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Seen in Health Network

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SEEN in health response to the Society College of Radiographers statement on recent media coverage of pregnancy enquiries

SoR responds to inaccuracies in Telegraph article on inclusive pregnancy status
CEO Richard Evans called the article's suggestions 'insulting', as health professionals must ensure foetuses are protected from harm
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The SoR has responded to an inaccurate and misleading article appearing in the *Telegraph* as it believes it could further alienate trans, nonbinary and intersex people from accessing healthcare services. In its presentation of gender identity as an uncontested fact, the SoR is contributing to tension between people who identify as trans or non-binary and those who don't. Under the Public Sector Equality Duty (PSED), the NHS has a duty to foster good relations between different protected characteristics. The demands made in the name of trans people to mangle language and erase women from healthcare guidelines will aggravate the majority of the population who do not identify as trans. (https://www.ons.gov.uk/census).
Published initially on Sunday (August 11), the article – entitled 'NHS staff told to ask men if they are pregnant before X-rays' is inflammatory and inaccurate. The Society has responded to the claims made within the article by emphasising the significant damage such an article can have on patients' and members' confidence to access and deliver safe and effective services. Patients' confidence in radiology departments is compromised when they're repeatedly asked what their sex is by healthcare staff. Not only do most people feel that their sex should be obvious, but also that this should be recorded clearly and accurately in patient notes. They are, therefore, often confused and affronted when asked this question each time they attend a radiology department where radiation is used over their abdomen. The need for this question arose because patients can change their sex marker on their medical records, rendering this marker (often incorrectly displayed as a 'gender' marker) useless. In the UK most radiology information systems do not have sex *and* gender markers to accommodate the needs of the trans community. If they did, repetitive pregnancy enquiries directed at men could be avoided whilst maintaining safeguarding for trans identified patients.

This will do nothing to nurture relationships between patients, the public and healthcare providers. Neither do the SoR IPS Guidelines that excludes 99.5% of the population, despite the policy being entitled 'inclusive'. The fact of the matter is that ionising radiation (x-ray) employers and radiographers have a legal responsibility to make enquiries of individuals of childbearing potential to establish whether the individual is or may be pregnant or breastfeeding. These 'individuals' remain the same individuals: female. Yet the SoR has completely excluded any female patient voices from these guidelines. This is in direct conflict with the DHSC Women's Health Strategy for England, which highlights the lack of focus and under-representation on women-specific issues. To reiterate, the SoR has made an active choice to exclude female voices, including charities who represent pregnancy loss and infertility, in a pregnancy policy. By contrast, multiple charities and organisations representing trans people and certain subsections of the 'intersex' community were used as 'expert voices' to influence the policy, resulting in factually incorrect terminology. In fact, the entire guidelines have erased all sex-specific language; the words woman/women do not exist within the entire 52-page document despite women composing 51% of the UK population and they remain the only sex that can become pregnant.

An ethical duty

Compliance with The Ionising Radiation (Medical Exposure) Regulations 2017 and The Ionising Radiation (Medical Exposure) Regulations (Northern Ireland) 2018 is mandatory in the United Kingdom, and the guidance is aimed at ensuring radiographers can do so in an inclusive way. IR(ME)R 2017 removed the term 'female' in exchange for 'individuals'. This is not inclusive. The guidance has caused confusion amongst Radiology staff who are misinterpreting the guidance resulting in men being asked their pregnancy status. **The solution to avoid confusion and harm to trans-identified patients is unalterable sex markers with an optional, interchangeable 'gender' marker, to take account of patients' individual circumstances**.

Radiographers also have an ethical duty as registered healthcare professionals to challenge discrimination and not to discriminate against service users, carers or colleagues by allowing their personal views to affect their professional relationships or the care, treatment or other services that they provide. All patients are deserving of compassionate care. What guidance must not do is trade compassionate care for one group of patients in exchange for another, which is what the SoR IPS Guidance does by erasing the words 'female' and 'woman'.

