

woman

wʊmən

noun

adult human female

**Report on NHS and Police Accommodation
for the Provision of
Female-Only Services**

7 June 2021

Standing for Women
Research Paper

Report on NHS and Police Accommodation for the Provision of Female-Only Services

In February 2021, Freedom of Information requests were sent out to the NHS trusts in England and Wales and police forces in the United Kingdom asking four questions that pertained to:

1. How many members of their staff/force have a GRC (Gender Recognition Certificate);
2. How many members of their staff/force identify as transgender while not holding a GRC;
3. If the NHS trust or chief officer restricts medical practitioners or police officers with a GRC who are legally recognised as female from conducting intimate exams or searches on females; and
4. If their trust or chief officer restricts any of the duties of medical staff or police officers who identify as transgender *and who do not hold a GRC* from conducting intimate exams or searches on females.

England and Wales NHS Trusts

Of the 220 England and Wales NHS trusts queried: 201 submitted responses and 20 have not answered the FOI requests after a waiting period of four months. The following information was received from the NHS trusts regarding the number of its staff holding a GRC or not holding a GRC while still identifying as transgender:

- **167** NHS trusts that do not record any records of who IDs as trans either unexplained or due to ESR (Electronic Staff Record) not holding this category of information
- **7** trusts did not answer this question due to a misinterpretation of FOI requests as they cite sections 40(2), 40(3A), 40(5a), 40 (5b) and/or EIR regulation 13(1) with 13(2A) claiming that such requests would require them to reveal personal information when the questions asked for raw numbers, not personal information
- **4** trusts cited FOI 12(1) that answering that to respond to our request would exceed their cost limit
- **19** trusts stated that the data was not recorded due to prohibitions to record such data within the Equality Act (2010) *and/or* GRA 2004
- **4** trusts claimed that they could not answer the FOI due to GDPR (or the DPA) prohibiting them from so doing
- **1** NHS trust recognises the exception allowed for in the Equality Act 2010 but does not state that it will follow through the “[occupational requirement](#)” exception limiting male clinicians from performing intimate exams on female patients
- **4** NHS trusts (2%) affirmed that they recognise the exception in the Equality Act 2010 where being of a particular sex is an “[occupational requirement](#)” and were prepared to offer female-only services to those patients who made that request

In response to the questions about medical staff who are legally recognised as female or those who identify as “transgender women” and if the trusts allow these males to conduct intimate exams on females, only **four** NHS trusts answered that they recognise the exception allowed in the Equality Act 2010 where being of a particular sex is an “[occupational requirement](#)” in which case that employee would be “redeployed into a suitable position” and patients are

given the choice of clinician by sex. Another **two** trusts answered in an unclear manner such that it was uncertain what measures they were prepared to take and neither had made provisions for female-only services: one trust stated that a risk assessment needed to be undertaken and another wrote that “The Trust has not come across this issue however may need to consider it on basis of genuine [occupational requirement](#) in discussion with [the] individual.” Thus, of the 200 NHS trusts responding, only four (2%) affirmed that they recognised the exception in the Equality Act 2010 and were prepared to offer female-only services to those patients who made that request.

The “occupational requirement” already exists within the framework of women’s health where women can request to be treated by female medics or health practitioners, especially in the context of intimate exams. In medicine, the guidelines are laid out by various bodies such as the [Royal College of Obstetricians and Gynaecologists](#) which states:

Any O&G department will do their best to provide a woman doctor for you if you state a preference, and it helps if you ask in advance and ensure your request is included with the referral letter from your general practitioner. If it’s not possible, and the situation isn’t urgent, it may be possible to arrange a further appointment at a time when a female doctor is available for you.

The NHS trusts responding to our FOI completely were silent about the rights of women and girls to request a female medic. Of the **194 trusts** responding that they would not restrict male doctors who identify as “transgender” from performing intimate exams on women, **22 trusts** mentioned that women would be allowed a chaperone while they did not offer any accommodations for female clinicians. The General Medical Council (GMC) [guidance](#) states that when a practitioner carries out an intimate exam that a chaperone, that a patient should be offered a chaperone irrespective of sex. (These guidelines mistakenly use the term “gender” instead of “sex.”) Questions remain if the failure to offer chaperones for the remaining 178 trusts is due to the possibility of contravening the GRA 2004, if trusts are hesitant to follow through with recommended protocol, or if trusts are not also confused about the guidance due to the conflation of “sex” with “gender.”

