



## The Gay and Lesbian Association of Doctors and Dentists

*Improving Working Lives Guidelines on*

# DIGNITY AT WORK FOR LESBIAN AND GAY DOCTORS AND DENTISTS, MEDICAL AND DENTAL STUDENTS



Presentation of the GLADD guidelines to Prof. Graeme Catto, President of the General Medical Council



Presentation of the guidelines to Dr. V Nathanson, Director of Professional Activities, British Medical Association



Presentation of the GLADD guidelines to Amarjit Gill, Chair of the BDA Equality and Diversity Committee



Presentaion of the GLADD Guidelines to **Mr Hew Mathewson - President GDC** and to **Antony Townsend Chief Executive**

**Revised March 2004**

**(to take account of legislation enacted in December 2003)**

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## About GLADD

The Gay and Lesbian Association of Doctors and Dentists was set up in 1995 and is an organisation for gay, lesbian, bisexual and transgender doctors, dentists, medical and dental students. Members comprise medical and dental students, doctors and dentists throughout the UK. GLADD membership also includes a number of special members who are professionals who work closely with them. All members contribute to GLADD's work as volunteers.

For more details about joining GLADD please see our website at [www.gladd.org.uk](http://www.gladd.org.uk)

Our main aims are to:

- Provide professional and social support for gay, lesbian and bisexual doctors, dentists and medical and dental students
- Combat discrimination against gays, lesbians and bisexuals particularly if expressed by or towards doctors and dentists
- Collect and disseminate information on gay, lesbian and bisexual issues relevant to the practice of medicine and dentistry.

We provide:

- Regular meetings and social events
- Information and support
- Locally organised social events across the UK for our members
- Regular updates on our activities
- A forum for campaigning on lesbian, gay and bisexual issues relevant to the practice of medicine and dentistry.

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# 1. Recommendations

## **Discrimination in employment on the grounds of sexual orientation is now illegal.**

The Employment Equality (Sexual Orientation) Regulations 2003 came into force on 1<sup>st</sup> December 2003. They make it unlawful on the grounds of sexual orientation to:

- treat someone less favourably because of their sexual orientation – whether perceived or actual (direct discrimination)
- apply a criterion, provision or practice which disadvantages people of a particular sexual orientation without a good reason (indirect discrimination)
- subject someone to unwanted conduct that violates a person 's dignity or creates an intimidating, hostile, degrading, humiliating or offensive environment (harassment/bullying)
- victimise someone because they have made a complaint or allegation or have given evidence against someone else in relation to a complaint of discrimination (victimisation).

This new legislation applied equally to all those in the NHS and private sectors who employ doctors and dentists, including doctors and dentists themselves who employ other staff.

We recommend that in order to implement these guidelines employers should review their:

- Equal opportunities or diversity policy
- Recruitment and selection policy
- Harassment and bullying policy
- Disciplinary procedures
- Grievance procedures
- Codes of conduct
- Training and development programmes
- Flexible working/flexitime policy
- Special leave policies
- Zero tolerance policies
- Improving working lives policies.

They should ensure that their policies covers discrimination on the grounds of sexuality and gender as well as discrimination on the grounds of sex and add the relevant parts of these guidelines to it.

They should incorporate their equal opportunities and other policies into the contract of employment of all employees.

They should include a copy of the relevant parts of these guidelines in their employees' handbook and, where applicable, in their procedures for clinical governance.

## 2. Background

In 2000, the Department of Health's published its Improving Working Lives Standard which set out requirements, targets and processes for the way NHS employers treat staff. The Standard forms part of the new core performance measures for NHS employers, linked to financial resources they receive.<sup>1</sup>

In 2000 GLADD held a workshop which initiated these guidelines<sup>2</sup>, which were then refined by a number of working groups. There followed a period of successive consultation, internally with GLADD members, and externally with regional postgraduate deans, the medical royal colleges, and deans of medical and dental Schools.

In 2002 GLADD published its original document *Guidelines on Dignity at Work for Lesbians and Gay Men* that were intended to support NHS employers in implementing the Improving Working Lives Standard. The guidelines were circulated widely during 2002 and 2003 and were adopted as a useful contribution to policy development by the Department of Health and the General Medical Council.

