Women and Equalities Committee
Menopause and the workplace: call for evidence

Joint submission from the Royal College of Obstetricians and Gynaecologists, British Menopause Society and the Faculty of Sexual and Reproductive Healthcare.

September 2021

About us

The Royal College of Obstetricians and Gynaecologists (RCOG) is a professional membership organisation made up of over 16,000 members worldwide. We work to improve the health of women, by setting standards for clinical practice, providing doctors with training and lifelong learning, and advocating for women’s health care.

The British Menopause Society (BMS) is a registered charity with more than 1,500 members that educates, informs and guides healthcare professionals on menopause and all aspects of post reproductive health. This is achieved through an annual programme of lectures, conferences, meetings, exhibitions and our interactive website. We offer a range of publications including our quarterly journal Post Reproductive Health and the definitive handbook Management of the Menopause (Sixth Edition) and Menopause, The One-Stop Guide, endorsed by our patient arm, Women’s Health Concern (WHC).

The Faculty of Sexual and Reproductive Healthcare (FSRH) is the largest UK multidisciplinary professional membership organisation representing more than 15,000 members working at the frontline of Sexual and Reproductive Healthcare (SRH) in a range of settings in the community and primary care. Our members are SRH specialists, GPs, nurses, midwives, pharmacists and other healthcare professionals delivering services commissioned by local authorities, Clinical Commissioning Groups, NHS England and Public Health England.

Our goal is to ensure that high standards in SRH are provided through the provision of training in SRH, clinical guidance and clinical standards. We provide training in SRH including both basic and specialist menopause training.

Key points

- The menopause can have a significant impact on many women. There is a need for increased awareness and understanding of menopause in the workplace, including the wide range of symptoms that may be experienced, to ensure women are confident to seek help.
- Mandatory workplace policies should be introduced. Employers must ensure that policies are in place to help employees who are experiencing menopause related symptoms and support them during their menopause transition. This will help keep women in the workforce and will help protect against discrimination due to menopause symptoms.
Menopause policies should detail guidance and training for all staff, reasonable adjustments that can be made to the working environment, flexible working, and encourage a positive and open approach to menopause.

Our response is additionally supported by a small qualitative survey of people from the RCOG Women’s Network, RCOG Women’s Voices group and followers of our social media channels, on their experiences of the menopause at work. Broader surveys and analysis by the BMS confirm and reinforce the RCOG results.

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

Experiences of the menopausal transition vary enormously, but most women will experience at least one symptom, and up to a third of women will experience severe menopausal symptoms that can impact on their quality of life.\(^1\) Symptoms may last for a number of years (seven years on average), and for a third of women these will be long-term.\(^2\)

It is in the work context that women report greater difficulty in managing symptoms.\(^3\) In a survey of 1,000 adults in the UK, the BMS found that 45 percent of women felt that menopausal symptoms had a negative impact on their work and over 33 percent of women felt less self-confident in social situations.\(^4\) A recent Chartered Institute of Personnel and Development (CIPD) survey led by YouGov found that of respondents who were affected negatively by their symptoms at work, nearly two-thirds said they were less able to concentrate, and more than half said they experience more stress.\(^5\)

Menopause symptoms can include hot flushes and sweats, tiredness and sleep disturbance, joint and muscle ache, heart palpitations, mood swings, anxiety and depression, forgetfulness, lack of concentration, heavy bleeding, headaches increased urinary frequency or urgency and vaginal atrophy.\(^6\) This is not an exhaustive list. Many of these symptoms were discussed by respondents to the RCOG survey as having an adverse impact on their work.\(^7\)

The menopause, together with many other women’s health conditions, is still regarded by some as a taboo subject, despite increased openness and publicity. Because of its personal and sensitive nature many women feel embarrassed or unable to disclose their menopausal status, discuss their experiences with their managers and colleagues, or ask for support. A poll of 1,009 women aged 50 to 60 undertaken for BBC Radio Sheffield and Radio 4’s Woman’s Hour found that 70 percent of respondents did not make their employer aware they were experiencing symptoms.\(^8\) The CIPD found that nearly a third of women surveyed said they had taken sick leave because of their symptoms, but only a quarter of them felt able to tell their manager the real reason for their absence.\(^9\) Reasons for not disclosing included privacy (45 percent), embarrassment (34 percent) and an unsupportive

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2. BMS, *Vision for menopause care in the UK* (reviewed 2021)
5. CIPD, *Majority of working women experiencing the menopause say it has a negative impact on them at work* (2019)
6. BMS, *Vision for menopause care in the UK* (reviewed 2021)
7. Survey undertaken by RCOG (2021)
9. CIPD, *Majority of working women experiencing the menopause say it has a negative impact on them at work* (2019)
manager (32 percent).\(^\text{10}\) Some women express concern that their menopausal condition can result in their being stigmatised at work,\(^\text{11}\) a wholly unacceptable situation.

