

Gender identity services for children and young people: making compassionate, professional and ethical decisions

A resource for pharmacy professionals about providing information, support and services to children and young people with gender incongruence or dysphoria

Recent developments including the publication of the final Cass report, and the introduction of legislation banning the sale and supply of puberty-suppressing hormones, have raised complex questions for pharmacy professionals about prescriptions for puberty suppressing hormones, cross-sex hormones and related medicines for children and young people.

Legal update

Since we first developed this resource, the UK Government has introduced an indefinite ban (subject to exceptions) on the sale and supply of puberty blockers via private prescriptions for the treatment of gender incongruence and/or gender dysphoria for under 18s. We have reviewed and updated this resource to reflect these legislative changes.

Puberty blockers for the treatment of gender incongruence and/or gender dysphoria in under 18s were banned temporarily in May 2024 after the Cass review found there was insufficient evidence to show they were safe. The new ban (effective from 1 January 2025) replaces the earlier temporary measures.

Essentially, pharmacies remain unable to dispense private prescriptions, dated on or after 3 June 2024, for GnRH analogues from the EEA or Switzerland for anyone under 18 years old. Individuals who are already receiving NHS or private prescriptions from a UK prescriber can continue to receive their prescriptions.

Please note that the guidance in this GPhC resource remains applicable to professionals working in this area. However, please ensure that you are following the current legislation framework and associated guidance carefully.

The legislation is also due to be reviewed in 2027 so please look out for further updates in due course.

You can read more here:

- **[Ban on puberty blockers to be made indefinite on experts' advice - GOV.UK](#)**
- **[Government's response to the targeted consultation on proposed changes to the availability of puberty blockers - GOV.UK](#)**
- **[NHS England Clinical Policy on Puberty suppressing hormones](#)**

Providing information, support and care

We know that patients and their families may be looking to their pharmacy teams for information, support and care at this time. We don't expect pharmacists to be prescribing in this context, but we recognise there may be challenges and questions associated with the supply of medicines.

Pharmacy teams providing pharmacy services to children and young people with gender incongruence or dysphoria need to adhere to the standard process of clinical assessment and care provision they have been trained to take as healthcare professionals. The starting point is that pharmacy professionals must provide compassionate, inclusive and person-centred care, within the current relevant legal and regulatory context. It's essential that all patients have access to appropriate, high-quality and respectful healthcare, free from discrimination or bias.

In our earlier article, we set out advice to pharmacy professionals when providing any services relating to gender incongruence or dysphoria in children and young people, covering the full range of issues to consider.

Building on this, we've now taken each of those earlier issues and **set out the associated questions that pharmacy professionals should ask themselves** when making decisions about the supply of medicines in this context. These apply to the provision of services in person or online.

Making decisions on supply: issues to consider and questions to ask yourself

Professional behaviour, personal values and beliefs

- Have I made the care of the person my priority, ensuring that all interactions are non-judgemental, compassionate, inclusive and free from discrimination or bias?
- Have I taken responsibility for ensuring that person-centred care is not compromised because of religion, personal values, or beliefs, including my own?

Professional judgement

- Am I competent to supply these medicines and working within the scope of my practice?
- Have I taken a holistic view of the person's individual needs, including any mental health or neurodevelopment issues that may impact on gender-related distress?

Supporting vulnerable or at-risk patients

- Am I aware of the complex ways that safeguarding issues may be present, adhering to the principles of safeguarding and risk management?
- Have I identified and taken appropriate action for any children, young people or families who may be vulnerable, or at risk?

Consent, confidentiality and effective communication

- Have I obtained appropriate and informed consent to make the supply, taking into account the person's capacity and understanding?
- Am I working within the relevant legal framework, taking account of the role and legal responsibilities of parents, where relevant?
- Have I obtained consent to contact the person's GP and other professionals involved in their long-term care?
- Have I encouraged the person to discuss their treatment with their prescriber or other care providers?

Clinical appropriateness of medicines

We know that pharmacy professionals may be concerned about dispensing prescriptions or emergency supplies to children and young people, which they do not feel able to supply in line with appropriate professional standards. As stated in our earlier advice, it is not enough for a prescription to be legally valid. That is just one consideration alongside others, including the responsible pharmacist's judgement as to whether a prescription is clinically appropriate for the individual patient.

Clinical appropriateness of medicines

- Have I taken account of relevant legislation, national and local policies, regulatory standards and guidance?
- Have I taken account of the evidence that informed **the work of the Cass Review** and the review's findings about the 'lack of high-quality evidence' (p20 of the review) in this area?
- Is the prescription clinically appropriate **and** legally valid?

Clinical appropriateness of medicines

- Have I got enough information to be able to make a safe supply or do I need to follow up with the prescriber?
- Have I taken active steps to assure myself that the prescriber is complying with relevant UK regulatory and professional guidance?
- Are there any risks that might be associated with declining to make a supply or abruptly discontinuing to make a supply, including where the patient has previously been taking particular medicines?
- Have I made a record of my decision, including any discussions with the prescriber and the person seeking care?

Partnership working

- Have I identified any follow up or monitoring needs for the person?
- Have I signposted the person to relevant sources of support, as needed?

Next steps

We're continuing to monitor external developments closely, working collaboratively with key partners across the health and care sector. We will issue more communications and further advice as this work progresses.