



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

2025 edition

We're delighted to bring you a revised version of our 2021 report on single sex provisions in the NHS and police forces of England and Wales.

This updated report includes revised recommendations to reflect the landmark 2025 Supreme Court ruling in *For Women Scotland*, which confirmed that "sex" in the Equality Act 2010 means biological sex. This decision brings long-overdue legal clarity and affirms the principle that women and girls are entitled to same-sex care and safeguarding in public services.

We are proud to note that Standing for Women, now Let Women Speak, first called for this clarification back in our original 2021 report, when we warned that the widespread conflation of sex and gender was putting women at risk. While we welcome the Court's affirmation of sex-based rights, we must also highlight that many NHS trusts and UK police forces continue to operate under unlawful or confused policies—policies that routinely fail women by prioritising gender identity over sex, and that deny female patients and detainees their right to request female staff. This updated report sets out exactly how these institutions must now bring their practices into line with the law.

Kellie-Jay Keen

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

In February 2021, Freedom of Information (FOI) requests were sent to NHS trusts in England and Wales, as well as police forces in the United Kingdom, addressing four key questions:

1. How many members of their staff or force hold a Gender Recognition Certificate (GRC)?
2. How many members of their staff or force identify as transgender without holding a GRC?
3. Whether the NHS trust or chief officer restricts medical practitioners or police officers with a GRC, who are legally recognised as female, from conducting intimate examinations or searches on females.
4. Whether the trust or chief officer restricts the duties of medical staff or police officers identifying as transgender, who do not hold a GRC, from conducting intimate examinations or searches on females.

England and Wales NHS Trusts

Of the 220 NHS trusts queried, 201 submitted responses, while 20 failed to answer the FOI requests after a waiting period of four months. The following information was received from the NHS trusts regarding the number of staff holding a GRC or not holding a GRC while identifying as transgender:

- **167 NHS trusts** do not record details of staff identifying as transgender. This was either unexplained or attributed to the limitations of the Electronic Staff Record (ESR) system, which does not include this category of information.
- **7 trusts** did not respond due to a misinterpretation of FOI requests, citing 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. However, the FOI requests sought only raw numbers, not personal information.
- **4 trusts** cited FOI section 12(1), stating that responding to the request would exceed their cost limit.
- **19 trusts** claimed that recording such data was prohibited under the Equality Act (2010) and/or the Gender Recognition Act (GRA) 2004.
- **4 trusts** asserted that GDPR or the Data Protection Act (DPA) prohibited them from responding to the FOI request.
- **1 NHS trust** acknowledged the “occupational requirement” exception in the Equality Act 2010 but did not confirm its application, such as limiting male clinicians from performing intimate examinations on female patients.
- **4 NHS trusts (2%)**** affirmed that they recognised the “occupational requirement” exception under the Equality Act 2010, indicating their preparedness to offer female-only services to patients who requested them.

In response to questions about medical staff legally recognised as female or those identifying as “transgender women” and whether the trusts allowed these individuals to conduct intimate examinations on females:

- Only **four NHS trusts** stated that they recognised the exception in the Equality Act 2010, where being of a particular sex is an “occupational requirement.” In such cases, employees would be “redeployed into a suitable position,” and patients would be given the choice of clinician based on sex.
- Another **two trusts** provided unclear responses, leaving uncertainty about what measures they were prepared to take. Neither trust had implemented provisions for female-only services. One trust stated that a risk assessment would need to be undertaken, while another wrote: “The Trust has not come across this issue; however, it may need to consider it on the basis of a genuine occupational requirement in discussion with [the] individual.”

Thus, of the 200 NHS trusts that responded, only **four (2%)** affirmed that they recognised the exception under the Equality Act 2010 and were prepared to offer female-only services to patients requesting them.

The “occupational requirement” framework already exists within women’s healthcare. It allows women to request female clinicians for treatment, especially for intimate examinations. Guidelines from professional bodies, such as the Royal College of Obstetricians and Gynaecologists, state:

“Any obstetrics and gynaecology department will do their best to provide a female doctor if requested. It helps if the request is made in advance and included in the referral letter from the general practitioner. If this is not possible, and the situation is not urgent, it may be possible to arrange an appointment when a female doctor is available.”

