



Ministry of  
Health

# British Columbia Health Information Standards

## Gender, Sex and Sexual Orientation (GSSO) Health Information Standard and Guidance

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## Table of Contents

<b>1.0</b>	<b>ACKNOWLEDGEMENTS .....</b>	<b>4</b>
1.1.	LAND ACKNOWLEDGEMENT .....	4
1.2.	CLINICAL AND INFORMATICS ADVISORS .....	4
1.3.	CONTRIBUTING ORGANIZATIONS .....	4
1.4.	GOVERNANCE .....	4
<b>2.0</b>	<b>INTRODUCTION .....</b>	<b>5</b>
2.1.	PURPOSE OF THIS STANDARD AND GUIDANCE .....	5
2.2.	TARGET AUDIENCE .....	6
<b>3.0</b>	<b>BACKGROUND .....</b>	<b>7</b>
3.1.	RATIONALE .....	7
3.2.	CONTEXT .....	8
3.3.	PROTECTION OF PRIVACY .....	10
3.4.	ETHICS AND USE .....	11
3.5.	USE OF THE STANDARD AND GUIDANCE .....	15
3.6.	SCOPE .....	16
<b>4.0</b>	<b>CULTIVATING A CULTURE OF ACCEPTANCE AND INCLUSION .....</b>	<b>18</b>
4.1.	REDUCE GENDERED LANGUAGE .....	18
4.2.	USE A PERSON'S PRONOUNS AND NAME USED .....	19
4.3.	WHEN YOU MAKE A MISTAKE, APOLOGIZE AND MOVE ON .....	19
4.4.	UNDERSTAND YOUR ROLE AS A REPRESENTATIVE OF THE BC PUBLIC SERVICE .....	20
<b>5.0</b>	<b>GSSO CONCEPTUAL FRAMEWORK AND INFORMATION MODEL .....</b>	<b>21</b>
<b>6.0</b>	<b>PART ONE: DATA ELEMENTS FOR AFFIRMING COMMUNICATION .....</b>	<b>24</b>
6.1.	SCOPE .....	25
6.2.	NAME USED .....	26
6.3.	PRONOUNS .....	27
6.4.	GENDER IDENTITY .....	31
<b>7.0</b>	<b>PART TWO: ADMINISTRATIVE GENDER AND SEX .....</b>	<b>36</b>
7.1.	SCOPE .....	36
7.2.	HEALTH SERVICES SEX OR GENDER MARKER (SINGLE-FIELD SYSTEMS) .....	37
7.3.	SEX ASSIGNED AT BIRTH .....	40
7.4.	ADMINISTRATIVE GENDER (GENDER FOR ADMINISTRATIVE PURPOSES) .....	43
<b>8.0</b>	<b>PART THREE: SEX PARAMETERS FOR CLINICAL USE .....</b>	<b>46</b>
8.1.	SCOPE .....	47
8.2.	USAGE .....	48
8.3.	INTEROPERABILITY CONSIDERATIONS .....	49
<b>9.0</b>	<b>SEXUAL ORIENTATION .....</b>	<b>58</b>

<b>10.0</b>	<b>DOCUMENTING NEGATIVE EXPERIENCES .....</b>	<b>61</b>
<b>11.0</b>	<b>IMPLEMENTATION GUIDANCE.....</b>	<b>67</b>
11.1.	COLLECTION OF GSSO INFORMATION .....	67
11.2.	ADVICE FOR FORM-BASED COLLECTION OF GENDER.....	68
11.3.	ADVICE FOR THE VERBAL COLLECTION OF GENDER, SEX, AND SEXUAL ORIENTATION INFORMATION (TELEHEALTH OR IN-PERSON) .....	69
11.4.	ADVICE FOR THE COLLECTION OF ADDITIONAL (OPEN-ENDED) GENDER, SEX, AND SEXUAL ORIENTATION INFORMATION .....	70
11.5.	THE TWO-STEP METHOD.....	72
11.6.	GENDER, SEX, AND SEXUAL ORIENTATION DISPLAY CONSIDERATIONS .....	73
11.7.	BUSINESS RULES .....	74
11.8.	ADVICE FOR INDIRECT COLLECTION OF GENDER INFORMATION.....	76
11.9.	UNDERSTAND YOUR SYSTEMS .....	77
11.10.	UNDERSTAND THE INFORMATION IN YOUR SYSTEMS.....	78
11.11.	COMPARE HOW YOUR INFORMATION IS COLLECTED, USED AND STORED TO THE STANDARD'S RECOMMENDATIONS .....	79
11.12.	MAP THE DESIGN OF THE INFORMATION ELEMENTS.....	81
<b>12.0</b>	<b>CHANGING GENDER INFORMATION.....</b>	<b>82</b>
<b>13.0</b>	<b>RESOURCES .....</b>	<b>84</b>
<b>14.0</b>	<b>DEFINITIONS AND TERMINOLOGY .....</b>	<b>85</b>
14.1.	TERMS AND DEFINITIONS .....	86
<b>15.0</b>	<b>RELATED STANDARDS .....</b>	<b>90</b>
<b>16.0</b>	<b>LIST OF ACRONYMS.....</b>	<b>91</b>
<b>17.0</b>	<b>REFERENCES.....</b>	<b>92</b>

## 1.0 Acknowledgements

Conformance, Integration, and Standards (CIS) in the Health Sector Information Management / Information Technology (HSIMIT) Division of the Ministry of Health would like to acknowledge and thank the stakeholders, both individuals and organizations, who contributed to the development of this provincial standard.

### 1.1. Land Acknowledgement

We acknowledge with respect and gratitude that this standard was developed on the territory of the Lək'wəŋən peoples, and recognize the Songhees, Esquimalt (Xwsepsum), and WSÁNEĆ Nations whose deep connections with this land continue to this day.

We also gratefully acknowledge the contributions of the following people and organizations to this standard:

### 1.2. Clinical and Informatics Advisors

- William Clifford OBC, BMedSci, MScF, MD, FCFP
- Kelly Davison MN, MSc, RN, CPMHN(C), CTSS

### 1.3. Contributing Organizations

- Canada Health Infoway - GSSO Terminology Working Group
- Trans Care BC
- University of Victoria GSSO Research Team

### 1.4. Governance

- Health Information Standards Standing Committee (HISSC)
- Health Information Standards Working Group (HISWG)
- Office of the Chief Information Officer (OCIO)

## 2.0 Introduction

The Government of British Columbia (BC) Ministry of Health has produced this gender, sex, and sexual orientation (GSSO) health information systems (HIS) standard and guidance ('the Standard and Guide') to support inclusive, equitable, and quality healthcare in BC. This document includes the common standard (widely applicable), optional extensions, rationale, guidance for implementation and other useful information and resources. Explanatory figures are provided to support visual learners and act as a visual aid for quick reference.

### 2.1. Purpose of this Standard and Guidance

Our aim with this Standard and Guide is to support a consistent approach to the ongoing modernization of GSSO information practices in BC healthcare, and to support improved delivery of provincial health programs and services by:

- Providing a framework, concepts, definitions, and guidance for the selection of technical artefacts such as concepts from controlled medical vocabularies/health terminology standards (e.g., SNOMED CT, LOINC) and code values from health information exchange standards (i.e., HL7 International) which are used to share data between HIS;
- Supporting quality, affirming and culturally safe care and improved health outcomes through evidence-based design and implementation guidance;
- Modernizing principles, policies, processes, and information practices that include defining, collecting, organizing, exchanging, and using GSSO concepts in HIS otherwise known as digital health systems, which include electronic health records (EHRs), electronic medical records (EMRs), and patient portals;
- Promoting the integration of a wide range of social services (e.g., public health, population health, epidemiology, cancer staging and registry);
- Illustrating how modernized gender and sex information practices can help a wide range of users within healthcare meet their information needs;
- Clarifying practices for consistent representation, collection and use of gender and sex health information; and
- Outlining minimum (common), expanded and exceptional GSSO data collection standards.

## **2.2. Target Audience**

The audience for this Standard and Guide includes those individuals and organizations dedicated to designing HIS that support affirming, culturally safe, and culturally competent person- and family-centered healthcare for all people.

It is our belief that this can be achieved by applying a consistent, respectful approach to representing, documenting, and using GSSO information, electronic or otherwise, in direct patient care and administration.

Audience members may include architects, clinical informatics specialists, clinicians, data scientists, database administrators and systems designers, health information professionals, researchers, and the general public.

## 3.0 Background

This Standard and Guide is intended to support quality care for all people, regardless of race, country of origin, gender identity, or socioeconomic status. It allows for the collection and use of information that is important for providing affirming, culturally safe and culturally sensitive person, and family-centered care to British Columbians.

Fundamentally, it is designed to support trauma-informed care that addresses barriers to access such as misnaming, misgendering, outing and missed opportunities for preventive screening.

### 3.1. Rationale

In the absence of standardized GSSO data elements and value options, GSSO information quality in HIS is inadequate.(1)

Most HIS are unable to unambiguously capture gender and sex information.(2)

In many systems there is a single field labelled “Gender” or “Sex” with only female, male, or unknown options.(2)

Misrepresentation through conflation or aggregation of sex and gender concepts, and misrepresentation by limitation of value options to choices that unnecessarily reinforce a gender and sex binary—have made gender minorities largely invisible in HIS.(3–5)

Invisibility has negative impacts to access to and delivery of quality healthcare, as well as our ability to accurately understand correlations between sex, gender, gender identity, sexual orientation, and patient health needs and outcomes through analytics.(5,6)

When clinicians have access to specific information about a person’s gender such as their pronouns, the name they wish to use, and their gender identity, negative experiences of healthcare related to misnaming, misgendering and accidentally “outing” patients can be avoided.(1,5,7,8)

### 3.2. Context

Expert clinicians, health information professionals, researchers, standards development organizations, and the broader community of British Columbians have contributed to the development of this Standard and Guide.

Sex and gender data may be collected for the identification of disparity and inequity in the broader health system, and to provide optimal healthcare services and reporting.

In July 2016, the [BC Human Rights Code](#) was amended to include protections for “gender identity or expression.”

In February 2018, the BC Public Service implemented [Gender-Based Analysis Plus](#) (GBA+) as a requirement for policy, program, and legislative processes. Through GBA+, the province recognizes the importance of how all diverse groups of people may experience policies, programs, and initiatives and that by updating both sex and gender terminology, and formally integrating it into clinical care, we can positively influence health outcomes for gender-diverse populations.

Since November 2018, British Columbians who do not identify as male or female have had the choice to display an ‘X’ as an option in the “gender” field of their BC-issued driver’s license, identity card, birth certificate and BC Services Card. In recognition of the challenges patients experienced with marker updates, further legislative changes were made in BC that transitioned the province to a non-medical model of gender identification allowing residents to change the gender on their birth certificate without confirmation by a physician or psychologist.

In September 2020, BC’s Office of the Human Rights Commissioner (BCOHRC) issued recommendations for the provincial government, titled [Disaggregated Demographic Data Collection in BC: The Grandmother Perspective](#) which outlines how to collect and use disaggregated gender and ethnicity-based data to reveal systemic racism and inequities in our province.

The BCOHRC report offers a framework for disaggregated data collection that includes defining the purpose of the project, setting up a respectful process and defining the scope and limitations of data collection tools within the community.



Canada's federal government has also enhanced its recognition of gender identity diversity:

- In July 2017, the Government of Canada added gender identity or expression to the [Canadian Human Rights Act](#) and the [Criminal Code of Canada](#), which made it necessary to distinguish the concepts of sex and gender.
- In mid-2018, the Treasury Board of Canada Secretariat and the Department of Justice Canada presented a [report](#) with recommendations on ways to modernize how the Government of Canada handles information on sex and gender, and Statistics Canada released [sex at birth and gender variables](#) and classifications in order to better reflect how Canadians describe themselves.
- By February 2021, the Government of Canada and Statistics Canada started [consultations](#) with stakeholders to review proposed amendments to the gender standard.
- In November of 2021, Statistics Canada released data on [Classification of cisgender, transgender and non-binary people in Canada](#).

In November 2019, the Canada Health Infoway Sex and Gender Working Group was formed to update gender, sex, and sexual orientation (GSSO) information practices in Canada. In January 2020, with a planning grant from the Canadian Institutes of Health Research (CIHR)<sup>1</sup>, a team of researchers established a coalition of communities and organizations across Canada to co-create an action plan to modernize GSSO information practices in EHR systems in Canada.

The [Action Plan](#), which outlines the plan to modernize GSSO information practices for supporting and integrating gender and sex data collection in Canadian EHRs, was published in 2021 with the aim of advancing health equity for 2SLGBTQ+ people.(3)

This Standard and Guide draws on the [Action Plan](#) and also draws heavily on content from the Office of the Chief Information Officer's *Guidelines to the Gender Identity and Sex Information Data Standard* with minor modifications ensuring relevance to the healthcare sector.

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<sup>1</sup> CIHR. Planning and Dissemination Grants: Sponsor Description: [CIHR – Institute of Gender and Health. Summary/Relevance. Aug 7, 2019.](#)

### 3.3. Protection of Privacy

Gender and sex information are personal identity information and must therefore only be collected as authorized under the [Freedom of Information and Protection of Privacy Act](#) (FOIPPA) or under the [Personal Information Protection Act](#) (PIPA).

Ministries, agencies, boards and commissions must have administrative controls in place to ensure that they collect the minimum amount of personal information necessary for the purpose, and that the information is directly related to an operating program or activity (e.g., gender-based analysis, health program and service delivery, research, operational decisions) as part of the *Core Policy and Procedures Manual*, specifically [Chapter 12: Information Management and Information Technology Management](#).

#### 3.3.1. Notification

Patients need to know and understand why personal information is being collected and how it will be used. Under FOIPPA and PIPA, government and non-government organizations must be able to clearly explain why the information is needed, and how it will be maintained and used. Where personal information is being collected as part of a survey, it is also important to explain why the information is helpful, and how it is maintained and used.