The case of [Clare Dimyon](#) highlights why the clarity of language and the transparency of policy are vital. Dimyon’s written request for a female clinician to carry out her breast-screening appointment was later used by the Brighton and Sussex University Hospitals NHS Trust as an illustration of “transphobia” when it published its new equality and diversity guidance *including* Dimyon’s letters citing them as examples of “unacceptable” and “highly discriminatory” communications. This raises questions as to the rights of women and girls within the NHS to request a same-sex clinician as well as underscoring some of the mechanisms that seem to be already in place that ignore reasonable requests for same-sex accommodation for intimate exams where women are smeared as bigots on an institutional level.

If trusts cannot properly identify male clinicians to female patients about to undergo an intimate exam, it is logical that the female patient’s right to informed consent about who is touching her body and her ability to request a chaperone is negated by the failure to inform her. If she is not informed that a male clinician *and not a female medic* is the person assigned

to perform an intimate exam, it follows that she cannot possibly be informed to request the presence of a female chaperone.

Given the FOI responses submitted by the NHS trusts, there are many questions that remain since none of these trusts records any information on clinicians who hold a GRC or those who do not hold a GRC *but who still identify as “transgender.”* Given that 100% of NHS trusts do not hold any information as to which clinicians identifying as “transgender” are male to include those who hold a GRC, this means that women are not given access to the full force of “equality” in law in terms of their having information with which to make decisions about who touches their body for the purpose intimate exams.

Furthermore, given that 34 trusts maintain that it would be a violation of the FOI 2000, Equality Act (2010), GRA 2004 *and/or* GDPR (or the DPA 2018) to render public data on the number of its medical staff who possess a GRC or who identify as transgender without a GRC, this indicates that there is a vast misunderstanding of how the FOI process functions in relationship to other laws to include the rendering of information to the public about issues directly related to equality in terms of protected characteristics. In short, if women cannot ask if a clinician identifies as “transgender” or if they are barred from asking if a clinician is male to ascertain if they should request a female clinician, the perceived prohibitions to ask about sex means that females cannot take care in giving informed consent to a male medic performing intimate exams, lest they are pegged as engaging in discrimination or breaking the law.

While it is clear that the NHS trusts needed to assess any adverse impacts on all affected groups within their practice as advised by the “Technical Guidance on the Public Sector Equality Duty” for [England](#) and [Wales](#) which states: “A body must assess the risk and extent of any adverse impact and the how such risk may be eliminated before the adoption of a proposed policy.” It seems clear from the FOI reports issued, that only four out of 199 trusts had any knowledge of the Equality Act 2010 and that even fewer had done any form of assessment of negative impacts within their trusts as to the rights of women and girls affected by these trusts’ swift embrace of the GRA 2004 with no thought towards the rights of females to request a female practitioner.

Police Forces of the United Kingdom

Of the 48 police forces in the United Kingdom queried: 36 submitted responses and 12 have not answered the FOI requests after a waiting period of four months. Of the 36 forces that responded, the following information was received regarding the number of the police officers holding a GRC *or* not holding a GRC while still identifying as transgender:

- **19** police forces do not record any records of who IDs as trans
- **11** police forces did not answer this question due to a misinterpretation of FOI requests as they cite sections 40(2), 40(3A), 40(5a), 40 (5b) and/or EIR regulation 13(1) with 13(2A) claiming that such requests would require them to reveal personal information when the questions asked for raw numbers, not personal information
- **1** police force cited FOI 12(1) that answering that to respond to our request would exceed their cost limit
- **3** police forces stated that the data was not recorded due to prohibitions to record such data

within the Equality Act (2010) *and/or* GRA 2004

- 3 police forces claimed that they could not answer the FOI due to GDPR (or the DPA) prohibiting them from so doing
- 0 police forces restrict who identify as transgender from conducting intimate searches on females

Of the police forces queried, none stated that it offered any restrictions on male officers who identify as transgender preventing them from conducting intimate searches on females. One force answered that it recognised that an intimate search in custody “cannot be done by a person of the opposite sex” but did clarify if it understands what sex means or if “sex” is “gender” or “gender identity” as is common within many forces. The reasons for this seem to be contained within the conflicting police guidelines where the [Police and Criminal Evidence Act 1984](#) (PACE) makes clear such searches must be made by an officer of the same sex, the annexes, however, this becomes entirely muddled where “gender” overrides “sex” or is often confused with “sex” as a category.