The NHS trusts’ FOI responses failed to address women’s and girls’ rights to request female clinicians. Of the 194 trusts unwilling to restrict male doctors identifying as “transgender” from performing intimate examinations on women, **22 trusts** mentioned that women would be allowed a chaperone. However, no accommodations were mentioned for assigning female clinicians.

The General Medical Council (GMC) guidance states that patients should be offered a chaperone during intimate examinations, regardless of the clinician’s sex. However, these guidelines conflate “gender” with “sex,” further contributing to confusion. Questions remain regarding the 178 trusts that failed to address chaperones. It is unclear whether this reflects non-compliance with recommended protocols, concerns about contravening the GRA 2004, or a broader misunderstanding stemming from conflating “sex” with “gender.”

The case of **Clare Dimyon** highlights the critical need for clear language and transparent policy. Dimyon’s written request for a female clinician for her breast-screening appointment was later cited by Brighton and Sussex University Hospitals NHS Trust as an example of “transphobia” in their equality and diversity guidance. This raises concerns about women’s and girls’ rights within the NHS to request same-sex clinicians for intimate exams without facing institutional stigmatisation or accusations of bigotry.

If NHS trusts cannot adequately identify male clinicians for female patients undergoing intimate examinations, the female patient's right to informed consent is fundamentally undermined. Without being informed that the clinician is male and not female, a patient cannot fully consent or exercise her right to request the presence of a chaperone. It logically follows that if a patient is unaware the assigned clinician is male, she cannot make an informed decision to request a female chaperone.

Given the FOI responses submitted by NHS trusts, numerous questions remain unanswered. None of these trusts record any information about clinicians who hold a Gender Recognition Certificate (GRC) or those who do not hold a GRC but still identify as "transgender." Since 100% of NHS trusts lack information regarding clinicians identifying as "transgender"—including male clinicians who hold a GRC—women are not afforded access to the full protections of "equality" in law. This absence of information limits their ability to make informed decisions about who performs intimate examinations on their bodies.

Additionally, 34 trusts maintain that disclosing public data about medical staff who possess a GRC or identify as transgender without a GRC would violate the FOI Act 2000, Equality Act 2010, Gender Recognition Act 2004, and/or GDPR (or the Data Protection Act 2018). This reflects widespread misunderstanding about how FOI processes function in relation to other laws, particularly regarding the provision of information directly related to equality and protected characteristics. In effect, if women are prohibited from asking whether a clinician identifies as "transgender" or if they are male, they cannot properly evaluate whether to request a female clinician. These perceived prohibitions prevent women from exercising informed consent regarding male medics conducting intimate examinations, as doing so may expose them to accusations of discrimination or legal violations.

It is evident that NHS trusts should have assessed the adverse impacts on affected groups, as recommended in the "Technical Guidance on the Public Sector Equality Duty" for England and Wales. This guidance states, "A body must assess the risk and extent of any adverse impact and how such risk may be eliminated before the adoption of a proposed policy."* However, based on the FOI responses, only four out of 199 trusts demonstrated any familiarity with the Equality Act 2010. Even fewer had conducted assessments of negative impacts within their practices, particularly concerning the rights of women and girls affected by these trusts' swift adoption of the Gender Recognition Act 2004, with little consideration for the rights of females to request a female practitioner.

Police Forces of the United Kingdom

Of the 48 police forces queried across the United Kingdom:

- **36** submitted responses to the Freedom of Information (FOI) requests.
- **12** failed to respond after a waiting period of four months.

From the 36 responses received, the following information was provided regarding police officers holding a Gender Recognition Certificate (GRC) or those identifying as transgender without holding a GRC:

- **19 police forces** do not record any information about officers identifying as transgender.
- **11 police forces** declined to answer, citing misinterpretations of FOI requests and referencing sections 40(2), 40(3A), 40(5a), 40(5b), and/or EIR regulation 13(1) with 13(2A). These sections were invoked to claim that responding would require disclosure of personal information, despite the questions only requesting raw numerical data, not identifiable information.
- **1 police force** cited FOI section 12(1), stating that answering the request would exceed their cost limit.
- **3 police forces** claimed the data could not be recorded due to prohibitions under the Equality Act (2010) and/or the Gender Recognition Act (GRA) 2004.
- **3 police forces** stated that GDPR or the Data Protection Act (DPA) prevented them from responding to the FOI requests.
- **0 police forces** provided evidence of any restrictions on male officers who identify as transgender from conducting intimate searches on females.