### 3.4. Ethics and Use

There are two important considerations when collecting personal information, including GSSO information:

- Does the program or initiative have a legislated authority to collect, maintain, use, and/or disclose information?
- What are the ethical considerations around the collection of this personal information?

#### 3.4.1. Legislated Authority

GSSO information is personal identity information, and the relevant legislation must be considered when gathering and managing this information. It is also important to note that there are limitations to what is outlined in legislation: legislation determines what can be done but does not typically provide guidance about how to do it.

This Standard and Guide is provided with the intent to adhere to the recommendations outlined by BC's Office of the Human Rights Commissioner in their report [Disaggregated Demographic Data Collection in BC: The Grandmother Perspective](#).

#### *Guidance*

The following questions may be helpful when considering whether or not to collect GSSO information beyond that which is needed for the clinical record:

- Is the information necessary for care or a clinical program or initiative?
- If the information will be analyzed, is it possible to analyze the information by Gender or Sex Assigned at Birth (e.g., is the group you are collecting information from too small for this kind of analysis, or is the group of a sufficient size for analysis)?
- Could this information be useful for informing programs, practices, and/or policies?
- How will this information benefit clinicians, the healthcare system or society?
- Could the information be harmful to specific communities (e.g., in development or resource allocation decisions, healthcare)?
- If the information could be used against specific communities, is it possible to avoid or prevent that kind of harmful usage?
- Could the collection of information be done in consultation or collaboration with representatives from the relevant communities?

### 3.4.2. Why are Ethical Considerations important?

The concept of ethics in health information standards is complex, but generally refers to what ought to be done when it comes to collecting, maintaining, using, and disclosing information. Ethics inform best practice, and ethics are not necessarily set out in legislation but are a key element that factors in work-related decisions of many types of healthcare staff, including those in the public service.(9)

These standards align with the ethical codes developed for health professions including health information management professionals, nursing, and medicine.(10–12)

### 3.4.3. Minimizing Harm & Maximizing Benefit

It is for both legal and ethical reasons that we want to be mindful about collecting personal information to support a program or initiative. When we collect more information than what we need or can use, we can:

- increase the risk of harm (e.g., resurface stress or trauma in respondents,
- increase risk of inappropriate use of extra information; and
- decrease potential benefits of data use.

The importance of minimizing harm and maximizing the benefits of collected information cannot be overstated and is particularly important for vulnerable groups—including those who identify as non-binary, Two-Spirit, transgender, or others who are gender diverse.

It is helpful to remember that healthcare workers are representatives of a broader health system. People who are in vulnerable groups and/or who are at-risk of marginalization may have a history of negative experiences with the health system.(1,4,5) For example, many people who identify as non-binary and/or transgender, say they have felt stigmatized and discriminated against after disclosing their gender identity to healthcare staff.(8,13–17) As a result, some individuals may not trust how healthcare workers will maintain, share, and use this kind of data. Also, there may be discomfort in providing the information, especially if it does not appear to be relevant, or if the wording (e.g., survey question, intake form) does not follow best practice.

### 3.4.4. Small Numbers

When using GSSO data for analysis or decision-making, be cautious of the number of respondents. To determine if a survey group is too small, it is necessary to have a good understanding of that specific population and risks of identifiability. Risk-based de-identification<sup>2</sup> is a frequently recommended framework wherein contextual and data-related factors are considered to determine overall risk of re-identification. Generally, when sample sizes approach five individuals, it is especially important to use a formal approach to weigh survey needs against risks.<sup>3</sup>

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<sup>2</sup> [De-Identification Guidelines for Structured Data](#). Information and Privacy Commissioner for Ontario, 2016

<sup>3</sup> [The Definitive Guide to De-Identification](#). Privacy Analytics Whitepaper, 2017

### 3.4.5. De-identification, Storage and Disclosure

It is important to recognize that many complex situations will arise that cannot be addressed by these guidelines alone. Organizations should consider whether it is necessary to tie the collected GSSO information to a specific individual. If not, organizations should consider de-identifying or anonymizing the collected information since doing so can mitigate the risk that personal information is related back to an individual.

Organizations should also consider whether the information can be collected in a way that is fully anonymous—such as not linking a person’s name to their survey responses, and what level of security is warranted to protect the identifying information.

Secure storage includes making sure that only people who need to see the information can access it, and that they access it in an appropriate way.

In most cases, public servants, and people who work in healthcare do not have the authority to disclose GSSO information in a way that is identifiable except where clinically warranted. For example, surveys or other reviews and reports should provide aggregated information, or information that has been anonymized in a way that prevents others from knowing who is being discussed. In other cases, a person’s gender will need to be displayed on documents such as a driver license or passport. However, even when GSSO information is displayed for specific purposes, an organization still needs to protect the personal information it maintains in accordance with legislation and policy.

#### *Scenario*

A caseworker is caring for a minor who discloses that they are transgender or non-binary to the employee. If the minor has not disclosed their gender to the guardians (or disclosure is unclear), how should the caseworker refer to the minor when speaking to legal guardians?

#### *Discussion*

This situation is ethically complex. It requires balancing gender affirmation, consent to disclose (where disclosure can include using the minor’s chosen pronouns with third parties), and legal guardians’ information needs (e.g., to make informed healthcare decisions). Additional factors, including the minor’s age, legal requirements, and professional guidelines also make it problematic to assert general guidelines on how to respond. In complex situations such as this, consult the standards/guidelines in your professional organization, regulatory body, and/or ministry for additional guidance. Some questions that may be helpful to ask yourself in situations such as this may include:

- Has the individual consented to their information being shared with others?
- Are there any limits to confidentiality in the collection, maintenance, use, and/or disclosure of this information (e.g., legislated requirements, display requirements)?
- What can be done to protect confidentiality and/or anonymity?
- If data will/may be shared with other services, how will it be shared?

### 3.5. Use of the Standard and Guidance

Use of the Standard and Guide must be considered in conjunction with:

- Corporate policies, standards and strategic direction issued by government, including the:
  - [Standards of Conduct for BC Public Service Employees](#),
  - [Draft Principles that Guide the Province's Relationship with Indigenous Peoples](#),
  - [Province's Digital Principles](#), and
  - [IM/IT policies and standards](#) issued by Office of the Chief Information Officer; and
- Other forms of legislation that may apply to specific organizations (e.g., Health Authorities and/or Medical Associations) within government.

### 3.6. Scope

The scope of this Standard and Guide is limited to specifying the GSSO data elements that will enable consistency in BC's healthcare system.

These data elements include:

- Gender, including Gender Identity, and components of gender expressions such as Pronouns, and Name to Use.
- Sex, including Sex Assigned at Birth, Sex for Clinical Use, sex-related anatomy, sex-related hormone and medication treatment, sex-related surgical procedures.
- Sexual Orientation.
- Administrative data elements such as Administrative Gender (Gender for Administrative Use) and the Health Services Sex and Gender Marker.

This Standard and Guide does not:

- Necessitate or limit the collection of data that a health authority, health agency or the health ministry may require to fully support its programs or services.
- Instruct business programs on the use or storage of gender and sex data nor detail the specific business processes that support use of a standard in a specific system/application nor detailed technical specifications, such as field length and cardinality, which may be found in the respective application's technical documentation.
- Consider Titles and/or Honorifics (e.g., Dr., Mr., Mrs., Ms., Mx., Sir., Madam,) as outlined in the guidelines for gender-inclusive writing or recommended style (i.e., Public Works and Government Services Canada, BC Ministry of Health Writing Guide, Translation Services Style Guide).

#### ***Indigenous Peoples' Information***

This Standard and Guide is not intended to instruct business programs on the collection, use or storage of GSSO information of Indigenous Peoples, or to provide guidance on how to engage with Indigenous Peoples or communities. However, it is important to note that it remains incumbent on organizations to adhere to the principles of Ownership, Control, Access, and Permission (OCAP) principles, even if they are out of scope.



### 3.6.1. Controlled Medical Vocabularies and Health Terminology Standards

Many of the modern concepts required to support this Standard and Guide are either not available in health terminology standards or are currently named in a manner that could be considered offensive. (18,19)

For example, SNOMED CT concepts that currently offer FSNs or synonyms comprised of terms such as “Eunuchoidism,” “Feminism in boy”, “Masculinized female”, “Frigidity”, “Transvestism”, “Counseling for homosexuality” etc., MUST NOT be used. Such concepts and synonyms are considered harmful(19) and are currently being removed from code systems.

The terms intended for clinical use presented in this standard may therefore be incomplete or named as unencoded terms pending their incorporation or modification into controlled medical vocabularies, health terminology standards and code systems.

Work is currently underway locally, nationally, and internationally, to make such modifications to SNOMED CT, LOINC and other terminologies or ontologies so that they support the clinical requirement of respectful, affirming communication and documentation.(3)

Furthermore, implementation of this Standard and Guide may take place in HIS that allow for escape from value sets for richer expression of concepts. It is vital that users and system implementations are aware of the limits of acceptability in choice of terms because of the risk of harm associated with stigmatizing language. There are many resources available to inform language, including the [BC Centre for Disease Control \(BCCDC\) Inclusive Language Guide](#).

## 4.0 Cultivating a Culture of Acceptance and Inclusion

The [Standard of Conduct for BC Government Employees](#) requires that employees provide courteous and equitable service to the public and that they treat each other with respect and dignity. As public servants, the language we use allows us to either promote a more just and inclusive society, or it signals to individuals that they are not respected or do not belong. Hearing language that constantly implies that you are unaccepted or excluded can be distressing and can lead to negative outcomes.

Furthermore, the burden of constantly having to correct how someone addresses a person can be exhausting for them, and has significant impacts on their physical and mental health.(1,4,13,17)

The following guidance is meant to expand on those policies and help employees behave in ways that ensure all people are respected, safe and made to feel welcome in our province.

### 4.1. Reduce Gendered Language

Gendered language is pervasive in our society.(20)

Many of us were probably welcomed in school with familiar phrases such as “.... good morning, boys and girls,” or “welcome, ladies and gentlemen.” This is common language, but using it emphasizes that gender is the most important thing about the people with whom you are speaking and limits them to a gender binary. Repeated studies have found that emphasizing gender categories leads to increased tensions and harassment; we should instead look for ways to welcome all people.(20,21)

For example, when speaking to a large group, simply say:

- “Welcome,” or
- “Good morning/afternoon/evening everyone.”

These small but meaningful changes can help change the way you think about gender identity and ensure that you do not inadvertently exclude people that you are serving.

#### *Helpful Hints*

You might also consider making it a practice to default using non-gendered language when interacting with the public and your colleagues. For example, say:

- “child” instead of daughter or son;
- “partner” instead of husband or wife;
- “folks” instead of “guys”; and
- “person who is pregnant” instead of “pregnant woman”.

## 4.2. Use A Person's Pronouns and Name Used

In our everyday language we use pronouns in the place of names. Common pronouns include “he” and “she” as well as “they.” It is recommended that you simply ask a person what pronouns they use. If you are unsure of a person's pronouns, use “they” as a single-person pronoun (e.g., in a question like “What did they say?”) until their pronouns are confirmed. It is important to use a person's identified pronouns both in their presence and when they are not in the room. For example, if you have an interaction with a client and later, when talking to a colleague about the client's file, you are unsure about their pronouns, use “they”:

- “They were experiencing issues with our online system and were unable to submit the application. I asked them if they could send it via email.”

Listen carefully to what people ask for, including how they refer to themselves, the gender pronouns they use, and how they ask to be addressed. For example, if someone asks to not be referred to as a man, it is harmful to misgender them using the honorifics “Mr.” or “Sir.” The use of titles and honorifics such as these is discouraged because they are often gendered and increase the risk of misgendering or outing a patient.

## 4.3. When You Make a Mistake, Apologize and Move On

Mistakes happen. The best thing we can do is let the individual know we regret the mistake and will do better in future.<sup>(1)</sup> Make sure to do this in a way that doesn't draw more attention to the error or put someone on the spot.

### *Helpful Hint*

Do not base pronouns on gender expression (e.g., how the person ‘looked’ to you). Using the term “they” in both the singular and plural is considered acceptable grammar.<sup>(18)</sup> Be cautious about making assumptions. Not all people look a certain way or come from the same background, and they may not appear to visibly belong to a gender group.

#### **4.4. Understand Your Role as a Representative of the BC Public Service**

How you say something is just as important as what you say. Be mindful of your facial expressions and body language so as not to inadvertently give the impression of being judgmental. The BC Public Service is committed to treating everyone with dignity and humanity by listening to their individual needs, establishing respectful relationships, showing compassion and sensitivity, and providing services in a way that respects all people equally.

Now that we have outlined the importance of language and inclusivity, we will move on to introducing the Standard and Guide.

