

Guidance to imaging and cancer treatment services following the UK Supreme Court's ruling on the legal definition of sex

August 2025

On 16 April 2025, the UK Supreme Court ruled that the terms “woman”, “man” and “sex” in the Equality Act 2010 refer to *biological sex* – that is, the sex assigned to a person at birth. The Royal College of Radiologists (RCR) and the Society of Radiographers (SoR) have considered the implications of the ruling on our members and Fellows in the course of their work, the services in which they work, and the experiences of their patients. This short briefing paper sets out a summary of the ruling, and our interpretation of its implications.

Organisations delivering imaging and oncology services in both the NHS and the independent sector will no doubt be developing their own advice and guidance for their staff to ensure they are able to continue to demonstrate their support for their transgender (trans), non-binary and gender-diverse staff and patients, and balance that against the legal implications of the Supreme Court’s ruling to protect services and spaces designated as single sex. We hope that this guidance brings fairness and clarity to an otherwise complex set of considerations.

The ruling

The judgment reached by the Supreme Court in [For Women Scotland v The Scottish Ministers](#) sought to clarify that the legal recognition of gender under the Gender Recognition Act 2004 (GRA) does not alter the interpretation of “sex” in the Equality Act. The GRA enables people whose gender identity does not correspond with the sex originally registered on their birth certificate to obtain a Gender Recognition Certificate (GRC), which provides legal recognition in their acquired gender. While the GRA allows individuals to change their certified legal sex “for all purposes”, the Court found that this is subject to exceptions in other legislation, including the Equality Act.

The Court found that when the term “woman” is used in the Equality Act, it means a biological woman (and when the term “man” is used it means a biological man), and that “sex” means biological sex. The Court also determined that this legal understanding means that if a space or service is designated as single sex, a person of the opposite sex has no right to access that space or service. This means that if a space or service is designated as “women only”, a person who was born male but identifies as a woman does not have the right to access or use that space or service.

The Equality Act already makes provision for single sex spaces for “reasons of privacy, decency, or to prevent trauma or ensure health and safety”. This may include toilets, changing rooms and hospital wards. Service providers have an anticipatory duty to proactively identify and remove barriers, including those that could cause psychological harm or trauma to people with protected characteristics.

The Equality Act provides legal protection from discrimination, harassment and victimisation for individuals with protected characteristics including sex (whether they are a woman or a man, now defined by reference to biological sex) and gender reassignment (whether they have undergone, are undergoing, or are proposing to undergo processes to reassign their sex). These provisions continue to apply, and individuals are protected whether or not they have a GRC, and whether or not they have undergone or are undergoing any medical treatment or surgery. Nonetheless, the Court’s ruling may impact the experience of trans patients, and the confidence and safety of trans staff.

The Equality and Human Rights Commission (EHRC) has [consulted](#) on revisions to its Code of Practice that have been made in response to the Supreme Court’s ruling. It is not yet known when the results of this consultation will be published, nor when any subsequent response might be expected from NHS England or other relevant sector bodies. This document reflects interim guidance that is designed to support our members and Fellows now, and may therefore be subject to future revision.

Implications of the ruling: Patient access

Imaging and cancer treatment services must remain accessible and respectful to all patients, including trans patients. The ruling does not remove protections under the Equality Act for gender reassignment, but it may influence how services are structured or communicated. Clear, inclusive language and visible commitments to equity will be essential to maintaining trust. The Colleges' [Quality Standard for Imaging](#) makes several provisions in relation to patient access to and experience of imaging services that are also transferable to oncology services:

Privacy, Dignity and Security

Services must ensure the provision of suitable toilet facilities and uphold the privacy and dignity of all patients, including transgender patients. Clinical facilities must be appropriate for the services provided, and planning should consider patient culture and preferences, and support privacy, modesty, and same-sex accommodation where appropriate.

