



The experience of lesbian, gay and bisexual doctors in the NHS

Discrimination in the workplace or place of study

A research report for the British Medical Association and
The Association of LGBT Doctors and Dentists



Foreword

Anthea Mowat

Chair of BMA Representative Body

One might think, in this day and age when gay marriage has been legalised in England, Scotland and Wales, that homophobia and discrimination against lesbians, gay men and bisexual people was a thing of the past. If only that were the case. The experiences related in this report show us that too many of our LGB colleagues are still experiencing the NHS as a less than supportive place to work and be themselves.

The BMA is committed to doing everything in our power to change that. We look forward to working to that end with the Association of LGBT Doctors and Dentists and I very much hope that reading this report will increase understanding of this issue and will inspire more people to take a stand against homophobia in the workplace.

Dr Becki Taylor-Smith

Co-Chair of The Association of LGBT Doctors and Dentists (GLADD)

In 1997 and 2004, GLADD surveyed its membership on experiences of being LGB in the workplace. We were keen to revisit this more than ten years later and can only thank the BMA and NHS Employers for their involvement in this. It has no doubt helped to attain a significant number of responses from a wider audience and has allowed us to gain a set of case studies which give an illustrative account of what it is like to be an LGBT doctor or student in the NHS currently.

In a time where equal rights seem to be gaining traction for LGBT people in the UK, it is disturbing to hear of those who have experienced abuse on account of their sexual orientation. While there appears to be a sense of things improving over the years, there are still too many reports of bullying and a lack of understanding or support. We need to send out a strong message that this is unacceptable. We hope this report will go some way towards highlighting that. We will continue to work towards a culture where LGBT doctors and students feel accepted and where all feel they can challenge unacceptable attitudes and behaviour.

Introduction

BMA and GLADD (The Association of LGBT Doctors and Dentists) commissioned the Labour Research Department, an independent trade union research organisation, to investigate current attitudes towards LGBT doctors and medical students in the workplace or place of study.

The project was carried out primarily through a number of case studies, the subjects of which were identified through a survey of LGBT doctors and medical students employed or in training over the last two years. The survey asked about their experiences, if any, of homophobia and discrimination in their workplace or place of study.

The survey was distributed via a link placed on the BMA, GLADD and NHS Employers websites and promoted through the organisations' communications. It was open for three weeks over a holiday period – from 21 December 2015 to 11 January 2016.

The interviewees, chosen from among those survey respondents who volunteered to be contacted, were selected by their questionnaire responses to reflect the themes emerging from the survey results.

The open nature of the survey distribution method – aimed at achieving maximum participation of LGBT doctors and medical students – clearly allowed for self-selection rather than producing a random or modelled sample. In addition, the title of the survey could be considered likely to encourage higher participation among those with specific views or experiences in this area.

On the other hand, the response to the survey – at 803 – was considerably larger than expected, providing for reasonably high levels of confidence in the results (see below). This has allowed for a certain level of analysis of the survey responses, set out in Section 1, while the case studies are set out in Section 2. A short section at the end (Section 3) contains practical action points suggested by interviewees.

We have also included a case study we received from a trans doctor who responded to the questionnaire. We will be conducting future work in relation to this group (please see action plan).

Contents

Section 1: The survey	5
Section 2: The case studies.....	11
Section 3: Action points and Plan	13

A blurred photograph of a hospital hallway. In the foreground, a person in a white lab coat is partially visible on the left. A woman in blue scrubs with a stethoscope around her neck is walking towards the left. In the center, a woman in a white lab coat and surgical cap is walking towards the right. In the background, a man in a light blue shirt and tie is walking away. A red sign on the wall in the distance reads "CRASH CART". The hallway has a polished wooden floor and recessed ceiling lights. The entire image has a semi-transparent red overlay.

Section 1: The survey

Section 1: The survey

The survey respondents

The survey generated 803 responses from individuals who both:

- a) said they had been employed as a doctor or studying or training to become a doctor in the last two years; and
- b) either described themselves as bisexual, gay or lesbian, responded 'prefer not to say' or did not answer the question.

A large majority (70.0%) were male and 28.7% were female (1.3% answering 'prefer not to say').¹

Two in five respondents were under the age of 30. The breakdown by age is in table 1.

Table 1: Respondents by age band

Under 25	20.7%
25-29	18.3%
30-34	17.0%
35-39	9.6%
40-49	18.6%
50-59	13.0%
60 or over	2.9%

Asked about their grade, the largest group were junior doctors in training (table 2). A little under a quarter were on consultant grades and a similar proportion were students. Just one in eight were on GP grades.

Table 2: Respondents by current post

Student	23.3%
Junior doctor in training	31.9%
SAS	5.9%
Consultant	23.8%
GP	12.2%
Other	3.0%

The most common specialties covered by respondents were core training (all specialties), general practice, psychiatry and anaesthetics. A full list of the spread of respondents by specialty is set out in table 3.

¹ The gender breakdown of doctors in the NHS is 55.4% men and 44.6% women. However, the male/female LGB doctor breakdown is not known.

Table 3: Respondents by specialty

Core training (all specialities)	17.2%
Acute care common stem	1.2%
Anaesthetics	8.1%
Clinical radiology & oncology	1.9%
Emergency medicine	4.1%
General practice	17.1%
Higher medical specialty training	3.8%
Obstetrics and gynaecology	3.1%
Occupational medicine	0.3%
Ophthalmology	0.4%
Paediatrics and child health	3.5%
Pathology	2.8%
Psychiatry	10.7%
Public health	0.9%
Higher surgical specialty training	3.0%
Other	21.8%

The respondents were drawn from all regions/countries of the UK, with the largest proportion, outside of London, working or studying in the North West of England (table 4).

Table 4: Respondents by region/country

Cymru/Wales	5.7%
East Midlands	5.5%
Eastern	3.8%
London	24.2%
North West	15.6%
Northern Ireland	3.0%
Northern	2.6%
Scotland	9.1%
South East	9.5%
South West	5.0%
West Midlands	8.1%
Yorkshire & Humberside	7.8%

Key survey findings

In the survey, to which 803 lesbian, gay and bisexual doctors and medical students elected to respond:

- Over 70 per cent of those surveyed said they had endured one or more types of experience short of harassment or abuse in the last two years related to their sexual orientation. These ranged from feeling unable to talk about their private life at one end of the spectrum to homophobic name-calling at the other.
- More than one in 10 (12 per cent) said they had experienced at least one form of harassment or abuse at their place of work or study. Incidents included psychological or emotional abuse, verbal attacks, threats of violence and abuse on social media.
- More than one in 10 (12 per cent) felt they had suffered some form of discrimination in their employment or studies as a result of being lesbian, gay or bisexual. Areas of discrimination identified varied widely but most common were having fewer opportunities than colleagues/fellow students and finding problems with the provision of pastoral support.
- Only a quarter of those feeling they had suffered harassment/abuse reported it to someone senior.
- Only a fifth of those feeling discriminated against attempted to take the matter further to try to get it resolved.

