

Agenda and Notes



Sex and Gender Working Group

June 28, 2022

Via Teleconference

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Item	Purpose	Allocated	Presenter	
1	Welcome and Acknowledgement		3 minutes	Francis Lau
2	Purpose of the Infoway Sex and Gender Working Group	<ul style="list-style-type: none">Recap	2 minutes	Francis Lau
3	HL7 Gender Harmony Project Representing Sex and Gender Identity in Clinical Models	<ul style="list-style-type: none">Presentation	30 minutes	Robert McClure
4	Group Discussion and/or Questions	<ul style="list-style-type: none">Discussion	25 minutes	WG
5	GSSO Terminology Workstream; UVic GSSO Research Team Schedule/Topic Review	<ul style="list-style-type: none">Update	Deferred	
5	Adjournment			Francis Lau



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1. Welcome and Land Acknowledgement

Completed. See slide deck for details.

2. Purpose of Infoway Sex and Gender Working Group

Completed. See slide deck for details.

3. Dr. Robert McClure – HL7 Gender Harmony Project –Representing Sex and Gender Identity in Clinical Models

Dr. McClure provided a midstream update of the HL7 Gender Harmony Project (GHP) based on the HL7 Informative Document on the Sex and Gender Model published in August 2021. Notable updates include minimum value sets for Sex for Clinical Use (SFCU), International Recorded Sex or Gender, and proposed Phase 2 implementation changes in data exchange standards. The proposal is up for ballot in September so individuals wishing to provide feedback should sign up to vote. See slide deck - <https://infocentral.infoway-inforoute.ca/en/resources/docs/sex-gender/2022-sessions/working-group-meeting-presentations/3962-sex-and-gender-june-28-2022-presentation-dr-rob-mcclure-hl7-gender-harmony-project-update>

4. Group Discussion and/or Questions

The participants raised several important issues that should be addressed by the HL7 Gender Harmony Project team. They include:

- a) On slide 11 proposed minimum value sets for *Sex for Clinical Use (SFCU)* use the terms *Female sex for clinical use* and *Male sex for clinical use*, which suggest treating the patient as a female or a male for the clinical intervention involved. This approach is problematic and can be harmful to the patient. The correct approach is to use organ and hormone inventories so there is no assumption of one's sex.
- b) On slide 16 V2 approach 3rd bullet *Sexual orientation* is included in laboratory orders for New Jersey but there is no reason to collect this information. What may be more relevant is sexual behavior
- c) On slides 17-18, Observation Profile is used as a data exchange standard to hold Gender Identity values, but this can be misleading to non-technical people since Gender identity cannot be observed. Some explanation is needed to clarify the term.

5. Adjournment

