIONER GUIDANCE AND PATIENT CONFIDENTIALITY CONSENT FORM

Unit	Rank/Rate	Last name	Service No
Email		Telephone	
Part A: Service Person's Consent			
<p>I consent to..... (insert name of medical practitioner) providing information to my Chain of Command in order that appropriate support can be given during my gender dysphoria treatment.</p>			
Signed			Date

Part B: Completed by the Medical Practitioner and returned to the patient		
<p>I confirm that there is a requirement for a period of stability during their gender dysphoria treatment I recommend:</p> <ul style="list-style-type: none"> • A period of stability of up to 3 years. • A longer period of stability of <input type="checkbox"/> years and <input type="checkbox"/> months along with a brief description of the medical need. • An assignment back to the UK. (delete/complete as appropriate) 		
Signature	Date	
Name	Rank	Position
Email	Telephone	
<p>When Part B has been completed the patient should pass the form to their Chain of Command for completion of Part C.</p>		

OFFICIAL - SENSITIVE (Personal) (when completed)

Part C: Completed by the patient's Chain of Command following advice from the assigning authority and shared with the patient.

The Service person at Part A has requested:

- Geographic stability in this unit for years and months.
- An assignment back to the UK
- This is supported should the assigning authority deem it possible.
- This is not supported because of the following:

(Delete as applicable)

Advice from the Assigning Authority

Should the Service person at Part A choose:

- Geographic stability in this unit for years and months.
- An assignment back to the UK.

the following career implications may apply:

(Delete as applicable)

Signature	Date	
Name	Rank	Position
Email	Telephone	

When Part C has been completed this form should be passed to the patient for their completion.

Part D: Completed by the patient before being returned to the Chain of Command for onwards transmission to the assigning authority.

Signed	Date

OFFICIAL - SENSITIVE (Personal) (when completed)

APPENDIX 3: ADMINISTRATIVE PROCEDURES – ACTIONS REQUIRED

Special Leave. Individuals are entitled to take five days leave while these administrative procedures are being completed. To avoid disclosure to unauthorised individuals care should be taken when recording this information.

Change of Name. Service records will not be amended until the transgender person produces documentary evidence of his or her name change, e.g. deed poll, letter from a medical consultant a statutory declaration of change of name. All service records and documentation should use the new name from the date of the declaration or deed poll. (A statutory declaration change of name proforma is at Appendix 5).

Changing Records. If a Serviceperson voluntarily provides a full GRC, all service records, documents and employment details must be changed to reflect the individual's acquired gender. Additionally, all documentation from external sources should be updated. Thus, copies of old birth certificates and academic certificates etc. should be replaced with versions that reflect the transgender person's affirmed gender. If a transgender Serviceperson is unable to, or chooses not to obtain a GRC, the service records etc. should still be amended to reflect the transgender person's affirmed gender. However, it will not be possible for the transgender person to obtain a new birth certificate and other official documents.

Personal records should be updated with the consent of the transgender Service person to ensure that the records accurately reflect the correct name, title and gender.

Where there is a need to retain records that reveal that the person is transgender or their gender history (deed poll, original birth certificate, marriage certificate academic qualifications), access to these records must be restricted to those personnel who require the information to carry out their specific duties. Failure to store, manage or process information held in these records may be unlawful. Furthermore, disclosing information about a transgender person's gender history can in certain circumstances amount to a criminal offence.

Single Service lawyers can provide further advice on (a) the action that may or must be taken to amend the records held in relation to service personnel who are transgender and (b) how records can be lawfully processed.

Amending Previous Records. Former Service personnel, who have changed their gender after leaving the Services, can apply to have their Service records amended. However due to the way the Department stores its records (i.e. digitally) it may not always be possible to alter individual records. Further clarification should be sought from the JPAC Enquiry Centre, Freephone number 0800 085 3600 or if calling from overseas +44 141 224 3600.

Civilian Records. The civilian records that will need to be changed to reflect the new name and gender status are listed below. Information on how to change name and gender on official documents and records is provided on the Government's Directgov website at www.direct.gov.uk. It is the responsibility of the individual to ensure that the changes to the following civilian records are made on JPA / disclosed to personnel management authorities:

- a. tax code.