The work/study environment

Around a quarter of respondents reported that they were completely open about being lesbian, gay or bisexual at work or where they study, with another quarter saying most people know. Another quarter said they were open with their peers or specific groups.

Overall, fewer than half (four in 10) agreed that they worked or studied in an environment that encourages openness about their sexual orientation. Almost a quarter of respondents disagreed with this statement, the rest saying they were 'neutral/not sure'.

Those in core training were rather less positive than average about their environment encouraging openness while those in psychiatry and general practice were more positive.

Around a third of respondents said they had to some extent chosen their specialty as they felt it was relatively LGB friendly. This was particularly true for psychiatry.

A small number (33) had changed specialty because of a negative experience for LGB doctors in their previous specialty. These decisions had most commonly been made when the respondent had been in higher surgical specialty training, general practice or core training (all specialties).

Discomfort and 'environmental' homophobia

It was clear that a substantial majority of respondents – over 70 per cent – had experienced homophobic or biphobic abuse at their place of work or study in the last two years. These forms are characterised in this report as 'environmental' homophobia.

The type most commonly experienced were 'having assumptions made about you based on your sexual orientation' and feeling 'unable to talk about your private life'.

Around a fifth of respondents agreed there was 'too much interest in their private life', and one in 10 felt 'socially excluded with work colleagues'. A smaller proportion reported 'name-calling'.

Those under the age of 40 – and students and junior doctors in training – were rather more likely to report this type of experience than older and more experienced medics.

These experiences are less commonly reported among respondents who say they are completely open about their sexual orientation at their place of work or study than those who say only certain people know.

Senior medical or clinical colleagues are the most common source of environmental homophobia and biphobia, cited by over half of respondents saying they had experienced it. Other sources commonly mentioned were junior colleagues/peers and patients/service users. Next in the list were fellow students followed by patients' families.

Harassment and abuse

Around 12 per cent of respondents say they have experienced one or more type of more serious harassment or abuse at their place of work or study in the last two years because of being lesbian, gay or bisexual.

These forms included psychological/emotional abuse (six per cent of all respondents reporting it) and verbal abuse (also six per cent). Smaller proportions reported social media/email/text abuse and the threat of physical or sexual violence. Four respondents reported actual physical or sexual violence.

The harassment and abuse reported varied between a single incident, repeated similar incidents and a number of different types of incident, with some respondents reporting more than one of those forms of harassment/abuse.

Those in the middle age groups (35-49) were the most likely to report harassment/abuse, with students being less likely than others to report it. Men are more likely to suffer it than women, and those who say 'most people know' about their sexual orientation are less likely to say they have experienced harassment/abuse. However, the same is not true of those who are 'completely open'.

Respondents cited senior medical or clinical colleagues as the most likely people to have harassed/abused them, followed by patients/service users. The next most likely source is junior colleagues/peers, non-clinical managers, patients' families and fellow students.

Asked which source stands out, respondents were most likely to cite senior medical/clinical colleagues, but patients/service users were not very far behind.

Reporting

Only one in four of those who had suffered the relatively serious harassment/abuse referred to in this section of the survey said they had reported the incident to someone in a more senior position than themselves.

Among the reasons given for non-reporting, the most common was 'I didn't think the authorities would do anything about it'.

Other common responses were: 'I was afraid things would escalate'; 'I was afraid of reprisals'; 'I didn't think I would have been believed/taken seriously'; 'I didn't want to reveal my sexual orientation'; 'too minor to report'; 'I was afraid of future discrimination or harassment from the authorities'; 'I didn't want anyone else to know'; 'I dealt with the incident myself'; and 'I did not know how and who to report to'.

Of the small number (25) who did report the incident, only five said they were very or quite satisfied with the response to the reporting, and 14 were either unsatisfied or very unsatisfied.

Discrimination in employment or education

Twelve per cent of respondents felt they had suffered from one or more forms of discrimination in their employment or studies as a result of being lesbian, gay or bisexual in the last two years.

The most common forms this took were feeling they had had fewer opportunities than colleagues or fellow students and that they had had problems with provision of pastoral support. Other common responses were: not being offered opportunities for additional responsibilities; less favourable conditions; appraisal unfair; disciplinary action for 'poor work'; exams or assessment marked down; less favourable contract terms; and missing out on a promotion or having a transfer refused.

Reporting

Only one in five of those feeling they had been discriminated against took the matter any further to try to get it resolved.

Among the reasons given for not doing so, the most common were: 'I don't think I would have been believed/taken seriously'; 'I didn't think the authorities would do anything about it'; and 'I was afraid things would escalate'.

Other common responses were "I was afraid of future discrimination or harassment from the authorities"; 'I was afraid of reprisals'; and 'I did not know how and who to report to'.

Of the small number (20) who did take try to get the perceived discrimination resolved, only two declared themselves 'quite satisfied' with the response. Three said they were unsatisfied and 12 very unsatisfied, with the rest unsure or mixed.

A blurred photograph of a hospital hallway. In the foreground, a person in a white lab coat is walking towards the left. To their right, a nurse in blue scrubs is walking. Further down the hallway, a person in a white lab coat and a person in a light blue shirt and khaki pants are walking. The hallway has a wooden floor and white walls. A sign on the wall reads "CRASH CART".

Section 2: The case studies

Section 2: The case studies

Summary

A total of 21 interviews with survey respondents were carried out from among those who had indicated in their survey returns that they were willing to be contacted. They were selected in anticipation that their experiences approximately reflected the statistical trends emerging from the survey.

The interviews are presented as case studies in the next few pages of this report, with names changed to protect people's identities. They clearly offer a more nuanced picture of how life is for LGB people working as medics or studying medicine, and the following sets out a few of the themes that cut across a number of the case studies.

On the positive side, a majority would say the situation is vastly improved on the situation of some years ago, reflecting changes in legislation and in social attitudes in general.

However, there are still clearly many problems, and some of them are fairly specific to working in the NHS and in the world of medicine.

While many interviewees said they are openly gay at their place of work or study – in reality this is qualified. For example people are often wary of being open about their sexual orientation with people they are newly working with, until they have weighed the situation up. Juniors are often cautious of being open with seniors, and several interviewees mentioned keeping quiet on the subject with those whom they know to hold strong religious views.

Both the survey and the case studies indicate that experience of 'environmental' homophobia is very widespread, with many medical and other staff and service users still apparently finding homosexuality an acceptable subject for light-hearted banter and so on.

While many gay medics say they don't want to make a fuss about 'mild' homophobia, the case studies show it is often throw-away comments, rather than direct abuse, that actually have a lasting negative effect on their confidence about being gay in the medical world.

Similarly, while people's sexual orientation can be happily neutral for the vast majority of their time working or studying, a single negative experience can have a major effect on someone's confidence. Some put this apparently disproportionate effect down to the history of negativity around homosexuality – the illegality of homosexuality, section 28, the stigma around HIV, and sometimes their own earlier experiences.

While many of these issues would be common to any workplace, there are problems specific to the NHS and the world of medicine.