The medical use of ionising radiation is regulated by the Care Quality Commission (CQC) in England. In its IR(ME)R annual report 2019/20, the CQC recommended that imaging and radiotherapy departments should ensure their procedures are inclusive of transgender and non-binary patients, including the procedure for making pregnancy enquiries. The SoR was reckless and short-sighted in its

response to this recommendation. Instead of producing an ideologically captured non-inclusive pregnancy policy, it should have acted on behalf of its membership and raised concerns about the dangerous policy of allowing patients to change the sex marker on their medical records. This leads to healthcare staff being misled, potentially putting trans identified patients at risk.
This harm extends way beyond pregnancy enquiries. Reproductive tissue is particularly sensitive to radiation, which, in turn, influences the way a radiographer attempts to optimise parameters to minimise the effective dose to these areas and tissues. For radiographers who use contrast media, the knowledge of a patient's sex affects calculations in kidney function estimations. For screening programmes, an inaccurate sex marker can result in patients not being enrolled into sex specific cancer screening programmes.
With the specific case of pregnancy enquires and how radiographers ascertain a patient's sex, this can be achieved via one additional question only: What was your sex registered at birth? The IPS form involves a complicated web of questions for patients to navigate at a time when they are often experiencing ill-health and high stress.

Communicating effectively

Radiologists are aware of the legal requirement for all operators to have the skills to communicate effectively with any individual to be exposed to radiation, and to provide them with adequate information relating to the benefits and risks associated with the radiation dose.

Radiographers and radiologists are skilled at communicating sensitive information and this is no less important for gender diverse people. It is also no less important for women who have suffered traumatic baby loss, birth trauma or infertility.
https://www.theo-clarke.org.uk/sites/www.theo-clarke.org.uk/files/2024-05/Birth%20Trauma%20Inquiry%20Report%20for%20Publication_May13_2024.pdf The IPS form prioritises the preferred communication for gender diverse people over patients who do not have a gender identity.

It has always been a legal requirement to check for pregnancy before an individual is exposed to ionising radiation. This statement is misleading. As it is a biological impossibility for males to become pregnant, these individuals (men) have never historically been part of any pregnancy enquiry. This is where the term 'individual' is not representative of the 'at risk' group, which is not *all* individuals, it is females of a reproductive age. To suggest otherwise is to deny biological reality, which damages the patient – radiographer rapport.

Radiographers across the UK understand that if an individual indicates they were born male they are not asked about the possibility of pregnancy. However, an unintended consequence of the SoR IPS Guidelines and enquiry form has been that men **are** asked if they are pregnant even after they have declared that their natal sex was male. This has been witnessed firsthand by numerous radiographers within our membership. If an individual indicates they were born female, then potential for

pregnancy can be determined in a number of sensitive and compassionate ways which should be led by the individual once they have been given adequate information to inform their decision. The SoR enquiry form fundamentally lacks compassion. Q4 on the form unnecessarily asks *women:*

"Have you had any previous surgery, treatment or medical conditions that resulted in you being unable to become pregnant?"

This question is incredibly intrusive and unnecessary. Several of our members have experienced women get visibly upset in radiology departments in response to this question, in addition to other patients unnecessarily disclosing personal medical details such as past abortions. Radiographers are bound by data protection regulations that require any information obtained and recorded from patients to be minimal and *essential* to the examination/intervention. The number of questions and information collected by the IPS form is in direct breach of these regulations (clarified by a pilot site's Caldicott Guardian).

This group includes trans males and gives people with variations of sex characteristics the opportunity to disclose information relevant to their care. We are unsure why patients who have a VSC would wish to share the most intimate condition they have with a radiographer unnecessarily. Pregnancy status can be ascertained without disclosing this information and no formal training or guidance has offered to radiology staff on these rare and complex conditions.

