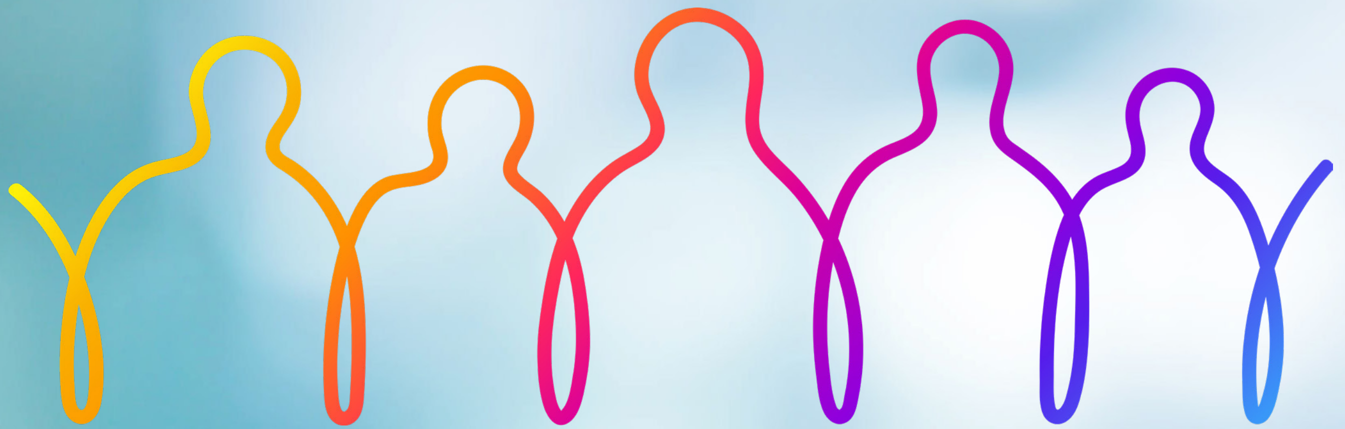
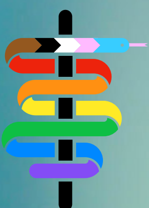


Sexual orientation and gender identity in the medical profession



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Foreword

This report gives our profession a useful and timely reminder of what prejudice and discrimination look like for LGBTQ+ doctors and medical students in the UK. There has been progress for LGBTQ+ people in institutions over the last decade, from updated policies to recognition of Pride month. Initiatives like the NHS Rainbow Badge have become more widespread. However, attitudes and workplace cultures have often lagged. We have seen the return and rise of homophobic and transphobic caricatures as predators. There are repeated attempts to limit healthcare access including access to PREP, IVF and gender transition related care. Hate crime and attacks on LGBT cultural events are increasing. All of this comes with support from the far right.

To quote the celebrated advocate and campaigner Selisse Berry: "No one should ever have to choose between a career we love and living our lives with authenticity and integrity". The ongoing prejudice of our colleagues is a serious problem. Many of us will recognise the experiences described here. I am the first Chief Officer in the BMA to be "out". It is unlikely that I am the first LGBTQ+ Chief Officer, but it is not always safe to be out publicly, especially in professional circles. I have personally experienced incidents of homophobia and biphobia, and have witnessed transphobia, both at work and within the BMA, that resonate with the findings of this report.

This report describes where we are now, but it also outlines suggestions for how to continue progress for LGBTQ+ people. Some of the actions require institutional support: others are actions individuals can take. We hope that all colleagues will join us in the struggle for LGBTQ+ rights, against homophobia, biphobia, and transphobia.

Dr Emma Runswick (she/her), Deputy Chair of BMA Council UK

No one should face hatred, hostility or discrimination because of who they are. This is a core principle that drives the work of the British Medical Association, and one that underpins every element of our efforts to support both medical professionals and our patients. And we should expect this from our NHS. As Chair of our Representative Body and lead for Equality, Diversity and Inclusion, I stand in absolute solidarity with our LGBTQ+ colleagues. We are determined to address the issues that have been highlighted in this report.

We recognise that the findings of this survey will be distressing for many to read: primarily for those LGBTQ+ people who have suffered these behaviours directly, but also to the many allies from beyond the LGBTQ+ community who will rightly also be angered, shocked, and saddened by what this research has uncovered. This report marks the first of many steps we will need to undertake within our organisation, and in our wider work, to root out this discrimination.

The findings of this report can, and must, galvanise action to address gaps in education and training and to overhaul discriminatory systems and practices that allow unacceptable prejudices to continue to blight working lives. It must also serve as an opportunity for every one of us to reflect on how we treat the people around us, our colleagues and patients, to ensure that everyone is treated with dignity and respect. We look to those in the NHS and healthcare and in places of power. If this isn't a priority for you already, it needs to be. We look forward to working with you in eradicating discrimination and building a more inclusive culture for all.