One issue that is specific to the role of a medic is the relationship to patients. Although most interviewees stressed that they do not aim to invoke their private life when relating to patients, in some jobs – especially those in the community – knowledge can generally be available about, for example, a local GP. In addition, medics sometimes have to field questions and comments from their patients, which can be more difficult for LGB doctors.

A second cross-cutting theme from the case studies is the lack of confidence among some juniors in being open about their sexual orientation with supervisors, or to challenge homophobic comments from them, because of the power they hold. While this power relationship is likely to be common to other professions, the perception is that the medical hierarchy is particularly strong, and that juniors are hugely dependent on the say-so of their seniors for advancement in their careers.

A third issue raised by some of the case studies relates to the diversity of cultures and religions present in such a huge employer as the NHS. A number of interviewees expressed nervousness about the attitudes towards homosexuality that are perceived to be held by the holders of some religious beliefs. This fear was amplified when the person with religious belief was the interviewee's professional superior.

Overall it is evident that the widespread perceived, indirect, or 'environmental', homophobia, as well as the more serious harassment and abuse, must be fully challenged before LGB medics can feel truly comfortable while studying and working in the medical establishment and the NHS.

Openly gay

Mark

Mark had been looking to specialise in paediatrics but this all changed on a shift when a nurse snatched a child away from him and told him people like him need to be careful around children. 'I had felt I had a good working relationship with everyone,' he said. 'I did not feel I needed to be anything but open.' But after the nurse went on to say that the child had enough problems already, Mark was shocked to find that none of the colleagues present stepped into defend him. 'No-one said anything, everything went quiet and then everyone continued with what they were doing.'

But for Mark there was no way he could continue as before. 'I was terrified; it made me think that there were some very frightening and ignorant views held by my colleagues.'

Mark did not report the incident. He did discuss what had happened with a consultant who assured him that his sexual orientation would have no ramifications on his career but this did not stop him from feeling frightened that others shared the same beliefs as this nurse.

Also as a trainee he felt reliant on other people's views to get him through this rotation: 'I just thought I had to keep my head down to pass.' However it did change the way he behaved at work. 'I became quieter; I was looking over my shoulder more. I wouldn't even wear a pink shirt as I didn't want people to think I was obviously gay.' Mark said he could not pursue a future in an environment where he would have to make decisions like this on a daily basis.

Unfortunately this has not been the only time that Mark has had to deal with homophobia. When working in obstetrics, Mark again faced ignorant comments this time from a consultant who felt she had to tell him that in her native country homosexuality is a sin. This time colleagues did intervene to challenge her and a heated debate took place. And another time when he mooted he might want to go part-time if he and his husband adopted a child, a senior colleague told him the NHS was under no obligation to support him. Again he subsequently received reassurance from others and knows that the Deanery has been very supportive of other gay couples who have adopted.

While Mark's experiences turned him away from a career in paediatrics he feels very positive about his future in general practice. 'In general practice I've had the opportunity to develop relationships with patients and I've been really pleasantly surprised. People see my wedding ring and ask about my wife. I don't hide, I say I have a husband, I have nothing to be ashamed of.'

Amy

One might not expect to hear a senior medic saying that 'having brain damage from a stroke can make someone gay' – but that is what junior doctor Amy witnessed a geriatric consultant telling the family of an elderly patient who was suffering from vascular dementia.

Amy had been on a ward round with a group of other junior doctors and the consultant, who was attending the patient, surrounded by his family. The family, who were Asian, had brought the man into hospital having discovered him watching gay porn and acting in a confused and camp manner.

The consultant, who was from a similar ethnic background as the family, made the comment in front of both patient and family. He then walked off, leaving the junior doctors shocked.

The junior doctors later heard from a sibling of the patient that they had known the patient was gay from an incident 25 years earlier, but that he had managed to conceal it from the rest of his family. That was until he had suffered from the stroke and was now unable to exercise the necessary control.

Overall Amy, who is in her late 20s, has had a mixed experience as a lesbian in the NHS, saying the organisation's culture varies a lot between different teams. She has found surgery teams in particular to have a very macho environment. In one case she was the only female in a team of 14-15 men and didn't feel she could be 'out' as she thought they would talk and banter about it – though she feels this is more to do with sexism than homophobia.

She says in these cases the tone is set from the top: some of the consultants will treat the team as a boys' club and make inappropriate comments, for example about celebrities' 'boobs', and the junior doctors will join in as they want to fit in. 'It could make someone you've worked with on another job, when they weren't like that at all, act in a different way because they want to fit in with the team.'

But she has also had positive experiences, particularly one when working in a hospice, where her consultant was also gay.

She also feels levels of homophobia are related to age – she is reticent about being open if working with an 'old-school' consultant, as she is concerned they might come out with a negative comment. But she feels her own generation has no problem with her sexual orientation. 'As people get older it will become less of an issue,' she says.

Richard

Richard is openly gay with his friends and other junior doctors but stops short of being fully open at work. 'It takes me a while to trust people and see where they sit,' he explained. 'When I first start a rotation there's a fear in the back of my mind that people will see me differently if they know.'

He thinks he is most likely to be out with the colleagues he spends most time with such as nurses and other junior doctors and is reluctant to disclose his sexual orientation to anyone senior. 'I'm very aware of the hierarchy although I hope that as I progress in my career that I will be more open. I think I will be more comfortable doing this once I am in a long-term placement.'

He is now on the second year of the Foundation Programme and has not experienced any direct homophobia. But he has witnessed colleagues partaking in homophobic banter for example openly laughing at a gay colleague but he didn't feel confident enough on that occasion to challenge their behaviour. He is also acutely aware that the hospitals where he works in the East Midlands serve large Muslim populations and he thinks that cultural differences may make it a less accepting environment.

As Richard is not currently in a relationship he does not find there is any reason for his sexual orientation to come up in conversations with colleagues. But he has definitely found that he feels more relaxed on some rotations than others. 'I have been considering going into paediatrics or general practice as this is where I feel most comfortable,' he said, adding that he would not consider orthopaedics or general surgery where he describes the environment as macho.

Kieran

Kieran, a London medical student in his early 20s, is openly gay, both at the workplace and at university, but has had some uncomfortable moments during his training.

One was while on a GP placement in his second year. The situation was an open forum where the GP he was assigned to was discussing a case with a group of students. The case related to an HIV patient of hers who had killed himself, and whose partner, at the subsequent hearing, had described his last hours alive, some of which they had spent in bed together.

The GP turned to the group and said she found the whole thing 'very uncomfortable'. She made clear that she was not referring to the fact that a patient had killed himself but to 'the gay stuff'.

This made Kieran feel very uncomfortable – and also he felt 'singled out', as the other students knew he was gay (although he thought the GP probably did not realise that he was).

However, he did not feel he could take the matter any further. This was partly because she was in control of his marks in that module and he didn't want to get marks docked. But it was also because he didn't want to escalate it for her as he thought she was perhaps just making flippant remarks.

However, it did have an effect on him in that, after that incident, he not want to put himself forward for opportunities in that GP practice. 'I just wanted to keep quiet and pass that placement,' he said.

