

1	<b>Policy Name</b>	Menopause and Andropause Policy			
2	<b>Accountable Director</b>	Director of Corporate Services			
3	<b>Applies to:</b>	All Employees			
4	<b>Groups / individuals who have overseen the development of this policy</b>	Human Resources			
5	<b>Groups which were consulted and have given approval</b>	Joint Partnership Group Executive Management Team-			
6	<b>Equality Impact Analysis</b>	Policy Screened	Yes	Template Completed	Yes
7	<b>Ratifying Committees &amp; Date of final approval</b>	Joint Partnership Group Executive Management Team			
8	<b>Version</b>	1.0			
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**North Central London**  
Clinical Commissioning Group

# **Menopause and Andropause Policy**

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## **1. Introduction**

NCL CCG is committed to providing an inclusive and supportive working environment for everyone who works here.

Menopause and Andropause should not be taboo or 'hidden'. We want everyone to understand what they are, and to be able to talk about it openly, without embarrassment. This is an issue that can impact on many of our staff, therefore all our staff and managers should be aware of this.

In the UK's workforce the majority of people of Menopause / Andropause age are in work. Research shows that the majority of people are unwilling to discuss Menopause / Andropause-related health problems with their line manager, nor ask for the support or adaptations that they may need.

Menopause is a natural part of many people's life, and it isn't always an easy transition. With the right support, it can be much better. Whilst every person does not experience severe symptoms, supporting those who do will improve their experience at work.

Andropause is a condition which is associated with the decrease in the male hormone Testosterone. It is unlike Menopause in that the decrease in Testosterone and the development of symptoms is more gradual than what occurs in women.

This policy sets out the guidelines for staff and managers on providing the right support to manage symptoms at work.

## **2. Aims**

The aims of this policy are to:

- Foster an environment in which staff can openly and comfortably instigate conversations, or engage in discussions about menopause.
- Ensure everyone understands what menopause is, can confidently have good conversations, and are clear on the CCG's policy and practices, supported by Human Resources and Occupational Health.
- Educate and inform managers about the potential symptoms of Menopause, and how they can support staff at work.
- Ensure that staff experiencing Menopause symptoms feel confident to discuss it, and ask for support and any adaptations so they can continue to be successful in their roles.
- Reduce absenteeism due to Menopausal symptoms.
- Assure staff that we are a responsible employer, committed to supporting their needs during menopause.

### **3. Definitions**

#### **Menopause:**

Is defined as a biological stage in a woman's life that occurs when she stops menstruating and reaches the end of her natural reproductive life. Usually, it is defined as having occurred when a woman has not had a period for twelve consecutive months (for women reaching Menopause naturally). The average age for a woman to reach Menopause is 51, however, it can be earlier or later than this due to surgery, illness or other reasons.

#### **Perimenopause:**

Is the time leading up to Menopause when a woman may experience changes, such as irregular periods or other Menopausal symptoms. This can be years before Menopause.

#### **Post Menopause:**

Is the time after Menopause has occurred, starting when a woman has not had a period for twelve consecutive months

#### **Surgical Menopause**

Surgical Menopause is triggered by the removal of a woman's ovaries, even if she is young.

Menopause symptoms will start straight away after the surgery if the woman has had both ovaries removed. If the woman has lost only one ovary, there is a chance the symptoms will start within five years of the surgery. Ovaries are part of a woman's reproductive system.

Surgical menopause can increase the risks of cancer, heart disease, weaker bones, depression and anxiety.

To find out more about surgical Menopause, go to the NHS website at:

[www.nhs.uk/conditions/hysterectomy/considerations/](http://www.nhs.uk/conditions/hysterectomy/considerations/)

#### **The early Menopause**

As many as one in 20 women may go through an early Menopause. It may happen for various reasons, including if a woman has had certain medical conditions and health treatment.

Employers, managers and team leaders need to be aware that medically this can be a complicated area, and they should take this into account in supporting a worker through the Menopause.