Dr Latifa Patel (she/her), Chair of the BMA Representative Body

Over the past 25 years GLADD has been surveying its members to better understand the experience of being LGBTQ+ in the medical workplace or university. It is heartening to see that overall things seem to be improving for our lesbian, gay and bisexual colleagues. In this most recent survey, many people reported feeling that the profession and workplace appear to be more open minded and accepting of all sexualities, with almost twice as many people saying they are completely 'out' at work than before.

However, it is evident that a huge amount of work remains to be done to make our workplaces truly safe and accepting places for LGBTQ+ people, with almost half of LGBTQ+ respondents reporting witnessing prejudice or discrimination within the past two years. Whilst there appears to be some steps forward for LGB colleagues there has not been progress for LGBTQ+ folk across the board. We are particularly concerned by the experiences of our trans and non-binary colleagues, which range from everyday microaggressions to appalling examples of outright prejudice. Transphobia is clearly seen by LGBTQ+ people as an issue throughout the wider medical profession and the volume of respondents regularly experiencing transphobia at work demands urgent action.

In line with the other BMA reports in this series; data was collected from those not in the LGBTQ+ community to better understand the discordant perceptions of what LGBTQ+ people experience in the NHS. That fellow doctors felt it appropriate to submit some of the statements reviewed in the creation of this report is indicative of the insidious persistence of homophobia, biphobia and transphobia throughout the profession.

Aspects of this report may be difficult to read, and many of the quotes are distressing. We hope, however, that this report will both raise awareness and act as a call to action to the improve the experiences of LGBTQ+ medics working in the NHS.

I would like to thank all of the GLADD team who were involved in this report. Most importantly, however, I would like to thank all of our LGBTQ+ siblings for taking the time to engage in this survey.

Dr Ciara Greer (she/her), Chair, GLADD (The Association of LGBTQ+ Doctors and Dentists)

Introduction

We want to see a medical profession where all doctors feel valued and supported and are able to train and work without being disadvantaged, or discriminated against, because of who they are.

In 2016, the BMA and the Association of LGBTQ+ Doctors and Dentists (GLADD) conducted research looking at the experiences of discrimination faced by lesbian, gay and bisexual doctors in the workplace. Six years on, we wanted to find out what progress towards better inclusion has been made. In this new survey, we also wanted to look at the experiences of trans and non-binary medics, including medical students, and the views of doctors who are not themselves members of the LGBTQ+ communities.

The first part of the report looks at individual experiences of phobia and discrimination and their impact on professional and personal wellbeing. It also looks at the extent to which people are reporting phobia and discrimination they experience or witness, and the consequences they face for doing so. The second part of the report looks at broader systemic factors that contribute to supportive and inclusive environments and how inclusive of diverse sexual orientations and gender identities people perceive their work and study environments to be. The third part of the report sets out areas where respondents feel that further action is needed to ensure an inclusive medical profession free from discrimination on the basis of sexual orientation or gender identity.

The survey was carried out online between January and March 2022. It was open to all doctors and medical students regardless of BMA or GLADD membership status, and to people of all sexual orientations and gender identities or none. One of our research aims was to identify whether there were broad differences in experiences and perceptions between LGBTQ+ people and non-LGBTQ+ people about the extent to which discrimination towards LGBTQ+ people persists.

We received 2490 responses. This was a qualitative, self-selecting survey and the sample sizes are not weighted to be representative of the profession as a whole. The key findings from the 2016 report are referenced in the appendix, which also contains more information on the methodology and demographics of participants.

Use of direct and anonymised quotation

The survey was open to all and anonymous. We asked all survey respondents if they were happy for their anonymised quotations to be published in this report. 458 respondents (18% of the total respondents) did not give permission for their words to be directly quoted.

Some of the language and ideas expressed by some survey respondents will be hurtful and distressing for others to read. A number of responses included language and arguments that would likely be considered to constitute discrimination if they were expressed publicly towards individuals. In preparing this report, we were mindful of the need to avoiding giving unnecessary prominence to discriminatory views and language. Nevertheless, some examples are included to demonstrate the hostility that some LGBTQ+ people continue to experience within the medical profession. The BMA's free and confidential wellbeing support services are available to all medical students and doctors in the UK, regardless of BMA membership.

The BMA and GLADD strongly condemn all forms of phobia and discrimination towards LGBTQ+ people. We renew our commitment to supporting our LGBTQ+ members, and to tackling these issues within our organisations and in the wider medical profession.