This lack of understanding of menopause symptoms and their impacts within the workplace was clear in the RCOG survey, with several respondents noting that having their symptoms taken seriously by their employer would have improved their experience.\(^\text{12}\)

Unwillingness to introduce workplace adjustments was also evident, with requests for adjustments to the physical workplace refused, and a refusal to make adjustments leading to one respondent leaving the workplace altogether.\(^\text{13}\) Another respondent noted that “When I explained to my employer that I was experiencing health difficulties including severe headaches, memory loss and brain fog plus exhaustion, I was asked to resign if I could no longer do the job.”

Several respondents discussed poor behaviour from colleagues or managers, including symptoms being “laughed at”, being “mocked for hot flushes” and being “made to feel worthless and not good enough” due to anxiety related to menopause.\(^\text{14}\) Organisational failure to act on poor behaviour by colleagues was noted, with one respondent saying, “I felt I was being bullied […] but nothing was taken forward or investigated.”\(^\text{15}\)

The menopause also affects those working in the medical profession. A recent survey of 2,000 BMA members found that 90 percent of respondents said that their menopause symptoms had adversely impacted their working lives, with 38 percent saying that the impact was significant. Only 16 percent had discussed their menopause symptoms with their manager and nearly half wanted to but did not feel comfortable doing so.\(^\text{16}\) We support the recommendations set out in this report specific to doctors working through the menopause, including access to flexible working, workplace adjustments and employers taking a pro-active approach to normalising the topic of menopause.

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

A joint position statement by BMS, RCOG, Royal College of General Practitioners, FSRH, the Faculty of Occupational Medicine (FOM) and the Faculty of Public Health (FPH), makes the following recommendations to address the urgent need to raise menopause awareness among all managers and staff.

- Employers should ensure that policies are in place to help employees who are experiencing menopause related symptoms and support them during their menopause transition.
- Women should be encouraged to seek help for managing their menopausal symptoms and should be made aware of resources available for guidance. Information should also be provided to women on how they can access menopause advice and to make an informed decision on their management options.
- Employers should have defined pathways in place such as online training for employers and educational webinars on the menopause. This should be offered to managers, supervisors

\(^{10}\) Ibid.
\(^{12}\) Survey undertaken by RCOG (2021)
\(^{13}\) Ibid.
\(^{14}\) Ibid.
\(^{15}\) Ibid.
\(^{16}\) BMA, *Challenging the culture on menopause for working doctors* (2020)*
and team leaders. Employers should also include working flexibly (where possible) and adjustments to the workplace environment as part of such pathways.

- There is also a need for such processes to be rolled out nationally and to be included in local health service policies.
- The incorporation of menopause support in workplace culture, policies and training should be in accordance with all legislative requirements in particular the requirements of the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999 and the Equality Act 2010.
- Both individual and organisational level interventions are therefore recommended in order to meet the needs of working menopausal women.\(^\text{17}\)

**Workplace menopause policies**

Workplace menopause policies should detail the reasonable measures that should be available for women experiencing symptoms, including flexible working patterns and workplace adjustments to make the physical office environment more comfortable. HR departments should offer training and support to line managers. All workplaces should have guidance about the menopause readily available if women request it – the signs and symptoms, self-help advice for women, and where to seek professional help. Guidance must also inform about premature menopause (menopause occurring before the age of 40 years) and surgically caused menopause.

The BMS has produced guidance on menopause in the workplace for employers and employees, including a factsheet for organisations that are writing their own guidance on the menopause.\(^\text{18}\) This sets out what guidance should contain, including:

- The need to provide information and to raise awareness, not just in women going through or about to go through their menopause, but for all staff, in particular, line managers who have responsibilities for the health and wellbeing of their team at work.
- Addressing adjustments to the physical work environment so that all staff are aware of the policies and procedures to help support women who may be experiencing problems related to their physical working environment. TUC Wales has produced an extensive list of adjustments in their menopause toolkit.\(^\text{19}\).

A balanced, evidence-based approach should be adopted when developing guidance. The BMS is a good resource for new evidence and insights when they are published, as well as the RCOG menopause information hub, factsheets from Women’s Health Concern, and FOM Guidance on menopause and the workplace.\(^\text{20}\) The BMS is currently developing its dedicated section on its website to promote this important area and provide further support material.\(^\text{21}\)

Guidance should be tailored to the organisation, up-to-date, and reviewed regularly. Employers must also consider producing guidance for managers and women on how discussions and decisions could be best recorded to facilitate accountability and learning.