To find out more about early menopause, go to the NHS website at:

[www.nhs.uk/conditions/early-menopause](http://www.nhs.uk/conditions/early-menopause) and/or charity the Daisy Network at:  
[www.daisynetwork.org](http://www.daisynetwork.org)

## Andropause

Andropause is a condition which is associated with the decrease in the male hormone Testosterone. It is unlike Menopause in that the decrease in Testosterone and the development of symptoms is more gradual than what occurs in women. Approximately 30% of men in their 50s will experience symptoms of Andropause caused by low Testosterone levels. A person experiencing Andropause may have a number of symptoms related to the condition and could be at risk of other serious health conditions such as Osteoporosis without proper treatment. Therefore, they could have very similar feelings to Menopausal women. Support for the Andropause can be found at:

<http://www.nhs.uk/conditions/male-menopause/pages/introduction.aspx>

Some men develop depression, loss of sex drive, erectile dysfunction and other physical and emotional symptoms when they reach their late 40s to early 50s. Other symptoms in men of this age are:

- Mood swings and irritability
- Loss of muscle mass and reduced ability to exercise
- Fat redistribution, such as developing a large belly or “man boobs”
- A general lack of enthusiasm or energy
- Difficulty sleeping or increased tiredness
- Poor concentration and short-term memory.

These symptoms can interfere with everyday life and happiness so it is important to find the underlying cause and work out what can be done to resolve it. Men experiencing these symptoms should seek medical advice. Like Menopause some individuals may only experience some or all of the symptoms.

A Testosterone deficiency which develops in later life (also known as late-onset hypogonadism) can sometimes be responsible for these symptoms, but in many cases the symptoms are nothing to do with hormones.

Testosterone is the hormone responsible for deep voices, muscle mass, facial and body hair patterns found in males. As men get older, the level of Testosterone in the body and production of sperm gradually becomes lower, and they experience physical and psychological symptoms as a result of these low levels. This is part of the natural ageing process and it is estimated that Testosterone decreases about 10% every decade after men reach the age of 30.

## **4. Roles and Responsibilities**

### *Staff Member*

The staff member experiencing Menopause symptoms has a role to support the introduction of reasonable adjustments by providing insight and support in relation to their requirements. The staff member should also keep the manager informed of any changes in their condition, and inform the manager of any difficulties with the reasonable adjustments in place. The member of staff should also take responsibility for ensuring they are managing their symptoms in line with the advice and support they have obtained from their manager, OH/Employee Assistance Programme (EAP), GP, other support sources.

### *Line manager*

The line manager's responsibility is to ensure that appropriate reasonable adjustments are put in place in a timely manner, taking advice from others (such as Occupational Health) where necessary. The manager should oversee the implementation of reasonable adjustments, and where necessary, following up actions to ensure that any delay is minimised. They are also responsible for ensuring confidentiality and monitoring and reviewing reasonable adjustments to ensure they are/remain fit for purpose.

A record of all meetings and reviews discussing reasonable adjustments should be kept securely and confidentially with the individual's confidential information, with a copy given to or available to the staff member for reference (see Appendix 1 for an example meeting proforma).

### *Human Resources (HR)*

HR's role is to advise on any queries arising from the manager or staff member and to advise on matters arising from implementing this policy. HR will also advise or support on implementing reasonable adjustments advised by Occupational Health and any matters relating to employment.

### *Occupational Health (OH)*

If required, OH will assess the staff member and provide a report with recommendations on the working environment and appropriate reasonable adjustments. OH will also be able to advise on specific queries relating to the person's employment or role, and liaise with the staff member's GP or specialist, with the staff member's consent, if this is required.

## **5. Symptoms of Menopause**

It is important to note that not every woman will notice every symptom, or even need help or support. However, 75% of women do experience some symptoms, and 25% could be classed as severe. Menopause can also affect Trans men and Trans women and people who are non-binary or intersex.

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

Around 30-60% of women experience intermittent physical and/or psychological symptoms during the Menopause. These are associated with a decrease in the body's production of the hormone Oestrogen. For some, symptoms include hot flushes, night sweats and related symptoms such as sleep

disruption, fatigue and difficulty concentrating. Hot flushes are short, sudden feelings of heat, usually in the face, neck and chest, which can make the skin red and sweaty. Severe flushes can cause sweat to soak through clothing. Mood disturbances, anxiety and depression are also reported. Symptoms on average continue for four years from the last period, and 1 in 10 women experience symptoms for up to 12 years.