## 5.0 GSSO Conceptual Framework and Information Model

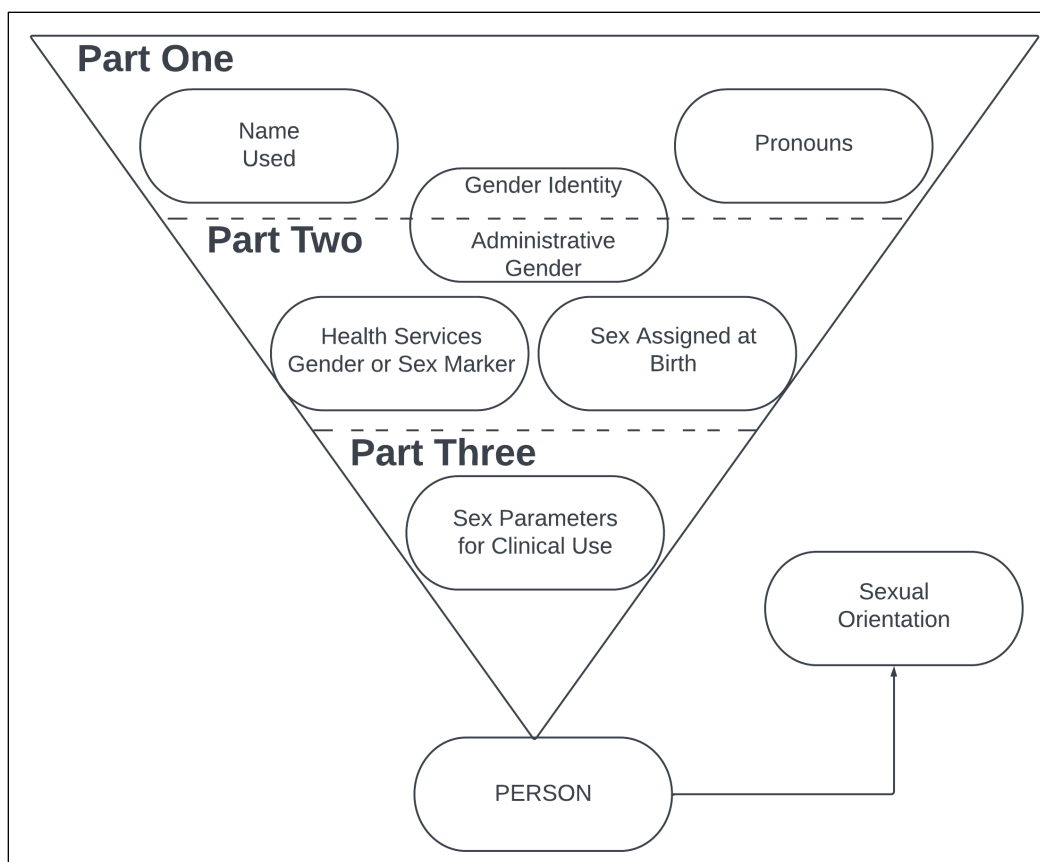
Many HIS have traditionally used administrative data elements for clinical purposes.(2)

This information is sometimes inaccurate and has been used by clinicians in the provision of care.

In turn, this has led to patient harm and barriers to healthcare access for some people who have or have had negative experiences in healthcare (1,4) and can result in missed opportunities for preventive screening.(1,5) Modernizing GSSO information practices means separating administrative and clinical data elements, using them for their intended purpose, and specifying them to a sufficient degree to prevent and mitigate harms caused by outdated practices.(3) There are three parts to this Standard and Guide and the framework that underlies it (see Figure 1).

- Part One outlines data elements that are common to social, administrative, and clinical domains, and that can be implemented and used to support person-centred, culturally safe and competent, affirming care for all people.
- Part Two outlines administrative and demographic gender and sex data elements.
- Part Three outlines Sex Parameters for Clinical Use. Sexual Orientation Identity (Sexual Identity) is included as an optional data element.

Figure 2 is a conceptual framework and high-level information model for all GSSO data elements contained in this Standard and Guide and is presented as both a reference diagram and a preamble to the content that follows.



*Figure 1: Parts of this Standard and Guide*

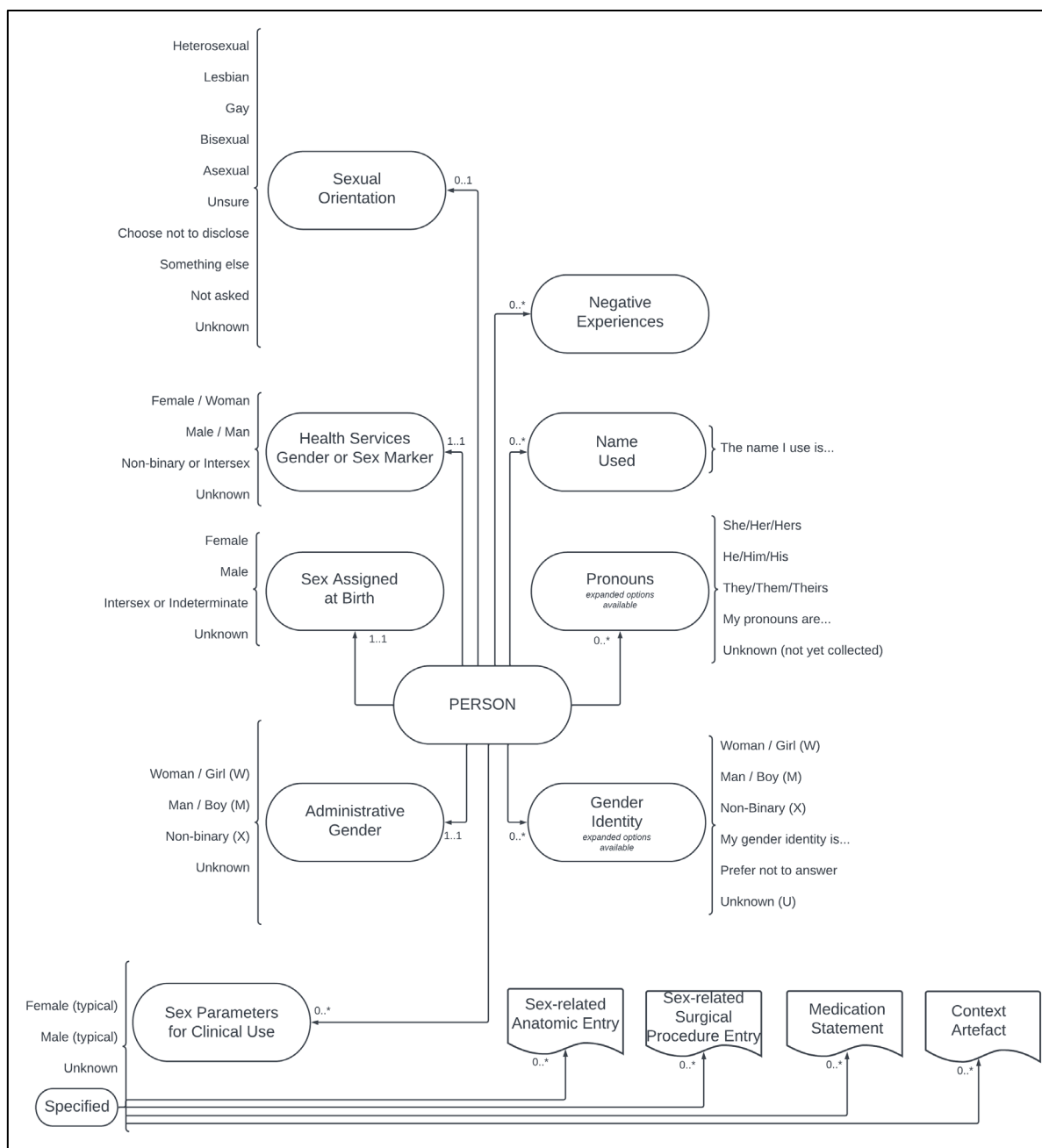


Figure 2: GSSO Conceptual Framework and Information Model for Person

## **6.0 Part One: Data Elements for Affirming Communication**

Part One of this Standard and Guide outlines the data elements required to support person-centered, culturally safe, and competent, affirming communication with and between all people, including clinicians, patients, and healthcare team members. It is intended for use by individuals, providers, and health organizations that communicate with or about the people they serve.

These data elements may be integrated into EHRs, EMRs, pharmacy and lab information systems, point of service healthcare applications, or wherever they can be used to avoid misgendering, misnaming and outing, and support positive, person-centered interactions and an inclusive healthcare culture.

Details about each data element including scope, usage and interoperability considerations are provided.



## 6.1. Scope

Part One includes Name Used, Pronouns, and Gender Identity.

A conceptual and information model for interpersonal communication data elements is presented in Figure 3. Details about each data element presented in this part of the Standard and Guide are provided in the sections that follow.

Value options included as part of the common standard will meet most use cases and can be considered the minimum data standard requirement.

Expanded codes are included as additional options to the common standard. Exceptional codes are “Unknown” or “NullFlavor” type codes.

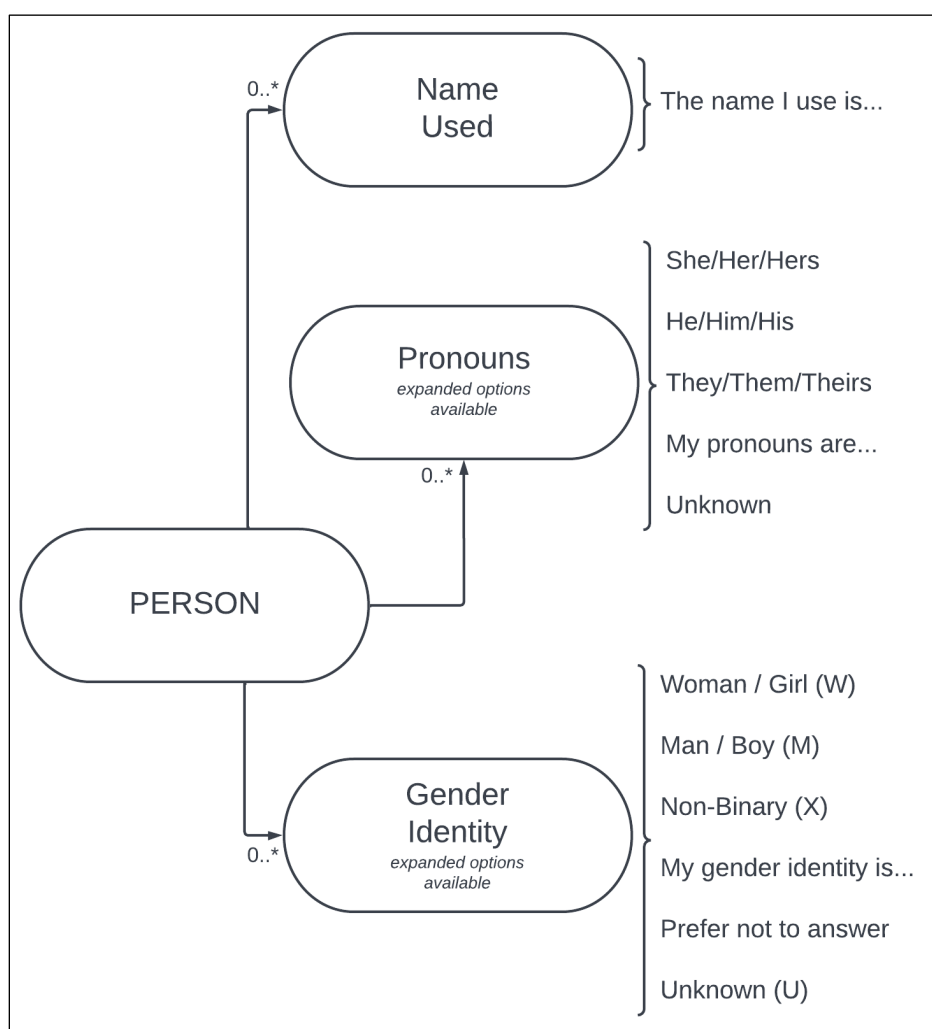


Figure 3: Interpersonal Communication GSSO Information Model

## 6.2. Name Used

People may use different names in different settings. They may use legal names or names other than their legal name to identify themselves.(7)

These include nicknames, middle names, language specific alternatives (e.g., Bill, William, Guillaume, Guillermo), or names that affirm gender identity. Name Used is based on the HL7 Gender Harmony Model Data Element Name to Use.(7,22)

The BC preferred term for this data element will be “Name Used.”

Simply stated, Name Used is the name specified by the patient that should be used in context of healthcare.

### 6.2.1. Usage

Digital health systems should support the documentation of the name used by the person and display it for typical use when the legal name is not required, or in addition to legal names when legal names are required.

Healthcare workers are strongly encouraged to use the name a patient wishes to go by to reduce potential harm caused by misnaming.(1)

When both names must appear, the “name to use” should default and be more visually prominent than the legal name. Implementation options include providing the Name Used in brackets following the corresponding legal name in existing banners or headers when the legal name needs to be more in focus (e.g., matching incoming documents to the record),.. Such banners or headers should be liberally used and not obfuscated throughout applications to ensure that providers are operating with the correct record for the patient and are aware of the Name Used.(3)

### 6.2.2. Interoperability Considerations

The recommendation is to use patient.Name of datatype HumanName where name.use is “usual.” There may be other contexts beyond patient.Name where a SNOMED or LOINC codes are appropriate, but appropriate SNOMED CT and LOINC codes for this element do not yet exist.

### 6.3. Pronouns

Pronouns are linguistic tools used to refer to people instead of using their name, a noun or noun phrase, and gender pronouns are third-person pronouns that reference a person's gender identity (e.g., he, she, they), and are a part of their gender expression. People may use:

- Gendered pronouns such as he/him/his and she/her/hers,
- Multiple pronouns depending on context (e.g., he/him and they/them),
- Different pronouns in different settings for distinct reasons (e.g., to maintain personal safety); or
- No pronouns at all (e.g., use name only and without pronouns when referring to a person in the third person).

Healthcare workers are strongly encouraged to use gender pronouns when they have been confirmed by the person to reduce risk of harm by misgendering or outing and communicate these pronouns with the care team. Misgendering and outing can happen when a person is referred to by pronouns they don't use.

#### 6.3.1. Usage

A person's gender identity or sex does not determine the pronouns that should be used. Pronouns must be identified by the patient, and not be assigned by healthcare workers. Individuals must be asked and should clearly identify the pronouns to be used in the clinical setting. Gender pronouns support affirming care for all people.

Pronouns provided by patients are not optional and therefore should not be referred to as "preferred pronouns".

### 6.3.2. Interoperability Considerations

The code system for the gender pronoun element is LOINC and the code is [90778-2 Personal pronouns—Reported](#). Value options are marked as either common or expanded.