None of the police forces queried indicated any measures restricting male officers identifying as transgender from conducting intimate searches on female detainees. One force acknowledged that intimate searches in custody "cannot be conducted by a person of the opposite sex," yet failed to clarify its understanding of "sex" versus "gender" or "gender identity," as is often conflated or misunderstood by many police forces.

Conflicting Police Guidelines

These discrepancies appear to stem from contradictions within policing guidelines. The Police and Criminal Evidence Act 1984 (PACE) stipulates that such searches must be performed by an officer of the same sex. However, annexes to PACE muddle this requirement by allowing "gender" to override "sex" or using these terms interchangeably as categories.

Annex 1 of the "Guide to the 2019 revisions to the Police and Criminal Evidence Act 1984 (PACE) Codes of Practice" further confuses these terms, defining gender and sex inaccurately and conflating them. For example:

"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."

The annex also states:

"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."

These misinterpretations result in operational contradictions. For example:

- PACE mandates that searches be conducted by officers of the same sex, yet annexes allow gender identity to take precedence, even if this conflicts with sex-based rights under the Equality Act 2010.
- Officers are prohibited from asking individuals whether they hold a GRC (Annex paragraph 8), which further impedes transparency and enforcement of sex-based rights.

Such contradictions hinder police forces' ability to ensure women's rights to be searched by officers of the same sex, while prioritising gender identity over biological sex.

In policing, the "Guide to the 2019 revisions to the Police and Criminal Evidence Act 1984 (PACE) Codes of Practice C (Detention) and H (Detention-Terrorism)" contains Annex 1, *"Establishing Gender of Persons for the Purpose of Searching and Certain Other Procedures."* This annex repeatedly confuses gender with sex, leading to inconsistencies in its application. It states:

"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."

Additionally, "Annex L: Establishing Gender of Persons for the Purpose of Searching and Certain Other Procedures" further blurs the distinction between sex and gender by using these separate categories interchangeably and inaccurately:

"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 male, the person's sex becomes that of a man; if it is female, the person's sex becomes that of a woman, and they must be treated as their acquired gender."

Section 4(a) of Annex L explicitly states, *"The person must not be asked whether they have a GRC (see paragraph 8)."* This creates a critical contradiction. The Equality Act 2010 permits services to be limited based on birth sex, while the GRA 2004 allows individuals to conceal their birth sex. As a result, no disclosure of a GRC is required, and officers who are informed of this information under paragraph 8 are not permitted to share it. This duality protects both the individual's GRC status and their birth sex, further complicating the enforcement of sex-based rights.

Such provisions severely undermine the ability of police officers to fulfill their responsibilities under the Equality Act. While the Act permits exceptions that allow female suspects the right to be searched by a female officer, the GRA enables male individuals to conceal their sex. As a result, the provisions of paragraph L5 of the annex are rendered practically 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 these annexes, the law is explicit: everyone has the right to be searched by an officer of the same sex, as mandated in the Police and Criminal Evidence Act 1984 (PACE). PACE clearly 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 a 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 requests it (see Code C Annex L and Notes 4 and 7)."

Code C Annex L and Notes 4 and 7: Gender and Sex Contradictions

Code C Annex L and Notes 4 and 7 allow gender to be conflated with sex in some instances and, at other times, to override sex entirely—contradicting the core principles of the Police and Criminal Evidence Act 1984 (PACE). These annexes outline the approach to determining whether a person should be treated as male or female for the purposes of searches, procedures, and other requirements. The stated procedure, aimed at maintaining dignity, minimizing embarrassment, and ensuring cooperation, includes:

1. (a) The person must not be asked whether they have a Gender Recognition Certificate (GRC) (see paragraph 8).

2. (b) If there is no doubt regarding whether the person should be treated as male or female, they should be dealt with as being of that sex.

3. * (c) ***** If doubt arises (at any time) about whether the person should be treated as male or female:

(i) The person should be asked which gender they identify as. If they express a preference, they should confirm it by signing the custody record, the search record, or the officer's notebook. The individual should be treated according to their stated preference, with exceptions concerning provisions for menstrual products and personal needs described in paragraph 3.20A (for those under 18) and paragraphs 9.3A and 9.3B (for those 18 or over).