Terminology

Terminology in relation to sexual orientation and gender identity is variably accepted by different groups, changes over time, and can be contentious. We recognise and accept that it is not always possible to find language that is accepted by everyone in all contexts. We have therefore sought where possible throughout this report to use terminology that best reflects how individuals have chosen to describe themselves when completing the survey. However, we have also used some terminology in order to provide clarity and distinction between groups who share a particular characteristic and those who do not; for example, we use the term cisgender to distinguish from transgender respondents.

To enable us to undertake analysis, and to address small sample sizes in some categories, we aggregated some groups of respondents as follows:

LGBQ+ – this incorporates lesbian (L), gay (G), bisexual (B) and queer (Q) sexual orientations and those with other non-heterosexual orientations such as asexual and pansexual and those who prefer to self-describe (+).

LGBTQ+ – this incorporates all non-heterosexual sexual orientations as above and additionally all those who said that their gender identity is not the same as their sex assigned at birth (T).

Cisgender – all who answered yes to 'is your gender identity the same as your sex assigned at birth?'

Trans – all who answered 'no' to 'is your gender identity the same as your sex assigned at birth?'

Non-binary – Non-binary is a term used by people who experience their gender identity and/or gender expression as falling outside the binary categories of "man" and "woman." Many non-binary people also call themselves trans and consider themselves part of the trans community. Others do not. The majority (89%) of **non-binary** respondents to this survey indicated that their gender identity was not the same as their sex assigned at birth.

Queer – An adjective used by some people, particularly younger people, whose sexual orientation is not exclusively heterosexual. Typically, for those who identify as queer, the terms lesbian, gay, and bisexual are perceived to be too limiting and/or have cultural connotations they feel do not apply to them. Once considered a pejorative term (and still considered so by some), queer has been reclaimed by some LGBTQ+ people to describe themselves.

Gender reassignment – the protected characteristic in the Equality Act 2010 which seeks to prevent discrimination on the basis of an individual being transgender. For the purposes of the Act, 'gender reassignment' covers any person who is "proposing to undergo, undergoing, or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex."

Homophobia and **biphobia** were defined for the purposes of the survey questions as *the fear, hatred, discomfort with, or mistrust of people who are lesbian, gay, bisexual or queer.*

Transphobia was defined for the purpose of the survey questions as *the fear, hatred, discomfort with, or mistrust of people who are trans, including non-binary people.*
The concepts of homophobia, biphobia and transphobia cover not only feelings but actions and behaviours that arise from them.

Key findings

Many LGBTQ+ people still do not feel comfortable to be completely open with everyone in their workplace about their sexual orientation and/or gender identity. Just under half (46%) of lesbian, gay, bisexual, and queer respondents reported they were open about their sexual orientation with everyone where they work or study. Just over a third (34%) of trans respondents said they were open about their gender identity with everyone in their place of work or study.

There are notable differences in views on the extent to which homophobia and biphobia still exist within medicine. 71% of lesbian, gay, bisexual and queer (LGBQ+) respondents think that homophobia and biphobia are an issue in the wider profession, compared with just over a quarter (26%) of heterosexual respondents. Only one in twenty (5%) heterosexual respondents thought this was an issue in their own workplace or place of study, compared with 30% of LGBQ+ respondents.

Transphobia is more widely recognised as an ongoing issue within medicine, but not by everyone. 84% of trans respondents think transphobia is an issue in the wider medical profession, compared with half (49%) of cisgender respondents. Lesbian, gay, bisexual and queer respondents are more likely to think that transphobia is an issue in the wider profession than heterosexual respondents. Three quarters of LGBQ+ respondents (75%) think it is an issue, with more than two in five (42%) saying it is a very significant issue. In contrast, around a third (34%) of heterosexual respondents think it is an issue, with only 6% saying it is a very significant issue.

Experiences of homophobic, biphobic and transphobic behaviour in medicine are not uncommon. More than two in five (43%) lesbian, gay, bisexual and queer respondents had directly experienced homophobia or biphobia at least once in the past two years. Almost half (49%) of trans respondents said they had directly experienced transphobia themselves at least once in the past two years. Experiences ranged from derogatory language, social exclusion, and having their professional competence doubted, to overt hostility, threats and violence. There are also concerning reports of this behaviour being demonstrated by medics towards LGBTQ+ patients.

'Low-level' microaggressions, 'jokes' and 'banter' continue to be widely experienced. 94% LGBQ+ respondents had heard or overheard homophobic or biphobic 'jokes' or banter, and 81% of trans respondents had heard or overheard transphobic 'jokes' or banter. This can have a profound negative impact on those who experience or witness this behaviour.

Discrimination and harassment persist. Over a quarter (29%) of lesbian, gay, bisexual and queer respondents, and three in five trans respondents (59%) considered their experiences were serious enough to amount to unlawful discrimination, abuse or harassment**.**

Most incidents go unreported. Over three quarters (78%) of lesbian, gay, bisexual or queer respondents and 70% of trans respondents said they had not reported their experiences to anyone. There was a lack of awareness about how to report and concerns about the potential negative impacts of reporting.