- b. National Insurance Card.
- c. passport.
- d. National Health Card Number.
- e. bank details.
- f. driving licence.
- g. European Health Insurance Card (EHIC).
- h. medical warning tags.

Service Records and Details. The name on the Service records listed below is to be amended. All relevant data is to be transferred to the individual's new record:

- a. identity card.
- b. medical records.
- c. dental records.
- d. personal clothing record.
- e. internal records such as personal file, JPA records, personal vehicle passes and other locally issued documentation.
- f. identity discs.
- g. railcard or coachcard.
- h. any other in-theatre documentation issued such as vehicle registration documents, ration cards, etc.

Change of Service/Employee Numbers. A transgender person who has a gender-specific Service Number on JPA, which could identify him or her as having been, originally of a different gender, will be offered or may request a new gender-free **JPA Employee Number**. Whilst it is assumed that personnel with gender-specific Service Numbers will wish to change to a gender-free JPA Employee Number, it is not mandatory to do so. A specific Business Process Guide on the process of changing a Service legacy number can be found on the DBS Military Personnel JPA Portal. The individual should be briefed by Career Managers and/or Unit HR Professional Staff on the administrative procedure that needs to be carried out to achieve a change and the effects it may have (it should be noted, for example, that the complete existing JPA record will need to be closed down and a new one created). Personnel should then decide and confirm whether they do, or do not, wish to change the number.

To preserve the individual's privacy the gender-specific legacy Service Number will not be held in the new record nor electronically linked by JPA Oracle to the new record with a JPA Employee Number. DBS Mil will however need to access the terminated record in order to make calculations on, for example, reckonable service and pensions.

Issue of Uniform Relevant to the Acquired Gender. Every effort should be made to ensure that the issue of new uniform relevant to a transgender person's affirmed gender is done in a single issue, especially for items of gender-specific kit. This avoids causing embarrassment or anxiety to the individual if repeated visits to uniform clothing stores are required. Arrangements and entitlements for the issue of uniform clothing to transgender personnel are contained in the respective single-Service uniform regulations.

Medal Replacement and Inscription Policy for transgender Service personnel who change their name and/or Service Number. The Policy on the provision of replacement medals and inscription of medals for transgender Service personnel is set out in Annex D to Chapter 1, Part 1 of [JSP 761: Honours and Awards in the Armed Forces](#). Serving transgender members of the Armed Forces wishing to have their medals reissued with their revised details should apply in writing to the MOD Medal Office. Re-issued medals will be inscribed with the updated name, initials and Service or Employee Number, but will retain the rate or rank held by the individual at the time that the medal was originally awarded. Medals issued under these circumstances will not be marked 'Replacement' and may be provided at public expense. Individual requests regarding the replacement of Commissioning Scrolls and Royal Warrants will be considered on merit.

Wearing of Qualification Badges. Transgender personnel who were entitled to wear qualification badges earned in their previous gender may continue to do so in their new gender if they so wish. They should however bear in mind that this may identify them as having previously been of a different gender.

Notifying National Security Vetting (NSV). The NSV is to be notified of a change of gender and name by the completion of MoD Form 1126, Change of Personal Circumstances Notification.

Documentation. Long standing employment records may well reveal the transgender person's previous gender identity and, where records are retained over a long period, issues may arise over who should have access to these records and what should be done in the event that someone's previous gender identity is revealed without the person's permission. Where an individual's documentation may be in a different name and in the absence of a GRC, then a letter from a medical consultant or doctor confirming the change, in gender will be sufficient. A deed poll or a statutory declaration will also be acceptable. All data must be handled carefully in accordance with the DPA Act and must not be kept for longer than is absolutely necessary.

