



2nd April 2025

Dear Sir or Madam,

We write as CAN-SG, a group of more than 100 health professionals concerned about the care of patients suffering from gender dysphoria.

We are writing to you as your institution is a signatory of the GLADD charter here:-
[Medical Schools Charter](#)

The GLADD charter asks medical schools to sign up to 6 commitments, including

- a commitment to support the ban on LGBTQ+ so-called conversion therapy
- a commitment to call for the GMC to support the ban
- a commitment to not participate in conversion therapy
- a commitment to ensure the curricula includes the importance of affirming gender identity and information about conversion therapy

These commitments are well intentioned and sound reasonable at face value. However, the charter does not define what conversion therapy is or what affirmation means. It is important in such a sensitive area to have clear definitions otherwise the charter will be interpreted in different ways, which will cause conflict and some interpretations are likely to result in significant problems.

Problems with the definition of conversion therapy and of affirmation

GLADD are signatories to the Memorandum of Understanding on Conversion Therapy in the UK [Memorandum of understanding on conversion therapy in the UK \(bacp.co.uk\)](#), which defines conversion therapy as seeking to change or suppress some sexualities and gender identities as inferior. This is uncontroversial when applied to sexuality.

But the problem is the implication that exploring a trans identity during medical assessment or psychotherapy is conversion therapy; and that a self-declared trans identity must simply be affirmed with any desired hormonal treatments and surgeries. Some clinicians are certainly taking this view and are arguing against any medical “gatekeeping” e.g. [Why We Need To End Gatekeeping - GenderGP Transgender Services](#).

This article [Supporting autonomy in young people with gender dysphoria: psychotherapy is not conversion therapy | Journal of Medical Ethics](#) also explains about the conflation of exploratory therapy with conversion therapy including further references and quotes to demonstrate the significance of this issue.

There is evidence that an “affirmation only” attitude was part of the problem at the Tavistock GIDS (see section below on Cass Review) and it would be unforgivable to make these mistakes again.

We do not believe the GLADD charter is in line with the Cass Review.

The Cass Review [Final Report - Cass Review](#) is the best available evidence we have for the management of gender distress in children and young people. It does not support the model of a fixed, innate gender identity being the sole cause of gender distress with one treatment pathway of affirmation.

In contrast, the Cass Review describes a model where there are multiple pathways into and out of gender distress and a treatment pathway that involves holistic and thorough medical assessment, in line with usual medical practice.

The Cass Review noted that clinicians expressed concern, "...about potential accusations of conversion practice when following an approach that would be considered normal clinical practice when working with other groups of children and young people." This is consistent with concerns raised by GIDS whistleblowers including in Dr David Bell's report, and Hannah Barnes' detailed and award-winning journalism including her book, "Time to Think". Fear that questioning a child's gender identity was a type of conversion practice or could lead to accusations of conversion practice was therefore a key part of the problem at GIDS.

The Cass Review goes on to state, "throughout the Review, clinicians working with this population have expressed concerns about the interpretation of potential legislation on conversion practices and its impact on the practical challenges in providing professional support." Importantly, it is clearly stated that, "Clinical staff must not feel that discharging their clinical and professional responsibility may expose them to the risk of legal challenge".

Some clinicians have continued to argue that improvements proposed by NHSE in light of the Cass Review would be "conversion therapy", as seen in this summary of the public consultation:-

[Public-consultation-analysis-and-summary-on-the-interim-service-specification-for-Specialist-Gender-Incongruen.pdf \(england.nhs.uk\)](#)

GLADD's website information about trans healthcare links directly to information from the BMA. BMA Council initially voted to lobby against the Cass Review recommendations, which was strongly opposed by many BMA members on grounds of poor process and poor evidence, discussed widely in the press. [BMA members oppose its stance on the Cass Review - The Lancet](#)

In contrast, the Royal College of Psychiatrists, the Royal College of GPs and the Royal College of Paediatrics and Child Health as well as the Academy of Medical Royal Colleges have all endorsed the Cass Review.

Promoting a conversion therapy ban that includes gender identity and promoting the affirmation approach risks increasing harm to patients via overtreatment of gender distress and also risks the criminalisation of ordinary doctors and clinicians. Some CAN-SG members have already faced smears, complaints and even regulator referral for advocating for ordinary medical assessment and ordinary therapy for gender distress even without a legal ban in place.