In policing, according to the “[Guide to the 2019 revisions to the Police and Criminal Evidence Act 1984 \(PACE\) Codes of Practice C \(Detention\) and H \(Detention- Terrorism\)](#),” Annex 1, “Establishing Gender of Persons for the Purpose of Searching and Certain Other Procedures” which confuses gender with sex repeatedly in the Annex to PACE:

While there is no agreed definition of transgender (or trans), it is generally used as an umbrella term to describe people whose gender identity (self-identification as being a woman, man, neither or both) differs from the sex they were registered as at birth. The term includes, but is not limited to, transsexual people.

In “[Annex L Establishing Gender Of Persons for the Purpose of Searching and Certain Other Procedures](#)” the following further confuses sex with gender where the two separate categories are used inaccurately and interchangeably:

3. In law, the gender (and accordingly the sex) of an individual is their gender as registered at birth unless they have been issued with a Gender Recognition Certificate (GRC) under the Gender Recognition Act 2004 (GRA), in which case the person's gender is their acquired gender. This means that if the acquired gender is the male gender, the person's sex becomes that of a man and, if it is the female gender, the person's sex becomes that of a woman and they must be treated as their acquired gender.

Furthermore, this [PACE annex](#) clarifies in section 4(a) that “The person must not be asked whether they have a GRC (see paragraph 8)”. This creates a contradiction since the Equality Act allows services to be limited based on birth sex but the GRA allows people to hide their birth sex. The contradiction means that nobody has to disclose if they have a GRC while the official who is told this information as per this Annex (paragraph 8) is not allowed to divulge this information—that the person has a GRC and their birth sex is protected.

This further impinges upon the duty of police officers to carry out their duties since the Equality Act makes room for exceptions where a female suspect has the right to be searched by a female while the GRA means that these males can hide their sex such that here L5 of the Annex is virtually unenforceable:

Chief officers are responsible for providing corresponding operational guidance and

instructions for the deployment of transgender officers and staff under their direction and control to duties which involve carrying out, or being present at, any of the searches and procedures described in paragraph 1. The guidance and instructions must comply with the Equality Act 2010 and should therefore complement the approach in this Annex.

Despite the above annexes, the law is very clear: all people have the right to be searched by an officer of the same sex as written in the [Police and Criminal Evidence Act 1984](#) (PACE) that states:

3.6 Where on reasonable grounds it is considered necessary to conduct a more thorough search (e.g. by requiring a person to take off a T-shirt), this must be done out of public view, for example, in a police van unless paragraph 3.7 applies, or police station if there is one nearby (see Note 6.) Any search involving the removal of more than an outer coat, jacket, gloves, headgear or footwear, or any other item concealing identity, may only be made by an officer of the same sex as the person searched and may not be made in the presence of anyone of the opposite sex unless the person being searched specifically requested it. (See Code C Annex L and Notes 4 and 7.)

[Code C Annex L and Notes 4 and 7](#), however, allows gender to be conflated with sex at times and at other times to override sex in complete contradiction to PACE:

When establishing whether the person concerned should be treated as being male or female for the purposes of these searches, procedures and requirements, the following approach which is designed to maintain their dignity, minimise embarrassment and secure their cooperation should be followed:

- (a) The person must not be asked whether they have a GRC (see paragraph 8);*
- (b) If there is no doubt as to whether the person concerned should be treated as being male or female, they should be dealt with as being of that sex.*
- (c) If at any time (including during the search or carrying out the procedure or requirement) there is doubt as to whether the person should be treated, or continue to be treated, as being male or female:
 - (i) the person should be asked what gender they consider themselves to be. If they express a preference to be dealt with as a particular gender, they should be asked to indicate and confirm their preference by signing the custody record or, if a custody record has not been opened, the search record or the officer's notebook. Subject to*
 - (ii) below, the person should be treated according to their preference except with regard to the requirements to provide that person with information concerning menstrual products and their personal needs relating to health, hygiene and welfare described in paragraph 3.20A (if aged under 18) and paragraphs 9.3A and 9.3B (if aged 18 or over). In these cases, a person whose confirmed preference is to be dealt with as being male should be asked in private whether they wish to speak in private with a member of the custody staff of a gender of their choosing about the provision of menstrual products and their personal needs, notwithstanding their confirmed preference (see Note L3A); (ii) if there are grounds to doubt that the preference in (i) accurately reflects the person's predominant lifestyle, for example, if they ask to be treated as a woman but documents and other information make it clear that they live predominantly as a man, or vice versa, they should be treated according to what appears to be their predominant lifestyle and not their stated preference;*
 - (iii) If the person is unwilling to express a preference as in (i) above, efforts should be made**

