# Eligibility of transgender and intersex patients for breast and cervical screening

<u>ALL</u> patients aged 25 to 74 years, who have a cervix and have been sexually active, should have a Cervical Screen. This includes people who were assigned the gender of female at birth but no longer identify as such, even if they have had the HPV vaccination.

## **Gender categories – data audit tools and practice software**

## CAT4 gender categories

- Male
- Female
- Other (Gender other / diverse
- Not stated / inadequately described

#### Breast and Cervical reports will include patients listed as:

- Female
- Other (includes patients listed as 'intersex' in practice software)
- Not stated / inadequately described

Category	Patients Included	Action	Completed
Female	Patients not eligible for screening (patients who do not have a cervix).	Manually capture to ensure they do not receive a reminder	
Other / Intersex	Patients who identify as male or non-binary but are eligible for screening	Ensure patients who are assigned this category are eligible prior to adding to reminder list	
Male	Patients identifying as male who are eligible for screening (patients who have a cervix)	Manually capture these patients to ensure access to screening.  This group will not be included in lists generated for breast or cervical screening.	

## Register for Transgender and intersex patients

Maintaining a register of patients who identify as transgender, gender diverse or intersex could be utilised to cross-check lists.

This type of register can help to ensure that only patients who are clinically eligible to participate in specific screening programs receive reminder notifications.

## Consideration of changing patient information forms

Patient Information forms give your patients the opportunity to tell you:

- How they identify themselves
- If they are Trans, Gender Diverse or Intersex
- How you should address them

Questions for consideration (taken from ACON's CheckOut clinic registration form)

#### 1. What is your current gender identity?

- Female
- Male
- Non-binary
- Different identity (open field here)

### 2. What sex were you assigned at birth?

- Female
- Male

## 3. Were you born with a variation of sex characteristics (this is sometimes called 'intersex')?

- Yes
- No
- Prefer not to say

### 4. What are your pronouns? (You can select more than one)

- She / Her / Hers
- He / Him / His
- They / Them / Theirs
- Other (open field here)