In December 2003, new legislation came into force which provides protection against discrimination in employment on the grounds of sexual orientation. We recommend other guidance about the legislation and how it applies to health care that has been issued by ACAS (see [www.acas.org.uk](http://www.acas.org.uk)) and Stonewall with NHS Scotland (see [www.lgbthealthscotland.org.uk](http://www.lgbthealthscotland.org.uk)).

This legislation applies to all doctors and dentists as employees in the public and private health care sectors and to doctors and dentists who employ other staff.

Although the GLADD guidelines were developed before the legislation came into force and are not a direct response to it, they represent useful guidance to NHS trusts, practices and other organisations who employ doctors and dentists and who represent them as employers. They focus, in particular, on the working lives of doctors and dentists but GLADD believes that their requirements for dignity are equally applicable to patients and clients, to all NHS workers and to our developing doctors and dentists – medical and dental students. As such the guidelines are relevant to all those who work in the health care sector.

The revised GLADD guidelines have been updated to take account of legislation that came into force in December 2003. The guidelines are divided into four sections.

- Dignity at work for lesbians and gay students at medical and dental schools
- Dignity at work for lesbians and gay doctors and dentists working in general practice and general dental practice
- Dignity at work for lesbians and gay doctors and dentists employed by NHS trusts
- Dignity at work for GLADD members with an outline of action that can be taken if homophobia is encountered.

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<sup>1</sup> Department of Health (2000) *Improving Working Lives Standard*. London: DoH, p. 4.

<sup>2</sup> Gay and Lesbian Association of Doctors and Dentists (2000) *Proceedings of a Workshop on Challenging Workplace Bullying and Homophobia in the NHS*. London: GLADD. Copies are available from the GLADD website [www.gladd.org.uk](http://www.gladd.org.uk)

The different styles of the four sections represent the different approaches taken by the working groups that drafted them.

## **Definition of homophobia**

In these guidelines, homophobia is defined as meaning prejudice or discrimination against lesbians, gay men and bisexual people on the basis of their sexuality.

Homophobia is an important issue for the NHS because:

- it can compromise access by patients to effective care. Concerns about prejudice and discrimination often prevent gay men and lesbians from seeking health care and advice.
- it can compromise efficient employment, by creating a negative environment and producing workplace bullying, for lesbian and gay employees.
- it is unethical. Discrimination on the grounds of sexuality is explicitly precluded in medical practice by the General Medical Council and the British Medical Association and by the British Dental Association in dental practice, and by Whitley Council terms and conditions of service for NHS staff generally.

## **Treatment of transgendered people**

We do not consider the issue of transgendered people in these guidelines, because it is illegal for any organisation or individual to discriminate against transgendered people. This situation means that medical and dental schools, NHS trusts, GP and GDP training practices should ensure that all teaching material about transgendered people is appropriate and up-to-date.

**We welcome responses to this document, from NHS employers and workers, at every level and the medical and dental professions and their representative organisations.**

### 3. Dignity at work for lesbians and gay students at medical and dental schools

There exists a range of sexual orientations amongst medical/dental students, doctors and dentists, just as there does in the population at large. Recent studies suggest that from 3 - 10 per cent of the population are almost exclusively homosexual and a larger proportion of people experiment with bisexuality at various times in their lives (Johnson et al, 2001).<sup>3</sup> Thus, a significant proportion of the patient, doctor and dentist population is not exclusively heterosexual. Homophobia also exists within the profession and among patients, recent estimates for doctors and students varying, but suggesting strong homophobia in around 20% of the medical community (Burke & White, 2001; Parker & Bhugra, 2000; Risdon et al., 2000).

The GMC in its document *The duties of a doctor* specifically identifies sexual orientation in its requirement that prejudiced attitudes and discriminatory behaviour be addressed explicitly through training, education and, if required, disciplinary procedures (GMC, 1993, 1995, 1998). It does so because homophobic attitudes and behaviour towards patients and colleagues are not acceptable. In the face of homophobia, patients may be denied access to appropriate healthcare, and doctors who are open about their sexual orientation may be disadvantaged unfairly, whilst those who are fearful of their sexual orientation being exposed suffer stress (Burke & White, 2001; Saunders, 2001, [www.gladd.dircon.co.uk/news.htm](http://www.gladd.dircon.co.uk/news.htm); MacDonald, 2001). Therefore, the issue of homophobia needs to be addressed throughout training. The recent guidelines from the Commission on University Career Opportunity, endorsed by the Committee of Vice-Chancellors and Principals of the UK, emphasise this point (CUCO, 2000).

