Dear Mr Halliday

We appreciate the opportunity to contribute to this consultation. We agree that collection of data about sex and gender separately is important.

We have several concerns:

(p 7). There is an unwarrented assumption that for most people, their biological sex and gender identity is the same. However, many people would argue that of these, it is only biological sex that is reliably quantifiable, demonstratable, and immutable. This is important because it is sex, rather than gender identity, which shapes biological difference (function, menstruation, childbearing, menopause, body sizes and differences to the male body). Many people do not 'identify' as female or male, but simply accept their female or male body. 'Identifying' as being the sex you are born as is different again from fitting comfortably into a 'gender role' (culturally determined norms that vary between and within history and geography). Identifying out of or rejecting a set of (often unwelcome) gender stereotypes does not equate to having a trans identity. Thus many people who reject culturally determined gender-stereotyped roles, may give a negative answer if asked whether they agree to have matching biological and gender identity types. Many also reject the idea of an imposed 'cis' identity (which they find an artificially, externally opposed binary).

(p8) Gathering data on trans status is important to ensure that equalities monitoring is being done. It cannot be done if trans identities are subsumed into acquired or self-identified sex categories.

(p10) Indeed it is very important that information for use in healthcare uses and retains biological sex as a marker; the RCGP has explicitly stated that sex and gender should be separately categorised for trans or gender dysphoric patients
Read the role of the GP in caring for gender-questioning and transgender patients Position Statement

We note that no medical representation seems to have been included in the working group which is unacceptable given the implications and the knowledge that both sex and gender role are relevant to all areas of medicine (see this excellent Lancet review REF), and the present data standards recommended for research (SAGER ref)

It is not safe, nor possible, to assess in advance whether sex or gender is going to be a feature for a person seeking healthcare - whether that be prospectively in an individual case, or retrospectively when examining data for monitoring or research that feeds back into the creation of new knowledge to base decisions upon. Thus, we are very concerned that it is planned to include trans women in female categories (and presumably trans men in male categories) where there is not 'direct relevance to a person's medical treatment'. How can anyone know it has no direct relevance whilst initial presentations of illness can be obscure?

Individual decision-making rests also on wider evidence. Data for decision making in healthcare is frequently based on larger data sets collected across public bodies, including prisons, schools, social care, etc. If we do not have high quality data on females, and trans-people, the data sets will become less accurate and less useful. We think it would be essential, for example, to know how many trans women are being counted as part of the prison population, how many trans men require family planning services, and for the investigation and monitoring of sex-based discrimination. Further, the bodily differences of females, and their impact on planning necessities (design of public services, maternity leave, occupational health) requires disaggregation for best quality analysis and use.

We recommend that data is disaggregated for sex and gender, making it clear that biological sex requires specific interrogation; sex is immutable and demonstrable, whereas gender identity is not.

Yours sincerely

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1) Sex and Gender: modifiers of health, disease, and medicine.https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31561-0/fulltext
(2) Existing Guidelines on doing research https://researchintegrityjournal.biomedcentral.com/articles/10.1186/s41073-016-0007-6