

Thank you for forwarding on the draft guidance on data collection. I would like to feed back the following as my key areas of concern.

1. The guidance suggests data on sex should only be collected 'where necessary', for example for medical reasons. However, no further exploration or guidance on 'where necessary' is given, and this is left very much to an individual organisation to determine. In the current climate, it is likely to lead to a cautious use of 'gender identity' where sex may be preferable, thus losing valuable data on sex-based issues.
2. There is still a lack of clarity on what is meant by 'gender' or 'gender identity', meaning the data held will be subjective rather than objective. Some will see it as synonymous as sex, others with an affiliation with a set of regressive stereotypes, others as an 'inner feeling' which by definition must vary from one person to the next. By using 'gender', this therefore conflates a number of categories.
3. Many people reject the concept of a 'gender identity' outright and would therefore feel unable to complete forms requesting such. I am aware of at least one medical trial where the study coordinator was contacted to highlight that a number of people felt they could not participate as one of the preliminary questions was 'what gender do you identify as?'. This is likely to skew participation and therefore results. Most likely this will be females who have in the past suffered detriment as a result of gender stereotyping. Is it any fairer to exclude this group from participation?

I would also ask you to consider the feedback response to this draft document provided by MBM Policy, which expands on my concerns above (and others, which I agree with) more eloquently and with detailed referencing.

Kind regards,
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