At university he is generally comfortable with being open about his sexual orientation with his student peers although he has heard a number making comments such as: 'If I were a doctor, I wouldn't treat a gay person'. But he feels this is 'just because they are very young and inexperienced, and have a lot to learn!' He also notes that the university he attends has a high proportion of religious students.

He also hears quite a lot of homophobic banter among students, which occasionally has an undertone of malice. This has occurred during nights out and in the university union. Also in hospital he has heard students inappropriately name-calling others, perhaps not realising he is there. This creates an uncomfortable atmosphere for him.

Overall he thinks the medical profession has a long way to go for a lot of sub-groups to be comfortable – especially in surgery, where he says: 'I personally feel more comfortable if there's a woman on the team'.

He says medical training includes a mantra that cultural beliefs must be put to one side when treating patients, but that there is not much follow up to make sure it happens. His suggestion is that there should perhaps be a clinical skills station that examines how students treat those with different lifestyles to make sure they don't allow their views to impact on their treatment.

Daniel

When Daniel was told by a consultant that some people believe in traditional values he knew she was targeting his sexual orientation. 'I told her that just because something is traditional it does not mean it is right', he said. 'I had made clear that I was gay through my use of pronouns and she didn't like that I was open and was prepared to disagree with her.' Even though this consultant had shouted at Daniel on an open ward and been offensive towards him he decided not to report the incident.

'I figured she was a consultant and felt it would be an up-hill struggle to convince my department that she was homophobic,' he said. Daniel discussed reporting her with a student friend but the more they talked about it the more drawbacks they saw. He wasn't sure that the medical school would back him and taking her on risked having a detrimental effect on his career as he needed her to sign off his training and there was even a chance she would be one of his examiners.

Daniel is a medical student based in Northern Ireland and feels that the environment does not encourage staff to be open about their sexual orientation. 'My gay friends were not shocked at what she had said but at me for saying something back.' He finds that the culture is one that tends to back seniority and age with people less likely to be outspoken. When he has worked in more rural settings Daniel says people seem to believe that gay people do not exist in their community.

When his sexual orientation has come up in conversations with patients, for example when they ask him if he has a wife, he has experienced many negative responses. 'If I say I have a partner they go from being chatty and become disengaged and don't look at me, the conversation shuts down,' he explained. 'This makes me sad as I'm meant to have their trust but I can't pretend to be someone else. These incidents happen more often than I would like.'

He is unsure how to respond if a patient is openly homophobic. 'Should I step away or am I obliged to continue taking their history and chat to this person?' he asked.

Daniel wonders if things will become easier once he himself becomes a consultant. 'I would still be scared to complain if they were the ones to sign me off to join a training programme.' Daniel's experiences have influenced where he wants to train. 'I love being here but I want to transfer to London where I hope I can be more open. I feel so principled but what use is this if I don't have a job.'

Despite all this Daniel remains optimistic and believes improvement will come from making people understand they can make a difference. 'I've noticed there are lots of allies around me but they don't know how to speak up.' He thinks that improving people's awareness of the issue would make a huge difference: 'I sometimes see a poster stuck on a wall saying this is an inclusive environment but that's it, what would be great is to have someone from an LGBT organisation come in and do a 15 minute talk.'

Training, training, training

Lucy

Lucy, a junior doctor specialising in anaesthetics, has always been open about her sexual orientation and overall thinks that the NHS is an inclusive place to work. She has always put on her CV that she has been involved in various gay societies and this has not had a negative effect on her career progression. However this does not mean she has not encountered unpleasant attitudes towards the LGBT community.

Only recently starting work in a new hospital she was shocked to witness a lot of homophobic comments being made about a lesbian patient at a big team meeting with doctors, nurses and theatre staff all present.

'They didn't know I was gay as I was new on the job,' she explained. 'Usually I would say something but I'd just started there and I was really taken aback.'

The incident will not stop her being open in the future but it has knocked her confidence and made her wonder if this is what they really think about gay people.

'It makes me angry that people think this way. The patient was unaware but it shouldn't be happening. Even if the patient can't hear, it's inappropriate,' she said.

Lucy feels that she is normally able to ask people to stop with the 'gay bashing' if she hears such comments although she is not sure how she would tackle taking on such a large group of people.

This is not the first time she has witnessed homophobic comments being expressed about a patient just out of earshot. 'There is definitely homophobia in the NHS. Staff homophobia towards patients can start as jokey banter but it can get out of hand.'

She has never experienced any homophobic comments directed at her but she finds people always assume she is straight.

'Since I got married it is worse. Before I said partner and people would often pick up that they could be male or female but now I say wife people can't seem to grasp the idea,' she said.

Lucy would like to see more diversity training nationwide so that people think more about the language they use and how it can affect people.

'There's not enough education. We need something robust that really makes people think, one e-learning module on diversity when you start in a trust is not enough to make people think about how their words affect people.'

Dominic

Dominic was working as a hospital consultant when he transitioned. While he says he was not naïve about how people would respond, he was shocked at the level of ignorance he encountered. Ultimately his experience contributed to him changing his specialty and in his new workplace he is no longer open about his life.

"I don't think the NHS is an LGBT-friendly environment," he said. "There are pockets of understanding, pockets of openness but there is a large degree of hostility." He thinks the medical profession is in part to blame but also the organisational culture of the NHS.

Dominic is completely open about himself outside of work and he says the same is true of many of his LGBT colleagues. "The issue is that we can't be open and honest at work," he says. "While 90% of the time it would be fine, that 10% is enough to make people hold back."

Problems lie not just with the staff but Dominic says with patients who are older, religious or from different cultures.

Dominic describes the period when he was transitioning as a terrible time. One consultant colleague openly mocked trans people's right to transition in the workplace. While he may have been unaware about Dominic's particular circumstances, this incident had a huge impact. "I just thought he was deeply ignorant and blind," he said.

Equally damaging was people's failure to respect Dominic's wishes to be treated as a man. Initially he was accepting as it takes a while for the physical changes to manifest but over time his colleagues' behaviour become more incongruous. "After I made it clear how I wanted to be referred to, they were constantly using the wrong pronoun about me.

'Anyone who meets me sees a man so to be referred to as she in front of patients was outing me'.

Before transitioning Dominic had written to his line manager asking if he could speak to staff for half an hour on trans awareness. His request was denied on the grounds that there was no need for it.

The situation reached breaking point when Dominic was removed from normal areas of work. 'I was just given work at the lower end of my capabilities'. He knows of two letters that went to the clinical director asking for his contract not to be renewed and to restrict his area of practice.

Dominic went through the formal routes to complain and ended up in a tribunal but lost his case.

'Eventually you give up fighting because it's not worth the energy', he says. 'I had to leave that workplace. It wasn't sustainable; it was like walking into a den of lions on a daily basis'.

Dominic had received some support from senior members of staff but ultimately there was a lack of understanding of what was needed.

'There were individuals who had empathy but no-one at a high level was prepared to stand up for me and that to me speaks volumes about institutionalised prejudice'.