The minimum recommended common set of options, which should meet the needs of patients and clinicians in most health organizations, is presented in Table 6.3.2.1.

Expanded options, which include an expanded array of pronouns that may be useful in specialty services, are also presented. These tables are based on the [LOINC answer list for patient-reported personal pronouns](#).

Exceptional options are presented in Table 6.3.2.2 and include a free text “My pronouns are...” option and an “Unknown” option (null flavor) that can be expanded to “Unsure,” “Unable to answer” and “Not yet collected.” These codes are available from [HL7 International](#).

**Table 6.3.2.1 – Common and Expanded Options for Personal Pronouns**

Display	Description	Code System Terms	Standard	Code System	Answer ID
he/him	Gendered, binary	he/him/his/his/himself	Common	LOINC	LA29518-0
she/her	Gendered, binary	she/her/her/hers/herself	Common	LOINC	LA29519-8
they/them	Neutral, nonbinary	they/them/their/theirs/themselves	Common	LOINC	LA29520-6
ze/zir	<i>Neutral, nonbinary</i>	<i>ze/zir/zir/zirs/zirself</i>	<i>Expanded</i>	<i>LOINC</i>	<i>LA29523-0</i>
xie/hir	<i>Neutral, nonbinary</i>	<i>xie/hir ("here")/hir/hirs/hirself</i>	<i>Expanded</i>	<i>LOINC</i>	<i>LA29521-4</i>
co/co	<i>Neutral, nonbinary</i>	<i>co/co/cos/cos/coself</i>	<i>Expanded</i>	<i>LOINC</i>	<i>LA29515-6</i>
en/en	<i>Neutral, nonbinary</i>	<i>en/en/ens/ens/enself</i>	<i>Expanded</i>	<i>LOINC</i>	<i>LA29516-4</i>
ey/em	<i>Neutral, nonbinary</i>	<i>ey/em/eir/eirs/emself</i>	<i>Expanded</i>	<i>LOINC</i>	<i>LA29517-2</i>
yo/yo	<i>Neutral, nonbinary</i>	<i>yo/yo/yos/yos/yoself</i>	<i>Expanded</i>	<i>LOINC</i>	<i>LA29522-2</i>
ve/vis	<i>Neutral, nonbinary</i>	<i>ve/vis/ver/ver/verself</i>	<i>Expanded</i>	<i>LOINC</i>	<i>LA29524-8</i>

Source(s): [LOINC 90778-2 Personal Pronouns—Reported](#) and LOINC answer list for patient-reported personal pronouns

**Table 6.3.2.2 – Exceptional Options for Personal Pronouns**

Display	Description	Code System Terms	Standard	Code System	Code
My pronouns are...	Free text option <sup>4</sup>	un-encoded	Common	HL7	UNC
Prefer not to answer	Asked but not answered	Not available	Common	HL7	NAVU
Unknown	Unknown	Unknown	Common	HL7	UNK
<i>Not yet collected</i>	<i>Not yet collected</i>	<i>NoInformation</i>	<i>Expanded</i>	<i>HL7</i>	<i>NI</i>
<i>Unable to ask</i>	<i>Unable to ask</i>	<i>Not asked</i>	<i>Expanded</i>	<i>HL7</i>	<i>NASK</i>
<i>Unsure</i>	<i>Unsure or questioning</i>	<i>asked but unknown</i>	<i>Expanded</i>	<i>HL7</i>	<i>ASKU</i>

Source(s): [HL7.TERMINOLOGY\NullFlavor—FHIR v4.0.1](#)

<sup>4</sup> If patient does not use pronouns, may prompt user to enter “use Name Used”.

## 6.4. Gender Identity

Gender Identity is an individual's personal experience of being a woman, man, nonbinary or something else. People may identify with more than one gender identity, or use different gender identities in different settings.(7)

This element represents the gender identity that a person identifies with for the purposes of clinical interactions and can be determined by asking them:

- "What is your gender identity?" or,
- "What is your gender?"

Gender Identity must be reported by the patient and not assigned by a healthcare provider, staff person, or researcher.(7)

A person's current gender identity may align or differ from what is commonly assumed based on the Sex Assigned at Birth (e.g., female, male) or by what is indicated on their current legal documents.

Gender Identity is intended to support affirming care interactions between clinicians and patients and should not be confused with demographic or administrative data elements such as Health Services Gender or Sex Marker or Administrative Gender.

### 6.4.1. Gender Expression

It is important to note that gender identity and gender expression are separate concepts. Gender expression refers to how a person publicly presents their gender (feminine, masculine, gender-neutral) and can align with or be different than their gender identity, or code markers used in administrative databases such as Sex Assigned at Birth or the gender that is indicated on their legal documents. Gender expression may or may not be a good indicator of a person's gender identity but may nevertheless be important in the context of a clinical encounter. Gender expression may change over time independently from their gender identity.(1)

### 6.4.2. Usage

Since the data in the Gender Identity element **may be different** than the gender collected in demographics (Administrative Gender), a separate data element is necessary for HIS, and should be contained with other clinical data. This separation allows for control of access to the information applied in clinical records.

### 6.4.3. Interoperability Considerations

The code system for Gender Identity element is LOINC and the code is [76691-5 Gender Identity](#). The minimum recommended common set of options, which should meet the needs of patients and clinicians in most health organizations in British Columbia, is presented in Table 6.4.1. Expanded options include a wider array of specific gender identities that may be useful in specialty services because they may contain additional detail and are more granular than the common options and are presented in Table 6.4.2.

Exceptional options are presented in Table 6.4.3 and include a free text “My gender identity is...” option, a “Prefer not to answer” option, and an “Unknown” option that can be expanded to “Unsure,” “Unable to answer” and “Not yet collected.” These codes are available from [HL7 International](#) and are listed in Table 6.4.3.



**Table 6.4.1 – Common Options for Gender Identity**

Display	Description	Concept	Standard	Code System	Code
Woman / Girl	Gendered, binary	446141000124107 Identifies as female gender (finding)	Common	SNOMED CT	W
Man / Boy	Gendered, binary	446151000124109 Identifies as male gender (finding)	Common	SNOMED CT	M
Non-binary	Gender neutral, nonbinary	33791000087105   Identifies as nonbinary gender (finding)	Common	SNOMED CT	X

Source(s): [LOINC 76691-5 Gender identity](#). The SNOMED CT 33791000087105 | Identifies as nonbinary gender (finding)| is a common value option in this standard and guide.

**Table 6.4.2 – Expanded Options for Gender Identity**

Extends	Description	Concept	Standard	Code System
<i>Woman / Girl</i>	<i>Gendered, binary</i>	<i>Cisgender woman - TBC</i>	<i>Expanded</i>	<i>SNOMED CT</i>
<i>Woman / Girl</i>	<i>Gendered, binary</i>	<i>Transgender woman – TBC</i>	<i>Expanded</i>	<i>SNOMED CT</i>
<i>Man / Boy</i>	<i>Gendered, binary</i>	<i>Cisgender man - TBC</i>	<i>Expanded</i>	<i>SNOMED CT</i>
<i>Man / Boy</i>	<i>Gendered, binary</i>	<i>Transgender man - TBC</i>	<i>Expanded</i>	<i>SNOMED CT</i>
<i>Non-binary</i>	<i>Gender neutral, nonbinary</i>	<i>Agender - TBC</i>	<i>Expanded</i>	<i>SNOMED CT</i>
<i>Non-binary</i>	<i>Gender neutral, nonbinary</i>	<i>Gender-fluid - TBC</i>	<i>Expanded</i>	<i>SNOMED CT</i>
<i>Non-binary</i>	<i>Gender neutral, nonbinary</i>	<i>Transfeminine - TBC</i>	<i>Expanded</i>	<i>SNOMED CT</i>
<i>Non-binary</i>	<i>Gender neutral, nonbinary</i>	<i>Transmasculine - TBC</i>	<i>Expanded</i>	<i>SNOMED CT</i>
<i>Non-binary</i>	<i>Indigenous</i>	<i>33801000087109  Identifies as Two-Spirit gender (finding)  </i>	<i>Expanded</i>	<i>SNOMED CT CA</i>
<i>Non-binary</i>	<i>Indigenous</i>	<i>Indigiqueer - TBC</i>	<i>Expanded</i>	<i>SNOMED CT</i>

Notes: TBC = To Be Created.

**Table 6.4.3 – Exceptional Options for Gender Identity**

Display	Description	Code System Terms	Standard	Code System	Code
My gender identity is...	Free text option	un-encoded	Common	HL7	UNC
Prefer not to answer	Asked but not answered	Not available	Common	HL7	NAVU
Unknown (U)	Unknown	unknown	Common	HL7	UNK
<i>Not yet collected</i>	<i>Not yet collected</i>	<i>NoInformation</i>	<i>Expanded</i>	<i>HL7</i>	<i>NI</i>
<i>Unable to ask</i>	<i>Unable to ask</i>	<i>Not asked</i>	<i>Expanded</i>	<i>HL7</i>	<i>NASK</i>
<i>Unsure</i>	<i>Unsure or questioning</i>	<i>asked but unknown</i>	<i>Expanded</i>	<i>HL7</i>	<i>ASKU</i>

Source(s): [HL7.TERMINOLOGY\NullFlavor—FHIR v4.0.1](#)

## 7.0 Part Two: Administrative Gender and Sex

Part Two of this Standard and Guide is intended for use by individuals and organizations that capture administrative gender and sex data in HIS including the Health Services Gender or Sex Marker (Recorded Sex or Gender), Sex Assigned at Birth and Administrative Gender. These data elements may be integrated into EHRs, EMRs, pharmacy and lab information systems, and POS healthcare applications. Details about each data element including scope, usage and interoperability considerations are provided.

### 7.1. Scope

In-scope data elements for part two include Health Services Gender or Sex Marker (single-field systems), Administrative Gender (Gender for Administrative Purposes), and Sex Assigned at Birth.

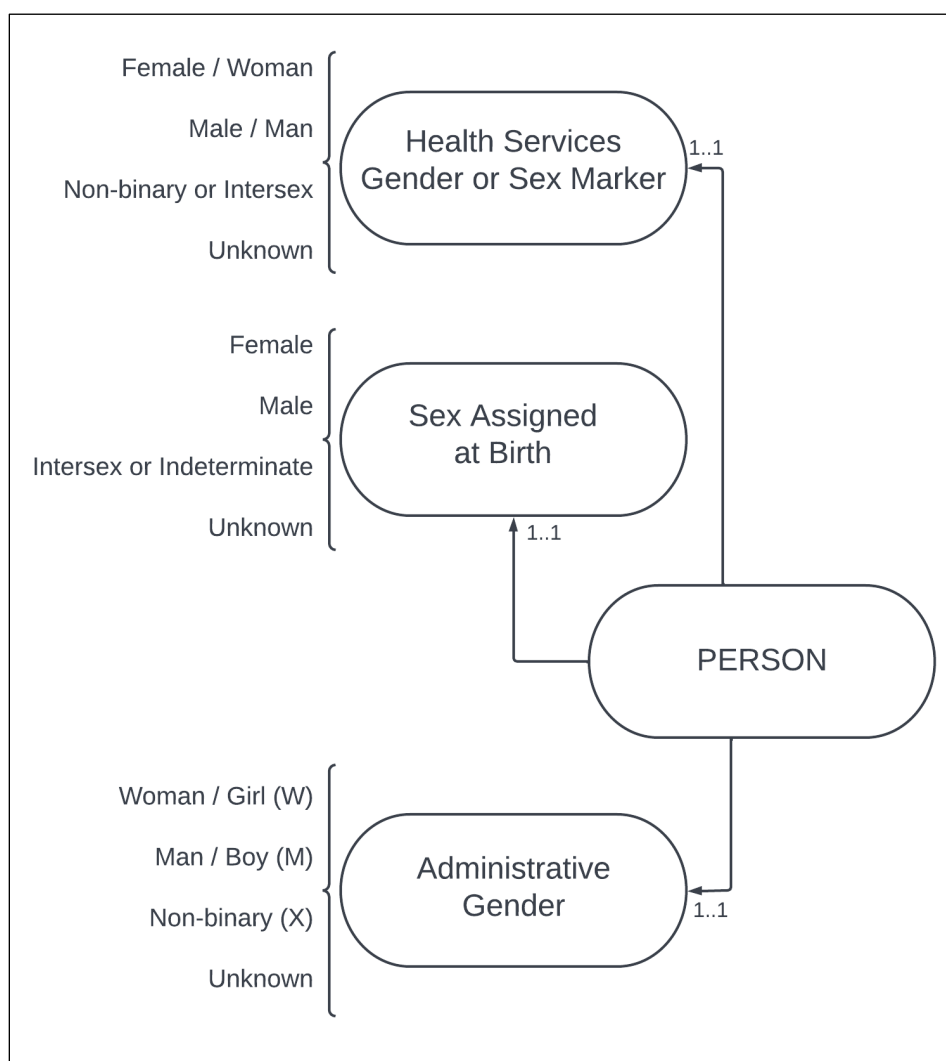


Figure 4: Conceptual and Information Model for Administrative Gender and Sex

## 7.2. Health Services Sex or Gender Marker (single-field systems)

Health Services Sex or Gender Marker (HSSGM) refers to the documented gender or sex of an individual used for clinical, official, or legal purposes *where only one data field for sex and gender* is available, and where it is the value found in the local system and/or historical documentation. This data element may also be called “Administrative Gender or Sex,” “Legal Gender or Sex,” “Recorded Gender or Sex,” “Documented Gender or Sex.”

Health Services Sex or Gender Marker is designed for HIS in BC that are not capable of distinguishing between gender and sex.