The guidelines below were developed in two workshops at which the issues raised by homophobia in the health service and medical/dental schools were explored, and through a consultation with a number of medical and dental schools. The term 'sexual orientation' is used to define that part of an individual's sexuality concerned with the gender of persons found to be erotically arousing in fantasy or behaviour. Homosexual is taken to mean mainly or exclusively aroused by same sex persons (gay or lesbian), heterosexual by different sex persons, and bisexual by persons of either sex. However, the perception of a person's sexuality by his/her self and by society goes far beyond the merely erotic, and, in using these definitions, we do not intend to reduce in any way the complexity of person-hood to a sexual act or fantasy. We also acknowledge that there are both professional and personal aspects to exposure to homophobia. However, the experiences of our members suggest that these two aspects are too closely interwoven to be clearly separable, indeed we are not sure that they can be separated in a truly integrated doctor. Our guidelines therefore address both in an integrated way.

Whilst this report is concerned entirely with sexual orientation, it is set in the context of a Department of Health equal opportunities policy (DoH, 2000) that is

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<sup>3</sup> The precise figures appear to be difficult to calculate. Johnson et al (2001) suggest that 2.6% of the national population report current homosexual partners; nationally, 5.4% of men and 4.9% of women report having had homosexual partnerships; while in London, 10.5% of men and 6.9% of women report having had homosexual partnerships. The American Psychological Association suggests that homosexuality 'is found in about 10% of the population [of the USA], a figure which is surprisingly constant across cultures' ([http://hcqsa.virtualave.net/apa\\_ama.html](http://hcqsa.virtualave.net/apa_ama.html)). Clearly, much depends on the willingness of people to identify themselves in a way which might be seen to operate to their material disadvantage.

cast much wider and which encourages and supports the acceptance and value of individual diversity. We know from our consultation that some of the measures proposed below are already in place in some medical and dental schools as part of the school's equal opportunities policy implementation. However, the experiences of some of our members lead us to believe that many of the proposals below are a necessary response to homophobia within the health service and medical and dental schools.

## **Student selection and admission**

Include an explicit statement in the prospectus and web site that applications for medicine and dentistry are welcome from all students, whatever their sexual orientation, ethnicity, gender etc. Where the medical/dental prospectus includes information about societies, ensure that the LesBiGay society is included to illustrate this point. There is evidence that the career choice of students may be affected by their perceptions about the acceptability in the profession of different sexual orientations (Burke & White, 2001).

When students come for interview, they should feel welcome regardless of their sexual orientation, race, gender etc and of whether or not they are open about their sexuality ('out'). It was suggested by several Medical Schools during our consultation that specific training for interviewers in the sensitive handling of sexuality was a pre-requisite for a non-discriminatory selection process.

After admission, in addition to any general University welfare/student handbook, the Medical/Dental School itself should make all students regardless of their sexual orientation (whether heterosexual, homosexual or bisexual) feel welcome and draw attention to relevant sources of support and information (such as the GLADD web site: [www.gladd.org.uk](http://www.gladd.org.uk)) as part of the School information pack. The same consideration applies to students regardless of their ethnicity, sex, gender etc (for support for transgendered people reference to web site: [www.pfc.org.uk](http://www.pfc.org.uk) would be helpful).

## **Record keeping**

It is not usually appropriate to record a student's sexual orientation in personal records or in references. Where a record is contemplated, this should be discussed with the student and their consent obtained. The student should have control over disclosure of all personal information about their sexual orientation if they are to have confidence in School authorities. As long as so much homophobia exists, this is a particularly sensitive issue for students.

## **Pastoral care**

Our student members have consistently commented on the desirability of the School identifying one or more Medical/Dental School staff who are supportive and knowledgeable about issues of sexual orientation and with whom discussion will be confidential (see also below under Monitoring). This is in addition to tutoring and counselling services, which medical students in particular have been traditionally reluctant to use.

Gay and lesbian students have commented on how helpful it is to be aware of any gay and lesbian members of staff or senior students as role models. Whilst this is a matter for individual staff/students, the School may be able to help and support those staff and students who are willing to take such a role, officially or unofficially.

## **Curriculum development and assessment**

Our research suggests that currently sexual orientation, and the prejudice on the basis of it, is addressed very patchily in UK Medical and Dental Schools (Bewley & Bolton, 1999). We suggest ways to develop learning and understanding on these subjects.

