



Gay and Lesbian Association of Doctors and Dentists

BM Box 5606, London WC1N 3XX

Tel: 0870 765 5606

E-mail: [secretary@gladd.org.uk](mailto:secretary@gladd.org.uk)

Web: [www.gladd.org.uk](http://www.gladd.org.uk)

16 September 2004

Mr Paul Deemer  
Equality and Diversity Team  
Department of Health  
Room 2N35D Quarry House  
Quarry Hill  
Leeds LS2 7UE

Dear Mr Deemer

### **Response from GLADD to 'Sharing the challenge: sharing the benefits – Equality and Diversity in the Medical Workforce'**

GLADD strongly welcomes the Department's initiative to enhance equality and diversity in the medical workforce.

However, in previous correspondence with the Secretary of State for Health, and the NHS Chief executive, Sir Nigel Crisp, we have deplored the omission of sexual orientation as a main theme both from this document and the recent conference. This is highly discriminatory and sets a very bad example to employers and employees. We are also very disappointed with the brevity of the note about the 2003 legislation in the September 2004 issue of the Chief Executive's Bulletin. This was not what we expected following recent discussion with Sir Nigel Crisp and we have written to him again to this effect.

On the basis of this evidence, we are seriously concerned that sexual orientation issues have been marginalised within the Department of Health (DH) and are looking for new proof that this is not the case. We expect the DH to take urgent, positive and public action to demonstrate to the medical workforce, healthcare employers and the wider lesbian, gay and bisexual communities that sexual orientation issues in employment have high priority equal to other equality and diversity issues.

#### **GLADD's response to the document for consultation**

As a consideration of issues around the problems encountered due to sexual orientation is missing from this consultation document, it is difficult to comment in any detail. In addition the document contains no clear recommendations on which comment is requested.

However we wish to move forward in our contribution on these issues and provide the following comments which we hope you find helpful.

##### ***Need for a research-based approach***

We will be very interested to hear whether the call for input (page 24) produces any new 'good practice' material on issues around sexual orientation in the medical workforce. Our experience is that people tend to report problems more than they report success. Our instinct is that a more rigorous, research-based approach is needed. If no new material is forthcoming quickly then a different strategy should be adopted without delay by the DH to move this agenda forward.

##### ***Need for a local strategy***

We recommend that all Trusts and other health care sector employers should be required by the Department to produce a written strategy designed to prevent and tackle discrimination in the work place (including discrimination on the grounds of sexual orientation). Their achievement in this respect should be included in normal performance management arrangements. The Department should publish data on employer

compliance with this requirement. The same approach should apply to policies on bullying and harassment, behaviours that are often covert and hard to confront.

### ***Monitoring E&D groups***

A key element of such policies is obviously monitoring, not only the numbers of staff (and those contracted to work for the NHS) in the different equality and diversity groups, but also their status, career progress and well-being. Requiring that there should be monitoring puts the onus back on employers to take these issues seriously. We believe that monitoring the sexual orientation of workers will not be at all easy and there is potential for harm in attempting to gather this information if it is not done in an open and supportive local 'climate'. There are similarly considerations if sexual orientation is to be included in the next Health Care Commission staff survey.

### ***Local discussions***

We consider that a useful way forward would be for every employer to set up a confidential forum for discussion of these issues with senior management and staff representatives. Staff cannot be expected to come forward with problems of discrimination they are facing unless a protected environment is provided. By sharing experiences with others, it may become apparent that problems are not isolated. This may allow staff to feel less vulnerable, and alert the local employers and the NHS to problems they need to address quickly.

This process would be strengthened if summaries of the anonymised findings from these discussions could be shared widely by the people involved. We think that this approach is likely to achieve the twin objectives of effective monitoring and the required local changes in leadership and behaviour. It is essential that local management participates personally, enthusiastically and skilfully in achieving this kind of 'cultural' change. Local discussions will help to deal with local prejudice and misconceptions and identify local educational and resource needs.

### ***Pilot studies***

It should not be necessary to point out that employees are already protected in law against discrimination on the grounds of sexual orientation and delay in implementing fair policies at local level puts both employees and the employers at risk. Should pilot studies be considered helpful in addressing specific issues, the research questions need to be clearly identified, the studies should be conducted rigorously and expeditiously and the results shared widely.

### **In summary**

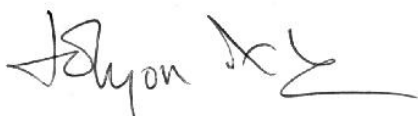
We urge the Department to show active leadership in requiring local involvement in the management of change in order to create a more inclusive approach to the health care workforce. We are looking for clear and positive action from the DH on issues relating to sexual orientation in the near future.

Meanwhile GLADD will support to the best of our ability any of our members who are subject to discrimination on the basis of their sexual orientation.

We intend to publish this response on the GLADD website and to circulate it widely.

With best wishes,

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Jolyon Oxley', with a stylized flourish at the end.

Dr Jolyon Oxley MA, MB BChir, FRCP, GLADD Co-chair, on behalf of the GLADD committee.