Enquiries about sex at birth should only be made when necessary and proportionate. Such enquiries may cause distress, and must be handled with sensitivity and respect for patient privacy. There are limited circumstances where evidence of birth sex may be requested, and services should have clear protocols for managing objectively false responses.

Environment

The environment should be welcoming, safe, and inclusive for all patients, carers, and visitors, including LGBTQ+ patients. Visual cues such as posters can aid in affirming the organisation's commitment to non-discrimination, and should include visible messaging to patients about professionalism, inclusion, and what to expect from care teams.

Imaging in Pregnancy

A clear procedure must be in place to identify whether patients of childbearing potential may be pregnant. This should include sensitive and inclusive questioning, and signposting to the Society of Radiographers' [guidelines on inclusive pregnancy status](#) assessment.

Implications of the ruling: Patient choice

Beyond these specific aspects of patient access to the environment in which services are delivered, we must also consider the potential impact the ruling has on a patient's right to request treatment by a clinician of the same sex (for example, patients attending for mammograms or breast radiotherapy). Where such requests are made when the clinician is trans, non-binary or otherwise gender-diverse, the request and the manner in which it is made are likely to be challenging for patients and staff alike, and present the risk that a service may fail to protect its staff from discrimination – and in a worst case scenario, an individual staff member may be 'outed'.

In this situation, the patient's rights under the Equality Act, and the staff member's rights under the same legislation, are potentially contradictory. A response that affirms the professionalism of staff and makes clear that discrimination is not acceptable is required, whilst still showing empathy for the patient. Reassignment of care prioritises the patient's rights above those of staff and could be argued to be discriminatory under the Equality Act, because a protected characteristic is the basis for the action in question – unless it can be argued to be a lawful exception under the Act and a proportionate response to a complex situation. Service providers may therefore wish to seek their own legal advice on this matter.

Organisational protocol

It is recommended that services develop a consistent organisational protocol for the consistent and respectful management of patient concerns or requests about staff sex or gender identity. It is imperative that staff privacy and dignity at work is upheld: trans clinicians are professionals who are fully capable of delivering safe, appropriate care, and their sex or gender identity should never be disclosed, questioned, or debated. A case-by-case approach that is grounded in legal compliance and care quality will ensure that both patients and staff are protected.

Listen to patient concerns

Patients raising concerns should be reminded that the service is committed to providing safe, respectful care to all patients, but that it also has a responsibility to treat all members of the staff team fairly and without discrimination. Nonetheless, if the patient perceives an issue that leads them to feel that they are not satisfied with the service being offered, then the available options to provide the service in a different way can be explored on a case-by-case basis in the interests of patient dignity and respect.

Consider the options

Reassignment of care to another member of staff in response to patient discomfort or perception should be an exception. It should only happen where clinically or operationally necessary, and must involve full consultation with the staff member concerned in order to help maintain a culture of dignity and respect. It should only be accommodated if the service is able to do so without compromising patient care or safety.

Before considering reassignment of care, services should offer the patient either:

- The choice of being seen by the clinician initially identified, but with a chaperone present; or
- An appointment on an alternative date/at a different time to be seen by a different member of staff, provided that this does not compromise patient safety.

Should the situation escalate, or if the patient becomes abusive, the service's normal policies on discrimination and patient behaviour and conduct apply, and any such incidents should be recorded and monitored as part of HR/EDI oversight.

Record the decision

If care is reassigned, it should be recorded transparently with a clear rationale, in line with equality, legal, and HR good practice. This protects the individual staff member and supports accountability. Any change to care in these circumstances should involve full consultation and consent from the affected staff member alongside consideration of patient views and preferences.

Support staff

Staff affected by patient requests should be fully supported and reassured of the employing organisation's commitment to inclusion, privacy, and psychological safety in the workplace. This ensures their emotional wellbeing and professionalism are not sidelined.

For further information or clarification on this guidance, please contact:

Royal College of Radiologists – Professional Practice Team: professionalpractice@rcr.ac.uk
Society of Radiographers – Professional & Education Team: pande@sor.org