'A responsibility to treat patients equally'

Errors throughout the article indicate a poor understanding of these regulations which are intended to protect patients from the harmful effects of ionising radiation. To be clear, MRI does not involve ionising radiation, although there are other safety considerations healthcare staff must take into account when performing MRI on individuals with potential for pregnancy. This is correct but is an attempt by the SoR to deflect attention from and discredit the concerns raised in The Telegraph article. MRI does not involve radiation, but patients cannot be scanned within the first trimester unless deemed urgent, so pregnancy enquiries still need to be made. Radiographers and AHPs should be able to trust a patient's sex marker. It is within the best interests of each patient that this marker is accurate in order for safe and effective healthcare.

Richard Evans OBE, CEO of the Society, said: "Health professionals have a responsibility to treat all patients and service users equitably. It is insulting to suggest that personal ideology takes precedence when clinical practitioners such as radiographers are dealing with patients. The SoR guidelines are the epitome of ideological beliefs taking precedence. For example, the assertion that sex is assigned at birth - in healthcare, we know sex to be an observed fact. The guidelines are rooted entirely in ideology.

"It is specifically the case that radiographers using ionising radiation have a legal duty to ensure that a foetus is protected from exposure to harm. It is therefore essential that our members have policy backing and good practice guidance in making these important checks." Incorrect sex markers on patient records make these necessary checks far more difficult.

'The psychological impact is unimaginable'

Considering the Equality Act of 2010, the SoR believes that where there is sufficient risk to justify the creation of a safety check for one group of individuals, to omit this safety check in another cohort with the same potential for harm is potentially discriminatory and could be considered grounds for prosecution, where the group being disadvantaged share a protected characteristic such as gender reassignment. No group of patients should be disadvantaged or unrepresented in policy. Unfortunately, the SoR has decided to produce guidelines that only represent 0.5% of the population. Gender reassignment is not the only protected characteristic in the EA 2010 and the SoR excludes the others by failing even to carry out an Equality Impact Analysis before endorsing and pushing for nationwide adoption of these guidelines.

James Barber, chair of the SoR's LGBTQI+ Equalise Workers Group and radiotherapy pre-treatment superintendent Therapeutic Radiographer, expressed how he was "incredibly disappointed" by the *Telegraph*'s publication.

"Despite their efforts to downplay the numbers this may impact, if the risk of unintentionally exposing an unborn child to ionising radiation exists at all then it is incumbent on us as healthcare professionals to take every reasonable step to prevent this," Mr. Barber said. "The possible psychological impact on both patient and staff of discovering a previously unknown pregnancy in this manner coupled with the knowledge of having put them at risk is unimaginable." The numbers have not been 'downplayed'. The reportable number of unintended radiation exposure to foetuses in 2022-2023 was six (NHSE figures). Any unintended radiation exposure during pregnancy is regrettable, but it is important to have perspective. To completely prevent this would require extensive, intrusive questioning and tests at great cost and time. The biggest risk factor for unintended foetal radiation exposure is inaccurate sex markers on patient records.

'A complete lack of understanding'

The SoR added that guidance was based on the evidence available at the time and was clear about the lack of data collected from British adults who identify as trans or non-binary. The Office for National Statistic census data referred to by the *Telegraph* was published two years after the SoR guidance and was welcomed and promoted by the SoR.

Regardless of the numbers, no healthcare professional should knowingly put someone at risk because they represent a minority of the population. Equal representation of all patients in policy is imperative. The SoR guidelines prioritise the characteristic of gender reassignment over all others. In

the same way as patients would not expect to be refused treatment on the basis that their condition is rare, it is offensive to suggest that any healthcare professional choses how to care for people based on their own personal beliefs. Radiographers are obliged to abide by the HCPC standards of care and not discriminate against any patient, regardless of their beliefs. This has always been the case. Equally, radiographers are not required to adopt a set of beliefs that a patient attends with, nor share these ideologies with other patients as part of a blanket policy in making pregnancy enquiries. Their professional practice should remain evidence based, professional and compassionate and it is deeply offensive to suggest that a radiographer is unable to do this whilst not sharing a belief system with a patient.

