

The Cass Review’s final report was first published in April 2024. This was updated in December 2024 for accessibility (hyperlinks and ALT text) and includes minor amendments to support clarity.

The table below does not include all changes to rectify typos, punctuation or layout (i.e. to reduce gaps).

Report section	Final Report (April)	Accessible Version (December)
Page 26, paragraph 36	An understanding of brain development and the usual tasks of adolescence is essential in understanding how development of gender identity relates to the other aspects of adolescent development.	An understanding of brain development and the usual developmental tasks of adolescence is essential in understanding how development of gender identity relates to the other aspects of adolescent development.
Page 37 paragraph 116 and Page 211 paragraph 18.32	This workforce should include psychiatrists, paediatricians, psychologists, psychotherapists, clinical nurse specialists, social workers, specialists in autism and other neurodiverse presentations, speech and language therapists, occupational health specialists and, for the subgroup for whom medical treatment may be considered appropriate, endocrinologists and fertility specialists	This workforce should include psychiatrists, paediatricians, psychologists, psychotherapists, clinical nurse specialists, social workers, specialists in autism and other neurodiverse presentations, speech and language therapists, occupational therapists and, for the subgroup for whom medical treatment may be considered appropriate, endocrinologists and fertility specialists
Page 40 and page 216 Recommendation 20:	A unified research strategy should be established across the Regional Centres, co-ordinated through the National Provider Collaborative and the	A unified research strategy should be established across the Regional Centres, co-ordinated through the National Provider Collaborative and the Research

Amendments in accessible version of the Final report (December 2024)

	Research Oversight Group, so that all data collected are utilised to best effect and for sufficient numbers of individuals to be meaningful.	Oversight Board, so that all data collected are utilised to best effect and for sufficient numbers of individuals to be meaningful.
Page 44 paragraph 164	Governance needs to be put in place to oversee implementation of the required changes and provide system-wide leadership. This should be external to the Specialised Commissioning division and draw clinical leadership from professional bodies.	Governance needs to be put in place to oversee implementation of the required changes and provide system-wide leadership. This should be external to NHS England's Specialised Commissioning division and draw clinical leadership from professional bodies.
Page 53 paragraph 1.16		Added to end of paragraph: References are made to the studies undertaken by the University of York throughout this Report. For the papers that have informed the University of York's work, please refer to the source documents (Table 1).
Page 112 Figure 25		Amendment to key to correct colour of age bands
Page 193 paragraph 16.3	General Medical Council (GMC) guidance (GMC, 2020) states that in order to inform that joint decision-making process "the clinician must make an assessment of the patient's health and be satisfied that any medicine or treatment they offer is clinically indicated (i.e. that in	GMC guidance (GMC, 2021) makes it clear that doctors are responsible for any prescriptions they provide and accountable for their decisions and actions when supplying or administering medicines. 'Prescribing' is used to describe many related activities, not just prescription medicines. For example, it can

	<p>their reasonable professional judgement, a medical procedure or treatment is suitable and useful to reach a specific therapeutic goal with a certain probability)”.</p>	<p>also include activities such as exercise, and it may also be used to describe any written information or advice that is given to patients; thus, in the context of gender services, this could reasonably be deemed to apply to any advice ranging from social transition to hormone treatments.”</p>
<p>Page 193 paragraph 16.4</p>	<p>In addition, the clinician is responsible for recommending and providing effective treatments based on the best available evidence. GMC guidance (GMC, 2021) makes it clear that doctors are responsible for any prescriptions they provide and accountable for their decisions and actions when supplying or administering medicines. ‘Prescribing’ is used to describe many related activities, not just prescription medicines. For example, it can also include activities such as exercise, and it may also be used to describe any written information or advice that is given to patients; thus, in the context of gender services, this could reasonably be deemed to apply to any advice ranging from social transition to hormone treatments.</p>	<p>General Medical Council (GMC) guidance (GMC, 2024) states that a doctor must “propose, provide or prescribe drugs or treatment (including repeat prescriptions) only when [they] have adequate knowledge of the patient’s health and are satisfied that the drugs or treatment will meet their needs”</p>

<p>Page 194 paragraph 16.12</p>	<p>Some commentators suggest that since there is no evidence that gender assessments can reliably predict or prevent detransition/ regret better than self-reported gender identity and embodiment goals, services should adopt an ‘informed consent’ model of care. In this context, this means de-emphasising gender assessments in favour of offering gender affirming interventions based primarily or solely on the person’s informed decision (Ashley et al., 2023). This would also be in line with the views of some service users who see the assessment process as intrusive and ‘gatekeeping’</p>	<p>Some commentators suggest that since there is no evidence that gender assessments by clinicians can reliably predict or prevent detransition/regret any better than self-reported gender identity and embodiment goals, services should adopt an ‘informed consent’ model of care (Ashley et al., 2023). This model may be used to support proceeding with gender affirming interventions based primarily or solely on the person’s own assessment of the risks and benefits of a treatment, rather than a decision by the doctor about the different treatment options that may meet the patient’s needs. This would also be in line with the views of some service users who see the assessment process as intrusive and ‘gatekeeping’.”</p>
<p>Page 194 paragraph 16.13</p>	<p>However, this is not an approach that would be compatible with GMC guidance with regard to the responsibilities of prescribers (GMC, 2021) or for the safeguarding of minors (GMC, 2018).</p>	<p>In the opinion of the Review, this is inconsistent with the approach to joint decision making with patients set out in the GMC’s professional standards. These standards highlight the importance of doctors recommending, prescribing, or providing treatments only when they have adequate knowledge of the patient’s health and are satisfied that the drugs or treatment will meet their needs (GMC, Prescribing 2021, Good</p>

		medical practice 2024). Doctors must make sure the patient has the information they need to make a well-informed decision about the options for treatment (GMC, Decision making and consent 2020).
Page 212 paragraph 18.36	Those working with this group have given professional supervision and support to provide a place for exploration of their own approach and the range of emotions they may feel.	Those working with this group should be given professional supervision and support to provide a place for exploration of their own approach and the range of emotions they may feel.