People who witness homophobic, biphobic or transphobic behaviour directed at others are also unlikely to report it. More than four in five (85%) of respondents to this question who had witnessed homophobia or biphobia and 84% of people who witnessed transphobia did not report it. Reasons included lack of confidence that incidents would be addressed and uncertainty about whether incidents were serious enough to report.

Homophobia, biphobia and transphobia are driving some LGBTQ+ people from the profession. One in eight lesbian, gay, bisexual and queer respondents, and one in three trans respondents, have considered leaving or have actually left their job due to discrimination. Almost one in five (18%) LGBQ+ respondents and two in five (40%) trans respondents said that their career had been impacted with a negative effect on their wellbeing.

People who are not LGBTQ+ perceive their environments to be more inclusive and supportive of all sexual orientations and gender identities than those from within the LGBTQ+ communities. 83% of heterosexual respondents say that their place of work or study is an environment that supports people of all sexual orientations compared with 74% of lesbian, gay, bisexual and queer respondents. Only a third (33%) of trans respondents say that their place of work or study is an environment that supports people of all gender identities, compared with 63% of cisgender respondents.

LGBTQ+ people are also less likely to agree that their places of work or study are *safe places* for people of all sexual orientations, and particularly for trans and non-binary people. 79% of heterosexual respondents say that their place of work or study is a safe place for people of all sexual orientations, compared with 69% of LGBQ+ respondents. Over half (57%) of cisgender respondents say their work/study environment is a safe place for transgender and non-binary people. Only 36% of trans respondents agree.

There is more to be done to improve the visibility of measures to support inclusion. Fewer than half of all respondents (44%) said that there are visible, positive role models for LGBTQ+ people in their place of work or study. Almost half of respondents (49%) said that they do not know whether their organisations had specific policies in place to support people of all sexual orientations, or specific policies to support trans and non-binary people.

The majority of respondents think the people around them are generally supportive of LGBTQ+ people. Overall, almost two-thirds of respondents (66%) agreed that their senior leadership was supportive of LGBTQ+ people. Trans respondents were less confident that their senior leadership was supportive of LGBTQ+ people, with just under half (49%) agreeing. Almost three quarters (72%) of respondents agreed that the people they work or study with are supportive of LGBTQ+ people, including 61% of trans respondents.

Despite negative experiences, many LGBTQ+ people are optimistic that things are changing for the better. 63% of lesbian, gay, bisexual and queer respondents and 46% of trans respondents think that the medical profession has, overall, become more inclusive of LGBTQ+ people in the last five years. However, heterosexual and cisgender respondents are more likely to think the profession has become more inclusive than LGBTQ+ people themselves.

People who thought that medicine was becoming more LGBTQ+ inclusive felt that more people being open about their identity, increased visibility, more awareness and education, and wider changes in societal attitudes towards LGBTQ+ people were the main reasons for the change. They also referenced increasing interaction with more LGBTQ+ patients and colleagues as beneficial in increasing understanding and acceptance. **But not all were convinced that this progress was uniformly experienced by people of all sexual orientations and gender identities.** Many suggested that while there had been welcome progress in relation to sexual orientation, acceptance of trans identities had not progressed in the same way.

People who thought medicine was becoming less inclusive felt that polarisation of discussion, the development of 'us and them cultures', and perceived conflicts between the rights and beliefs of different groups, were having a negative impact. Some felt that efforts to increase inclusion appeared superficial or tokenistic and were sceptical about whether organisational drives towards inclusion had translated into materially improved experiences or had simply driven prejudiced views underground. Others felt that the increased focus on LGBTQ+ inclusion had simply 'gone too far'.

Respondents put forward a range of ideas and actions to create more inclusive cultures. These included improving and broadening medical curricula and teaching about LGBTQ+ people and their health needs to challenge stereotypes and entrenched phobic tropes; demonstrating the benefits and effects of inclusion in education and the workplace and creating safe spaces to learn. Other suggested areas included more tailored support, specific work with medical schools, systematic evaluation of minority experiences, and improving reporting and feedback channels.

There should be zero tolerance of discrimination in any form. Crucially, action will need to be underpinned by more proactive efforts to respect the diversity of both the patient population and the workforce, using a human rights-based approach to find practical solutions to help the profession ensure every individual is treated with dignity and respect.

Next steps

Our initial recommendations can be found on page 60. We will be working with stakeholders to further develop our policy work and recommendations to tackle the issues raised in this report. Under each theme identified in this report these will need to focus on:

Improving medical curricula and teaching about LGBTQ+ people and their health needs: More varied and inclusive teaching about LGBTQ+ people and their health needs, developed in partnership with LGBTQ+ people; mandatory inclusion of key elements of LGBTQ+ healthcare in both undergraduate and post graduate medical curricula; and the removal of stereotypical representations and entrenched tropes of LGBTQ+ people in medical teaching cases, examinations and assessments.