to determine their predominant lifestyle and they should be treated as such. For example, if they appear to live predominantly as a woman, they should be treated as being female except with regard to the requirements to provide that person with information concerning menstrual products and their personal needs relating to health, hygiene and welfare described in paragraph 3.20A (if aged C Codes of practice – Code C Detention, treatment and questioning of persons by police officers 89 under 18) and paragraphs 9.3A and 9.3B (if aged 18 or over). In these cases, a person whose predominant lifestyle has been determined to be male should be asked in private whether they wish to speak in private with a member of the custody staff of a gender of their choosing about the provision of menstrual products and their personal needs, notwithstanding their determined predominant lifestyle (see Note L3A); or

(iv) if none of the above apply, the person should be dealt with according to what reasonably appears to have been their sex as registered at birth.

The above resorts to troubling conflation of gender and sex and more problematically to sexist tropes. What does it mean to “live predominantly as a woman”? What does it mean to be “treated as being female” and what is a “predominant lifestyle”? Biological sex has nothing to do with gender and from the above annex, it is clear that police policy is committing itself to enforcing age-old stereotypes of women’s bodies being an amalgam of menstrual products, lifestyle and other troubling sexist stereotypes. There is no portion of the above annex that addresses the fact that humans are *either* male *or* female, irrespective of identity, sexuality, or lifestyle.

It is clear that many of the police forces have been misguided about the nature of the Equality Act 2010 with one force writing back in response to our FOI:

Gender reassignment information is protected under the Gender Recognition Act, and disclosure to any other person should not be made. Guidance is provided by Stonewall pertaining to this area for searching & detention, overview, individual and manager. I would like to reiterate that disclosure of gender reassignment information in any form is unlawful and therefore a criminal offence. If an officer has declared that they have a GRC, then guidance and PACE legislation will be adhered to in line with the individual’s wishes in a confidential manner.

This directly confirms—along with similar responses to other FOI answers from other police forces that parrot this misinterpretation—that Stonewall has had a hand in misleading various police forces on the finer tunes of the law regarding “gender identity” which has led so many to prioritise sex (and in superseding the sex-based rights of women). This should be of concern to the police forces and to women in the UK who are being misled as to their rights to be searched by a female officer and not a male who identifies as transgender.

Summary

From the information furnished through FOI requests made to the NHS trusts and the British police forces, there is a clear failure to observe protected characteristics as detailed in Section 149 of the Equality Act 2010. There are additional problems as to how the FOI mechanism seems to break down when questions of “sex” are raised that seem to be curtailed by incorrect readings of the FOI and other legislations. There is also a notable failure for these bodies within the public sector to observe their equality duty.

Same-Sex Services

There is a basic failure to recognise sex-based rights as laid out in the Equality Act 2010 though both NHS trusts and police forces repeatedly conflating “sex” with “gender” and even prioritising “gender” *over* “sex” throughout NHS and police guidelines. The replacing of “sex” with “gender” reveals, in the case of police forces, a troubling series of sexist stereotypes where police officers are effectively drawn into a theatre of having to judge which sex a person *might be based on some rather outdated notions of gender*. Also of concern is that neither the NHS nor the police force has clear policies to protect the sex-based rights of women and girls which would necessarily include maintaining the transparency of information, namely the sex of the clinician or officer who is assigned to perform an intimate exam or search. While the GRA 2004 guarantees the right to hide this information of officers of clinicians who identify as “transgender”, the Equalities Act 2010 allows for the protected category of “sex” which cannot possibly be exercised if women and girls are not given informed consent which depends upon the knowledge that the GRA 2004 denies them.