### **Ethnicity**

Research has shown there are cultural variations in reporting of symptoms:

- US data from a large-scale, robust, longitudinal project suggest African-American women are most likely to report hot flushes, followed by Hispanic women, then white women
- Women of Chinese or Japanese ethnicity are least likely to report this symptom
- A review of previous evidence also found a range of cultural differences in reported symptoms; from 0% of Mayan women reporting hot flushes to 80% of Dutch women

### **Lesbian, gay and bisexual women and the Menopause**

Women in same sex relationships may have a partner who is going through the Menopause at the same time. In some circumstances, this may be positive in terms of increased mutual understanding and support at home.

Sometimes, if both partners are experiencing symptoms such as sleep disturbance or night sweats, this may increase tiredness and fatigue for both partners. It may also be more difficult if both partners experience symptoms such as depression or mood swings at the same time.

Many women report that stress can impact on Menopausal symptoms. If women are experiencing Homophobia at the same time as symptoms of Menopause, this can also increase stress which may exacerbate some symptoms. A recent TUC survey of LGBT+ workers found that nearly two in five (39 per cent) of all respondents have been harassed or discriminated against by a colleague, a quarter (29 per cent) by a manager and around one in seven (14 per cent) by a client or patient.

### **Barriers to talking about Menopause and Andropause**

The National Union of Teachers surveyed female members aged between 45 and 60 and found 78% had not disclosed transition symptoms to their line managers. The reasons for this were:

- 67% had concerns about managers linking their situation to performance at work
- 35% embarrassment.

In an Australian study, women said:

- transition could mean older women are more likely to be targeted for redundancy
- they were reluctant to raise this gender-specific experience at work
- they worried about a possible effect on their promotion opportunities
- they worried about negative judgements being made about their capability at work.

Actions to raise awareness and foster an inclusive culture which accommodates everyone's needs will help staff to ask for what they need. For example:

- Have a senior champion
- Raise awareness amongst managers
- Be sympathetic if staff are unwell at work
- Carry out risk assessments

## **6. Menopause and Trans people**

The word Trans or Transgender is widely used to include all people who believe that the gender that they were assigned at birth is wrong and who want to live in the gender with which they identify. While this transition may involve surgery or hormone therapy, many Trans people choose to live permanently in their acquired gender without any medical or surgical procedures. People who feel that their gender identity is different from the one they were given at birth are sometimes described as having Gender Dysphoria, but because different people feel it in different ways, not everyone with Gender Dysphoria will decide to have a permanent or full-time change of gender, or medical treatment.

Trans men (those who identify as male, but were assigned female at birth) will experience a natural Menopause if their ovaries remain in place and no hormone therapy is given. Trans men will also experience Menopausal symptoms if the ovaries and uterus are surgically removed (this may happen at an earlier age than commonly happens with a natural Menopause). Symptoms may be reduced or complicated if hormone therapy (such as the male hormone Testosterone therapy) is in place.

Trans women (those who identify as female, but were assigned male at birth) undertaking hormone therapy will usually remain on this for life, and should generally experience limited 'pseudo' Menopausal (Menopausal-like) or Andropause symptoms - unless hormone therapy is interrupted or hormone levels are unstable. Such treatment interruptions however can be a common experience for Trans women (and Trans men).

Trans people report that for those with unstable hormone levels, access to local services that responsively and proactively monitor and manage hormone levels is currently lacking. As such, many Trans people are likely to experience at least some menopausal symptoms. How a Trans person experiences symptoms in later life may vary depending on the age at which they transitioned and when in time that was (as treatments have changed and developed over time).

Non-binary and intersex persons may also experience Menopausal or Andropausal symptoms. If a Trans, non-binary or intersex person experiences discrimination or harassment in the workplace, this may cause increased stress which may worsen some symptoms.

Negative and discriminatory attitudes may also make it more difficult to disclose difficulties or ask for adjustments. A recent TUC survey of LGBT+ workers found that almost half of Trans people (48 per cent) have experienced bullying or harassment at work. Some Trans people may not wish to disclose

their Trans status and as a result, may be reluctant to discuss symptoms if doing so would disclose their Trans status. Many Trans people choose not to disclose their Trans status, either before their transition, or if they start a new job after transitioning.

## **7. Overview for Managers and Staff**

The Menopause is a natural part of ageing for most women and may affect Trans men and women. Andropause can affect some men and Trans women.

The medical definition of the Menopause is when someone has their last period. It usually occurs between 45 and 55 years of age, although it can occur any time up to a person's mid-60s. A premature Menopause can occur, with periods stopping before the age of 40, either naturally or as an effect of a medical condition or its treatment. Around 1 in 100 women will experience a premature Menopause and this of course can be at a time when still planning to conceive.