Better training for doctors and medical students on inclusion in the workplace/ at medical school: A greater focus on the negative impact of microaggressions and 'low' level behaviours on workplace culture and individual wellbeing, with specific training and CPD resources on LGBTQ+ inclusive leadership targeted at senior doctors and medical managers.

Increasing the visibility of LGBTQ+ role models and positive examples of inclusion in education and the workplace: Clearer commitments from senior leaders across the medical profession to actively champion LGBTQ+ inclusion and challenge discrimination, and more visible examples of action that NHS organisations are already taking to tackle prejudice and discrimination against LGBTQ+ staff and patients.

Enabling dialogue and space to learn: Facilitated and reflective learning spaces where doctors and medical students can ask questions and explore their attitudes, biases and behaviours without fear of recrimination, support for staff networks and peer support groups, including networks for different groups within the LGBTQ+ acronym, and a holistic approach to tackling unlawful discrimination in all forms.

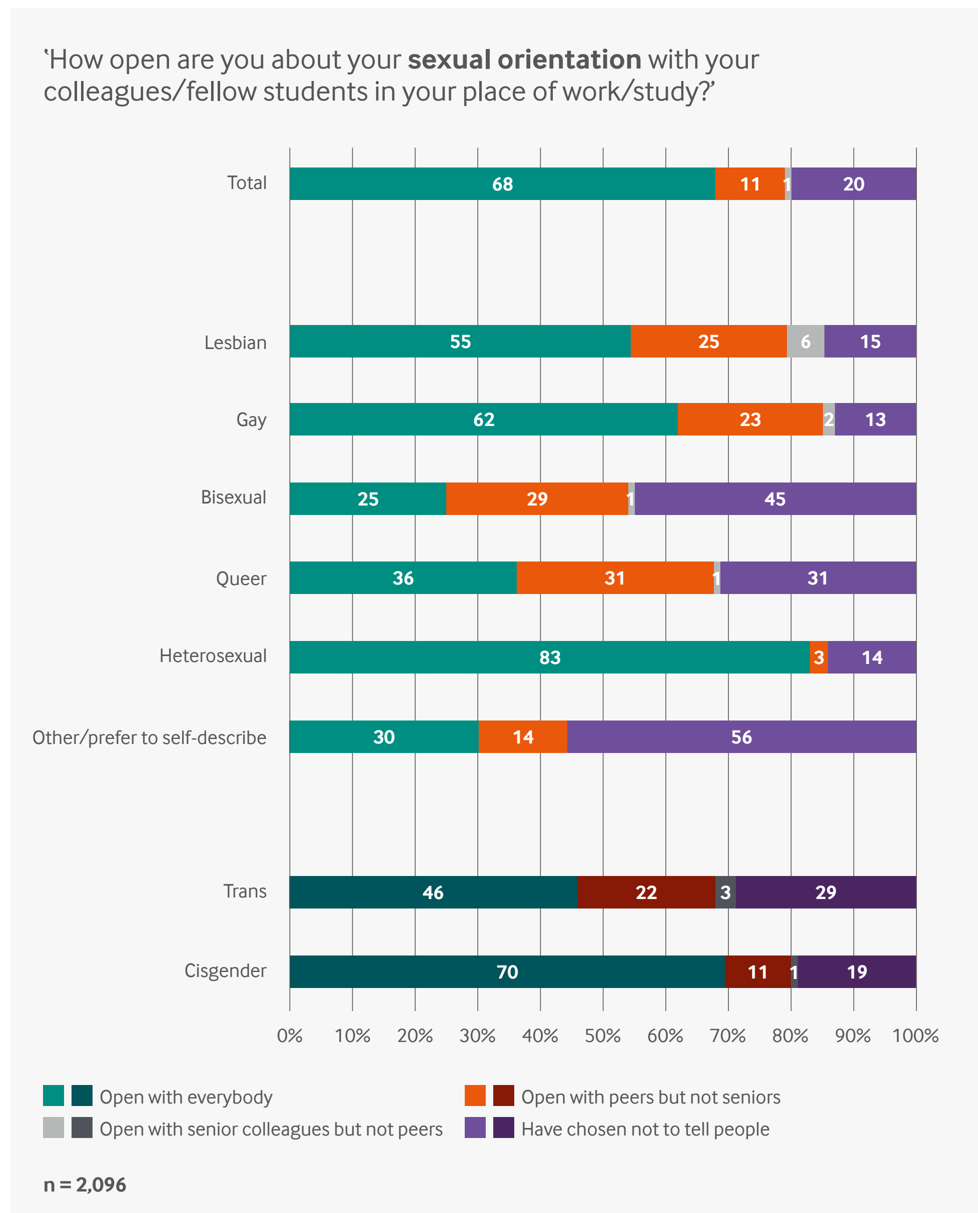
Improving evaluation of experiences, information and feedback loops: Systematic approaches to collecting data on the experiences of LGBTQ+ staff and patients, a wider range of methods to report both individual incidents and wider workplace culture issues, and more visible organisational accountability for addressing discrimination in medical schools and medical workplaces. Organisations should also review their existing policies to ensure that they are LGBTQ+ inclusive.

