

Sexual Orientation Equal Opportunities Monitoring GLADD's Position Statement - October 2005

Recently, questions about applicants' sexual orientation have been introduced into equal opportunity forms for medical and dental posts in the NHS. This position statement from GLADD (The Gay and Lesbian Association of Doctors and Dentist) has been informed by consultation with our members. (See Appendix).

GLADD supports the principle of sexual orientation monitoring if used to detect discrimination and used to improve practice within an organisation. However there are additional difficulties with monitoring sexual orientation, compared to other diversity monitoring. Fear of homophobia and discrimination in the NHS is still widespread amongst Doctors, Dentists, medical and dental students, despite the Employment Equality (Sexual Orientation) Regulations.¹ Therefore many of our members state that they would choose not to disclose their sexual orientation on a monitoring form, particularly if they are unclear about why they were being asked and unsure about whether their response would remain completely anonymous and confidential. Therefore if monitoring is introduced it needs to be carried out sensitively and carefully - following accepted guidance. If done poorly, sexual orientation monitoring can lead to invalid data, erroneous conclusions and to the confusion and distress of job applicants and employees. Many of these points are also covered in guidance issued by the TUC² and Stonewall³. GLADD recommends that sexual orientation monitoring is introduced only the following criteria are met:

- 1) The sexual orientation monitoring data must remain completely confidential, and forms should contain no personally identifiable information. We recommend returning monitoring forms to a separate address to the application form and to an agency not related to the recruitment of the post in question. Any selection panel must not have access to equal opportunities monitoring forms.
- 2) A written explanation must be provided of why the monitoring is being done, and how the data will be stored and used, along with the information about the Employment Equality (Sexual Orientation) Regulations.
- 3) Standard terms need to be used in the sexual orientation question: 'lesbian', 'gay', 'bisexual', 'heterosexual' and 'other', as well as a choice not to disclose. These are also the suggestions made by Stonewall.³
- 4) If a person does not wish to disclose their sexual orientation, no inference should be drawn that the subject is in any way lesbian, gay or bisexual and such assurance must be given in supporting documentation.
- 5) If numbers of LGB doctors who apply and are subsequently employed are monitored - there must be the intention to gather comparative prevalence statistics for the population from which they are selected. Otherwise, conclusions will be meaningless. No large-scale demographic surveys have been conducted on any particular geographical areas and so it is not clear that such data exist.
- 6) Organisations using sexual orientation monitoring must demonstrate they are working towards a safe and supportive environment, in which LGB Doctors can 'come-out' if they wish. This might involve: monitoring whether homophobia already exists, having a system for confidential reporting of homophobic incidents and publicised guidance on how homophobic incidents will be dealt with.

¹ Department of Trade and industry guide to Employment Equality (Sexual Orientation) Regulations
<http://www.dti.gov.uk/er/equality/index.htm>

² Monitoring LGBT Workers a TUC Guide for Trade Unions
\$ASQtuc_9303_a.doc (internet reference)

³ The Employment Equality (Sexual Orientation) Regulations Guidelines for Employers ((2nd edition) p 31
http://www.stonewall.org.uk/documents/Employer_English.pdf

Appendix: GLADD Member comments

We asked our membership what they would do and how they would feel if asked to disclose their sexual orientation on an equal opportunities monitoring form. 43 people responded by email in October 2005. Below is a summary of members' responses, with anonymous quotes to illustrate the emerging themes.

Some stated that they would complete the question. However, they were in a clear minority:

"I would always declare it as I wouldn't want to work for someone who was homophobic anyhow." Doctor

"I do not feel I can tick the wrong box, and lie or hide in order to be "safe" about it." Dental Student

"I would be happy to put 'gay' on a form." Doctor

"If it weren't asked on the form I'd add it to it." Dentist

"I am just tired of putting 'single' down all the time under marital status. Perhaps there could at least be an option for 'registered civil partnership' once this comes into force" Doctor

A significant number expressed concerns about sexual orientation monitoring. Themes which emerged were:

Many members said they would not wish to complete the monitoring:

"I left the whole page blank to make it look as though I hadn't seen it, when the real reason is that I didn't feel comfortable with it." Junior Doctor

"If it were there I would not reply to it."

"Do employers understand the enormity of what they are asking? I'm not even out to my friends." Doctor

Felt to be irrelevant: or unnecessary:

"They're being so nosey - I can't believe they're asking that. I'm putting do not wish to disclose as it's not relevant."

"Sexuality is such a personal matter and in this day and age all employers should aim to provide a comfortable environment to work in, no matter what one's background. In other words, collecting information on one's sexual background seems unnecessary to me." Doctor

"I don't think it's relevant to an application, in the same way that it's not relevant for a woman to say whether or not she has (or is planning to have) children." Doctor

Fear of negative consequences to lack of confidentiality and sexual orientation being disclosed:

"I am in Scotland after all, and the dental world is small. It was simply too important to risk losing out because of homophobia." Dentist

"Competition for jobs is high – why take any chances?" Medical student

"I don't think the question should be asked. After all, if no-one knows they can't discriminate anyhow." GP

"Having a coding system means that even though they say 'We will treat this information confidentially' the information will still forever be linked to your name and GDC registration number." Dentist

"I would regard it in the same light (i.e. potentially discriminatory) as the same question on insurance application forms. I would not feel comfortable going into an interview room if I knew the panel were aware of my orientation and without knowing their attitudes to LGBT individuals." Hospital Consultant Physician

"OK if applying for consultant post as going to be there for some time but would be avoided if a junior doctor as only there for a few months anyhow. On the other hand, it is easier to come out in a bigger organisation, but when applying for one post with only a couple of applicants, it is easier to be "spotted."

Willingness to respond depended on how comfortable and confident one was with their sexual orientation and job security:

"When I was not particularly comfortable with my sexuality, I would have minded." Doctor PRHO

"Nowadays, if asked, I would just say that I am homosexual. However, earlier in my career I would not. This not because of shame but because at the higher levels of job application all weapons would be used to gain advantage, have been used and I suspect will continue to be used, however easier life is now." Surgeon

"I am a GP Principal and am generally happy to disclose my sexuality on 'confidential' forms as I am in a very secure position. As a junior doctor I felt very differently and would have been extremely uncomfortable in disclosing my sexuality without cast iron guarantees of confidentiality and anonymisation of data. Doctor

The need to know why the monitoring is being done:

I would be petrified about any such private information about me being solicited without clear explanations as to why the information was needed" Doctor

"I think there's a great deal of confusion and bemusement amongst all my peers as to why the question has appeared "Medical Student

"How does this help me? Is it for improving service?"

Reservations about the difficulty of using labels for sexual orientation

“One’s identity changes with time. Labels are difficult so are the findings really going to be interpretable?”

“Sexuality is a spectrum. Can one really list all the permutations of sexual behaviour? I suppose sexual orientation is a bit more definable but then again, what does one mean by the term bisexual, for instance? One might consider themselves 70% straight and 30% gay for instance.” Genitourinary Doctor

“Need a category of none or other”

An awareness that monitoring alone does not mean the employer is in fact a good equal opportunity employer

“Will they use it to inform their equal ops policy or merely as a means of ticking the right boxes to say that they are equal ops employers?”

“There is always the temptation for employers to meet 'quotas' with so-called 'positive' discrimination, and always the implication that if an employer engages in equal opportunity monitoring then that absolves them of any suggestion of prejudiced hiring practices”