These symptoms can adversely affect the quality of both personal and working life. At work, they can cause embarrassment, diminish confidence and can be stressful to deal with. The Menopause may be compounded by the development of other health conditions, as well as coinciding with caring responsibilities for ageing parents and relatives. Some staff may also still have children living at home.

Employers have responsibilities for the health and safety of all their employees, but there are also clear business reasons for proactively managing an age-diverse workforce. Some employers have been slow to recognise that staff of Menopausal (and Andropausal) age may need specific considerations and many employers do not yet have clear processes to support staff coping with symptoms.

These practical guidelines aim to help staff experiencing troublesome Menopausal / Andropausal symptoms, and to support them and their colleagues and managers in tackling the occupational aspects of these symptoms.

### **Why many workers do not reveal their symptoms**

Currently, many staff do not disclose their symptoms at work. In addition, many who take time off work because of their symptoms do not tell their employer the real reasons for their absence.

For example, this can be because the worker feels:

- their symptoms are a private and/or personal matter
- their symptoms might be embarrassing for them and/or the person they would be confiding in
- they do not know their line manager well enough
- wary because their line manager is of the opposite sex or believed to be biased in the case of Trans, or younger or unsympathetic

**Other worries include that:**

- their symptoms will not be taken seriously
- if they do talk, their symptoms will become widely known at work
- they will be thought to be less capable
- their job security and/or chances of promotion will be harmed

## **8. Guidance for managers**

Managers need to be sensitive to the fact that some staff may be reluctant to have discussions about their experience of the Menopause / Andropause with their manager. In some cultures discussion may be considered inappropriate or unnecessary, and are not appropriate for discussion with a person of a different gender to the person affected. Therefore an opportunity to discuss their symptoms with another manager or an Occupational Health professional can be very useful.

Regular, informal conversations at team meetings or between managers and staff may enable discussion of changes in health, including issues relating to the Menopause and Andropause. It may be valuable simply to acknowledge this is a normal stage of life and that adaptations can easily be made.

Such conversations can identify support at work that can help staff affected remain fully productive and encourage them to discuss any relevant health concerns with their GP or Nurse Practitioner.

All staff should be able to expect respectful behaviours at work including those that relate to their gender and age. The provision of information (for example, see the infographic (<http://fom.ac.uk/menopause>)) may be helpful in these discussions and for more general awareness-raising amongst colleagues.

There are recommendations about working conditions for Menopausal / Andropausal staff produced by the European Menopause and Andropause Society (EMAS). These are adapted below:

- Provide information and training for staff and managers to raise awareness and convey that the Menopause/ Andropause can present difficulties for some people at work.
- Facilitate discussion about troublesome symptoms. Employers can help by communicating that health-related problems such as those experienced during the Menopause / Andropause are not unusual.
- Review control of workplace temperature and ventilation and see how they might be adapted to meet the needs of individuals.
- This might include having a desktop fan in an office, or locating a workstation near an opening window or away from a heat source.
- Consider flexible working hours. If sleep is disturbed, later start times might be helpful.
- Provide access to cold drinking water in all work situations, including off site venues.

- Ensure access to wash room facilities and toilets, including when travelling or working in temporary locations.

Additional considerations may be required. For example:

- Flexible in dress codes. This might allowing the use of thermally comfortable fabrics (natural fibres), optional layers, the provision of changing facilities/lockers to store spare set of clothes if a member of staff has a hot flush and would like to change of their clothes.
- Where work requires constant standing or prolonged sitting, having access to a rest room (e.g. to sit during work breaks) would be helpful, as this would provide space to move about for those in sedentary roles.
- In open plan offices, it may help to have access to a quiet room for a short break to manage a severe hot flush.

Severe symptoms and their consequences may combine to have a substantial adverse effect on normal day to day activities – potentially meeting the legal definition of a disability under the Equality Act.

A manager making changes to support a staff member going through the Andropause, Menopause or Perimenopause may find that some of their colleagues, particularly those not experiencing symptoms, may complain that the worker is being treated more favourably - for example, being allowed extra breaks, or flexibility over start and finish times on some days. Or they may be unsympathetic, or dismissive. Some may ask for similar flexibility.