1. Individual experiences

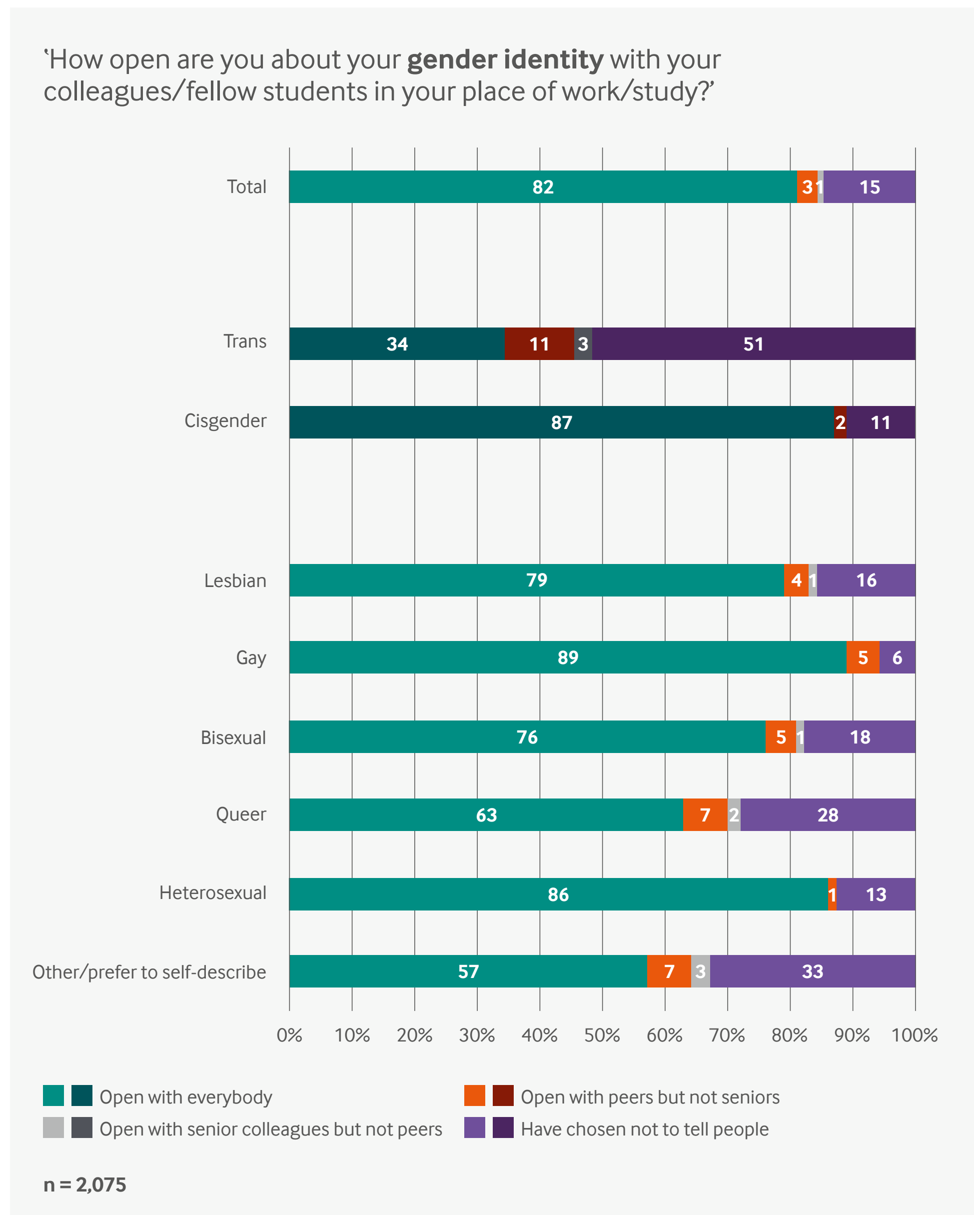
Telling others about sexual orientation and gender identity

> "I do not disclose my sexuality to colleagues or to anyone at work. I keep it secret because I have overheard people saying that lesbians are strange or making derogatory comments about our appearance, attractiveness, safety to work around other women etc. It is better for me and my career if I keep it secret, and if people assume I'm heterosexual"
> **(junior doctor, lesbian, cisgender)**

Just under half (46%) of lesbian, gay, bisexual, and queer respondents reported they were open about their sexual orientation with everyone where they work or study. A quarter (25%) said they were open with peers but not senior colleagues. **However, over a quarter (26%) said they had chosen not to tell people where they work/study about their sexual orientation.** This compares with 83% of heterosexual respondents who said they were open about their sexual orientation with everyone. Trans respondents were less likely (46%) to be open about their sexual orientation with everybody than cisgender respondents (70%). The graph below shows the difference in responses between different groups.



