

# *RACGP Standards for general practices (5th edition) fact sheet*

## Collecting and recording information about patient sex, gender, variations of sex characteristics and sexual orientation

### Introduction

A patient's assigned sex at birth and current gender are common and important pieces of demographic information collected about patients. Unfortunately, many of the ways of asking for these data can be exclusionary, and your clinical software may contribute to this by not providing functionality to accurately capture sex and gender as separate entities. If the questions you ask or tools you use exclude some demographic information (ie a patient's gender), the information you have will be incorrect or incomplete. Considering how you collect and record patient sex and gender will help your practice to be more accurate in its data collection and responsive to the needs of your patients.

[Core Standard 7](#) of the RACGP *Standards for general practices* (5th edition) (the Standards) relates to the content of patient health records. Maintaining accurate and comprehensive patient health records is crucial in providing patients with continuity of high-quality and safe care. This includes the accurate recording of a patient's assigned sex at birth, gender, variations of sex characteristics and sexual orientation (see [Definitions](#)).

This fact sheet is a supplement to [Criterion C7.1](#) – 'Content of patient health records' and contains additional explanatory material to support general practices collecting, recording and using information about a patient appropriately.

The recording of these details is also tied to other aspects of the Standards (eg [Criterion C2.1](#) – 'Respectful and culturally appropriate care'); however, other relevant criteria contain sufficient detail in their respective explanatory notes.

### Definitions

The following definitions apply to information in this fact sheet and the Standards, and reflect definitions used by the Australian Bureau of Statistics' *Standard for sex, gender, variations of sex characteristics and sexual orientation variables* (see [Further information](#) for more detail on this resource). The suggested question and answer structures throughout this fact sheet are also aligned to this resource.

**Gender:** Gender is a social and cultural concept. It is about social and cultural differences in identity, expression and experience as a man, woman or non-binary person. 'Non-binary' is an umbrella term describing gender identities that are not exclusively male or female.

**Sex:** A person's assigned sex at birth, determined by sex characteristics observed at birth or infancy. A person's sex can change over the course of their lifetime and may differ from their assigned sex at birth.

**Sex characteristics:** A person's chromosomal, gonadal and anatomical characteristics associated with sex.

**Innate variations of sex characteristics:** 'Variations of sex characteristics' refers to people with innate genetic, hormonal or physical sex characteristics that do not conform to medical norms for female or male bodies. It refers to a wide spectrum of variations to genitals, hormones, chromosomes and/or reproductive organs. Other umbrella terms used to describe being born with variations of sex characteristics are intersex or differences/disorders of sex development.



**Sexual orientation:** An umbrella concept encapsulating a person's sexual identity (how a person thinks of their sexuality and the terms they identify with), attraction (romantic or sexual interest in another person) and behaviour (sexual behaviour). It is impossible to delineate how an individual might define their sexuality. An individual may identify with a sexuality or sexual orientation regardless of their sexual or romantic experiences, or their sexuality may not be fixed to one identity (ie they are sexually fluid).

**Trans and cis:** 'Trans' and 'cis' are terms that describe the experience or modality of gender (and are used as prefixes to gender, ie transgender and cisgender), rather than a gender label itself. The trans experience occurs when an individual's gender differs from that presumed for them at birth. The cis experience occurs when an individual's gender is the same as what was presumed for them at birth.

## Collecting information about sex, gender, variations of sex characteristics and sexual orientation

Data-collection methods often do not distinguish between an individual's identity and the labels other people might use about them. For example, people who are classified as transgender by others may self-identify as women or men. Someone who was assigned male at birth and whose documents list sex as 'male' might select 'woman' as her gender, 'female' as her sex on a form, 'her/she' as her pronouns and not identify as transgender.

### Why your practice needs to collect information about sex, gender, variations of sex characteristics and sexual orientation

Missing or misrepresented information in a patient's health record can have substantial implications for clinical care delivery. For example, a male patient whose assigned sex at birth is female still requires screening for female disease risk factors. If a patient's assigned sex at birth and gender are conflated and inaccurately recorded, appropriate treatments may not be offered. Your practice needs to explain the reason for collecting this information to patients, so they know data are being confidentially collected for their own health outcomes, not for discriminatory or judgemental reasons.

Likewise, information about gender can be interrelated to various aspects of the patient's health (eg expression and experience of mental health), so it is important that this information is collected independently of assigned sex at birth.

There is no singular experience or identity for people born with variations of sex characteristics (intersex). When your practice seeks to obtain information about variations of sex characteristics, you need to ask patients a separate question from those asking about assigned sex at birth and gender. When asking about a patient's sex, do not include 'intersex' or 'born with a variation of sex characteristics' alongside the options 'male' and 'female'. A patient born with a variation of sex characteristics may identify as both intersex and male or female, so conflating sex and variations of sex characteristics in a single question may be perceived as offensive or inaccurate. If patients advise that they have a variation of sex characteristics, then they are likely to have any of a range of specific diagnoses (eg androgen insensitivity or a sex chromosome variation). They may have a surgical history, and may require targeted forms of support (eg hormone treatment). If they select 'don't know', they may have clinical signs or symptoms that can be reviewed.