The article shows a "complete lack of understanding" about the process the Inclusive Pregnancy Status questionnaire advocates, Mr. Barber added. The SoR repeatedly refuses to engage in any discussion or acknowledgment of the concerns raised repeatedly about these guidelines. A healthy, constructive, open-minded approach must be adopted by the SoR to rectify its oversights whilst maintaining a *truly* inclusive pregnancy enquiry policy.

'Extremely delicate and complex'

"Working in a busy London department, we have not had any negative responses from patients in the two and a half years since we implemented this process," he continued. This is not the case for our members who have experienced men getting increasingly frustrated with being asked their sex at birth, in one instance resulting in a two-week-cancer pathway patient leaving the department without his scan. This also introduces a safety risk for radiology staff, who are predominantly female. "These checks do not require any additional time in departments which are already undertaking their due diligence with patient pre-exposure checks. This is untrue. The SoR IPS form is very wordy and not conducive to workflow, especially in an acute setting where it has not been piloted prior to nationwide rollout. Notably, the only diagnostic pilot site has now moved away from using SoR IPS form. The form is not in plain English, which unfairly disadvantages patients who do not speak English fluently or who have learning disabilities or poor literacy, meaning they might not be fully aware of the radiation risk prior to exposure. We note that James Barber's experience of using the form in a therapeutic setting is completely different to an acute diagnostic department, where patients do not have pre-planned appointments and are often in immense pain or are left waiting hours for treatment due to A&E waiting times.

"We now live in an age where we know that we cannot assume someone's biological ability to become pregnant based on the gender they present as. Sex and gender are different and must not be conflated, especially in healthcare. Sex is a biological reality that is immutable, gender is a social construct that each patient has the free will to conform to, or not. Regardless of what 'age' we live in, sexed male humans are incapable of pregnancy potential. Historic approaches left unborn children

vulnerable to incorrect radiation exposure, which is entirely unacceptable by anyone's standards." Correct, all women of childbearing potential must have their pregnancy status checked prior to any radiation exposure from diaphragm to above knee. The practice of allowing a healthcare system to give a patient an inaccurate sex marker increases the risk of a foetus being unintentionally exposed to radiation. This is the root cause of the problem, not the failure to include men in a pregnancy enquiry form which can never be applicable to them. This is an unnecessary burden on radiographers and an embarrassing and objectionable experience for many patients.

Putting the appropriate changes and safeguards in place to reduce these risks is the responsibility of organisations with knowledge and understanding of ionising radiation and the associated medico-legal regulations, such as the SoR, Mr. Barber concluded. Agreed, an appropriate safeguard would be to have an accurate sex marker. A person's gender identity does not affect their reproductive capability. Their sex does. The associate medico-legal regulators should indeed be pressurising decision makers to not put patients at risk by allowing inaccurate sex markers on their health record.

He said: "People who do not have this extremely specialist knowledge should consider very carefully if they are suitably qualified to give opinions on a topic which is extremely delicate and complex. Journalists can report on any subject they deem of interest to the public. This is especially important given the NHS is publicly funded. The journalists have quoted sources from within radiology departments and reflected patients' own experiences in radiology departments. In contrast, the SoR actively recruited charities with no specialist knowledge in ionising radiation to influence pregnancy enquiry guidelines. This is not a measure implemented for inclusivity for its own sake, but for the safety of unborn children who are otherwise at risk."

A lack of alternatives

The SoR notes that none of the expert commentators in this, or other opinion pieces, have offered an alternative method of achieving inclusive care or regulatory compliance. **The solution to avoid confusion and harm to trans-identified patients is unalterable sex markers with an optional, interchangeable 'gender' marker.** Instead, at best they seem intent on ensuring the needs of trans, non-binary and intersex people are ignored and at worst they are encouraging others towards exclusionary practices and behaviours. The SoR guidelines are exclusionary of women. The needs of the TNBI community remain the same when it comes to ionising radiation exposures. It is not exclusionary to consider what changes would provide the safest healthcare opportunities to these patients. The needs of this small community should be considered but balanced proportionately alongside the needs of everyone in society.