In his new job Dominic anticipates talking about his life more openly although past events have made him cautious and he is terrified people will revert to using the female pronoun when they found out.

'I need to be able to relax at work and not consume energy hiding or pretending', he said.

Dominic believes that the most important thing that can be done to help other trans people and the wider lesbian and gay community is to have education and training carried out by people who know what they're talking about.

'There has been a huge shift and lots of good work has been done. Trans education will flush out the real transphobia'.

Paul

Paul is 56 and retired just over a year ago as a GP after working in a Yorkshire and Humberside practice for many years. While working he was open with his GP partners and one of the practice nurses but not with most of the other staff.

He said this was 'my decision really... I suppose I didn't want to have that conversation because I thought it might stir up some negative feelings.' He also kept it private from patients, despite the fact that he thought most of those staff and some of the patients probably suspected he was gay. 'Knowing someone is gay is different from suspecting it,' he says.

He felt his work environment did not encourage him to be open about his sexual orientation. For most of his employment he was the only gay person in the surgery and would overhear things or be involved in conversations that would reinforce not coming out. For example, 'people would say slightly offensive things about LGBT people in the coffee room when I was there, even though they knew I was gay. If they were general things I would challenge it, but it made me think – I'm not going to tell you about my private life.'

The problem was, this blocked him out of conversations where everyone else talked about their husbands, wives and children, and 'it's a bit unpleasant and I did feel that I was not part of that conversation'.

Paul was also keen to keep his sexual orientation private from patients. He was told by one elderly long-term patient, who had not herself been concerned about his being gay, that her neighbour had told her that she had stopped coming to see him as she had 'found out what he was'. He feels that for many people, homosexuality still equals 'pervert', and that many more patients would have stopped seeing him if he had been openly gay.

One other matter that he feels has rather gone against him as a gay doctor has been the allocation of holidays within his practice. There was an assumption that, as he was gay, he would have no children and therefore was always expected to work in school holidays and at Christmas and so on, and he could hardly ever take time off in school holidays. However, he did eventually challenge this, and came to an acceptable compromise.

Overall Paul feels there are worse and better places than the NHS for LGB people to work. He suggests the NHS could have a campaign that says it's OK to be gay and unacceptable to be intolerant of homosexuality – and to get rid of the still-present taboo over these issues.

Alice

Alice, a general physician in her late 40s has had an unusual career trajectory. She became head of emergency services in a large hospital but, because of an unpleasant experience which included being 'outed' by a local newspaper under stressful circumstances, she gave up that senior role and active clinical practice. She recently moved to work part-time at a staff grade in another major hospital A&E department in the North of England and part time doing charity work.

She is perfectly at ease with her sexual orientation at home and in the community, but is neutral about whether it is easy to be 'open' at work in the new hospital and tends to avoid answering questions that immediately give the game away. She also feels it is difficult to be frank about her domestic life. For example, 'I don't feel I can say 'I'm having a hard time at home' as I'm a bit of an ambassadress,' she says.

'The staff here are lovely but the senior consultants are all men and the nurses are all women and the clinical tearoom is full of pictures of babies – it's very celebratory about babies.' In addition the lead doctor, whom she also describes as 'lovely', 'oozes a happy, normal married lifestyle'. It is these things that make Alice not *completely* comfortable about being out in this new environment.

There are contradictions, as Alice and her partner have two children themselves, and she says that, generally, since she had children she has become part of what she calls the 'inner circle' – people who go to weddings and talk about their children's progress at school and so on. But she is very aware of people who can't do this, whether it is because of their sexual orientation or maybe for other reasons such as not being able to get pregnant or struggling as a single parent.

She feels senior figures in the NHS and the medical establishment must support gay and lesbian managers, which in turn 'sends out a good message to other staff.' Beating homophobia is not done by outsiders saying 'you mustn't be homophobic' but by educating people to 'be imaginative about being in someone else's shoes'.

Oliver

Oliver is a junior doctor in his early 30s working in public health in various settings in the north of England.

Like many in medicine, he has come across homophobic banter and had assumptions made about him because he is gay. But he had a more sinister experience when, as a junior doctor moving to a new town, he found a room to rent in house shared by a group of medical students.

He moved in while they were away together on holiday, but on discovering Oliver was gay they messaged him from their holiday to say the arrangement would be uncomfortable for them and indicated strongly that they did not want him to stay.

Oliver found this particularly shocking, particularly as they were all medics, and also as the students were not even particularly young. Not surprisingly, he did not feel able to stay in the house, and the incident left him feeling unsettled in the new location.

He feels that, generally, medical students are an accepting group of people, but there can be problems when they are in groups, especially those related to sporting teams, as was the case with those in the house-share.

As sporting groups are very popular among medical students, Oliver feels this is an area the academic medical establishment could perhaps look at for action to try to improve the culture in relation to diversity and homophobia. He personally had been put off joining any sporting group because of the macho culture.

Since he has been working in public health he has felt comfortable. But although most of the people he works with are 'lovely and inclusive', he doesn't feel he can open up to everyone, and would think twice about it if talking to a consultant, for example. He feels awkward discussing his sexual orientation and would 'rather people found out organically'.

He says: 'I have had LGBT colleagues in public health and they have been respected as they have been good at their jobs.'

Michael

Michael is a highly qualified and experienced clinician who a few years ago suffered 'what felt like a discriminatory experience' at work – though so little was revealed about the incident he remains somewhat mystified.

Now in his 60s working as a consultant in clinical risk management, Michael was previously a clinical director of a surgical specialty department. But in the 1990s he was diagnosed with HIV so had to switch away from surgical work.

Four years ago, because the rules were changing about the work that could be carried out by someone with HIV, he thought about going back into outpatient work in his old department. He was assessed as capable of doing such work, and of course was very highly qualified and experienced. But at his formal interview with HR and the medical director (who was sympathetic to his case) was told that there was no guarantee of being offered work.

'This seemed illogical,' he says. 'They are paying me a consultant's salary anyway but they don't want me to do a consultant's job. I would be additional to the team, so they could do more work at no extra cost,' he said.

But absolutely nothing happened, no job was offered and nobody gave him a reason as to why they did not take up his offer. He got the impression that it was the consultants in the team that actually did not want him – most likely because he was gay.

However, he didn't feel like taking the issue any further, and that was the end of that.

This, however, was a very specific incident, and his day-to-day experience in the NHS as a gay doctor is one of discomfort rather than direct homophobia. He calls it the 'water cooler effect' – informal chat where conversations tend to veer towards children and other aspects of heterosexual family life, which inadvertently has the effect of excluding you if you are gay.

While it is not only LGB people who are excluded from talk about children, he does feel as though people are not really interested in what goes on in his life as a gay man, because he doesn't have the 'commonality' in his life with other people.

He feels there is a problem in the NHS in that there is lip service paid to diversity, and it has policies on the intranet and so on, but that doesn't mean anyone reads them or buys into them. 'I don't think the NHS features in the top 10 LGB-friendly companies,' he says.