### 7.2.1. Usage

For incoming data, provenance of the data including source jurisdiction or organization, purpose (e.g., birth certificate, passport, BC services card), and validity period is extremely important for interpreting the content of the data. The local system is just one source of potentially many, each of which represents the actual value found official or legal documents.

The codes for HSSGM should be restricted to the markers presented in Table 7.2.2.1 (M, F, X and U). The X marker can be used by people who do not identify as solely male or female. The U marker can be used by people who do not want a specific gender marker to be visible on their identification. If HSSGM is not required in the local system, default to collecting Gender Identity.

### 7.2.2. Interoperability Considerations

The LOINC code [99502-7 Recorded Sex or Gender](#) may be used to support HSSGM. Incoming data coded as Administrative Gender should not be automatically used to update Gender, Gender Identity and Sex Assigned at Birth fields in HIS. Given that there may be many instances of this data collected in different context, digital HIS must be able to consume one to many values from other systems. When reconciling and consuming incoming information, it is important to carefully consider the provenance information before using the sex or gender information to update gender and/or sex fields in the local system.

**Table 7.2.2.1 – Common Standard for Health Services Sex or Gender Marker (single field systems)**

Display	Description	Definition	Code System	Answer ID	Marker
Female / Woman	Gendered, binary	Persons whose current gender or sex marker is female (or woman).	LOINC	LA13504-8	W/F*
Male / Man	Gendered, binary	Persons whose current gender or sex marker is male (or man).	LOINC	LA15170-6	M
Non-binary / Intersex	Gender neutral, nonbinary	Persons whose current gender is not exclusively male nor female, man nor woman (i.e., non-binary) or who may have sex characteristics somewhere along the spectrum between male and female.	LOINC	LA32969-0	X
Unknown	Unknown	Persons whose gender marker is unknown or who do not wish to disclose their gender.	HL7	UNK	U

Source(s): [99502-7 Recorded Sex or Gender](#); [HL7.TERMINOLOGY\NullFlavor—FHIR v4.0.1](#)

Note(s): The F marker **may** be necessary to accommodate legacy systems but should be replaced by W when possible.

### 7.3. Sex Assigned at Birth

Sex Assigned at Birth is a data element that includes options for assignment of the sex of a person at birth based on biological characteristics including chromosomes, anatomy, and hormones. Sex Assigned at Birth is an administrative data element that is also frequently used to support clinical care (e.g., interpreting Imaging studies or laboratory tests that refer to binary reference ranges or categories).

#### 7.3.1. Usage

It is recommended that the storage of sex assigned at birth information be masked, or access to it restricted, to only those collecting the information to support clinical care and clinicians providing direct patient care. Deidentified Sex Assigned at Birth data can also be used for aggregation and reporting.

#### 7.3.2. Interoperability Considerations

In the collection of sex information for demographic and administrative purposes or that identified directly by the patient, the code system for the element is LOINC and code value is [76689-9 Sex Assigned at Birth](#). Unknown values are from [HL7 Null Flavors](#), and are presented in Table 7.3.2.1.



**Table 7.3.2.1 – Common Standard for Sex Assigned at Birth**

Display	Description	Definition	Code System	Answer ID	Code
Female	Binary	Persons whose sex assigned at birth was female.	LOINC	LA3-6	F
Male	Binary	Persons whose sex assigned at birth was male.	LOINC	LA2-8	M
Intersex / Indeterminate	Nonbinary	Persons who are born with any of several variations in sex characteristics, including chromosomes, gonads, sex hormones, or genitals that may not fit typical notions of binary “male” or “female” bodies. They may have characteristics of male and female sexes (Intersex) or characteristics that do not match either male or female sexes (Indeterminate).	SNOMED CT	32570691000036108   Intersex (finding)	I
Unknown	Unknown	Persons whose sex is not known at the time of data collection or is inadequately described. May or may not get updated later.	HL7		UNK

Display	Description	Definition	Code System	Answer ID	Code
Not asked	Unknown	Persons who have been in a registration or intake process but were not asked about their sex assigned at birth.	HL7		NASK
Asked but unknown	Unknown	Persons who have been asked about their sex assigned at birth but have not provided an answer.	HL7		ASKU

Source(s): [76689-9 Sex Assigned at Birth](#); [HL7.TERMINOLOGY\NullFlavor—FHIR v4.0.1](#)

## 7.4. Administrative Gender (Gender for Administrative Purposes)

Administrative Gender represents the gender identity that a person wishes to have recorded on legal documents or the gender identity that a person identifies with for the purposes of interactions with official agencies. Administrative Gender can be determined by asking “What gender do you want on your documentation?”

It may be helpful to remind the reader here that Administrative Gender, Gender Identity, and gender expression are separate but related concepts. Gender expression refers to how a person publicly presents their gender (feminine, masculine, gender-neutral) whereas Administrative Gender is the gender identity they wish to have on their legal documentation. Administrative Gender may be different than the Gender Identity value they wish clinicians to use for affirming care interactions and communication.

### 7.4.1. Usage

Administrative Gender is a longstanding data element and should be used in conjunction with Gender Identity (for affirming clinical communications) in multi-field systems.

Since this data element may be different than the gender identity collected for the purposes of affirming communication, a separate data element is necessary.

This separation allows for access control to the information in the usual fashion applied in clinical records.

Administrative Gender is intended to give people the option to choose the gender entered in government databases that have both a sex and a gender field (two-field systems) and should not be confused with Gender Identity for affirming communication or HSSGM (for single-field systems).

### 7.4.2. Interoperability Considerations

The code system for Administrative Gender element is [HL7 Administrative Gender](#) with “Unknown” taken from the [NullFlavor](#) resource.

Value options for this data element should be restricted to those presented in Table 7.2.3.1 and should meet the needs of most people and the requirements of most systems.

**Table 7.4.2.1 – Common Standard for Administrative Gender (Gender for Administrative Purposes)**

Full Display	Description	Definition	Code System	Code	Marker
Woman / Girl	Gendered, binary	Cisgender and transgender persons who self-identify as a woman or girl.	HL7	Female	W or F
Man / Boy	Gendered, binary	Cisgender and transgender persons who self-identify as a man or boy.	HL7	Male	M
Non-binary	Gender neutral, nonbinary	Persons who report their gender as neither exclusively woman nor man or do not identify with a binary gender construct.  This can include persons who are Two-Spirit <sup>5</sup> , Indigiqueer, transmasculine, transfeminine, gender-fluid, agender and more.	HL7	Other	X
Unknown	Unknown	Persons whose gender is not known at the time of data collection because the person: <ul style="list-style-type: none"> <li>• Prefers not to answer.</li> <li>• Is unable to answer.</li> <li>• Is unsure.</li> <li>• Data is missing.</li> <li>• It may or may not get updated later.</li> </ul>	HL7	UNK	U

Source(s): [HL7 Administrative Gender](#); [HL7.TERMINOLOGY\NullFlavor—FHIR v4.0.1](#)

<sup>5</sup> Persons who are Two-Spirit may be gender neutral, gendered, binary, or non-binary.

Note: The “F” marker is required to accommodate legacy system integration. In this context, use of the terms “male” and “female” are used to denote “female gender” and “male gender,” and are international standards.

## 8.0 Part Three: Sex Parameters for Clinical Use

This section introduces the Sex Parameters for Clinical Use (SPCU) data element which can be integrated with digital health systems (e.g., electronic medical record, clinical information systems, pharmacy management systems), and other related health sector POS applications.

It is expected that most clinical and business needs with respect to gender, and sex will be met by the data elements for affirming communication presented in Part One, and the demographic and administrative gender and sex elements contained in Part Two.

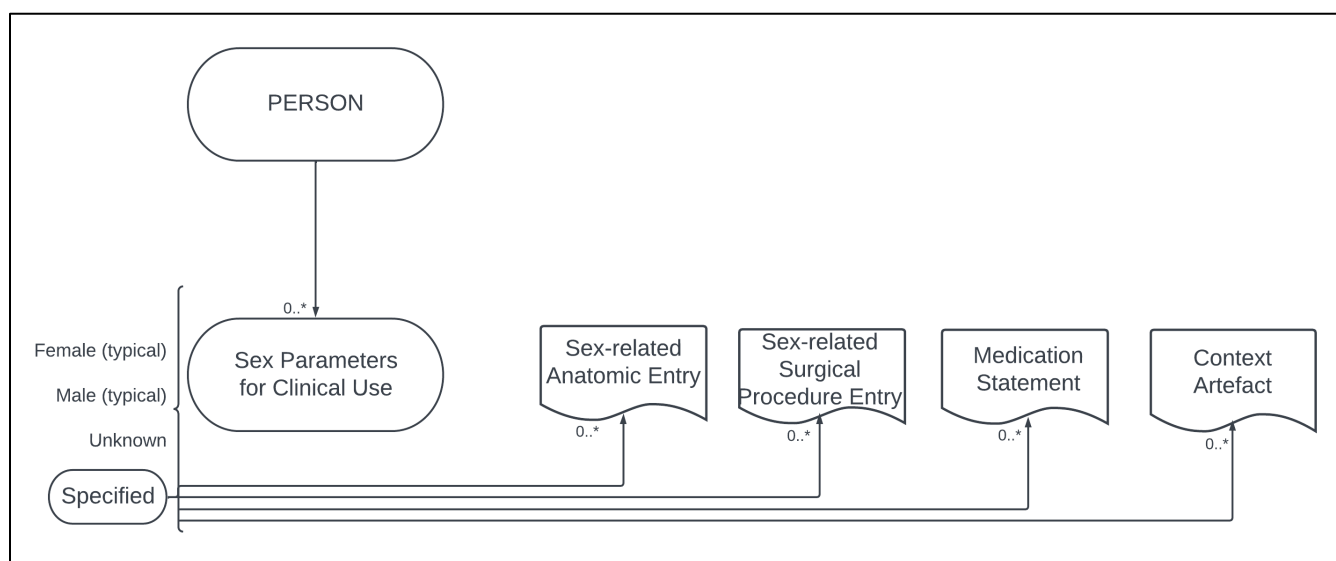
However, in some circumstances, additional parameters and context may be necessary to support a person and family-centered care for all people. SPCU is a novel data element that is intended to be used to provide necessary additional context to clinical observations and interventions.

## 8.1. Scope

There are various methods that can be used to organize or locate sex-related information relevant to care. Sex for Clinical Use is context sensitive and may be related to:

- Sex related Anatomy entry
- Sex-related Surgical Procedure entry
- Medication statement

All sex-related surgical procedures should be found in past procedure lists. Past and current sex-related medications should be found in orders (prescriptions) and lists of medication statements (e.g., best possible medication histories or a collection of continuous, long-term medications maintained by providers and utilized for prescribing).



*Figure 5: Conceptual and Information Model for Sex for Clinical Use*

## 8.2. Usage

In most situations, SPCU will simply be equivalent to Sex Assigned at Birth. However, there are many instances where Sex Assigned at Birth may not correctly represent the patient's sex for healthcare purposes, and where providers may need specific additional context to provide safe and affirming care.<sup>(7)</sup> SPCU was designed to enable clinicians to specify parameters to support decision making and interpretation for clinical orders. It does this by alerting clinicians and technicians to refer to a specific artefact or clinical parameter such as sex-related anatomy, a sex-related medication or hormonal inventory, a surgical inventory, or other useful artefacts.

Although this data element still contains a typical male / female sex binary, it is a key step in the evolution of informatics in that it enables the user to avoid making assumptions and refer to refined representations of anatomy, surgery, and medication histories to provide quality care for all people. Once this data element matures, and supporting artefacts are developed, evaluated, and standardized, the male / female binary categorization may become obsolete. When SPCU is relevant (e.g., in a laboratory or medical imaging requisition), this information should be exchanged as a separate field or in a comment at the document or requested item levels. It should not be substituted into Gender Identity, Administrative Gender, or Sex Assigned at Birth fields.

The absence or presence of certain hormones may impact many physiological markers thereby affecting the interpretation of laboratory results and dosing of some medications.

The presence or absence of certain organs may change the safe configuration for setting up lead vests and positioning for medical imaging procedures.

Observations related to clinical sex or the patient's anatomy in general are frequently scattered as unstructured text in event compositions such as progress notes or consult reports which does not lend itself to a summative view or clinical decision support. This problem exists for a variety of use cases beyond SPCU, especially when the observation has neither previously or currently represented a health concern in the problem list (e.g., presence of a small non-functioning third kidney, incidental finding of lung atresia or acquired absence of a uterus).



### 8.3. Interoperability Considerations

Sex related clinical observations used for determination of SPCU can be represented using the [HL7 FHIR Observation Resource](#), qualified with the appropriate clinical codes from LOINC and/or SNOMED CT. Some examples of these are karyotype, phenotype, hormonal values, organ status, surgical procedures, genetic observations, external genital appearance and internal organ morphology.

A summative view representing the patient's "status" could include observations relevant to anatomic status (e.g., presence or absence of organs), physical function/disability, and therapeutic class of selected medications such as sex-related hormones provided historically and currently. Such an approach reduces clutter in the problem list and provides a useful alternative to inappropriate or disrespectful problem list entries such as "Transgender" which is neither a problem nor a health concern. Regardless of how these observations are collected, organized, and displayed, the tables below provide terms and codes to satisfy clinical documentation needs for clinical use.

#### 8.3.1. Sex Related Anatomic Inventory

There are several ways in which observations are collected and organized for use in a HIS. Sex related anatomy data, whether collected and organized as an anatomical inventory or collected as observations over time, can be used to enrich clinical context and build accurate automated decision support within the HIS. Observations can support appropriate screening or case finding and provide essential context that enables clinicians to provide quality care. Table 8.3.1.1 presents some SNOMED CT concepts to consider for the presence or absence of sex-related anatomic structures can be used to provide additional context via SPCU.