APPENDIX 4: EXAMPLE OF A TRANSITION PROGRAMME

Timescale	Action Required
This column to be completed on an individual basis as agreed between the individual and his or her CO and Medical Officer.	The individual confirms the transition plan in consultation with his or her CO and Medical Officer. Early consultation with respective single-Service Equality and Diversity Policy staff is essential. SPC informed of the situation.
	CO discusses transition phase with Senior Executives on a 'need to know' basis. Confidentiality must be maintained. Potential issues of social reassignment identified, e.g. domestic and assignment requirements.
	Chain of Command, in consultation with the individual draws up a plan for informing Unit of impending commencement of transition period. This should cover the medical and social aspects of the transition process and should include a plan for verbal and written briefings for Unit authorities and colleagues. Medical information may only be divulged with the individual's consent, which must be recorded contemporaneously in the medical records.
	LM/HR briefs the individual about amending Service details and records and civilian documentation. Provide the individual with a list giving details of records requiring amendment. (See Appendix 6)
	Establish and maintain close liaison with the relevant single-Service Equality and Diversity Policy staffs, the individual's CM and the individual's Unit Defence Equality Diversity & Inclusion Adviser (DEDIA).
	Individual's Welfare Officer contacts the relevant Career Manager to initiate process for allocation of new Employee Number in JPA if requested. The Unit administrative section should ensure a new number is issued.
	Appropriate supply authority demands temperate scale clothing relative to the individual's acquired gender. Advice of individual's Medical Officer is to be sought before the individual starts duty in uniform. For practical reasons it may be appropriate for the individual to work in civilian clothes for an interim period. This should occur during the period when individuals are informed of an individual's transition. The decision to authorise the wearing of uniform should be made on a case-by-case basis.
	All administration for change of records initiated. Close liaison with DBS Mil will be necessary to avoid any rejection of system records. The DBS Mil JPA website includes a specific Transgender Business Process Guide that needs to be consulted at an early stage to ensure a successful and timely update of records. Take action to ensure that other records/documents are amended (as per Appendix 6).
	If necessary, move the individual into single accommodation, appropriate to his/her affirmed gender prior to commencing any period of leave.
	Individual section/department briefings given (as agreed above). Potential problem areas addressed by chain of command, with remedial action taken where necessary.
	The individual reports for duty in their affirmed gender. It will be important for line management to monitor the situation and take remedial action during the early stages of the Transition Period to ensure that the social reassignment programme progresses smoothly, for all personnel.

APPENDIX 5: SPECIMEN NAME CHANGE PROFORMA

I, KYLIE ANN SMITH of (insert address), a British subject, DO SOLEMNLY AND SINCERELY DECLARE as follows:

1. I absolutely and entirely renounce and abandon the use of my former forenames of JOHN ALAN and adopt and determine to take and use from the date hereof the forenames of KYLIE ANN in substitution for my former forenames of JOHN ALAN.
2. I shall at all times hereafter in all records, deeds, documents and other writings and in all actions and proceedings, as well as in all dealings and transactions and on all occasions whatsoever, use and subscribe the forenames of KYLIE ANN to the intent that I may hereafter be called known or distinguished not by the former name of JOHN ALAN but only by the name KYLIE ANN SMITH.
3. I authorise and require all persons at all times to designate describe and address me by the adopted name of KYLIE ANN SMITH.

AND I MAKE this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Statutory Declarations Act 1835.

DECLARED at

In the county of (insert) this day

Of

Before me,

Commissioner for Oaths/Solicitor

APPENDIX 6: EXEMPLAR LIST OF RECORDS REQUIRING AMENDMENT OR ORGANISATIONS TO BE INFORMED

The following lists may be used as an aide-mémoire and check list to assist transsexual personnel and their line management. It is not exhaustive.