Given that various medical [colleges](#) have policies of “informed consent” for intimate exams, it is logical to conclude that women cannot possibly consent to a man giving an intimate exam if the fact of his sex is concealed. The same problem presents itself where the [Police and Criminal Evidence Act 1984](#) (PACE) that clearly states that an officer of the same sex must perform the search; yet the annex to PACE contradict this. If people have a right to be searched by an officer of the same sex, then clearly the GRA bars informed consent if the fact of an officer being male cannot be revealed to a female subject who is about to undergo an intimate search. It would seem that both the NHS trusts and the police forces have prioritised the needs of men who identify as transgender *over* the transparent practices needed to offer informed consent by women and girls.

Equality Duty

The public sector equality duty is an obligation placed on public authorities requiring these bodies to consider or think about how their policies or decisions affect people who are protected under the Equality Act. One of the main tools to help public bodies meet their obligations under the Public Sector Equality Duty (PSED) are [Equality Impact Assessments](#) (EIAs). This is a process by which public bodies can assess the impact that a policy or practice is having—or is likely to have—on equality. It seems that neither the police force nor the NHS has considered the impact that “gender identity” is having on the protected category of “sex” within its strategies that privilege “gender” or “gender identity” over sex. While it has been previously noted that there are competing interests at play between these two categories of “gender identity” and “sex”, it would seem that the only way to carry through

the public sector equality duty is to have committed to an “impact assessment” in order to “show due regard” for the category of “sex.”

Where there have been impact assessments, for instance, within the [Metropolitan Police](#), “gender” has replaced “sex” and “gender reassignment” seems to only be concerned with the impact upon officers who identify as transgender with no regard for the female public or the Equality Act 2010. There is a severe oversight of the public sector equality duty regarding the public.

“[The Essential Guide to the Public Sector Equality Duty](#)” (Appendix 1: Section 149 (1)) lays out the public sector equality duty:

- (1) A public authority must, in the exercise of its functions, have due regard to the need to—
 - (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

“[The Essential Guide to the Public Sector Equality Duty](#)” (Section 149 (3, a-b)) also clarifies the needs to “remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic” and to “take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it.”

The NHS trusts and the police forces have not addressed this part of Section 149 and the conflicts that the gender category poses the sex-based category, more specifically the needs of females. Due regard seems to have been completely forgotten by both public bodies in terms of the public sector equality duty.

Equality Act 2010

The primary issue within both NHS trusts and the UK police forces regarding the sex-based rights of women is the facets of the Equality Act 2010 which has been completely ignored by both NHS trusts and the UK police forces. In the Equality Act’s “Explanatory Notes Commentary on Section Part 16 Schedule 3 Part 7 Separate and single services” the section “[Gender reassignment: paragraph 28](#)” clearly elaborates the exception for “gender reassignment” where single-sex rights are still upheld:

739. This paragraph contains an exception to the general prohibition of gender reassignment discrimination in relation to the provision of separate- and single-sex services. Such treatment by a provider has to be objectively justified.

This section of the Equality Act 2010 allows for both the police forces and the NHS trusts to make exceptions where women’s rights to have same-sex police officers carry out searches or for same-sex medical staff conduct intimate exams maintains the integrity of women’s sex-based rights.

Misinterpretations of the FOIA 2000, GRA 2004, EA 2010, GDPR and the DPA 2018

Lastly, there are clear problems with most every agency accurately reporting information under the FOIA 2000 and misinterpretations of the GRA 2004, the EA 2010, the UK GDPR and the DPA 2018. In broad terms, section 40 of the FOI ensures that a public authority will not be required to disclose requested information where doing so would cause it to breach its duties to protect [personal data](#) under the GDPR and the DPA 2018.

Personal data for this legislation is defined as: “information relating to an identified or identifiable living individual” (section 3(2), DPA 2018). According to the [Data Protection Act 2018](#), (section 3(3)) an “identifiable living individual” is a person who can be “identified, directly or indirectly, in particular by reference to”:

(a) an identifier such as a name, an identification number, location data or an online identifier, or

(b) one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of the individual.

Such information relates to an individual if it is about them, linked to them, has biographical significance for them, is used to inform decisions affecting them *or* has them as its main focus. This is not the case with FOI requests that ask for data in quantities and not identifying information. For instance, Article 9 of the UK GDPR creates “[special categories](#)” of personal data, which include personal data that reveal information about an individual’s: racial, or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, genetic data, biometric data to uniquely identify a natural person, health, and sex life or sexual orientation.

Because of its sensitivity, special category personal data is afforded additional safeguarding by the UK GDPR when it is processed. This means that a public authority will need to take additional steps when considering an FOIA request for special category personal data. They are relying on this specific piece of legislation when the argument could be that nothing you are asking for can be related to an identified or identifiable living individual. This to me is your area of pushback.