**Table 8.3.1.1 – Sex Related Anatomy Present/Absent– SNOMED CT (not exhaustive)**

Organ	Concept—Present	Concept—Absent
Breasts	290053009   Breast present 449844005   Breast prosthesis in situ	723025005   Bilateral acquired absence of breast 721551005   Acquired absence of breast
Cervix	289755002   Uterine cervix present	248911005   Uterine cervix absent
Fallopian Tubes	289832005   Fallopian tube present	289833000   Fallopian tube absent 237052004   Acquired absence of fallopian tube
Ovaries	289835007   Ovary present	723172008   Bilateral acquired absence of ovary
Penis	18911002   Penile structure; qualifier 52101004   Present	18911002   Penile structure; qualifier 2667000   Absent
Prostate	41216001   Prostatic structure; qualifier 52101004   Present	41216001   Prostatic structure; qualifier 2667000   Absent
Testes	42774007   Both testes; qualifier 52101004   Present	237804005   Absent testes
Uterus	289619002   Uterus present	248942000   Uterus absent
Vagina	289511006   Vagina present	248871003   Vagina absent

### 8.3.2. Sex-Related Hormone Medication History

Sex-related drug therapy or surgical procedures may be relevant in referrals or specification of SPCU.

The sex-related hormone medication history allows structured entry to unambiguously describe the needed context.

The HIS medication list should include medications of all types including sex related hormone therapy, the effective period for the medications (i.e., stop and start dates), dose, indication and other elements of a medication order or statement.

By using an associated drug class such as the WHO ATC (Anatomic, Chemical, Therapeutic) class, it is possible to group drugs for viewing or exchange in a document.

**Table 8.3.2.1 – Sex-Related Hormone Medications**

Drug Group	ATC Code	Description
Estrogen-based or anti-androgen medication therapy	G03C G03H	Present or past estrogen-based hormone therapy (or nonprescribed medications).
Gonadotropic releasing hormone analogs (puberty suppressants)	H01CA	Present or past use of puberty suppressing medications.
Testosterone-based medication therapy	G03B	Present or past use of testosterone-based hormone therapy (or nonprescribed medications).

**Table 8.3.2.2 – Age of First Use and Duration of Use**

Concept	Description
Effective period by age	Age started; age ended
Effective period by date	Date started; date ended

**Table 8.3.2.3 – Sex-Related Hormone Medication Treatments for Clinical Documentation**

SNOMED CT Procedure Concept	Description
707266006   Androgen deprivation therapy	Androgen antagonists spironolactone, cyproterone acetate, 5-alpha reductase inhibitors, GnRH agonists and antagonists
724163007   Testosterone replacement therapy	Hormone therapy with testosterone
243125009   Estrogen hormone therapy	Hormone therapy with estrogens
243126005   Progestogen hormone therapy	Hormone therapy with progestins

### 8.3.3. Sex Related Surgical Procedures

A sex related surgical inventory contains common treatments and procedures which should be included in the medical or surgical history of all patients regardless of gender. The following non-exhaustive list of procedures should be un-coupled from any gender-coded marker:

**Table 8.3.3.1 – Sex Related Surgical Procedures**

Term	SNOMED CT Procedure Code	Description
Breast construction	172067003   Breast prosthesis operation 52852000 Insertion of bilateral breast prostheses	Procedure of implantation of prosthesis to enhance the size or change
Chest contouring	33496007   Reconstruction of breast 836272003   Gender confirmation top surgery	Procedures to remove breast tissue and create a flatter and/or sculpted chest. This surgery could also include breast reductions.
Facial surgery	62996004   Reconstruction of facial bones 77419007   Reduction osteoplasty of facial bones 119863003   Lip reconstruction 232470004   Reconstruction of nose	Procedures to make alterations to the facial bones, cheeks, forehead, nose, hairline, and areas surrounding the eyes, ears, or lips.
Feminization Laryngoplasty	173013001   Chondroplasty of larynx	Procedures to remove the anterior thyroid cartilage, collapsing the diameter of the larynx as well as shortening and tensioning
Gonadectomy, Orchidectomy, Oophorectomy	236334001   Total orchidectomy 83152002   Oophorectomy	Procedures to remove the testes in males or the ovaries in females which results in a loss of gonadal production of sex steroids.
Hysterectomy	236886002   Hysterectomy 116140006   Total hysterectomy	Procedure for the removal of the uterus, ovaries, and fallopian tubes.

Term	SNOMED CT Procedure Code	Description
Labiaplasty	276187001   Operation on labia	Procedure that involves creating or modifying the labia minora (inner lips), and/or the labia majora (outer lips).
Liposuction or lipofilling	302441008   Liposuction of subcutaneous tissue	Technique that removes or transfers body fat to achieve the desired body contour from specific areas of the body, such as the abdomen, hips, thighs, buttocks, arms, or neck.
Mastectomy	870629001   Bilateral mastectomy for female to male transsexual	Procedure to remove breast tissue that covers the chest muscles.
Metoidioplasty	890194007   Gender confirmation metoidioplasty	Procedures for clitoral release plus urethral lengthening and incorporation into penis, increased girth of penis using skin from the labia.
Penectomy	80855002   Amputation of penis	Procedure to remove part or all the penis.
Phalloplasty	890193001   Gender confirmation phalloplasty	Procedure that creates a penis, scrotal sac, and testes using genital and tissue grafted
Scrotoplasty	120024003   Scrotum reconstruction	Procedure used to either repair or treat an existing scrotum or to create a scrotum and often paired with testicular implants.
Testicular implants	77171007   Insertion of testicular prosthesis	Procedure to cosmetically fill a newly created or repaired scrotum



Term	SNOMED CT Procedure Code	Description
Urethroplasty, Urethral lengthening	287762004   Reconstruction of urethra	Procedure to lengthen the urethra and incorporate it into the penis.
Vaginectomy	65756000   Vaginectomy	Procedure to remove all or part of the vagina.
Vaginoplasty	176687003   Vaginoplasty	Procedure that creates a vagina and vulva (including mons, labia, clitoris, and urethral opening). May be combined with Vulvoplasty.
Vulvoplasty	120033001   Vulva reconstruction	Procedure that creates the vulva (including mons, labia, clitoris,

## 9.0 Sexual Orientation

Authentic disclosure of sexual orientation (sexual orientation identity) by a person can be important for care, especially in the context of sexual health assessments, and is often an element of clinical interviews.(23)

Documentation of sexual orientation for clinical purposes can serve to positively influence outcomes addressing patient health concerns.<sup>6</sup>

Sexual Orientation is often used in research and by governments in public health to measure inequities between populations.

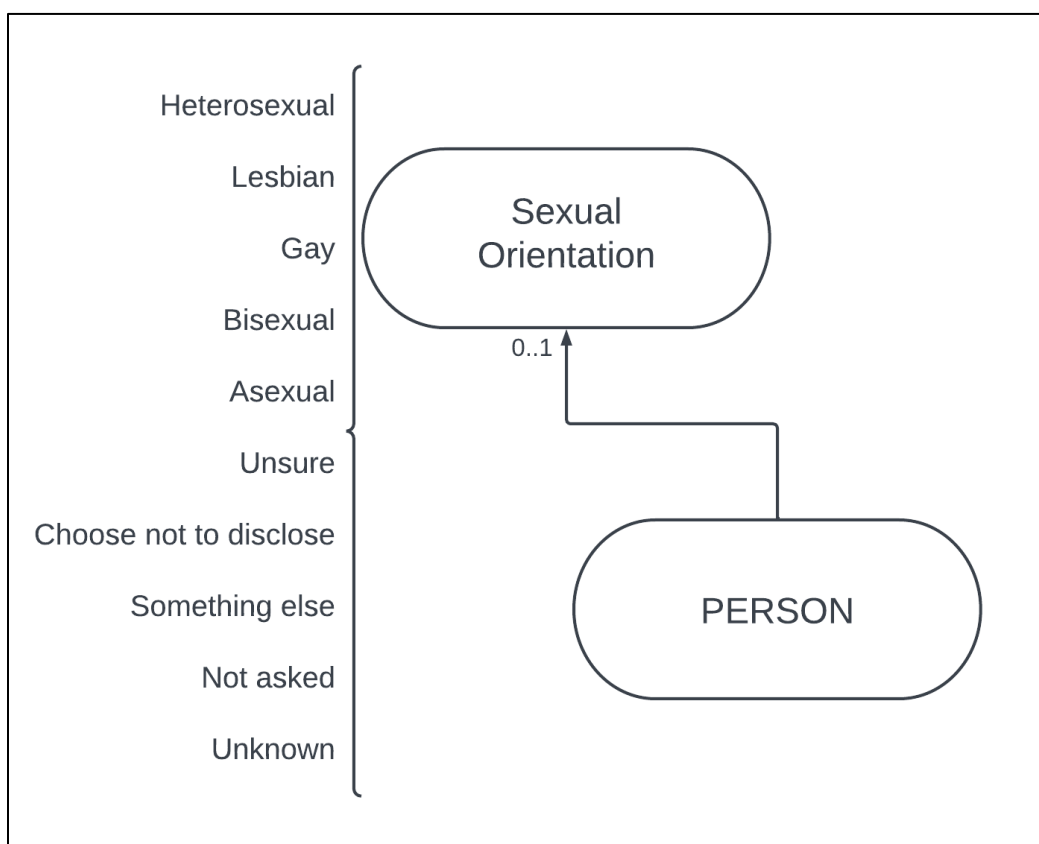


Figure 6: Conceptual and Information Model for Sexual Orientation

<sup>6</sup> Maragh-Bass AC. The "Ask" Is the "Answer": Implementing Routine Documentation of Sexual Orientation and Gender Identity in Health Care. [Am J Public Health. 2019 Aug;109\(8\):1071-1073](https://doi.org/10.1093/ajph.2019.09.1071)

**Table 9.0.1 – Common Options for Sexual Orientation**

Term	SNOMED CT Finding Code	Description
Heterosexual	20430005   Heterosexual	Person who identifies as one gender and is mainly attracted to people of the other gender.
Lesbian	89217008   Female homosexual**	Person, usually a female/ woman who is sexually or romantically attracted to people of the same gender.
Gay	38628009   Homosexual	Person who is sexually and/or romantically attracted to people of the same gender.
Bisexual	42035005   Bisexual	Person who is sexually or romantically attracted to those of the same gender and to those of one or more genders.
Asexual	765288000   Sexually attracted to neither male nor female sex	Person who feels little to no sexual attraction.
<b>Pansexual</b>	SCT TBD	Person who is sexually or romantically attracted to people regardless of their sex or gender.
Unsure	1064711000000108   Undecided about sexual orientation	People who are uncertain about their sexual orientation.

Source(s): [Action Plan to Modernize GSSO Information Practices in Canadian EHRs.](#)

\*\* Requesting change of SNOMED-CT preferred term to “Lesbian”

**Table 9.0.2 – Exceptional Options for Sexual Orientation**

Term	HL7 NullFlavor Code	Description
Choose not to disclose	ASKU	People who when asked, chose not to disclose.
Something else	OTH	People who identify their sexual orientation as something other than the categories provided.
UNK	UNK	When the sexual orientation of a person is unknown.
Not asked	NASK	Person was not asked for collection of this information.

## 10.0 Documenting Negative Experiences

The following findings related to gender identity and sexual orientation may be used in structured documentation.

When gender expression is considered to play a role in a patient's reported negative experiences or worries related to gender, it can be documented as needed in encounter notes with terms such as "feminine," "gender-neutral", "masculine", "gender-conforming" or "gender-nonconforming."

**Table 10.0.1 – Coding Negative Experiences**

Term	Code	Synonym
Negative experiences related to healthcare system in relationship to gender identity	SCT – to be obtained	<ul style="list-style-type: none"> <li>Experiences related to:               <ul style="list-style-type: none"> <li>cisnormative bias in healthcare</li> <li>cisnormativity in healthcare</li> <li>cissexism in healthcare</li> <li>gender-based discrimination in healthcare</li> <li>genderism in healthcare</li> <li>masculonormativity in healthcare</li> <li>misogyny in healthcare</li> <li>sexism in healthcare</li> </ul> </li> </ul>
Negative experiences online related to gender identity	SCT – to be obtained	<ul style="list-style-type: none"> <li>Experiences:               <ul style="list-style-type: none"> <li>gender-identity-related cyber-bullying</li> <li>online abusive behaviour related to gender identity</li> </ul> </li> </ul>

Term	Code	Synonym
Negative experiences related to gender identity	SCT—to be obtained	<ul style="list-style-type: none"> <li>Experiences:               <ul style="list-style-type: none"> <li>binarism</li> <li>cisgenderism</li> <li>cissexism</li> <li>enbyphobia</li> <li>exorsexism</li> <li>genderism</li> <li>genderphobia</li> <li>misandry</li> <li>misogyny</li> <li>sexism</li> <li>transphobia</li> </ul> </li> </ul>
Finding related to misgendering or deadnaming	SCT – to be obtained	<ul style="list-style-type: none"> <li>Finding related to mis-gendering or dead-naming</li> </ul>
Worries related to outward visibility of gender identity	SCT—to be obtained	<ul style="list-style-type: none"> <li>Worries related to:               <ul style="list-style-type: none"> <li>gender expression</li> <li>gender non-conformity</li> <li></li> </ul> </li> </ul>
Worries about being open about gender identity	SCT—to be obtained	<ul style="list-style-type: none"> <li>Worries about coming out, gender identity</li> </ul>

Term	Code	Synonym
Worries about discrimination related to gender identity	SCT—to be obtained	<ul style="list-style-type: none"><li>• Worries about:<ul style="list-style-type: none"><li>○ anti-transgender discrimination</li><li>○ binarism</li><li>○ cisgenderism</li><li>○ cissexism</li><li>○ enbyphobia</li><li>○ exorsexism</li><li>○ gender-based discrimination</li><li>○ genderism</li><li>○ genderphobia</li><li>○ misandry</li><li>○ misogyny</li><li>○ nonbinaryphobia</li><li>○ sexism</li><li>○ transphobia</li></ul></li></ul>