Just over a third (34%) of trans respondents said they were open about their gender identity with everyone in their place of work or study. A further 11% were open with peers but not senior colleagues. **However, just over half (51%) said they had chosen not to tell people in their place of work/study about their gender identity.** This compares with 87% of cisgender respondents who said they were open with everyone. **The graph below shows the difference in responses between different groups.**



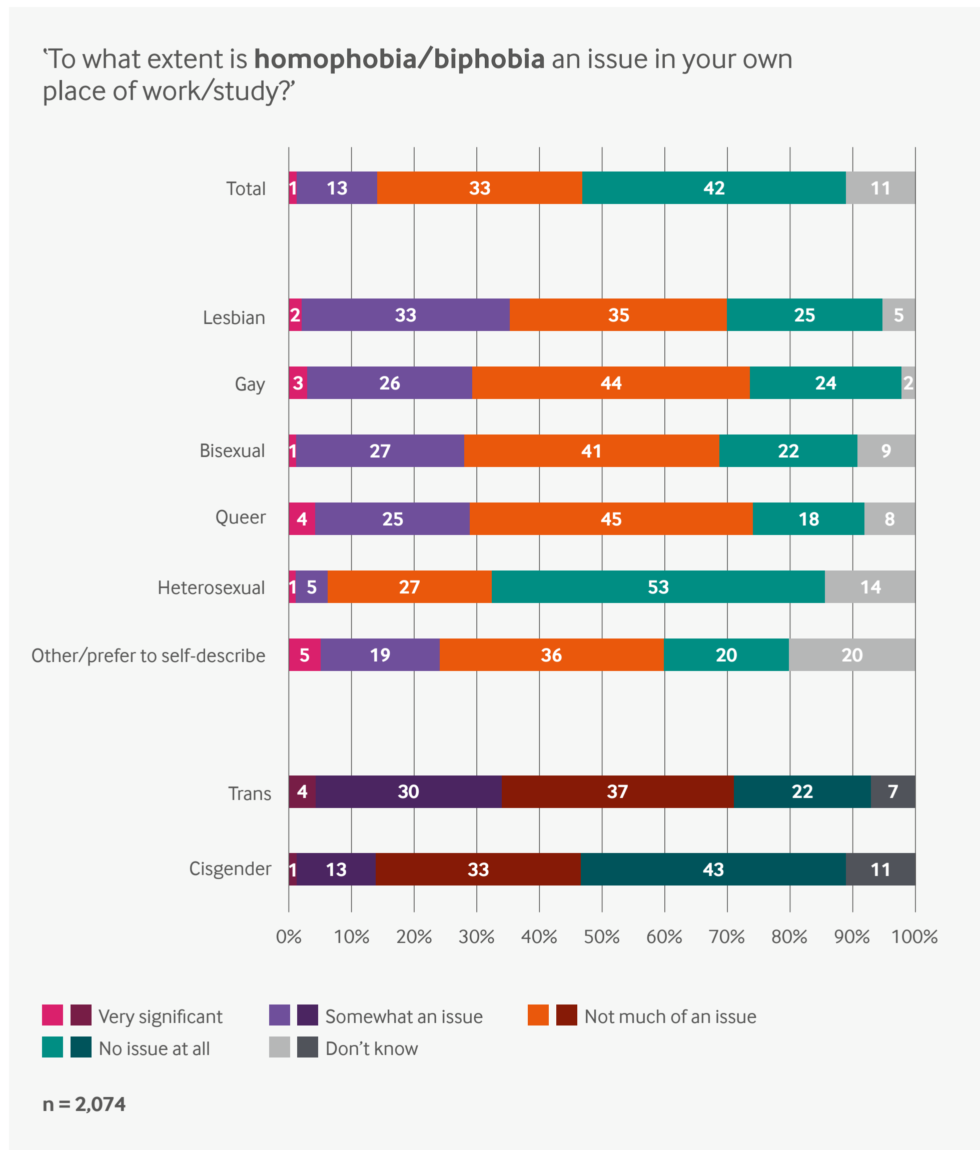
The overall proportion of respondents who reported being completely open about their sexual orientation in education and the workplace has increased since our last survey. In the 2016 survey, around a quarter of respondents reported that they were completely open about being lesbian, gay or bisexual 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.