This guidance was co-produced by Therapeutic and Diagnostic Radiographers, patients and people who are experts by experience.

It added: “Radiographers should be led by the narrative chosen by the person with whom they are communicating. Patients might also be at risk of harm from our actions and inactions if we fail to practise in an inclusive way. Understanding gender diversity and diversity in sex characteristics enhances safe practice.” Indeed, healthcare staff should understand gender diversity amongst the patients they are treating, but that does not mean they should be pressured to pretend that they share beliefs about gender identity to be considered ‘inclusive’.

The SoR Inclusive pregnancy status guidelines for ionising radiation: Diagnostic and therapeutic exposures was published in 2019 in direct response to members seeking support, advice and education around the sensitive nature of making pregnancy enquiries of gender diverse people. We acknowledge the good intentions and the work that was put into the guidelines. But few if any policies are free of error first time round. The SoR has repeatedly rebuffed any criticism, it has refused to make any changes despite being contacted by SoR members who themselves are ‘experts by experience’ when using the form. Their voices have been too easily dismissed. This demonstrates a profound weakness within the SoR, an inability to accept genuine feedback and criticism, and it does not foster an environment of safety, when concerns are so vehemently pushed back.

'Clearly motivated by transphobia'

The SoR is clear that anyone promoting actions that might be perceived as homophobic, biphobic or transphobic by suggesting we do not treat individuals with equity, is putting patients at risk. They are also failing to meet the standards required for professional registration. Radiographers must be free to raise concerns without being labelled as ‘transphobic’. The SoR must listen to the genuine concerns raised by the professionals it is meant to represent. Perception is not reality. Safety cultures are borne out of environments that welcome open discussions without fear of retribution. The SoR seems intent on labelling anyone, including its own members and patients, as transphobic if they hold different views.

Stewart O’Callaghan, CEO of LGBTIQ+ cancer charity OUTpatients emphasised that the IPS was created to help staff comply with the law and that the statement within the *Telegraph*’s article, suggesting the guidance plays a role in indoctrinating children was “clearly motivated by transphobia”. This is a serious accusation directed at HCPs who are motivated by genuine concerns for children’s health. The Cass review has made clear that HCPs not directly involved in a child’s gender pathway should in no way influence any social or medical transition. Radiographers should be commended for remaining abreast of the latest and best available evidence and are right to bring the latest evidence-based recommendations to the SoR attention.
They added that the article “suffers from poor journalism and is littered with inaccuracies and misrepresentations in its characterisation of both the IPS guidance and OUTpatients”. We accept Stewart’s opinion on the media attention around the IPS guidelines as potentially bias and just that –

an opinion. Stewart's charity was consulted and referenced extensively throughout the IPS guidelines, as such we were not surprised by the defence of a policy Stewart was so heavily involved in. Stewart O'Callaghan remains actively involved in providing similar themed training resources to several healthcare professionals groups and organisations.

The SoR guidance and associated training and education resources are available here and the list of FAQs for radiographers based on enquiries to the professional body and trade union can be found here.

Summary – SEEN in health summary to SCoR statement of defence IPS Guidelines

The IPS guidelines are not actually inclusive. They have failed to acknowledge what should be the main target group of any pregnancy enquiry form: women. The SoR do not seem to have considered taking any action into raising concerns around patients having inaccurate sex markers on their medical records. **By far the safest way of delivering ionising radiation and mitigating the risks involved (including pregnancy) is to have an accurate sex marker on a patient's medical record**. This would ensure pregnancy enquiries are always made to those who need them: biological females with pregnancy potential. This would also ensure patients who should be excluded from pregnancy enquiries (males) are indeed excluded. Within radiology, this would also help in diagnosis, cancer screening programmes, kidney function estimations and dose optimisation/radiation protection of reproductive tissues.