The manager should bear firmly in mind that they agreed the changes for the person experiencing the Andropause, Menopause or Perimenopause to support them through the health change. This does not mean the manager must or should then automatically make the same changes for other members of the team.

The manager should deal delicately with such a circumstance and respect wishes for privacy of the person experiencing the Andropause, Menopause or Perimenopause. This means the manager should not be drawn into giving information or details they had agreed to keep confidential.

## **9. Guidance for staff experiencing symptoms related to Menopause or Andropause**

For staff who find their symptoms are affecting their wellbeing and their capacity to work:

- Find out more about the Menopause / Andropause from available sources of information (see suggestions at the end of this guidance)
- See your GP or Nurse Practitioner for advice on available treatment options
- Discuss your practical needs with your line manager, HR or another manager you feel comfortable talking to

- Use technology where this is helpful, e.g. for reminders or note taking
- If symptoms are severe, request a referral to Occupational Health to discuss support and possible work adaptations
- If those you work with are supportive, this can make a big difference. Talk about your symptoms and solutions with colleagues, particularly those who are also experiencing symptoms, but be mindful not everyone will want to talk about this
- Work out your preferred coping strategies and working patterns
- Avoid hot flush triggers (such as hot food and drinks) especially before presentations or meetings
- Consider relaxation techniques such as mindfulness and other potentially helpful techniques such as Cognitive Behavioural Therapy (CBT), as these can help reduce the impact of symptoms
- Consider lifestyle changes such as weight reduction, smoking cessation and exercise

It is important to be aware that the Menopause / Andropause / Perimenopause are a natural and temporary stage in a person's life and that not all people experience significant symptoms. The Menopause has been regarded as a taboo subject and very little is known about Andropause. This is changing as employers gradually acknowledge the potential impact of the Menopause / Andropause on staff and become aware of the simple steps they can take to be supportive.

## **10. Managers' Guidance for discussions with staff**

We recognise that every person is different, and it is therefore not feasible to set out a structured set of specific guidelines. All advice is given, and written, in accordance with the Faculty of Occupational Medicine (FOM) recommendations and best practice.

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

- Allow adequate time to have the conversation;
- Find an appropriate room or space to preserve confidentiality;
- Encourage them to speak openly and honestly;
- Suggest ways in which they can be supported
- Agree actions, and how to implement them (you should use the template at Appendix 1 to record the meeting, so that all parties agree what has been discussed, and the next steps, before the meeting ends). Ensure that this record is treated as confidential, and is stored securely.
- Agree if other members of the team should be informed, and by whom;
- Ensure that designated time is allowed for a follow up meeting. Do not rely on quick queries during chance encounters in the corridor.

## **Symptoms Support**

Symptoms can manifest both physically and psychologically, including, but not exhaustively or exclusively; support for staff should be considered as detailed below:

### **Hot Flushes:**

- Request temperature control for their work area, such as a fan on their desk (where possible a USB connected desk fan to ensure environmentally friendly) or moving near a window, or away from a heat source;
- Easy access to drinking water;
- Be allowed to wear natural fibres
- Have access to a rest room for breaks if their work involves long periods of standing or sitting, or a quiet area if they need to manage a severe hot flush.

### **Heavy/light Periods:**

- Have permanent access to toilet and wash facilities;
- Ensure sanitary disposable products are available in toilet facilities.
- Provide storage space for a change of clothing if required.

### **Headaches:**

- Have ease of access to fresh drinking water;
- Offer a quiet space to work;
- Offer noise-reducing headphones to wear in open offices;
- Have time out to take medication if needed.

### **Difficulty Sleeping:**

- Ask to be considered for flexible working, particularly if experiencing on-going lack of sleep.
- Consider homeworking and agile working principles if appropriate to the employees role, if fatigued to reduce travelling etc.
- Identify a 'buddy' for the colleague to talk to – outside of the work area;
- Identify a 'time out space' to be able to go to 'clear their head';

### **Loss of Confidence:**

- Ensure there are regular Personal Development Discussions and 1:1 meetings;
- Have regular protected time with their manager to discuss any issues;
- Offer coaching to the individual which might help with confidence;

- Offer reassurance about a person's value and worth in the organisation
- Have agreed protected time to catch up with work.