Term	Code	Synonym
Worries about personal safety in relationship to gender identity	SCT—to be obtained	<ul style="list-style-type: none"> <li>• Worries about experiencing:               <ul style="list-style-type: none"> <li>○ enbyphobic violence</li> <li>○ gender phobic violence</li> <li>○ gendered violence</li> <li>○ misogynistic violence</li> <li>○ nonbinary phobic violence</li> <li>○ transphobic violence</li> </ul> </li> </ul>
Negative experiences related to healthcare system in relationship to sexual identity	SCT – to be obtained	<ul style="list-style-type: none"> <li>• Experiences related to:               <ul style="list-style-type: none"> <li>○ acephobia in healthcare</li> <li>○ amatonormativity in healthcare</li> <li>○ aphobia in healthcare</li> <li>○ arophobia in healthcare</li> <li>○ biphobia in healthcare</li> <li>○ heteronormative bias in healthcare</li> <li>○ homophobia in healthcare</li> <li>○ lesbophobia in healthcare</li> <li>○ mononormativity in healthcare</li> <li>○ sexual-orientation-based discrimination in healthcare</li> </ul> </li> </ul>

Term	Code	Synonym
Negative experiences related to sexual identity	SCT—to be obtained	<ul style="list-style-type: none"> <li>Experiences: <ul style="list-style-type: none"> <li>○ acephobia</li> <li>○ aphobia</li> <li>○ arophobia</li> <li>○ biphobia</li> <li>○ homophobia</li> <li>○ lesbophobia</li> </ul> </li> </ul>
Negative experiences online related to sexual identity	SCT—to be obtained	<ul style="list-style-type: none"> <li>Experiences online abusive behaviour related to sexual identity</li> </ul>
Worries about personal safety in relationship to sexual identity	SCT – to be obtained	<ul style="list-style-type: none"> <li>Worries about experiencing: <ul style="list-style-type: none"> <li>○ acephobic violence</li> <li>○ aphobic violence</li> <li>○ arophobic violence</li> <li>○ biphobic violence</li> <li>○ homophobic violence</li> <li>○ lesbophobic violence</li> </ul> </li> </ul>

## 11.0 Implementation Guidance

This Standard and Guide can be implemented in whole or in part, depending on context of use and the design of the HIS in which it is being implemented. Implementers, which includes vendors, health authorities, primary care clinics, lab systems, pharmacy systems and legacy systems, will all play their part in modernizing BC's healthcare system, and in making it world-class.

Full implementation of this will require a significant effort to make appropriate changes to digital health information systems.

The purpose of these technical changes is to allow the digital health systems to faithfully represent the sex, gender, and sexual orientation diversity of persons accessing healthcare in BC.

HIS needs to support affirming care cultures, and to do so, must accommodate the expanded gender identifiers outlined in the Standard and Guide.

Making these changes will require doing an inventory and assessment of how HIS collect data about gender and how that data is presented to users.

### 11.1. Collection of GSSO Information

The Government of BC government typically collects information about people through written forms (online or paper) or through verbal interaction (face to face or by telephone or in telehealth encounters). This information is then entered into a digital system or recorded on paper.

Both situations require tailoring of the methods of collection of GSSO information to the specific interaction format.

It is recommended that all patients, at a minimum, have fields in their record that represent gender identity, pronouns, and name used (if different from the name on insurance or legal documents) that can be viewed by staff accessing the system to provide care. If such fields are unavailable, then consideration should be made to use a comment field.

The following sections provide guidance on how to collect gender information in four mediums: paper, online, telephone / telehealth and in-person.

## 11.2. Advice for form-based collection of Gender

### 11.2.1. Considerations for Paper Collection<sup>7</sup>

Collecting any type of data on paper results in increased risks related to data accuracy.

There are two key reasons for this:

- The first risk is that respondents or patients can provide data in inconsistent or difficult-to-interpret ways. These difficulties can range from respondents using a variety of terms (e.g., Male Gender, M, Man, Guy), having illegible handwriting, and notes written in the form's margins.
- The second risk is that data collected on paper forms eventually needs to be digitized. This process can include manual data entry (which also has a risk of input or transcription errors), or scanning, which can result in the data being stored as an image rather than an alphanumeric data type which can be more easily consumed. When possible, online data collection is preferred.

### 11.2.2. Considerations for Online Collection<sup>8</sup>

Online data collection is preferable to paper collection because data collected via online forms are stored directly in digital systems and are often immediately available to use.

An important consideration for online forms is the requirements for integration with other information systems, which often entails mapping different terms or value options that are similar, but not identical, both textually and semantically.

These terms can be standardized to reference terminology standards such as LOINC and SNOMED CT in online forms. Online forms can also be set up to include skip-logic (also called IF THEN logic) which enables nested data collection (e.g., if question 1 is answered a specific way, then question 2 is applicable) and well as business rules (e.g., no answer equals Unknown).

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<sup>7</sup> Content is taken from the OCIO *Guidelines to the Gender Identity and Sex Information Data Standard*

<sup>8</sup> Ibid

### 11.3. Advice for the Verbal Collection of Gender, Sex, and Sexual Orientation information (Telehealth or In-person)<sup>9</sup>

Depending on time and other constraints, one benefit of telephone and in-person data collection may be that it presents a good opportunity to build rapport by having respondents define their gender identity in their own words. However, as with paper and online collection, the focus should remain on collecting information that adheres to the Standard and Guide, and then providing opportunities for individuals to provide more nuanced responses.

#### 11.3.1. Considerations for verbal collection<sup>10</sup>

With verbal collection, there is the possibility that the respondent may provide a response that does not align with one of the available options, increasing the difficulty associated with interpreting and recording. Unless responses are recorded in a system, this collection method shares a risk with paper collection: the eventual digitization of responses. This process can include manual data entry (which also has a risk of input errors) or scanning (which can result in the data being stored as an image). When possible, recording responses directly into a digital system is preferred. In some contexts, language translation may be important.

In telehealth or in-person interactions, if the client will have an ongoing relationship with the program, ensure all staff are aware of how to ask about identified pronouns with sensitivity and consider whether this information will also be stored as data in any information systems.

#### *Sample Script*

- “My name is Lina and I use the pronouns she and her. What pronouns do you use for yourself?”
- “What pronoun, like “he, she, they”, would you like me and my colleagues to use when referring to you?”
- Please see the section titled “The Importance of Language” for more information.

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<sup>9</sup> Ibid

<sup>10</sup> Ibid

#### **11.4. Advice for the Collection of Additional (Open-ended) Gender, Sex, and Sexual Orientation Information<sup>11</sup>**

While the common standard presents the most common gender information that can be collected, program and services areas have the option of collecting additional information (expanded options) about gender identity that is more nuanced and detailed than is provided in the common standard. This allows individuals to provide gender information in their own words which can help program areas build rapport with their clients as well as providing more information about the clients that the program serves.

It is recommended that program areas focus on the collection of data in the format presented in the Standard and Guide and then if desired, provide options for individuals to expand concepts in their own words. This is recommended because it is exceedingly difficult to code open-ended responses. Attempting to standardize open-ended responses can negatively influence data quality, accuracy, and coverage. When providing any list of GSSO options to select from, it is important to provide an option for the person not to answer (prefer not to answer) and a free-text option where they can describe their gender for themselves.

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<sup>11</sup> Ibid

### 11.4.1. Making Responses Voluntary

It is best practice, when possible, to make demographic responses or responses of a personal nature optional, including questions about gender, sex, or sexual orientation. For example, allowing people to skip over a question or providing a response option like “prefer to not respond.”

- Be aware that voluntary responding may impact the representativeness and completeness of your dataset as well as your business processes.
- Administrative Gender is usually used to ensure accurate identity matching especially in billing or matching incoming paper or digital records. When apprised of this, patients will likely be more trusting of how information will be maintained or used and more likely to provide the information.

With surveys, it is especially important to consider the response rates as part of any GBA+ analysis. Helpful questions may include:

- How will you respond to questions about how the information will be maintained, used, and/or disclosed?
- Can you collect Gender or Gender Identity information on a voluntary basis (status quo)?
- If gender information is mandatory, what legislation, policy, business process requires it?

### 11.5. The Two-Step Method

The two-step method is an evidence-based method for collecting Gender Identity and Sex Assigned at Birth endorsed by expert organizations such as the Fenway Institute and has been adopted and endorsed by the Canadian Institute of Health Information (CIHI) in support of health equity-measurement. The adoption of a 2-step method and standardized process to collect one's gender and sex that involves asking all patients the questions:

- “What gender would you like to be identified as?”, or “what is your gender”?
- Followed by if clinically relevant, “What was your sex assigned at birth?”

This process helps staff provide gender inclusive care and avoids assumptions about a person's gender and sex that can impact the delivery of clinically appropriate and culturally competent care.

Patients must have the option to opt out of answering the question.



## **11.6. Gender, Sex, and Sexual Orientation Display Considerations**

When gender information must be displayed for official identification purposes (such as identity cards), the markers “W”, “M”, “X”, or “U” can be used.

- The gender “X” marker will be available to individuals whose current gender is not exclusively female or male.
- The gender “U” marker will be used to represent the variations of “Unknown” which includes accommodating individuals who prefer not to disclose their gender.
- The “F” marker for gender may be necessary to accommodate legacy systems but should be replaced by “W” when possible.

## 11.7. Business Rules

The following are general business rules that apply to the core gender identity and sex, and sexual orientation components.

- Gender or sex information is both personal and health information and therefore must only be collected as authorized under FOIPPA.
- [FOIPPA](#) states that personal information may be collected under [section 26](#) of the Act, while the use and disclosure of personal information by public bodies is in accordance with [section 32](#) and [section 33](#) of the Act.
- Ministries, agencies, Health Authority boards and commissions must have administrative controls in place to ensure that they collect the minimum amount of personal information necessary for the purpose, and that the information is directly related to an operating program, clinical service, or activity (e.g., clinical decision support, gender-based analysis, program and service delivery, research, operational decisions).
- Gender and Sex are two distinct concepts and should not be used interchangeably. Gender is comprised of Administrative Gender and Gender Identity.
- Administrative Gender should be collected routinely and displayed by default where gender information is needed for identity matching, or where a patient-specified Gender Identity has not been recorded. In cases where Gender Identity is shared with clinicians and consent to record and share with the care team is granted, Gender Identity should be displayed to support gender affirming clinical interactions.
- Gender Identity should be identified by the patient and should not be assumed or assigned by a healthcare provider, staff member, or researcher based on their Sex Assigned at Birth (e.g., if sex hormones need to be known as part of medical information this should be asked separately rather than inferred by a person's gender).
- Sex Assigned at Birth should only be displayed and used for clinical purposes and may be collected in lieu of, or in addition to gender in a separate field.
- Sex information will be collected and used by exception for those health programs or services where biological information is necessary (e.g., medical, clinical, population health, and research purposes).
- Sex Assigned at Birth and / or Sex Parameters for Clinical Use in correspondingly named fields, should be used for all relevant lab and imaging requisitions.

- Note: A clear distinction between Gender Identity, Sex Assigned at Birth, and Sex Parameters for Clinical Use must be made for patient safety purposes.
- Sex Parameters for Clinical Use should only be documented when clinically required and in a manner or location that will alert only those who need the information.
- It is important to note that characteristics influencing sex assignment include chromosomes, gonads, sex hormones (e.g., testosterone or 17 $\alpha$ -hydroxyprogesterone levels), and genitals. Final determination may be based on any number of such characteristics.
- For some health programs and services, the X marker can be used by people who do not want a specific gender identity or sex marker to be visible on their identification. Individuals with the X marker must be treated with respect and mindfulness of their choice to ensure appropriate use of name and pronouns.
- Sexual Orientation documentation should be maintained in the clinical documentation domain, with appropriate access controls.

## 11.8. Advice for Indirect Collection of Gender Information

### 11.8.1. When can a guardian of a minor provide the gender information of the minor?<sup>12</sup>

A guardian may act for a minor if the minor is incapable of providing their own information, but only if it is within the scope of the guardian's duties or powers.

As a best practice, when possible, ask the minor directly. This will be particularly important when providing programs or services to teenagers with whom you are building trust and rapport.

### 11.8.2. When can a representative of an adult provide the gender information of the adult?<sup>13</sup>

A representative of an adult may provide the adult's gender information in circumstances where a person may be unable to answer the question asked (e.g., in the case of death, or incapacity because of disability, injury, sickness, or absentia) and, only if the power to provide gender information is within the scope of the representative's duties or powers.

In both these situations, it is important to try to balance gender affirmation, consent to disclose, and legal guardians' or representatives' information needs.

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<sup>12</sup> Ibid

<sup>13</sup> Ibid

## 11.9. Understand Your Systems

Systems may be enterprise systems (e.g., databases, LAN drives, SharePoint, EDRMS, intranet, internet) or line of business Information Management / Information Technology IM/IT systems (e.g., databases, case management systems, cloud-based systems). In either case, the following steps may be helpful:

- Identify the official that is the system owner or is responsible for managing each system (i.e., system administrator / architect / developer) and who is responsible for managing the information in the system (i.e., head of the work unit / program area / information owner / data custodian).
- Perform an inventory of the data held by your systems.
- Identify which of your systems are used to collect and store gender identity and sex information within your business area.
- Create and implement a plan to upgrade this information to adhere to this Standard and Guide.
- Give higher priority to systems where data is relied upon heavily by the program area or shared widely with other program areas or agencies.