He feels the NHS, as a major UK employer and an employer of huge diversity, should have a national diversity day once a year 'where the diversity of *all* the people in the NHS is recognised and we embrace people's differences.' This would also help to wipe out prejudice, he feels.

Keeping quiet

Charlotte

Charlotte is a locum GP in her 40s in a largely poor inner-city area. While generally open about being lesbian, in her work environment it is a bit more complicated.

The practice she works in serves a largely poor, often conservative, Bangladeshi community. The practice is largely run by Christians, though several of the staff are Muslim, some of whom are quite 'conservative' and others not at all.

Her colleagues know she is lesbian and Charlotte is very friendly with many of the staff. But she knows some of them have negative views of homosexuality. One administrator told her: 'We don't really agree with gay people', but Charlotte knows she is a bit unstable so has not pursued the matter.

She says her patient population is 'very patriarchal' and the women are often 'covered' (some wearing the niqab and all wearing headscarves). 'I am aware that a lot of our local community is very anti-gay,' she says. 'So with patients I just keep my mouth shut'.

'If patients express negative opinions about gays and lesbians, I don't challenge them. This is partly because it's not my role as a GP but also because they will assume I'm lesbian or feminist or something they don't like.'

Charlotte has suffered verbal harassment and abuse from some people in the community, some of whom were patients or former patients. A small group of Islamic fundamentalists who stand and march in the area campaigning for Sharia law have shouted things at her like 'you're disgusting; you're a doctor; you're a lesbian; we're going to kill you'.

She knows it's 'probably all bluster, but I feel quite vulnerable being a GP in that area thinking 'how many of you am I going to have to see again as my patients?' She is worried about the prospect of having to examine them as they could make an allegation of inappropriate conduct – 'because there is so much hatred there'.

And this relates to a specific in-work problem Charlotte has, which she says is partly a sexual orientation issue and partly a gender issue: this is the question of chaperones for intimate examinations. She says that male doctors doing breast and genital examinations frequently ask for a chaperone – to protect them from allegations of inappropriate conduct. If one is not made available, they often refuse to do the examinations. However, if she requests a chaperone she is sometimes refused, on the grounds that women are rarely accused of inappropriate conduct.

On a separate issue, Charlotte feels she has been on the receiving end of another aspect of unfair treatment in work practices. She was asked to apply for a partnership, which she did, and entered discussions. But agreement could not be reached on her desire to have an additional amount of annual leave, which she wanted because of her voluntary work commitments.

She had argued that the time off she had requested was equivalent to the extended maternity leave and pay that the practice offered to partners having babies beyond what is required by law, as the practice is very progressive on such issues. She feels the lack of agreement reflects the fact that general practice is very 'heteronormative' and comfortable to cater for a classic 'family with children model', but does not see other reasons for wanting flexible working as equally valuable.

Rhona

Rhona, a semi-retired paediatrician in her 60s, has seen enormous change in attitudes towards homosexuality during her career, and now feels that medicine and the NHS are excellent places for gay and lesbian people to progress in.

She did suffer a very serious form of homophobic harassment 30 years ago but she is very confident that such an incident would not happen now: 'I think we've moved on a long, long, long way these days', she says.

However, she still suffers somewhat from what she calls the 'baggage' she carries from an era when some were hostile to gay people. On top of that she has moved from working full time in London to working very part time in an isolated Scottish community, which has brought her inhibitions more to the fore.

She had been a consultant paediatrician in London until 2007 and all her colleagues knew she was gay. She often had colleagues round to her and her partner's house for social events and they were invited back in return.

Rhona now works part time in a clinic where she sees her colleagues just once a month. She gets the feeling that people are more reserved in the area and she does not want to embarrass people by being too open about her sexual orientation. While she has an occasional similar social arrangement with some colleagues as in London, it is a much more limited group that is invited. This can make her feel a bit isolated.

But she feels much of her inhibition is coming from herself, rather than from other people. 'If anyone's got a problem, it's me! Mainly I don't want people to feel uncomfortable,' she says.

Seb

Seb, in his early 30s, works as a junior doctor in psychiatry in London and says his sexual orientation is 'absolutely not an issue' with his medical colleagues there, some of whom are also gay. He is slightly more reticent with some non-medical colleagues.

The culture is very different from his experience in other specialties where he has worked, such as A&E, where he says attitudes towards all diversity were much more hostile (though that was just outside the capital and was a few years ago). These attitudes were more pronounced among nurses and support staff than doctors, but he adds that A&E is a very pressured area and generally has a more 'macho' culture.

He says those attitudes probably steered him away from such specialties at an early stage and towards psychiatry, where he feels more comfortable. But although he is open about his sexual orientation, he nevertheless says: 'I tend to like keeping my work and private life separate'.

He is aware this can 'pigeon-hole' him. 'People think I'm not in a relationship, and sometimes people think you don't have a family life'. This can be a problem as people assume you don't want a bank holiday off, for example, and the expectation is you don't have to get home because you don't have children. 'It's a bit insidious'.

While Seb receives no harassment from colleagues, he sometimes receives pretty offensive verbal abuse from patients. While the practice is very supportive in these instances, he is keen not to make a fuss and not to be at the centre of attention. He sees such patients as being to some extent unwell or for various reasons hostile to the service or to doctors and will latch onto anything to launch an attack, and he is not personally upset by that. He feels embarrassed when colleagues actually take the issue too seriously, and would rather it was just ignored.

Sandra

Sandra, a consultant psychiatrist working in Scotland, is pretty positive about being gay and working both in the NHS and in the medical profession, although it hasn't always been that way.

She is in a civil partnership and has two adopted children, and most of her colleagues know she is gay, though she is slightly reticent about talking about her family at work.

She is in her 40s and to some extent she chose her specialty as she felt it to be relatively LGB-friendly, and says her work environment encourages her to be open about being gay.

Nevertheless there are moments when she can feel uncomfortable. In particular her colleagues in one job, in trying to undermine the authority of a member of management, made occasional jokes about his sexual orientation. They made jibes about his looks which 'had a homophobic feel' – though these were quite subtle. This was despite knowing that Sandra is gay. She didn't like it but tended to ignore it as she had not been in the practice very long.

Apart from this, working in psychiatry has not been very problematic from this point of view since she has been a fairly senior practitioner.

Some years ago when she was more junior, however, Sandra certainly encountered some more overt homophobic attitudes. One, about 10 years ago, involved colleagues asserting that being gay was still classified as a mental disorder, despite her arguing that it wasn't. In another case, a consultant (her boss) used the fact that a patient was unmarried, of a certain age and had had same-sex relations, as evidence of their emotional instability. 'I found it quite upsetting, but didn't challenge it as I was very junior and he was my boss,' she said.

She feels things have changed dramatically – in line with legislative changes – though this may partly be that people are just more reticent about voicing their attitudes. In any case, now that she is more senior and more experienced, she would not allow such comments to go unchallenged.

Emma

Emma came out at 17 to her family and at university was completely open about her sexual orientation, regularly organising events and support groups for the LGBT society. But something changed when she started her foundation year. 'At that stage if someone asked me about my sexual orientation I wouldn't lie about it but I had a sense that there was a resistance, a few little comments started creeping in, there was ignorance about it', she explained.