For the best health outcomes, ask for and record details about a patient's sex, gender, variations of sex characteristics and sexual orientation separately. Your practice could do the following to improve the accuracy of responses when collecting this information from patients:

- Clearly explain why questions are being asked and how answers will be used.
- Use forms that allow patients an option from multiple fields (eg see [Formats for preferred question and answer options](#)).
- Ask patients what pronouns they use, then document and use this information to affirm your patients, particularly when they are not present and you are referring to them (eg in a referral letter).
- Ask questions that distinguish between identity (ie male/female) and descriptors of behaviour, attraction and experience (ie ask who your patient's sexual partners are).

## Separating the collection of sex and gender information

The terms 'sex' and 'gender' are often used interchangeably, so it is possible for a patient to provide a gender response to a sex question or vice versa. Where your practice asks for both a patient's sex and gender, it is recommended to ask for the patient's sex first. You could note that a separate gender question follows. When practical, ask the patient for both their sex and gender together (one after the other), or on the same page of a form.

## Formats for preferred question and answer options

### Collecting information about sex, gender, variations of sex characteristics and pronouns

When asking about a patient's assigned sex at birth, consider using the question:

What was your sex recorded at birth?

Provide patients with, at least, the option to select:

- 'male'
- 'female'
- 'another term (please specify)'
- an option to not answer (eg 'prefer not to say').

### Collecting information about gender identity

When asking about a patient's gender identity, consider using the question:

How do you describe your gender?

Provide patients with, at least, the option to select:

- 'man or male'
- 'woman or female'
- 'non-binary'
- '(I/they) use a different term (please specify)'
- an option to not answer (eg 'prefer not to say').

### Collecting information about variations of sex characteristics

When asking for details about variations of sex characteristics/intersex variation, consider using the question:

Were you born with a variation of sex characteristics (sometimes called 'intersex' or 'differences/disorders of sex development')?

Provide patients with, at least, the option to select:

- 'yes'
- 'no'
- 'don't know'
- an option to not answer (eg 'prefer not to say').

## Asking about pronouns

When asking a patient what pronouns they use, consider using the question:

What are your pronouns? (tick all that apply)

Provide patients with, at least, the option to select:

- 'she/her/hers'
- 'he/him/his'
- 'they/them/theirs'
- an option to specify a different pronoun from the options already provided (eg 'I use a different pronoun [specify]').

## Privacy when collecting information about sex, gender, variations of sex characteristics and sexual orientation

Patient privacy is critical when collecting information about sex, gender, variations of sex characteristics and sexual orientation.

A patient may consider any information about their sex, gender, variations of sex characteristics and sexual orientation as sensitive. Therefore, you must ensure patients can provide this information privately. If clarification of any patient details is needed, ensure you do so in a private space, preferably away from the practice's waiting area.

Consider the sensitivity of details being collected or clarified, and determine whether a clinician or practice nurse is best suited to ask the patient for that information (eg in a private consultation room).

## Gender sensitivity when collecting patient information

Your practice must consider gender and sexuality in relation to a patient's identity and experiences, and the RACGP encourages you to foster a practice culture that considers such factors as a key marker for health outcomes.

You could:

- have a policy for the promotion of sensitivity and responsiveness to gender and identity in your practice
- have procedures for gender-sensitive collection of patient information

- have a procedure for patients to privately establish and change information about them in their health record
- consider culturally appropriate practice in engaging with patients from specific cultures and interpretation of cultural identity with respect to gender
- meet patient requests for a practitioner they feel comfortable with
- maintain an anti-discrimination policy
- demonstrate that patients' assigned sex at birth, variations of sex characteristics and gender are recorded separately in your clinical software
- hold meetings for the clinical team to discuss and identify the unique health needs of lesbian, gay, bisexual, transgender, queer, intersex and asexual (LGBTQIA+) patients and those of other gender and sexual diversities
- maintain a policy of recording and using the names and pronouns used by patients
- display LGBTQIA+ symbols and/or flags
- review existing practice policies and procedures with a gender-sensitive lens
- provide or promote professional development activities for practice staff that explore gender sensitivity and its application in general practices.

## Recording sex, gender and variations of sex characteristics

The appropriate recording of assigned sex at birth and gender identity is important in the provision of high-quality care. Addressing patients correctly, including their identity, and maintaining consistent classifications of assigned sex at birth, variations of sex characteristics and gender in your patient health records will help to maintain respectful care.