#### **Poor Concentration:**

- Discuss if there are times of the day when concentration is better or worse, and adjust working pattern/practice accordingly;
- Review task allocation and workload;
- Provide books for lists, action boards, or other memory-assisting equipment;
- Offer quiet space to work;
- Offer noise-reducing headphones to wear in open offices;
- Reduce interruptions;
- Have agreements in place in an open office that an individual is having 'protected time', so that they are not disturbed;
- Have agreed protected time to catch up with work.

#### **Anxiety:**

- Promote counselling and support services that staff have access to;
- Identify a 'buddy' for the colleague to talk to – outside of work their area;
- Be able to have time away from their work to undertake relaxation techniques;
- Undertake mindfulness activities such as breathing exercises, or going for a walk.

Discuss whether the member of staff has visited their GP or Nurse Practitioner. Depending on the discussion, this may be the next step suggested, particularly if the areas of difficulty are sleeping, panic attacks or anxiety.

If they have visited their GP or Nurse Practitioner, and are being supported by them, it may be helpful at this point to make an Occupational Health referral to give specific advice regarding the workplace.

## **11. Equality Statement**

In applying this policy, the CCG will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

An initial Equality Impact Assessment for this policy has been carried out, and is available on request from HR.

## 12. Data Protection / GDPR

In applying this policy, the Organisation will have due regard for the Data Protection Act 2018 and the General Data Protection Regulation (GDPR). Personal Confidential Data of data subjects will be processed fairly and lawfully and in accordance with the six data protection principles. Data Subject's Rights and freedoms will be respected and measures will be in place to enable employees (data subjects) to exercise those rights. Appropriate technical and organisational measures will be designed and implemented to ensure an appropriate level of security is applied to the processing of personal confidential data. Employees will have access to the CCG's Data Protection Officer for advice in relation to the processing of their personal confidential data and data protection issues.

## 13. Monitoring & Review

This policy will be reviewed every three years by Human Resources in conjunction with operational managers and Trade Union representatives. Where review is necessary due to legislative change this will happen immediately. Implementation and operation of this policy will be monitored on an annual basis by the HR Team. It will also be assessed on an ongoing basis as part of the monthly review of workforce performance of the CCG.

## 14. References and further sources of information

### Further Sources of Information

- <http://www.menopausematters.co.uk/>
- Andropause: <https://www.nhs.uk/conditions/male-menopause/>
- The Daisy Network – <https://www.daisynetwork.org.uk/about-us/what-we-do/>
- Healthtalk.org – <http://www.healthtalk.org/peoples-experiences/later-life/menopause/topics>
- Women's Health Concerns – <https://www.womens-health-concern.org/help-and-advice/factsheets/focus-series/menopause/>
- The Menopause Exchange – <http://www.menopause-exchange.co.uk/>
- NICE Menopause: diagnosis and management – <https://www.nice.org.uk/guidance/ng23>
- Davies, S.C. "Annual Report of the Chief Medical Officer, 2014, The Health of the 51%: Women" London: Department of Health (2015) Chapter 9: Psychosocial factors and the menopause: the impact of the menopause on personal and working life. <https://www.gov.uk/government/publications/chief-medical-officer-annual-report-2014-womens-health>

### References

1. <https://www.nhs.uk/conditions/menopause/>
2. <https://www.nhs.uk/conditions/male-menopause/>
3. <https://www.womens-health-concern.org/help-and-advice/factsheets/menopause/>

4. <http://www.bridgewater.nhs.uk/wp-content/uploads/2014/02/Menopause-Briefing.pdf>
5. <http://www.acas.org.uk/index.aspx?articleid=1461>
6. <http://www.cipd.co.uk/>
7. [https://www.tuc.org.uk/sites/default/files/TUC\\_menopause\\_0.pdf](https://www.tuc.org.uk/sites/default/files/TUC_menopause_0.pdf)
8. <https://www.gov.uk/government/publications/menopause-transition-effects-on-womens-economic-participation>

**Appendix 1: Confidential Employee Informal Discussion Template**

<b>Name:</b>	
<b>Department:</b>	<b>Job title:</b>

<b>Manager's name:</b>	<b>Job title:</b>
<b>Date of meeting:</b>	

<b>Summary of discussion:</b>
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<b>Agreed actions / adjustments:</b>
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<b>Date of Review meeting:</b>
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<b>Signed:</b>	<b>Employee</b>
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<b>Signed:</b>	<b>Manager</b>
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**Note:** This template is to ensure there is local record of the informal discussion held, that the manager and employee can keep for their own records.