As she was moving around every four months Emma would have to repeat the cycle of coming out in each new working environment. 'I felt I was the subject of gossip each time and then I would have to go through it again four months later.' Unsurprisingly Emma found the whole process tiresome and started to question why these people needed to know that she was not straight.

Even though she is now a registrar on one year placements she keeps her private life completely separate to her work. 'Colleagues talk about their husbands, wives, their social lives but I don't anymore', she said. 'I find it easier not to say anything. I don't want to be asked intrusive questions about my sex life'. As this is exactly what happened in the past when Emma had been more open: 'With junior colleagues the conversation would always turn to how lesbians have sex. Why is this ok? I find it very uncomfortable.'

While Emma says she is happy to just be openly gay outside of work and that she's not at work to meet people, she acknowledges that this does affect some of her interactions. 'Not coming out probably makes me a bit frosty,' she says. 'My colleagues probably think I'm all work and no play because I don't talk about my private life.' Occasionally when Emma has opened up to someone she immediately has asked them not to tell anyone else. 'I absolutely hate doing this, this has never been me and I feel like such a hypocrite. I can't believe that I've become like this.'

While Emma works in the male-dominated area of orthopaedics she does not find it to be a sexist environment but has been surprised by the amount of homophobic comments she has heard. She describes being told in whispered tones about lesbian colleagues. She also knows a consultant who is a lesbian and finds that all the junior house doctors who come to report to her have already been briefed about her sexual orientation. 'I don't want to be introduced as she's Emma; she's a surgeon; she's a lesbian'. Emma is adamant that at work she wants to be defined by her skill as a surgeon and not as a lesbian.

She suggests that it may be harder to be open in the NHS because it is such a big organisation and you are constantly meeting new people. However, she does think she will be more open once she is a consultant based in one place. 'Once people have asked their questions they don't have to ask them again, you'll just be seeing the same people day in, day out,' she said. 'But I'm not sure that being homophobic is socially unacceptable in the way being racist is'.

Rob

After nearly two years working in general practice Rob feels happy in his workplace. But as an openly gay man in his early thirties he has encountered difficulties. A recent weekend away organised and paid for by the practice partners highlighted this. 'At no point was I asked if I was bringing someone', explained Rob and this is despite other colleagues bringing their partners and it being general knowledge that he has a partner. 'I'm not sure I would have felt comfortable taking him and I'm not sure it would have worked out well,' he added.

Some of the older GP partners do not ask about his private life and clearly feel uncomfortable if the conversation heads this way. He has encountered ignorant views with admin staff asking him personal questions about his relationships in a public space. Once when he was with a patient a message pinged up on his screen telling him that he would like the new trainee because he was gay. Rob has spoken to the people involved about these incidents and is hopeful that the curiosity surrounding his private life will dissipate as he becomes more established.

However, he does have some concerns about the future. In a discussion between colleagues about maternity and paternity leave he was met with silence when he asked what would happen when he plans to adopt. 'It was clear that an assumption had been made that because I'm gay I won't have children'.

While Rob is open with his colleagues he is not with his patients and even has a picture of his nephew on his desk to stop questions. Rob still remains marked by the way he was treated by one of his patients. Only a month into the job a young woman came to see him in a consultation and when he was unable to give her the treatment she wanted she started demanding to see a proper doctor and hurled homophobic abuse at him as she had somehow guessed that he was gay. Rob was very upset and it initially made him question whether he wanted to carry on working there. The practice was supportive describing her behaviour as unacceptable and she was sent a warning letter.

While this has fortunately been a one-off incident Rob is still uncertain about how much he wants patients to know about him. He worries if he revealed he was gay this would become the focus. He has many young men come to see him for personal examinations because they prefer to be seen by a man but he wonders how they would feel if they knew he was gay. On the other hand, Rob has told some gay patients that he is gay as it has made them feel more comfortable. 'I think patients who are gay often don't tell their doctor and this means that the doctor doesn't have the whole picture and wrong assumptions can be made', he said.

Ahead of the rest

John

John has worked for the NHS for a number of years and is currently in the North West spending a year as a locum after finishing his foundation year 2. His experience as a gay man in the NHS has been almost universally good and he can confidently say that he has never experienced homophobia at work.

‘People have only ever been positive when I mention that I have a boyfriend’, said John. He believes that among his peers there is an assumption that you will be open about being gay and that they would be surprised if you weren’t. Given this John was taken aback when he had a supervisor who, while being pro-gay, seemed to consider him a victim. ‘It was a bit poor you. She saw it as a burden I had to carry,’ he explained. ‘This is not the way I feel and this is the only time anyone has expressed this view.’

John has also been impressed by what he has witnessed. In one instance an elderly trans woman from a nursing home came in for treatment and John saw that none of the nursing staff made any jokes at her expense and despite her not looking like a woman they treated her as one. He feels this attitude came through from the nursing leadership. He also feels the institution makes the effort to promote sexual minorities and he refers to posters he saw recently for trans training days.

In fact the only negative experience John has had was during a brief period when he worked for the Trust’s management side with a research and development team. One of the external partners who came in was trans and he found the team would joke about her in an unkind way. ‘It was a real contrast, I’ve found it better on the clinical side,’ he said.

‘In general I think the health service is ahead of the rest of society,’ said John. ‘I think most in my generation would report the same experience as me and it will be more positive again for those who are just out of school’.

Ben

Ben, a 32-year-old mature medical student in Newcastle, is openly gay with colleagues and fellow students, but finds dealing with patients a bit trickier. He says, while medical school drums into students that 'your private life is your private life' in relation to patients, 'there is a need for some give and take, as doctors need to build a rapport with patients'.

And here he feels there is something of a problem as a gay man, as patients will assume you are straight unless you suggest otherwise. This he is loath to do, in case it would make them feel uncomfortable. If a straight doctor happens to casually mention something about their girlfriend or boyfriend in passing, it would hardly be noticed, but if he did the same about his partner, it would carry much more meaning. Because of this, he feels he has to constantly present a 'blank slate'. Over time this makes him feel rather uncomfortable.

While Ben feels that the institution where he studies encourages him to be open about his sexual orientation, he retains a certain element of caution with his superiors. He is aware that medical students are 'on the bottom rung of the ladder' and at the 'behest of people higher up as to whether or not they will sign us off; whether or not they will invite us along to something. So in a sense I never want to jeopardise my opportunities by letting my personal life spill over too much.'

He has never actually faced this as a problem but 'there is potential for it because not everybody thinks the way I do'. While he accepts that people can have these opinions, he does not want that to spill over into discrimination: 'I want the same opportunities as anyone else'.

He is also aware that the NHS is a large and diverse employer and is careful with whom he is open: he is a little concerned that he has been allocated a personal tutor who is particularly religious, and is not confident of letting her know that he is gay.

However, he feels the NHS generally encourages him to be open about being gay, and is pleased to notice a number of rainbow lanyards and LGBT awareness posters in the hospital where he has been working.