\(^\text{17}\) FSRH, FSRH, BMS, RCOG, RCGP, FOM, and FPH release joint position statement in response to the BMA report ‘Challenging the culture on menopause for doctors’ (2020)

\(^\text{18}\) BMS, Menopause and the workplace guidance: what to consider (2019)

\(^\text{19}\) Wales TUC, Menopause toolkit (2020)

\(^\text{20}\) RCOG, Menopause and women’s health in later life; WHC, WHC factsheets and other helpful resources; FOM, Guidance on menopause and the workplace

\(^\text{21}\) BMS, Menopause and the Workplace resources
Commercial companies such as Peppy and other charities such as Henpicked provide tailored advice for businesses and they are encouraged to seek authoritative medical advice from the RCOG, BMS and FSRH.

Workplace guidance and policies must also take account of the full range of symptoms that need consideration in the workplace. Many respondents to the RCOG survey had encountered a lack of understanding from managers and colleagues about less well-understood symptoms. Several stressed that colleagues and managers better understanding the impacts on sleep, and symptoms of an emotional or psychological nature such as tearfulness, anxiety and forgetfulness, which may adversely affect focus, confidence or ability to work, would have made their experience of menopause in the workplace better.  

Respondents to the RCOG survey also noted the following arrangements that would make a positive difference to their workplace:

- Recognition that menopause symptoms can be debilitating and require time off work, with the impact of this considered, particularly for part time employees.
- Having the option to put issues in writing, rather than speaking to managers and HR in person, due to the personal and emotional nature of discussions.
- Providing a “safe place” or quiet areas for access when needed.
- Mental health support, for example counselling.
- Coaching and mentoring, menopause café, or a menopause champion.
- Not scheduling lengthy meetings or events where staff are expected to remain in one room for long periods.
- Workshops delivered by experts or those with lived experience, staff network with protected time to access. Direct training of staff, ideally face-to-face.

How can practices addressing workplace discrimination relating to menopause be implemented? For example, through guidance, advice, adjustments, or enforcement.

Please see above. We believe there should be a requirement for mandatory menopause workplace policies, as recommended in RCOG Better for women as well as RCOG and BMS responses to the DHSC Women’s Health Strategy.

What are examples of best or most inclusive practices?

NHS England should follow NHS Scotland and NHS Wales and introduce a menopause policy. NHS Wales has developed and implemented a menopause policy, and in their recently published Women’s Health Plan, the Scottish Government has committed to developing a menopause and menstrual health workplace policy, as an example of best practice, starting with NHS Scotland, and to promote across the public, private and third sector.

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22 Survey undertaken by RCOG (2021)  
23 RCOG, Better for women (2019)  
24 RCOG, Women’s Health Strategy in England response (2021); BMS, DHSC Women’s Health Strategy response (2021)  
25 Scottish Government, Women’s Health Plan (2021)
How should people who experience the menopause but do not identify as women be supported in relation to menopause and the workplace?

Policies and awareness activities should reach all employees regardless of gender identity. Resources and training should be appropriate, inclusive and sensitive to the needs of those whose gender identity does not align with the sex they were assigned at birth. Access to gender-neutral toilets should also be considered during the development of workplace menopause policies.

Should current legislation be amended?

The introduction of mandatory workplace menopause policies must be a priority to help keep women in work and to break any remaining stigma associated with menopause.

As set out above, the incorporation of menopause support in workplace culture, policies and training should be in accordance with all legislative requirements in particular the requirements of the Health and Safety at Work Act 1974, the Management of Health and Safety at Work Regulations 1999 and the Equality Act 2010.

It is clear from women’s experiences that current workplace provisions around the menopause need to be improved, and we support this inquiries’ review into whether equality law needs to be strengthened and if the menopause should be a protected characteristic under the Equality Act. We would also support a review into whether tribunal judges require further education or guidance in order to recognise and understand menopause symptoms, and pay them appropriate gravity when dealing with employment tribunals concerning the menopause.

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?

Research has shown that silence, 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.26

The UK Government’s Women’s Health Strategy should commit to funding evidence-led campaigns and projects that aim to reduce stigma around women’s health, including on the menopause. If girls and women are too embarrassed to discuss their menstrual, menopausal or sexual and reproductive health symptoms, it is likely they could be too embarrassed to seek clinical help when they require it, increasing the risk of more serious and potentially avoidable ill health and unnecessary impacts on their health and lifestyle because of embarrassment.

This was supported by our survey, with one respondent noting that a national campaign is needed to raise the profile of what kind of issues can be connected with menopause.27

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26 RCOG, Better for women (2019)
27 Survey undertaken by RCOG (2021)