(ii) If there are reasonable grounds to doubt that the stated preference reflects the individual's predominant lifestyle—such as requesting to be treated as a woman despite living predominantly as a man, or vice versa—they should be treated according to their predominant lifestyle rather than their stated preference.

(iii) If the person is unwilling to express a preference, efforts should be made to determine their predominant lifestyle. For example, if the person appears to live predominantly as a

woman, they should generally be treated as female, with the same exceptions for menstrual products and personal needs.

(iv) If none of the above apply, the individual should be treated according to what reasonably appears to have been their sex as registered at birth.

Problematic Conflations and Stereotypes

The annex resorts to troubling conflations of gender and sex and perpetuates problematic stereotypes, such as references to “predominant lifestyle.” It raises several critical concerns:

- What does it mean to “live predominantly as a woman”?
- How can someone be “treated as being female”?
- What qualifies as a “predominant lifestyle”?

Biological sex is a separate concept from gender, yet the annex conflates the two, committing law enforcement to outdated stereotypes about women’s roles and characteristics. These include associations with menstrual products, lifestyle, and other reductive tropes that undermine the clarity of policy. Nowhere does the annex address the fundamental reality that humans are biologically male or female, irrespective of identity, sexuality, or lifestyle.

Misinterpretation of Laws and Guidelines

Evidence from Freedom of Information (FOI) responses reveals widespread misunderstanding of the Equality Act 2010 among police forces. For example, one force stated:

"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 response confirms that organizations like Stonewall have played a role in influencing police forces’ interpretations of the law. The prioritization of gender identity over sex-based rights raises significant concerns, as it effectively undermines the rights of women to be searched by female officers rather than males identifying as transgender.

This misalignment between guidance and legal requirements is a matter of concern for police forces and for women in the UK, who may be misled about their rights. It is essential for police policy to respect and protect sex-based rights in line with the Equality Act 2010, ensuring that women can request same-sex officers for searches without these rights being overridden by gender identity considerations.

Summary

From the information obtained through Freedom of Information (FOI) requests to NHS trusts and British police forces, it is evident that these institutions are failing to uphold protected characteristics as outlined in Section 149 of the Equality Act 2010. Significant issues have also emerged regarding the misapplication of the FOI mechanism, particularly when questions about "sex" are raised. These problems appear to be rooted in incorrect interpretations of the FOI and related legislation. Furthermore, these public sector bodies show a consistent failure to fulfil their equality duty.

Same-Sex Services

There is a fundamental failure to acknowledge sex-based rights as established in the Equality Act 2010. Both NHS trusts and police forces frequently conflate "sex" with "gender," and in some cases, prioritise "gender" over "sex" in their policies and guidelines. In the case of police forces, this has led to the perpetuation of outdated and sexist stereotypes, compelling officers to determine a person's sex based on antiquated notions of gender.

Moreover, neither the NHS nor the police has implemented clear policies to safeguard the sex-based rights of women and girls. This includes ensuring transparency regarding the sex of clinicians or officers assigned to conduct intimate examinations or searches. While the Gender Recognition Act (GRA) 2004 protects individuals' rights to conceal their gender identity, the Equality Act 2010 guarantees the protected characteristic of "sex." Women and girls cannot exercise these rights if they are denied informed consent—a process contingent on transparency about a person's biological sex.

Many medical organisations uphold "informed consent" as a fundamental principle for intimate examinations. It is unreasonable to expect women to consent to intimate procedures performed by a male clinician when his sex is concealed. This issue extends to the Police and Criminal Evidence Act (PACE) 1984, which explicitly requires that searches be conducted by an officer of the same sex. However, annexes to PACE contradict this principle. If individuals have the right to be searched by an officer of the same sex, the GRA undermines this right by allowing an officer's sex to remain undisclosed. The prioritisation of the needs of men identifying as transgender has come at the expense of transparency, leaving women and girls unable to make informed decisions.

Equality Duty

The public sector equality duty places an obligation on public authorities to consider how their policies and decisions impact individuals protected under the Equality Act 2010. One of the primary tools to fulfil this duty is the Equality Impact Assessment (EIA), which allows public bodies to evaluate the effects of their policies or practices on equality.

It appears that neither the NHS nor the police have adequately considered the impact of "gender identity" policies on the protected category of "sex." Strategies that privilege "gender" over "sex" fail to account for the competing interests between these categories. The only way to fulfil the public sector equality duty is to conduct thorough impact assessments to demonstrate "due regard" for the protected characteristic of "sex."