Ben feels it would be useful for medical degrees to include an element of diversity training, including information on where to go if you have a problem in relation to these issues.

Meena

Meena, a 27-year-old acute care common stem (ACCS) trainee is openly bisexual with family and friends but tells very few people at work about her sexual orientation.

She has three main reasons for this. One is that, as a junior she lacks confidence at this stage in her job and is concerned that if anyone had any negative views about her sexual orientation, it would reduce her confidence further as a trainee.

Secondly, as an Asian woman in a predominantly Caucasian hospital environment in Southern England, Meena is very aware that, 'to have another difference makes my minority group even smaller' which she feels potentially sets her apart from her peers even more.

Her third reason for keeping quiet about her sexual orientation is restricted to Asian colleagues and superiors. She fears they may have their own strong religious, or particularly cultural, beliefs and is worried that they would expect her as an Asian person to share their values, and would not be happy with her bisexuality. She is concerned that this might impact on the way they treat her as a trainee.

In general she finds the medical profession very inclusive and non-judgemental. She would tend to be happy telling non-Asian supervisors about her sexual orientation, but she would do her best not to tell any supervisors if they were Asian, and might even lie if asked about it.

The only other time she is uncomfortable about being open is with patients who from time to time ask her if she has a boyfriend or say they are surprised she hasn't 'been married off yet'. She tends to avoid answering as she doesn't know how patients could react to her bisexuality and would like to avoid any conflict of beliefs. She has experienced a lot of inadvertent 'heteronormia' from patients and colleagues: the assumption that she is straight. Colleagues to whom she is open about her bisexuality have said this is because she 'doesn't look like a lesbian' and that because she is Asian they 'wouldn't have considered [her] being gay'.

Regarding the NHS, she would like the diversity training that is compulsory at induction to be more face-to-face and ideally, with a multidisciplinary team, rather than the largely computer-based activity that currently exists. This would potentially allow an appreciation of differences in attitudes towards sexual orientation, both within and across ethnic communities. She feels that a way to illustrate this would be through a LBGTQ+ spokesperson from an ethnic background. The spokesperson could highlight and compare personal experiences of the various negative, positive and neutral reactions they received from their work, social and native cultural circles. In addition, she thinks that the level of diversity training could be guided by anonymised local hospital survey, asking whether a healthcare professional's behaviour towards a trainee (for example, level of supervision, professional trust) would be influenced by their trainee's sexual orientation.

A blurred photograph of a hospital hallway. In the foreground, a person in a white lab coat is out of focus. To the left, a nurse in blue scrubs with a stethoscope around her neck is walking. In the center, a woman in a white lab coat and hairnet is walking towards the camera. In the background, a man in a light blue shirt and tie is walking away. A red sign on the wall in the distance reads "CRASH CART". The hallway has a polished wooden floor and recessed ceiling lights.

Section 3: Action points

Section 3: Action points

Several interviewees referred to the compulsory NHS diversity training as being inadequate, tick-box or computer-based. One fairly typical comment was:

‘There’s not enough education. The only training is an e-learning module on diversity when people start work for the Trust. We need something more robust to make people think. We need something to make people think about how their words affect people and more regular updates on diversity training.’

Other practical suggestions for action included:

- Mandatory education and training for doctors – ‘carried out by people who know what they’re talking about’
- Have someone from an LGB organisation come in and talk
- There should be more promotion of nationwide initiatives such as International Day against Homophobia.
- Some hospitals have LGBT staff networks and these should be more widespread.
- Mentoring of junior staff by more senior LGBT medical staff. They might be able to help someone with coming out or could step in if someone is being homophobic.
- Knowing what avenues are open to you if someone is being homophobic or biphobic.
- Receiving helpful feedback from assessors when junior doctors write in their portfolios about their experiences
- Medical degrees to include diversity training, including information on where to go if you have a problem in relation to this issue
- Some further research/understanding on the complex issue of gender and chaperones (eg while male doctors can get for chaperones for intimate examinations of women, lesbian doctors may also need such protection)
- Support for senior LGB managers to be ‘out’ in order to send a message to other LGB staff
- Educate people in small groups to ‘be in someone else’s shoes’ rather than outsiders saying ‘you mustn’t be homophobic’
- Sexual orientation monitoring
- Enhance the NHS’s diversity training so there is more face-to-face work and include an understanding of what people from different ethnic minority, cultural and religious backgrounds think about non-heterosexual people
- Have a National Diversity Day during which all the diversity of the people in the NHS is embraced
- NHS campaign that says it’s OK to be gay and unacceptable to be intolerant
- Include in training a communication skills station to examine how students treat difference, to ensure they don’t allow their views to impact on their treatment of others

From these suggestions an action plan has been developed to progress this agenda and create greater awareness of homophobia in the workplace.

Action Plan 2016/2017

Objective	Task	Stakeholders	Deadline
To ensure that this report is used as a valuable library of evidence that emphasises the need for the NHS to bring about a culture of change to enable the eradication of homophobia and biphobia and discrimination in the workplace	1. Disseminate to all health care staff through organisations, not just to doctors	GLADD and NHS Employers	October 2016
	2. Develop an interactive booklet in line with LGBT history month as a way of promoting some of the case studies, raising awareness of discrimination (including some specific issues faced by trans people) and celebrating success amongst these groups. This will be shared on our respective websites	BMA, GLADD and NHS Employers	February 2017
	3. Promote the issue of homophobic bullying and discrimination via BMA Blog and BMA News. We will utilise straplines linked to case studies and the following resources: – Unhealthy attitudes – Stonewall – Your rights as a patient – GMC – RCGPNI guidelines for care for LGBT patients – Protecting patients, your rights as LGBT people – GMC	BMA, GLADD	October 2016
	4. Encourage NHS Employers to send case studies to NHS trusts to be incorporated into their equality training for all healthcare staff	BMA	October 2016
	5. Encourage each MSC (Medical Students Committee) representative to use data to help in their medical school and also for their tutors to use for teaching and welfare	BMA	October 2017
	6. Encourage universities, the Colleges and Faculties to formally incorporate consciousness of LGB issues into their training programmes to ensure a consistently high standard of awareness among students and trainees	BMA and GLADD	May 2017
To increase the level of equality monitoring data held on sexual orientation, increase LGB representation across NHS Trust	Encourage Royal Colleges to monitor sexual orientation to ensure a consistently high standard of data is held among students and trainees. This is vital to understand how LGB people fair in training and career development	BMA, GLADD and NHS Employers	June 2017
To develop bespoke LGB training packages	A teaching resource for medical schools	GLADD	2018
To link to this document to Stonewall document -unhealthy attitudes which covers all of healthcare, and this report covers doctors and medical students only	Liaise with Stonewall	BMA	January 2017
Further work to be done by GLADD with dentists	Consider a similar project with dentists	GLADD and NHS Employers	TBC

British Medical Association
BMA House, Tavistock Square,
London WC1H 9JP
bma.org.uk

© British Medical Association, 2016

BMA 20160861