Academic freedom must be protected in medical schools:

There is the potential for the charter to adversely influence teaching and student facing policies as well as the research landscape in medical schools. The charter risks fostering a climate where academic teaching, discussion, study and research critical of the affirmation of gender identity is considered taboo. Signing up to the commitment to affirm gender identity may limit research due to fear of going against the "inclusive" principles of the charter. High quality research for this vulnerable group must not be stifled. Medical school teaching should be led by the best available science.

Medical schools have a duty to all students and staff and risk expensive legal challenge if they discriminate against some groups:

Gender critical beliefs include the ordinary and widely-held beliefs that a person's sex is biological and immutable and is distinct from gender identity. Maya Forstater won compensation of over £100,000 in damages for discrimination against her beliefs. Signing a charter that commits to "affirm gender identity" without acknowledging the wider context and other protected beliefs on this topic is partisan and risks censure of gender critical staff and students who deserve to work in an environment free from hate, harassment and discrimination too. There have been many more similar cases including in the fields of health and social care and in academia including James Esses, trainee psychotherapist; Rachel Meade, social worker; and Prof Jo Phoenix, Professor of criminology.

The Office for Students recently fined Sussex University £585,000 for failure to protect academic freedom and governance failures and highlighted a "chilling effect" of a Trans and Non-binary Policy Equality Statement that did not take in account freedom of speech protections or the rights of other groups:-

<https://www.officeforstudents.org.uk/news-blog-and-events/press-and-media/university-of-sussex-fined-585-000-for-free-speech-and-governance-breaches/>

Medical schools should be mindful of their students who have desisted or detransitioned and students who may have concerns that a family member has been harmed by transition. It is not kind to ignore these students in favour of louder groups.

Conclusion

In conclusion, the UK GLADD Charter for Medical Schools, while supposedly promoting inclusivity in medical education, is entirely *exclusive* in representing a narrow range of viewpoints only- and those viewpoints are those which are no-longer favoured by the most comprehensive review into gender services ever commissioned and around which future paediatric gender services are currently being designed. It is also not in line with the Equality Act 2010, UK employment law, the Human Rights Act regarding freedom of speech or the Public Sector Equality Duty to promote good relations between protected groups.

Together, a gender identity inclusive ban on conversion therapy and the affirmation approach risk inadvertent harm to vulnerable patients, risk of censure of ordinary clinicians working in the field, risk of inaccurate teaching in medical schools and stifling of research in this area.

Signing up to the charter is therefore unfortunately signing up to include out of date information in the medical curriculum, which has already been found to cause harm.

We note that not all medical schools have signed the charter, some on the basis they do not sign up to external documents or political statements from any perspective.

We urge you to rescind your signature and are happy to meet to discuss this at more length.

Yours Sincerely,

Clinical Advisory Network for Sex and Gender

Signatures of doctors who agree with our letter and their medical school:-

Dr Chris Holdridge - KCL Medical School

Dr Stella Kingett - UCL Medical School

Dr Kiran Sharma - KCL Medical School

Dr Louise Irvine - Aberdeen Medical School

Dr Julie Maxwell - UWCM (Cardiff)

Dr Emma Hickling - Southampton University Medical School

Dr Richard Byng - Professor in Primary Care Research, University of Plymouth
(signed in personal capacity)

Dr David Bell - Royal Free Medical School (now part of UCL)

Dr Gwenllian Daniel - Nottingham Medical School

Dr Az Hakeem - UCL Medical School and Honorary Clinical Associate Professor UCL
Medical School

Dr Pamela Yerassimou - Cardiff Medical School

Dr Stephen Westgarth - Newcastle University Medical School

Dr Carine Silver - Peninsula Medical School (now Exeter and Plymouth)

Dr FM UMDS of Guy's and St Thomas's

Dr Cath Bright - Cardiff Medical School

Dr Juliet Singer - Cardiff Medical School

Dr Rae Elizabeth Webster - University of Aberdeen Medical School

Dr Lenny Cornwall - Newcastle Medical School

Dr Maria Atkins - Charing Cross Medical School

Dr Katherine Clyde - Glasgow Medical School

Dr Seth Bhunnoo - UCL Medical School

Dr Hannah Ryan - Liverpool Medical School

Dr Lucy Griffin - St George's Medical School

Dr Madeleine Ni Dhalaigh - University College Dublin Medical School

Dr Shahana Hussain - Kings College London Medical School

Dr Angela Dixon - St George's Medical School

Dr Renee Hoenderkamp - Barts and the London Medical School

Dr Preetika Gupta - UCL Medical School

Dr Susan Davies - UCL Medical School