In instances where impact assessments have been conducted, such as within the Metropolitan Police, "gender" has replaced "sex," with considerations focused solely on the needs of officers identifying as transgender. There is little to no regard for the rights of the female public or the provisions of the Equality Act 2010. This oversight represents a significant failure to meet the public sector equality duty.

"The Essential Guide to the Public Sector Equality Duty" (Appendix 1: Section 149(1)) explicitly outlines this duty:

- (a)** Eliminate discrimination, harassment, victimisation, and other prohibited conduct.
- (b)** Advance equality of opportunity between individuals who share a relevant protected characteristic and those who do not.
- (c)** Foster good relations between individuals who share a relevant protected characteristic and those who do not.

Sections 149(3)(a-b) further clarify the duty to "remove or minimise disadvantages" suffered by individuals with a relevant protected characteristic and "take steps to meet the needs" of such individuals when those needs differ from those without the characteristic.

The NHS trusts and police forces have failed to address these obligations and have disregarded the conflicts posed by the category of "gender identity" to the sex-based rights of women and girls.

Equality Act 2010

The central issue within NHS trusts and UK police forces lies in their failure to uphold the sex-based rights of women under the Equality Act 2010. The Act's "Explanatory Notes Commentary on Section Part 16 Schedule 3 Part 7 Separate and Single Services" explicitly permits exceptions for "gender reassignment," ensuring the preservation of single-sex rights:
"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 provision enables NHS trusts and police forces to make exceptions to preserve women's rights to same-sex clinicians or police officers for intimate procedures or searches. Failing to observe this exception undermines the integrity of women's sex-based rights.

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

Lastly, there are widespread inaccuracies in how public authorities interpret their responsibilities under FOIA 2000, the GRA 2004, the Equality Act 2010, the UK GDPR, and the DPA 2018.

Section 40 of the FOIA exempts public authorities from disclosing information if doing so would breach data protection laws under the GDPR and DPA 2018. "Personal data" under these laws is defined as information relating to an "identifiable living individual." However, FOI requests often seek aggregated data, not personally identifiable information.

Despite this, authorities frequently misinterpret these laws, conflating requests for non-identifiable quantitative data with breaches of personal data protections. For example, Article 9 of the UK GDPR outlines "special categories" of personal data requiring additional safeguarding when processed, such as data revealing racial or ethnic origin, political opinions, or health information. However, these safeguards do not apply when the data requested is anonymised and non-identifiable.

This misinterpretation represents a critical area for clarification and correction, ensuring transparency and accuracy in public reporting.

Original Recommendations 2021

For NHS Trusts

1. Review Equality Impact Assessments to reinstate “sex” as the relevant category of identification instead of “gender.” Assess the negative impacts within trusts on the rights of women and girls, stemming from the expedited adoption of the Gender Recognition Act (GRA) 2004, with insufficient consideration for women’s rights to request a female practitioner.
2. Follow the recommendations set forth by the Royal College of Obstetricians and Gynaecologists regarding the sex-based rights of women to request a female medic or examiner.
3. Update NHS trust policies to reflect the sex-based rights of female patients under the “occupational requirement” clause of the Equality Act 2010.
4. Revise FOI reporting mechanisms to address frequent misinterpretations of legislation inaccurately used to deny requests for data:
 - FOI claims citing sections 40(2), 40(3A), and EIR regulations 13(1) and 13(2A);
 - Alleged prohibitions within the Equality Act 2010;
 - Supposed restrictions under the GRA 2004;
 - Misuse of GDPR or the DPA.

For British Police Forces

1. Conduct an impact assessment to evaluate the adverse effects of policies on women and girls’ rights, particularly in cases where male officers identifying as transgender perform searches. Address the swift implementation of the GRA 2004 without due consideration for female rights.
2. Rectify contradictions between the Police and Criminal Evidence Act (PACE) 1984, which establishes a right to same-sex searches, and Code C of PACE Annex L, which conflates gender and sex or prioritises gender over sex. The annex’s reliance on subjective stereotypes (e.g., “predominant lifestyle”) detracts from factual assessments and veers into problematic judgments, akin to past prejudices. Policing must avoid subjective criteria such as “asking to be treated as a woman,” which perpetuate stereotypes instead of relying on verifiable documentation.
3. Address concerns of policewomen and female staff being coerced into conducting searches on males. Policies, such as those from West Yorkshire Police and Hampshire Police, allow detainees to choose the sex of the officer conducting their search, exposing female officers to potential sexual coercion. This undermines their right to safety and professional integrity.
4. Revise FOI reporting mechanisms to rectify errors based on misinterpretations of the following:
 - FOI claims citing sections 40(2), 40(3A), and 44(1);
 - Alleged prohibitions within the Equality Act 2010;
 - Supposed restrictions under the GRA 2004;
 - Misuse of GDPR or the DPA.