### **11.10. Understand the Information in Your Systems**

When the gender identity information that is collected by your systems is identified, answer the following questions about the information contained within your systems:

- Under what context was the information collected?
- How was the information collected (e.g., directly from the individual, or indirectly from sources other than the individual the information is about)?
- Who entered the information (e.g., government employee, clinician, the individual the information is about)?
- Are there any quality issues with information (e.g., incomplete data field that conflates sex and gender)?
- Are there any biases present in the information collection (e.g., collection makes assumptions about the sex or gender of individuals based upon appearance or outdated information)?
- What other sources may be used to understand the nature of the information within systems (e.g., Personal Information Registries, PIAs, STRAs, and internal information management documentation)?

### 11.11. Compare How Your Information is Collected, Used and Stored to the Standard's Recommendations

Identify:	
Which parts of your information technology systems are already adherent with the standard?	
What information required by the Standard and Guide is not being captured?	
How can additional or different information be collected to meet the standard (e.g., maintenance of long-term medication lists, structured documentation of surgical procedures, documentation of Pronouns or Name Used)?	<ul style="list-style-type: none"> <li>This would be expected to have far-reaching benefits.</li> </ul>
Whether or not any of the non-compliant information can be re-coded or transformed to meet the Standard and Guide?	<ul style="list-style-type: none"> <li>The existing data in a local system may have ambiguous sex and gender information if there has been only one field to represent sex and gender.               <ul style="list-style-type: none"> <li>Getting to accurate sex and gender information may require considerable process re-design and staff training after the digital health system has been updated to support the required data elements.</li> </ul> </li> </ul>

Identify:	
	<ul style="list-style-type: none"><li>• A two-pronged approach may be helpful:<ul style="list-style-type: none"><li>○ Validation of gender at encounters through the approach described earlier in this guide can be done.<ul style="list-style-type: none"><li>▪ A demographic “reviewed” flag with data (e.g., like clinical reviews of allergies, problem list) would likely make this more efficient.</li></ul></li><li>○ Utilize other information in the digital record as well as clinical knowledge of the patients to target records for review (e.g., use of hormonal therapy and history of specific surgeries).<ul style="list-style-type: none"><li>▪ In the clinical setting, Sex Assigned at Birth and Sex parameters for clinical use can be particularly important in some circumstances (e.g., laboratory requisitions for tests where reference range is influenced by clinic sex).</li></ul></li></ul></li></ul>
	<ul style="list-style-type: none"><li>• Ongoing incoming data may inform legitimate updates to existing sex or gender information, but they may also be ambiguous or erroneous / out of date.<ul style="list-style-type: none"><li>○ When the sending system has mixed gender and sex information in the same field, it should be sent with contextual information so the recipient can choose whether to update the Gender field.</li><li>○ The document /result matching process in digital health systems should allow the user to reconcile gender, sex, and other information when matching is uncertain.</li></ul></li></ul>



## 11.12. Map the Design of the Information Elements

- Develop a schema or table to describe both the standard data elements and any additional gender information that needs to be captured (e.g., free form fields).
  - This could be in the form of a Data Dictionary (e.g., PDF, Document, Table, JSON Schema).
- Ensure there is metadata to support all the data elements that are captured.
- Design the data and system with interoperability in mind so that information can easily be shared and used by others.
- Consider how easily the data in the system can be extracted and shared with others.

## 12.0 Changing Gender Information

Consistent with our aim of enabling the BC government's collection and maintenance of accurate data about an individual's gender identity, individuals have the right to apply to change how they are identified by BC government programs and documents. Please consider the following advice when assisting individuals with changing their gender information to ensure that the individuals can maintain identity documents and personal records that align with their gender identity while also supporting the integrity of government programs.

The amount of documentation required to change an individual's gender information should be proportionate to the degree to which gender information determines how an organization interacts with an individual. For example, changing gender information in medical records or government identification

*"The BC provincial government is working to standardize how gender identity is recognized across all provincial programs and services. However, some programs currently require either an M or F. Would you be okay advising me of which option you would feel most comfortable selecting at this time? Alternatively, you can always think about it and reach out to us later."*

### **Sites for Changing Information**

- 1) BC Services Card: Change Your Name, Address or Gender:  
<https://www2.gov.bc.ca/gov/content/governments/government-id/bc-services-card/change-personal-information>
- 2) Vital Statistics: Change Gender Designation on BC Birth Certificates:  
<https://www2.gov.bc.ca/gov/content/life-events/birth-adoption/births/birth-certificates/change-of-gender-designation-on-birth-certificates>

would require more documentation from an applicant than changing gender information that is collected from an individual voluntarily for the purpose of an organization's GBA+ analysis.

Key Points to consider when assisting someone who is changing their gender information:

- Let the person know that you are there to help them get what they need.

When dealing with programs that have not yet implemented X or W, as a gender identifier, explain that the work is ongoing. If someone needs help, we recommend that they contact the Ministry or Health Authority in their area. For

example, by saying citizens can be directed to government websites to assist them in changing their sex or gender information on their Birth Certificate, BC Services Card, BC Driver's License or BC ID.

Non-intrusive requirements for changing gender information:

- a) Statutory declaration by the individual or, in certain situations, a third-party attestation supporting the application should be considered sufficient to change sex or gender information.
- b) During the time it takes to process a change request and upon request, use the new name and gender title for all purposes (e.g., emails, phone directories, corporate identification/access cards, name plates).

Gender and sex can change over time, so it is important to:

- a) Understand how this can impact administrative data, longitudinal studies, and the overall integration of data.
- b) Have a clear understanding of which other public bodies are notified when an individual makes changes to their gender.
- c) Prioritize updating systems that are currently in use or are likely to be used in the future (for those government organizations that must change multiple and separate IT to accommodate a change in gender information, prioritize changing systems that are currently in use or are likely to be used in the future).
- d) Keep an annotated record when gender information is changed.

## 13.0 Resources

The following is a list of resources the readers may find helpful:

- [Action Plan to Modernize GSSO Information Practices in Canadian EHRs](#)
- [BC Endocrine Standards](#)
- [Gender, diversity and inclusion statistics – Statistics Canada](#)
- [HL7 Informative Document: Gender Harmony-Modeling Sex and Gender Representation, Release 1](#)
- [Rainbow Health Ontario Trans Health Guide](#)
- [Sherbourne Hormone Therapy Guidelines](#)
- Trans Care BC. Gender-affirming Care for Trans, Two-Spirit/Indigiqueer, and Gender Diverse Patients in BC: [A Primary-Care-Toolkit](#)
- [World Professional Association on Transgender Health \(WPATH\) Standards \(Version 8\)](#)

## 14.0 Definitions and Terminology

Standardization and precision in the use of sex and gender identity terminology will lead to a greater understanding and appropriate translation of GSSO terms. Terms used in this Standard and Guide align with definitions found in the following resources:

- [BCCDC COVID-19 Inclusive Language Guide](#)
  - <http://www.bccdc.ca/Health-Info-Site/Documents/Language-guide.pdf>
- [Gender, Sex, and Sexual Orientation Resource](#)
  - <https://gssso.research.cchmc.org/#/>
- [Gender-based Analysis Plus \(GBA+\)](#)
  - <https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/services-policies-for-government/gender-equity/factsheet-gba.pdf>
- [Government of Canada: Gender and Sexual diversity glossary](#)
  - <https://www.btb.termiumplus.gc.ca/publications/diversite-diversity-eng.html#p>
- [Action Plan to Modernize GSSO Information Practices in Canadian EHRs](#)
  - <https://infocentral.infoway-inforoute.ca/en/resources/docs/sex-gender/sex-gender-action-plan/3496-gssso-action-plan-full-document>
- [Provincial Health Service Authority](#)
  - <http://www.phsa.ca/transcarebc/gender-basics-education/terms-concepts/gender>
- [Provincial Health Services Authority Glossary](#)
  - <http://www.phsa.ca/transcarebc/gender-basics-education/terms-concepts/glossary#entryS>
- [Statistics Canada](#)
  - <http://www23.statcan.gc.ca/imdb/p3Var.pl?Function=DEC&Id=410445>
- [Trans Student Educational Resources](#)
  - <https://transstudent.org/about/definitions/>

## 14.1. Terms and Definitions

The following terms and definitions are based on the cited literature and available resources:

Term	Definition
Cisgender	Refers to persons whose current gender aligns with their sex assigned at birth.
Digital Health Systems	Refers to electronic health records (EHR), electronic medical records (EMR), and patient portal health records.  Broadly speaking, the term refers to the computerized component(s) of health information systems, distinct from manual or paper-based information systems.
Female	A category of sex, typically associated with XX chromosome complement but which is also influenced by gonadal development and other factors unrelated to the X chromosome.
Healthcare workers	A category that can include clinicians, healthcare support staff, or anyone who supports or delivers healthcare services to patients directly or indirectly within the health system.
Gender Diverse	Gender diverse is an umbrella category that includes persons whose current gender identity is not cisgender or not exclusively male or female. The term refers to gender identities that demonstrate a diversity of expression beyond the binary construct. It includes persons who are reported as being unsure of their gender, persons who are reported as both male and female, or neither male nor female.
Gender Identity	Refers to an individual's personal experience of being a woman, man, nonbinary or something else.  A person's current gender identity may differ from the Sex Assigned at Birth and may differ from what is indicated on their current legal documents.  A person's gender identity may change over time.

Term	Definition
Gender Expression	<p>Describes how a person chooses to publicly present their gender, including behaviour and outward appearance.</p> <p>Gender expression should not be used to infer the gender or sexual orientation of an individual.</p>
Indigenous Peoples	<p>An international term referring to the original people of a colonized land.</p> <p>In Canada, the term refers to distinct populations of people: First Nations (status and non-status), Métis, and Inuit.</p> <p>These large divisions of Indigenous Peoples are comprised of hundreds of individual nations, communities, and cultural groups.</p> <p>The term Indigenous people (with a lower case “people”) refers to more than one Indigenous person rather than a collective group of Indigenous Peoples.</p>
Male	<p>A category of sex, typically associated with XY chromosome complement but which is also influenced by gonadal development and other factors unrelated to X or Y chromosomes.</p>
Man	<p>A gender identity typically associated with masculine behaviors and social constructs or roles.</p>
Medical Gender Transition or affirmation	<p>Refers to a process through which one aligns one's physical sex characteristics (e.g., through hormones, surgery) with one's gender identity.</p> <p>Transgender people may seek medical care such as hormone therapy or surgery to effect changes in their primary and secondary sex characteristics to resemble more closely those of the gender and sex with which they identify.</p> <p>Not all transgender people will seek a medical transition.</p>

Term	Definition
Non-Binary	<p>An umbrella term that refers to persons whose gender identity is not exclusively man or woman.</p> <p>Intersex is term used to describe persons who are born with any of several variations in sex characteristics including chromosomes, gonads, sex hormones, or genitals that may not fit within typical binary notions of male or female bodies. Intersex people may have characteristics of male and female sexes or may have sex characteristics somewhere along the spectrum between male and female.</p> <p>The term Indeterminate is also used.</p>
Sex	<p>Refers to categories based on biological and physiological characteristics and is usually recorded at birth based on observable external genitalia of the neonate.</p>
Sex Assigned at Birth	<p>Usually but not always determined by a clinician based on phenotypic (e.g., genitals or gonads), physiologic (e.g., hormone levels) and/or genetic characteristics. Most commonly, this is limited to phenotypic observations.</p> <p>Recorded Sex at Birth refers to gender related datum recorded shortly after birth, usually by a clinician, and usually indicated in a legal system and/or document, like a birth certificate or provincial registry.</p> <p>This is the documented result of sex assignment.</p>
Transgender	<p>Refers to persons whose gender identity is not aligned with their Sex Assigned at birth.</p>
Two-Spirit	<p>Refers to an Indigenous person who identifies as having both a masculine and a feminine spirit and is used by some Indigenous and First Nations people to describe their sexual, gender and/or spiritual identity.</p> <p>The term Indigiqueer is a recent term and is used by Indigenous people.</p> <p>It reflects complex Indigenous understandings of gender roles, spirituality, and the long history of sexual and gender diversity in Indigenous cultures.</p>



Term	Definition
Woman	A gender identity typically associated with feminine behaviors and social constructs/roles.

## 15.0 Related Standards

Type	Standard
National	<ul style="list-style-type: none"><li>• <a href="#">Canadian Institute for Health Information (CIHI): Reference Data Model</a></li><li>• <a href="#">CIHI: Equity Stratifier Inventory</a></li><li>• Statistics Canada:<ul style="list-style-type: none"><li>○ <a href="#">Gender of person</a></li><li>○ <a href="#">Sex (at birth) of person</a></li><li>○ <a href="#">Participate in the consultation on gender and sexual diversity statistical metadata standards</a></li></ul></li></ul>
International	<ul style="list-style-type: none"><li>• <a href="#">Australian Government Guidelines</a></li><li>• <a href="#">HL7 Informative Document: Gender Harmony- Modeling Sex and Gender Representation, Release 1</a></li><li>• <a href="#">National Health Service (NHS) - Sex and Gender Standards</a></li><li>• <a href="#">National Health Service (NHS) NCDR Reference Library</a></li><li>• <a href="#">Office of the National Coordinator for Health Information Technology (ONC)</a></li><li>• <a href="#">OpenEHR archetypes</a></li></ul>

## 16.0 List of Acronyms

Acronym	Definition
BC	British Columbia
BCOHRC	BC's Office of the Human Rights Commissioner
CIHR	Canadian Institutes of Health Research
CIS	Conformance and Integration Services
EHR	Electronic health record
EMR	Electronic medical record
FOIPPA	Freedom of Information and Protection of Privacy Act
GBA+	Gender-Based Analysis Plus
GSSO	Gender, sex, and sexual orientation
HIS	Health information system
HL7	Health Level Seven International
HSIMIT	Health Sector Information Management / Information Technology
MoH	Ministry of Health
OCAP	Ownership, control, access, and permission
OCIO	Office of the Chief Information Officer
PIPA	Personal Information Protection Act

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