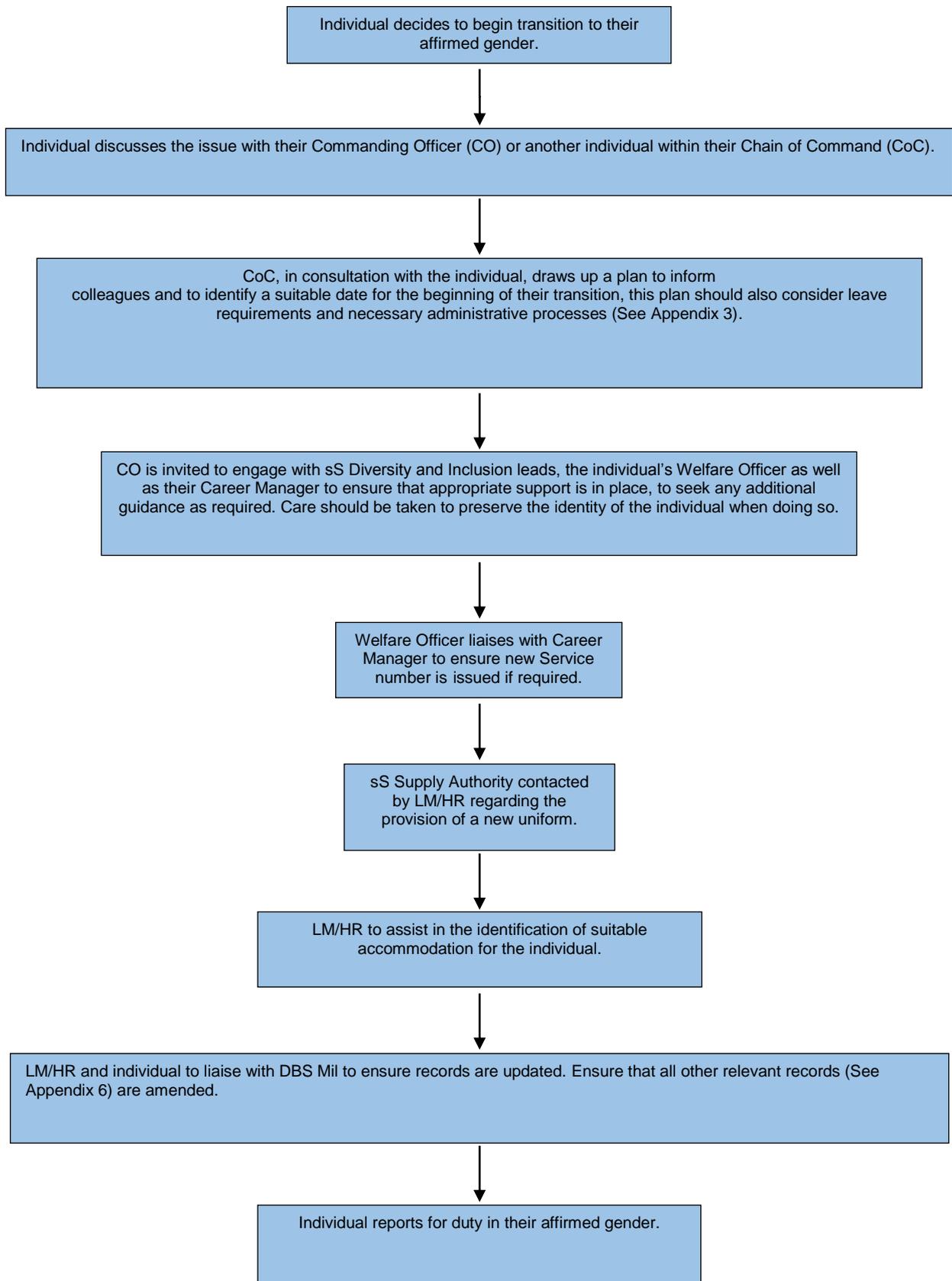
Service record	Date changed / or organisation informed
Employee Number	
Identity Card	
Medical Records (including DMICP)	
Medical warning tags	
Dental Records	
Security Clearance records (via NSV)	
Personal Clothing Record	
Personal File	
Locally Issued documentation e.g. vehicle passes	
Identity Discs	
Railcard or Coach card	
In-theatre documentation, e.g. vehicle registration documents, ration cards, etc.	
Civilian record	Date changed / or organisation informed
Tax code	
National Insurance Number ¹⁶	
Passport	
National Health Service Card	

¹⁶ An individual who is successful in obtaining a full GRC is legally obliged to inform HM Revenue and Customs (HMRC) so that National Insurance records can be amended.

