



Gay and Lesbian Association of Doctors and Dentists

PO Box 5606 London W4 1WY
Tel: 0870 765 5606 Fax: 020 8932 1917
E-mail: secretary@gladd.org.uk
Web: www.gladd.org.uk

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Mr Ben Griffith,
General Medical Council,
178, Great Portland Street,
London. W1N 6JE.

From the Honorary Secretary

Dear Mr Griffith,

Equal opportunities in the GMC revalidation process

Thank you for giving us the opportunity to comment on the papers being considered by the GMC. GLADD welcomes the GMC's recognition that it is important that the revalidation procedures for doctors are fair, objective, transparent and free from discrimination.

It is important that all doctors have access to opportunities to learn about equal opportunities issues, not just those taking part directly in revalidation. For example, revalidation folders may contain surveys of the opinions colleagues about a doctor's performance and competence; it is important that all doctors are aware that such comments should be based on fact and not prejudicial views. The GMC should consider including a requirement for obtaining equal opportunities skills in its guidance about the education and professional development of doctors.

GLADD urges the GMC not to limit itself to such Equal Opportunities monitoring that is required by law. The GMC should attempt to monitor all forms of unfair discrimination, under the categories already described in *Good Medical Practice*, i.e. sex, race, disability, lifestyle, culture, religious or other beliefs, colour, sexual orientation or age. By asking specifically about each of these categories, the GMC is re-assuring these subgroups of doctors who may feel discriminated against that the GMC takes the issue of discrimination seriously. It also has the effect of reminding all doctors that they should not discriminate against colleagues on the basis of sex, race, disability, lifestyle, culture, religious or other beliefs, colour, sexual orientation or age. This is a major undertaking, but it would be welcomed if the GMC led the way on such issues, and become known for best practice, rather than simply following the law. Doctors who discriminate against their colleagues are likely to discriminate against patients and this is equally unacceptable.

The GMC has already identified the potential difficulties in encouraging doctors to identify accurately their racial origin. Similar difficulties would arise in encouraging doctors to identify other features about themselves that may be the subject of discrimination, including sexual orientation. Although GLADD encourages doctors to be open about their sexuality, we also know how hard this is for some.

Doctors would probably be more likely to complete Equal Opportunities monitoring if they were anonymised and analysed by an organisation independent of the GMC. This might particularly be the case for lesbian and gay doctors who may not wish to disclose their sexual orientation to the GMC. It is well known that discrimination is heavily under-reported. The challenge then is to devise a mechanism by which those who may have been unfairly discriminated against feel able to raise their concerns. A monitoring form assessing the general trends in equal opportunities, as applied to revalidation, is probably not an appropriate medium for pursuing the specific cases that may arise of unfair discrimination in the revalidation process. However, it is important that the questionnaire reminds doctors of the GMC's Equal Opportunities statement (but see below).

The Equal Opportunities Statement on the final page (A6) of Annexe A is unfortunate, although based on the proposed statement contained in Draft 3 of *Good Medical Practice*¹. The GMC should make a clear and unequivocal statement that all discrimination on the basis of beliefs about a colleague's sex, race, disability, lifestyle, culture, religious or other beliefs, colour, sexual orientation or age is unjustified and unacceptable, rather than separating those which are currently subject to English Law. The GMC should be setting standards for doctors that are clearly above the baseline minimum expected by law. The statement that failure to comply with these guidelines may result in referral to the Fitness to Practise procedures is welcome.

I hope that these comments are helpful. GLADD would be very happy to comment on further drafts and to give any other help that may be needed.

With kind regards,

Yours sincerely,

Dan Saunders

Daniel Saunders

¹ Please see the comments from GLADD on the draft of the third edition of *Good Medical Practice*