Your practice's clinical software may not be set up with fields to record a different sex and gender for a single patient. Separately recording both the patient's assigned sex at birth and gender will enable better clinical care and easier administration. Your practice could consider how it records sex and gender (if they are different) for a patient in meaningful and administratively straightforward ways.

<sup>1</sup> The RACGP has continued to advocate for minimum software requirements for recording of sex and gender, in line with the Australian Bureau of Statistics' [Standard for sex, gender, variations of sex characteristics and sexual orientation variables](#).

When recording a patient's sex and gender, there are various considerations a practice needs to make if their clinical software:

- cannot separately record both the assigned sex at birth and gender
- auto-populates documentation based on limited data-entry fields in the software
- has other limitations.

For example, consider a male patient whose assigned sex at birth is female. While recording this patient's sex and gender separately is in line with respectful and culturally appropriate care, clinical software providers have no minimum requirement to record sex and gender separately.<sup>1</sup> As such, a practice may want to implement this process, but their clinical software does not allow for this to be done easily. If your clinical software does not allow for separate sex and gender entries, the RACGP recommends you contact your clinical software provider and ask them to update their software.

### Populating pronouns in practice forms and templates

Practice systems can automatically populate a patient's pronoun into forms (eg letters, templates) based on the data entered into your clinical software. You therefore need to consider what data your systems use to do this (ie will your practice templates populate a pronoun based on a patient's assigned sex at birth, gender or manual entry?).

For example, consider a male patient whose assigned sex at birth is female and uses the pronouns 'his/he'. If a practice's clinical software populates templates based on data entry for 'assigned sex at birth', this will populate templates with the incorrect pronoun for this patient, failing to respect the patient's identity (as per Indicator [C2.1▶A](#) of the Standards).

Your practice team must be aware of how recorded data affects auto-populated fields across all clinical software functions. If your practice's software does not support the population of pronouns used by the patient into forms, consider what processes can be implemented to ensure identity is respected and correctly reflected.

### When collecting and recording information about sex and gender, consider:

- using inclusive language (including on practice forms); for example, 'they' or 'their' instead of 'he/she' or 'his/her'
- refraining from making assumptions about a person's sex and/or gender based on details such as their name, voice or appearance
- paying particular attention to the use of titles in forms and personal records
- including a gender-neutral title option (eg Mx) to use on forms (or if this title option is not possible, make titles optional)
- providing clear and accessible information on how sex and/or gender information can be changed on personal records
- developing a policy to assist staff in managing relationships between the practice and gender- and sexually diverse individuals
- providing access to training for staff relating to terminology, definitions and sensitivities associated with gender and sexual diversity.

### Providing support for patients making a request to Services Australia

If a patient wants to update their gender details with Services Australia (including Medicare and Centrelink), they will need to provide Services Australia with supporting documentation, which may include a:

- statement from a registered medical practitioner or registered psychologist verifying the patient's gender
- valid Australian Government travel document, such as an in-date passport showing the patient's gender
- state or territory birth certificate showing the patient's gender
- state or territory Gender Recognition Certificate or Recognised Details Certificate showing that a state or territory Registrar of Birth, Deaths and Marriages has accepted a change in sex.

The patient's request can be made at a Services Australia service centre or in writing. Further details are available on [Services Australia's website](#).

### Requests by patients to confirm their gender with Services Australia

If you are asked to confirm your patient's gender, you may write a statement on your practice letterhead. The statement must include your:

- signature
- signature block
- registration number from the Medical Board of Australia or Psychology Board of Australia (or equivalent overseas authority).

For example:

*I, (your name) have a clinician/patient relationship with (patient's name) and have reviewed and evaluated (patient's name) history.*

*(Name of patient) identifies as the gender of \_\_\_\_\_.*

Patients can use this statement as evidence to establish or change their gender in personal records held by Australian Government departments and agencies.

You can also assist patients to update their records with Services Australia to reflect the name they use, or to remove gendered titles (ie Mr or Ms), using a variation of the above template that acknowledges the patient's affirmed details.



## Further information

For further information, contact [standards@racgp.org.au](mailto:standards@racgp.org.au)

### Additional resources

- The Australian Bureau of Statistics' [\*Standard for sex, gender, variations of sex characteristics and sexual orientation variables\*](#) standardises the collection and dissemination of data relating to sex, gender, variations of sex characteristics and sexual orientation, and provides further detail on defined terms and preferred question structures when asking about sex and gender.
- Services Australia's '[Providing supporting statements for patients updating their gender classification](#)' provides further details on providing supporting statements for patients updating their gender classification.
- [ACON's TransHub](#) provides a suite of resources for community and clinicians that offer further guidance on a range of health and social needs, as well as further recommendations for trans-affirming language, including within clinical settings.
- [Intersex Human Rights Australia's](#) website provides a range of intersex resources for intake forms, research, identification documents, genomics and other issues.