European Health Insurance Card (EHIC)	
Bank Details – including credit/debit cards and building society savings accounts, mortgage, share certificates, etc.	
Driving Licence (It is a legal requirement to inform the DVLA of any name change)	
Vehicle Registration Documents	
Electoral Registration (personal, post, proxy)	
Insurance policies – personal, motor, life assurance	
Will (an individual's will may need to be amended if entitlements/legacies under it are affected by the gender change)	

APPENDIX 7: EXAMPLE OF A TRANSITION PROGRAMME – FLOWCHART

Note: Each plan will differ depending on the needs of the individual as they go through transition.



APPENDIX 8: ADVICE OR SUPPORT GROUPS FOR TRANSGENDER PEOPLE AND SOURCES OF INFORMATION

Single Service Diversity and Inclusion Teams

Details of single-Service diversity and inclusion contacts can be found on Service intranet sites or by contacting a Unit Equality and Diversity Adviser (EDA).

- [Navy](#)
- [Army](#)
- [RAF](#)

Defence LGBT Staff Networks

- Navy: [Compass](#)
- Army: [Army LGBT](#)
- RAF: [RAF Freedom Network](#)
- MOD LGBT+ Network: [ShOUT](#)

A:GENDER

A:gender is the inclusive support network for staff in Government Departments and Agencies for gender reassignment, gender identity, gender expression and intersex. a:gender also acts in an advisory capacity to HR departments across the Civil Service and Cabinet Office.

a:gender
Vulcan House
Iron Building
6 Millsands
Sheffield
S3 8NU

Tel: 0787 614 5411

Email: agender@homeoffice.gsi.gov.uk

Website: www.agender.org.uk

Depend

Depend is an organisation offering free, confidential and non-judgemental advice, information and support to all family members, spouses, partners and friends of transsexual people in the UK.

Depend
BM Depend
London
WC1N 3XX

Email: infor@depend.org.uk

Website: www.depend.org.uk

FTM Network

The network is an informal and ad hoc self-help group, open to all female to male transgender people, or those exploring this aspect of their gender.

BCM FTM London
London
WC1N 3XX

Tel: 0771 714 0461

Email: f2mlondon@hotmail.com

Website: www.ftmlondon.org.uk/home

The Gender Trust

The Gender Trust is a Registered Charity which helps adults throughout the United Kingdom who are Transsexual, Gender Dysphoric, Transgender or those whose lives are affected by gender identity issues.

The Gender Trust
Community Base
113 Queens Road
Brighton
BN1 3XG

Tel: 01273 234024 (Mon-Fri 9am-5pm)

Email: info@gendertrust.org.uk

Website: www.gendertrust.org.uk

Gender Recognition Panel

The Gender Recognition Panel was established under the Gender Recognition Act 2004 (GRA) to assess applications from transsexual people for legal recognition in their acquired gender. Application forms for Gender Recognition Certificates can be obtained from the Gender Recognition Panel's website.

The Gender Recognition Panel
PO Box 9300
Leicester
LE1 8DJ

Tel: 0300 1234 503

Email: GRPenquiries@hmcts.gsi.gov.uk

Website: www.justice.gov.uk/tribunals/gender-recognition-panel

The Gender Identity Research and Education Society (GIRES)

GIRES is a registered charity that aims to promote education based on research into gender identity and intersex issues and supports the right of individuals to live according to their true gender identity, rather than one imposed upon them at birth.

GIRES
Milverley
The Warren
Ashstead
Surrey
KT21 2SP

Tel: 01372 801554

Website: www.gires.org.uk

Press for Change

UK civil rights campaign for transsexual and transgendered people. Their website provides information on legal issues and equal rights for trans-people.

Tel: 08448 708 165

Email: office@pfc.org.uk

Website: www.pfc.org.uk

TransLondon

A London-based support group which holds monthly meetings. It also provides other resources for trans-people.

Website: www.translondon.org.uk

Scottish Transgender Alliance

Provides employers and service providers in Scotland with training and good practice guidance on trans equality issues.

Tel: 0131 467 6039

Website: www.scottishtrans.org

Address: 30 Bernard Street, Edinburgh EH6 6PR

UK Intersex Association

An education, advocacy, campaigning and support organisation working on behalf of intersex people.

Website: www.ukia.co.uk