Sexual orientation and homophobia should be addressed throughout the curriculum as a developing strand, for example in diverse courses such as reproduction, neuroscience, epidemiology, communication skills, and psychology etc, rather than ghettoised as 'implied pathology' with HIV or psychiatry as seems to occur in many schools at present. Use of a variety of teaching methods helps to educate about sensitive issues of sexual orientation and prejudice. In addition to lectures, use of seminars, tutor groups, problem based learning sessions, projects and experiential learning that includes structured reflection has proved useful to students (e.g. Polansky et al., 1997; Johnson & Henderson, 2000).

Regardless of the methodology of learning, conditions of learning should support the students whatever their sexual orientation and whether or not they choose to reveal it. In particular, individual students should not be 'put on the spot' as 'representatives' of a particular sexual orientation, as tends to happen now for 'out' gay or lesbian students for example. Each student should control whether or not they wish to use the experience of their own sexual orientation to help others understand issues.

Teaching about sexual orientation and homophobia offers good opportunities to reinforce learning about respect and confidentiality in medical practice and to develop good communication skills. Negative social stereotypes can influence how medical students approach gay and lesbian patients and colleagues, the questions they ask, the assumptions they make about medical and social aspects of homosexual life styles, and they are often unaware of the importance of confidentiality to some gay and lesbian colleagues and patients. This is a potentially rich learning resource for medical and dental schools.

Teaching examples should ideally raise awareness about how integral sexual orientation is to life by avoiding crude stereotypes, for example the rugby playing, heavy drinking heterosexual male student. A non-stereotypical model would be a woman in an antenatal clinic who might have male, female or no partner. Stereotyping leads to constraints on all students regardless of their sex and sexual orientation (Plummer, 1999; Johnson, 2001). Reduced stereotyping also leads to the treatment of people as individuals rather than group members.

Sexual orientation and homophobia provide opportunities for formative and summative assessment of attitudes and behaviour.

Implicit in delivering a non-prejudiced course on issues of sexual orientation and prejudice is appropriate staff development.

## **Monitoring the effectiveness of anti-discrimination policies**

Unlike race and sex, sexual orientation is not visible, and so the effectiveness of anti-discrimination policies cannot be monitored by studying ratios of applicants to admissions to progress. An accepted method of monitoring homophobic prejudice is to keep a record of incidents of bullying, harassment, abuse and disparagement on grounds of sexual orientation. To achieve reliable monitoring, students will need to have the confidence to report incidents, an accessible system for doing so, and to know that they will be supported by the authorities. Our evidence from students suggests that many if not most of them lack this confidence at the moment. Ideally, they need to be able to identify a person with whom they can discuss with complete confidence any incidents (see also pastoral

support above). An anonymised record of the incident and outcome should then be logged in the school.

Often, but not necessarily, the most productive outcome for both parties of a discriminatory incident will be that it is settled mutually and amicably. However, it is important that the student making the complaint agrees to whatever course of action is to be taken whether that be to approach the person(s) concerned, to do nothing further, or to initiate a formal complaint of harassment or bullying.

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## **4. Dignity at work for lesbians and gay doctors and dentists working in general practice and general dental practice**

The Employment Equality (Sexual Orientation) Regulations (2003) require equal working conditions, and a respectful, supportive working environment for lesbian, gay or bisexual employees.

Our recommended policy covers areas we think will help achieve equality.

### **Action**

General practices and general dental practices should:

- adopt an equal opportunities policy similar to the sample policy given below
- ensure that the policy is incorporated into all employees' contracts of employment
- include a copy of the policy in their employees' handbook.

## **EQUAL OPPORTUNITIES POLICY FOR GENERAL PRACTICE**

### **Policy Statement**

This organisation has an equal opportunities policy. This commits us to preventing discrimination on the grounds of: race, colour, ethnic or national origin, sex, gender, religion, sexual orientation, marital status, age, people with disabilities and people affected by HIV. This organisation will take proactive measures to ensure that this equal opportunities policy is implemented and monitored.