For the Government

1. Review the inconsistencies between the GRA 2004 and the Equality Act 2010, which conflate sex and gender and, at times, prioritise gender over sex. These discrepancies cause confusion and disrupt public institutions, which fail to recognise the Equality Act's exception for providing separate services based on sex.
2. Address the conflicts introduced by the GRA 2004, which prevent public bodies, such as the NHS and police forces, from safeguarding both public and staff interests. To enable the exercise of Equality Act exceptions, public bodies must be permitted to inquire about gender identity when necessary for safety or service provision.
3. Implement standards for lobby groups engaging with public institutions to ensure transparency. Organisations such as Stonewall have provided misleading guidance, suggesting that "gender identity" overrides sex as a protected category under the Equality Act 2010. Decision-making processes must be transparent and incorporate the perspectives of women, whose rights have often been disregarded.

Revised Recommendations (2025)

In light of the 2025 *For Women Scotland* Supreme Court ruling—which confirmed that “sex” in the Equality Act 2010 refers to biological sex and cannot be redefined by a Gender Recognition Certificate—we recommend the following actions to restore legal clarity, uphold women’s rights, and ensure safety and safeguarding across all public institutions.

To NHS Trusts

1. **Affirm that sex means biological sex** in all policies and safeguarding protocols. No member of staff should be permitted to misrepresent their sex to colleagues or patients.
2. **Ensure patients’ rights to same-sex care**—especially in intimate or vulnerable medical contexts—are explicitly upheld under the Equality Act 2010’s “occupational requirement” exception.
3. **Update safeguarding policies** to recognise that women and girls must be protected on the basis of sex, not “gender identity.” The sex of medical staff must be transparent to patients in all situations requiring intimate care.
4. **Prohibit unsafe behaviours in the workplace** including cross-dressing by male staff on duty, where this undermines professional boundaries, dignity, or the ability of patients to give informed consent.
5. **Record sex, not “gender identity,” in staffing and workforce data**, in line with lawful data protection and FOI practices. Staff with Gender Recognition Certificates must not be exempt from lawful single-sex provisions.
6. **Reject external guidance**—including from lobby groups such as Stonewall—where it contradicts the law, the Equality Act 2010, or safeguarding standards.

To British Police Forces

1. **Enforce same-sex search rights** for all women and girls as required under the Police and Criminal Evidence Act 1984 (PACE). Officers must not mislead suspects about their sex.
2. **Prohibit cross-dressing by male officers while on duty**, particularly during public-facing roles or custodial procedures, where this creates confusion, safeguarding risks, or undermines professionalism.

3. **Protect female officers and staff** from being coerced into conducting intimate searches on males who identify as women. Such requests constitute a risk to their safety and dignity at work.
4. ****Ensure that “sex” is used—not “gender identity”**—when assigning staff to duties involving intimate procedures, searches, or safeguarding tasks involving female members of the public.
5. **Cease reliance on misleading third-party policies** that conflate sex with gender. Internal operational policies must be grounded in UK law and prioritise the rights of women and girls.

To the UK Government

1. **Issue statutory guidance confirming that “sex” in the Equality Act 2010 means biological sex**, following the 2025 Supreme Court judgment, and require all public bodies to update their policies accordingly.
2. **Amend PACE and NHS policy frameworks** to remove all conflation of “sex” and “gender” and ensure female-only provisions are guaranteed in law and practice.
3. **Ban ideological safeguarding training and policies** that teach staff to disregard sex or conceal it from colleagues and service users.
4. **Establish a code of conduct for public sector workplaces** that prohibits staff from enforcing belief in gender ideology or punishing others for asserting sex-based rights.
5. **Conduct a national safeguarding review** to ensure that NHS, police, schools, and care services are operating in compliance with the law and protecting women and girls on the basis of sex.