Recommendations

That NHS Trusts:

1. Review the [Equality Impact Assessments](#) and commit to restoring “sex” as the relevant category of identification, rather than “gender,” and to review the negative impacts within their trusts as to the rights of women and girls affected by the swift embrace of the GRA 2004 with no thought towards the rights of females to request a female practitioner.
2. Review and observe the recommendations made by the [Royal College of Obstetricians and Gynaecologists](#) regarding the sex-based rights of women to request a female medic or examiner.
3. Adjust all NHS trusts’ policies reflecting the sex-based rights of female patients under the “occupational requirement” of the Equality Act 2010.
4. Review their FOI reporting mechanisms and the various misinterpretation of the following acts inaccurately claiming that such requests would require them to reveal personal information:
 - a. FOI requests regularly cited through sections 40(2), 40(3A) (and EIR regulation 13(1) with 13(2A));
 - b. prohibitions to record such data within the Equality Act (2010);
 - c. prohibitions to record such data as laid out by the GRA (2004); and
 - d. prohibitions to answer as per the GDPR (or the DPA).

That British Police Forces:

1. Commit to conducting an impact assessment within their force and to review the adverse impacts within their trusts as to the rights of women and girls affected by the swift embrace of the GRA 2004 with no thought towards the rights of females who would be searched by a male officer.
2. Review and correct the contradictions between the [Police and Criminal Evidence Act 1984](#) (PACE) that clearly states that there is an implicit right to be searched by an officer of the same sex and the Code C of PACE: [Annex L Establishing Gender Of Persons for the Purpose of Searching and Certain Other Procedures](#) and especially [Code C Annex L and Notes 4 and 7](#). It is of great concern that within this Annex gender supersedes sex and at times two are conflated and that worrying stereotypes about gender as a “lifestyle” is put into the officer’s hands to judge. The diagnosis of gender dysphoria is a medical domain, not that of policing, hence one can only worry that police standards are pushing policing towards looking for signs of a “predominant lifestyle” or a subject who asks “to be treated as a woman” recalls past prejudices that effeminate men and butch women have had to protect themselves against, including in the face of police forces. The responses by various police forces raise concerns that the police are putting forth an implicit mandate to discern transgender individuals and women through stereotypes rather than hard facts (eg. documentation).
3. Aside from addressing the rights of the person being searched within the [Police and Criminal Evidence Act 1984](#) (PACE) and the contradictions within the annexes, there is the parallel issue of policewomen and female police staff who are being forced to search males because some police forces like the [West Yorkshire Police](#) and the [Hampshire Police](#) have policies where detainees are given the choice as to the sex of the officer to search them. Such policies put female officers in the situation of feeling sexually coerced by suspects or

prisoners who insist that a female officer perform intimate searches of their body. This fact infringes on these female officers' right to safety and integrity within their profession.

4. Review its FOI reporting mechanisms and the various misinterpretations of the following inaccurately claiming that such requests would require them to reveal personal information based on misreadings of:

- a. FOI requests regularly cited through sections 40(2), 40(3A), 44 (1);
- b. prohibitions to record such data within the Equality Act (2010);
- c. prohibitions to record such data as laid out by the GRA (2004); and
- d. prohibitions to answer as per the GDPR (or the DPA).

That the Government

1. Review the conflicts that the GRA (2004) poses to the Equality Act (2010) that unnecessarily conflate sex with gender and even prioritising gender over sex thus causing havoc within public institutions that do not recognise the exception to the Equality Act that allows services to be provided separately for men and women, or to be provided to one sex only.
2. Address the conflicts of interests created by way of the GRA (2004) whereby public bodies like the NHS and the police force are unable to protect the interests because, in order to exercise the exception to the Equality Act, gender identity cannot be a verboten question for trusts or police forces to ask of their employees—both for the safety of staff and of the public.
3. Set up standards for lobby groups that interact with public officials and institutions. It is well-known that the transgender lobby has many organisations like Stonewall advising government agencies incorrectly regarding various aspects of the Equality Act 2010 suggesting that “gender identity” overrides “sex” as a protected category. The government must make transparent all lobby groups that seek to “whisper in its ear” to the public whereby any decision-making might be based on various points of view, not least of which those of women whose interests have been overlooked.