### **Policy outline**

1. All recruitment, selection and promotion procedures will follow set procedures to eradicate discriminatory practices. This includes a note of our commitment to equal opportunities in any advertisements.
2. There will be the same protection from dismissal for all members employed by the practice, and a commitment to the fact that a partnership could not be terminated based on discriminations listed in the policy statement.
3. All patients will be treated equally (on the basis of the Equal Opportunities Policy)

4. People have the right to be open about their sexual orientation at work if they wish, but also to have their privacy respected. Any disclosures to other members of staff or patients should only be with the person's consent. Any breach of confidentiality of this nature will be considered a disciplinary offence.
5. Conditions of service will apply equally to same sex relationships as to heterosexual ones e.g. compassionate, bereavement and special leave. Leave will be offered equally to co-carers of children.
6. Homophobic language and behaviour from employees at work towards any member of staff, employers, or patients will not be tolerated, and would be considered as a disciplinary offence. This extends to salaried doctors or dentists and locums.
7. It is a commitment in the practice agreement that homophobic language and behaviour will not be tolerated from any of the doctors or dentists in the partnership and that, if it occurs, it must be challenged and investigated fully by the other partners. It would then be decided how best the situation is dealt with (see section on support and dealing practically with homophobia).
8. Issues concerning maternity, fostering and adoption will not discriminate against the mother if she is not in a marital relationship.
9. Implementation and monitoring of this policy will be an active process. Where necessary, training will be offered which will include challenging member's discriminatory attitude, explanation of what constitutes homophobic behaviour and how to deal with incidents if and when they arise.

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## 5. Dignity at work for lesbians and gay doctors and dentists employed by NHS trusts

### Aims

With respect to gender and sexual orientation, these guidelines aim to:

- acknowledge diversity as positive
- combat discrimination
- promote meaningful monitoring.

### Actions

Promotion of positive diversity

*NHS Trusts should:*

- Recognise the diversity and experience of all NHS trust staff with respect to their gender and sexual orientation by including this in their equal opportunities policy.
- Create a safe environment (physical and emotional) where diversity is welcomed and promoted, through publicity and training.

Target problem areas for policy and practice

*NHS Trusts should critically examine:*

- The potential for discrimination in appointment, promotion, career development and training, assessment and appraisal
- Safety, harassment and bullying in the work environment of colleagues, patients and others (e.g. relatives)
- Equality issues: pension rights and leave arrangements (e.g. compassionate leave in respect of same sex partners)
- Issues concerning respect for privacy and confidentiality (e.g. records, training sessions, supervision, multi-disciplinary team settings)

Possible solutions

*NHS trusts should:*

- Provide equal opportunities and dignity in the workplace policies, which specifically include gender and sexual orientation.
- Ensure that equal opportunities and dignity in the workplace policies are integral to contracts of employment for all staff.
- Ensure that all prospective employees of the NHS trust fully understand these policies and provisions in their contracts of employment, prior to employment, and accept them.
- Provide mandatory training in the issues which impact upon gender and sexual orientation. This should include for example, definitions of homophobia, dealing with a homophobic incident, specific sources of support and counselling.
- Insist on zero tolerance of abusive language or action, which relates to gender or sexual orientation.

- Make a commitment to implement the Department of Health's Improving Working Lives Standard with specific reference to gender and sexual orientation.
- Provide induction for each NHS trust employee which includes:
  - the NHS trust's equal opportunities and anti-workplace bullying policies;
  - training and support provision in these areas;
  - the protection provided by their contracts of employment.

## **Good practice responses to typical problems**

Patient or colleague using abusive language:

- Inclusion of sexual orientation and gender in NHS trust's positive diversity and zero-tolerance policies so that they become part of all contracts of employment and may lead to formal grievance and disciplinary proceedings.
- Central monitoring of incidents and inclusion of data in the NHS trust's annual report.
- Provision of forums for discussion or other access to support.

A trainer 'outing' a trainee:

- Mandatory equal opportunities training for trainers.
- Equal opportunities training to include awareness of and sensitivity to issues of sexuality, including trainee's right to privacy.
- A culture of respect for boundaries, perhaps using medical ethics as a starting point.

## **Meaningful monitoring**

Implement a central monitoring programme which seeks to measure positive diversity, the level of discrimination and the attempts to eradicate such discrimination. This might include:

- Mandatory courses in equal opportunities to include discussion of homophobia and its impact;
- Promoting staff awareness of NHS trust policies;
- Recording adverse incidents;
- Ensuring all training material is sensitive to positive diversity.

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## 6. Dignity at Work for GLADD members

This section of the guidelines is specifically address to GLADD members and gives an outline of action that can be taken if homophobia is encountered.

### Why is homophobia important for GLADD members?

As a doctor, dentist, student, or member of the public, you may or may not have met homophobia.

