Dr Helen Webberley
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16 February 2026

Fitness to Practise Directorate
General Medical Council
3 Hardman Street
Manchester
M3 3AW

Re: Formal referral concerning Dr Hilary Dawn Cass, Baroness Cass, OBE, FRCP, FRCPCH

GMC reference number: 2582029

Dear Sir or Madam,

I am writing to submit a formal referral to the General Medical Council regarding concerns about the professional conduct of Dr Hilary Cass in relation to the Independent Review of Gender Identity Services for Children and Young People (the Cass Review), published in April 2024.

I am a registered medical practitioner with over 30 years of clinical experience and over a decade of specialist practice in transgender healthcare. I raise these concerns in my professional capacity, having closely examined the Cass Review's methodology, conclusions, and public impact, and having identified what I believe to be significant departures from the standards set out in Good Medical Practice 2024.

The accompanying document sets out detailed concerns across all four domains of Good Medical Practice 2024, supported by reference to published peer-reviewed critiques, formal risk of bias analyses, international professional body statements, and documented public statements made by Dr Cass. The concerns relate to competence, patient safety, partnership working, and, with particular gravity, honesty and integrity in professional communications.

I wish to draw the GMC's attention to the following key matters:

> The Cass Review's own commissioned systematic reviews found moderate quality evidence supporting the treatments it subsequently recommended restricting. The review's restrictive conclusions were not supported by its own commissioned research.
>
> A formal ROBIS assessment published in BMC Medical Research Methodology (Noone et al., 2025) found HIGH RISK OF BIAS in all seven systematic reviews commissioned by the Cass Review.
>
> Specific claims presented as established fact in the review, including claims about social transition and the causes of gender dysphoria, were made without supporting citations or robust evidence.

Dr Cass made authoritative public pronouncements in media interviews, parliamentary proceedings, and international legal contexts that went beyond reporting findings and into the territory of expert clinical opinion, in a field where she has no specialist expertise, without making the limits of her knowledge clear.

The review's findings have been adopted by governments, courts, and media organisations to justify restricting access to established treatments for transgender children, young people, and adults, with documented harmful consequences for patient welfare.

I recognise that the subject matter of this referral is politically contentious. I address this directly in the accompanying document and respectfully submit that the current hostility of the public debate around transgender healthcare makes the GMC's regulatory role more important, not less. Transgender patients are patients, and their access to safe, evidence-based care deserves exactly the same regulatory protection as that afforded to any other patient group.

Dr Cass is a former president of the Royal College of Paediatrics and Child Health, a Fellow of both the Royal College of Physicians and the RCPCH, and a member of the House of Lords. Her seniority and professional standing mean that her public statements carry considerable authority. That authority heightens, rather than mitigates, the professional obligations set out in Good Medical Practice.

Ongoing conduct: BBC interview, 16 February 2026

I wish to draw the GMC's attention to a broadcast interview given by Dr Cass on BBC One's Sunday with Laura Kuenssberg on 16 February 2026, which illustrates that the concerns documented in the accompanying referral are not historical but ongoing.

During the interview, Dr Cass stated that prepubertal boys presenting with gender incongruence in the 1970s "grew out of it and became gay men," and used this claim to argue that socially transitioning children risks "locking" them onto a trajectory that "may not have been the correct natural trajectory for them."

This statement conflates gender identity with sexual orientation. These are recognised as distinct constructs in the ICD-11, the DSM-5, and every major clinical guideline in this field. They are classified separately, assessed separately, and treated separately. The suggestion that a child presenting with gender incongruence is likely to "grow out of it" and emerge as a gay adult is not a matter of clinical interpretation or contested evidence. It is a factual error, and it was broadcast on national television as authoritative medical opinion by a doctor who is not a specialist in this field.

The desistance research on which Dr Cass appears to have relied has been extensively critiqued in the peer-reviewed literature for serious methodological flaws, including the classification of children who were lost to follow-up as "desisters" and the inclusion of children who never met the diagnostic criteria for gender dysphoria. These critiques are well documented. A former president of the RCPCH presenting this contested research as settled fact to millions of viewers, without acknowledging its limitations, raises serious questions under Domain 4 of GMP 2024, which requires

doctors to be honest and trustworthy when giving evidence or providing information to the public.

In the same interview, Dr Cass described clinicians who provide gender-affirming care as “charlatans just handing out inappropriate drugs.” These are registered medical professionals following international clinical guidelines endorsed by the Endocrine Society, the World Professional Association for Transgender Health, and professional bodies across the world. This characterisation, made on national television by a doctor whose review has directly shaped national policy, is a significant departure from the standards of collegiality and accuracy expected under Good Medical Practice.

A link to the full broadcast is available at:
https://www.youtube.com/watch?v=bv-68tMAE6I

Anticipated process and timeframes

I understand from the GMC’s published guidance that the following process and indicative timeframes apply to concerns of this nature:

Initial review and acknowledgement: The GMC aims to review a concern and confirm whether it will be investigated within 10 working days of receipt.

Triage: An initial assessment to determine whether the concern raises a fitness to practise issue, which the GMC aims to complete within approximately one week.

Provisional enquiry: If the concern passes triage, the GMC may conduct a limited preliminary review to decide whether a full investigation should be opened. This stage typically takes six weeks to two months (up to 63 days).

Full investigation (Rule 4): If a full investigation is opened, the GMC will notify the doctor and gather evidence. The GMC aims to conclude full investigations within 12 months, though complex cases may take longer.

Case examiner review (Rule 7): At the conclusion of the investigation, two case examiners (one medical, one non-medical) will review the evidence and the doctor’s response. The Rule 7 letter is typically issued three to six months after the investigation opens, and the doctor has 28 days to respond. Case examiners usually reach a decision within four to eight weeks of receiving the response.

Possible outcomes: Case examiners may close the case with no further action, close with advice, issue a formal warning, agree undertakings with the doctor, or refer the case to the Medical Practitioners Tribunal Service (MPTS) for a hearing. If referred to a tribunal, the hearing may be listed approximately six months later.

I note that the GMC does not ordinarily investigate allegations relating to events more than five years old, unless there is a strong public interest in doing so. Given that the Cass Review was published in April 2024 and that its recommendations continue to actively shape NHS policy, government legislation, and international legal proceedings, this referral is well within that timeframe and concerns matters of ongoing and significant public interest.

I am happy to provide any further information or evidence that may assist the GMC in considering these concerns. I would be grateful for confirmation of receipt and for updates on the progress of this referral in accordance with the GMC's published processes.

Yours faithfully,

Dr Helen Webberley
Gender Specialist and Medical Educator

Enclosure: *Formal Referral to the General Medical Council: An Analysis of Potential Breaches of Good Medical Practice 2024 in Relation to the Independent Review of Gender Identity Services for Children and Young People*