Homophobia exists and is a form of discriminatory behaviour, which it is agreed, is unprofessional, unethical and incompatible with being a good doctor or dentist.

As an organisation, GLADD is committed to the eradication of homophobia within medicine and dentistry.

By being skilled at recognising, managing, and contributing to the prevention of homophobia, you can further the aims of GLADD and also be a better clinician.

Being a better clinician means that you are more highly valued by your colleagues, employers and patients.

GLADD members have already made an important commitment to being open about their sexuality by joining the Association and are in a unique position to help with the fight against homophobia.

### How you can manage homophobic behaviour

If homophobic behaviour is directed at you:

- You can suffer and do nothing. By doing this you will not inflame the situation, but you do not resolve the problem and both you and other people may well be victimised again.
- Confront the individual. This may be very effective. It may be best to do this in private, unless you feel you are physically at risk. You also need to feel confident to be able to deal with the reaction of the other person, which may not be favourable.
- Take advice. There are a number of sources of advice, both national and local. It is often a good idea to talk to more than one person, who should be knowledgeable and experienced at dealing with homophobic behaviour.
- Document the incident with a view to taking it further through the appropriate channels. Documenting in detail what happened is often not done because it is a big task and may be painful. It is however invaluable, if you decide to take matters further.

If you observe homophobic behaviour in others:

- The same options apply, but as a third-party [the victim] is involved, you will need privately to offer help and if your offer is accepted, to discuss your role in any action to be taken.

### How you can help to prevent homophobia

Being a visible lesbian or gay person in your medical or dental school or in your place of work is a powerful way of deterring homophobic behaviour in other people. By being visible, you may also be good role model for other lesbian and gay people. They may seek your advice. By dealing with homophobic behaviour firmly and promptly you indicate clearly that such behaviour is unacceptable. You

can also help your organisation to develop and implement appropriate equal opportunities policies.

## Dealing formally with a homophobic incident

All NHS employers provide a formal grievance system through which you may raise concerns which you have about workplace factors which affect your ability to work effectively.

1. If the incident happens to you, then remember that you are innocent of wrong-doing. If the incident happens to someone else, then focus on being a responsible witness.
2. As soon as you can, make a written record of what happened. Start by stating:
  - when the incident took place [day, date, time];
  - where it happened;
  - who was there;
  - why the incident took place - what prompted it, in your view?
  - what happened, trying to be clear about what was said, in what tone of voice, what responses were given, and the sequence of incidents;
  - how it made you feel - your emotional response to the incident.
3. As soon as you can, make a formal report of the incident. Depending on the circumstances, your report may be made to:
  - the police, if it took place in a public setting;
  - your line-manager, if it took place at work;
  - your personnel manager, if you are unable to contact your line manager or if you prefer to talk to someone outside your immediate workplace setting;
  - your personal tutor, or other member of staff whom you trust, if it took place in a university setting;
  - a partner in your practice, if it took place in a GP setting;
  - a confidential friend on whose judgement you rely.
4. Agree what action will be taken on the basis of the report. If the person you have informed says that they will do something, then after the meeting, write down:
  - what they said they would do;
  - when they said they would do it by;
  - the expected outcome that they have agreed.
5. Ensure you have support. Witnessing or being on the receiving end of homophobia can be a traumatic experience. You may wish to:
  - ask a friend to accompany you to your meetings, for support;
  - get in touch with specialist counselling to help you come to terms with the incident;

- visit your GP if you feel unable to go back to work or university immediately;

6. If things don't get better then you should:

- write down the expectations that you had and the ways in which they have not been met;
- contact a more senior manager and express your concerns to them, keeping a note of that meeting as you should with all such meetings;
- consider seeking advice, either through a lesbian or gay support group such as GLADD, or a legal support group such as LAGER, or through your BMA local office, or with a solicitor specialising in employment problems (listed in Yellow Pages, or in the lesbian and gay press).

7. An alternative approach, if you feel in a powerful enough position to adopt it, is to:

- arrange a meeting with the homophobic person, as soon as possible after the event;
- take your written record of what happened [ see point 2, above];
- explain to them why their words or actions made you feel uncomfortable;
- at that meeting, or a subsequent one, discuss and agree acceptable future behaviour, perhaps providing them with suitable background reading;
- keep a record of all such meetings in case it should be necessary to refer to it in the future.

**For further assistance or advice, GLADD may be contacted at:**

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