Recognising prejudice and discrimination

We asked people the extent to which they considered homophobia and biphobia to be an issue, across the medical profession as a whole and within their own workplace or place of study.

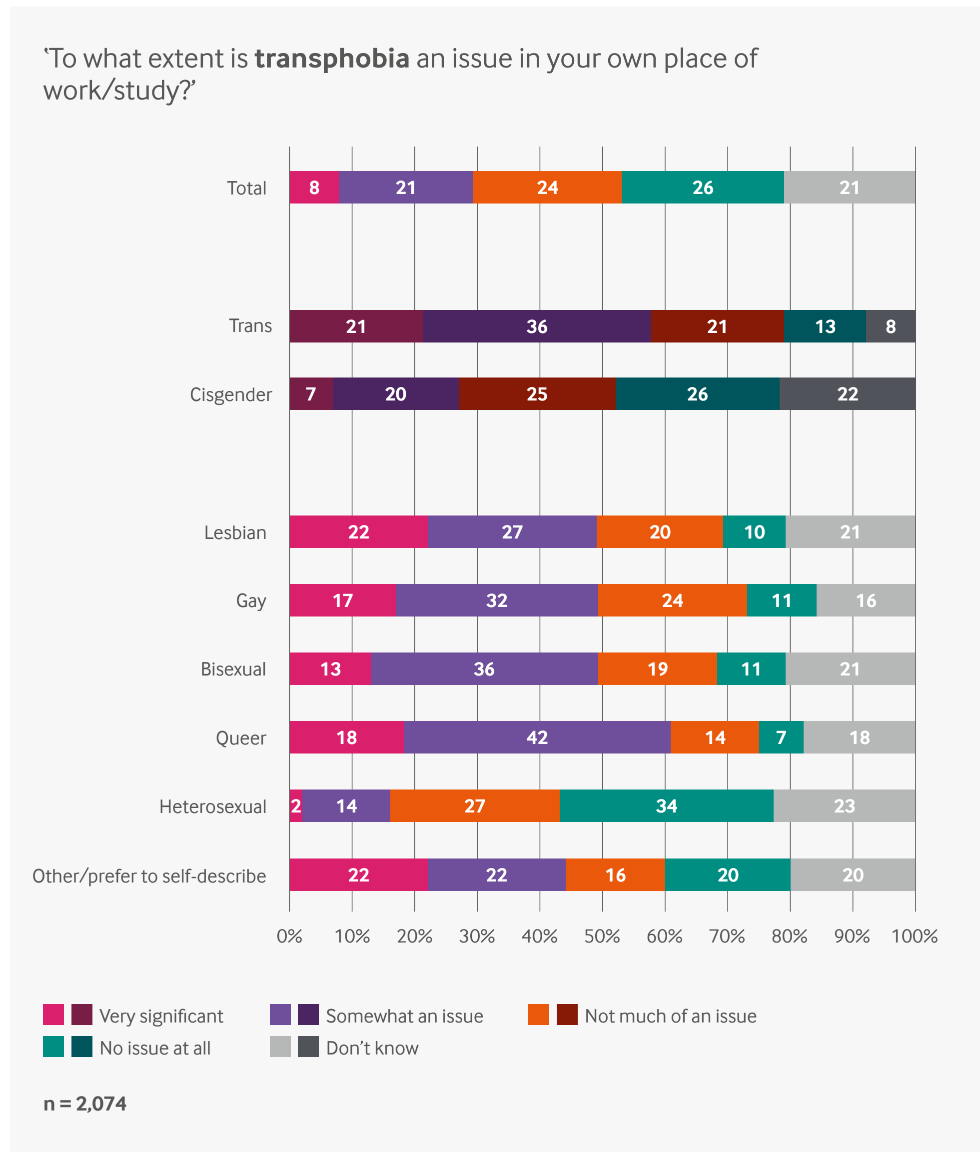
Homophobia and biphobia in individual workplaces

14% of total respondents thought homophobia and biphobia were an issue in their own place of work or study. LGBTQ+ people were much more likely to think this than their non-LGBTQ+ colleagues. Only one in twenty (5%) heterosexual respondents to the survey thought homophobia and biphobia were somewhat an issue in their own workplace or place of study. Over half of heterosexual respondents to this question (53%) said that homophobia and biphobia were not at all an issue in their own workplaces/places of study, compared with around a quarter of lesbian and gay respondents to this question and around a fifth of bisexual and queer respondents. Trans respondents were considerably more likely to think homophobia/biphobia were an issue in their own workplaces/places of study than cisgender respondents. The graph below shows the difference in responses between different groups.



Transphobia in individual workplaces

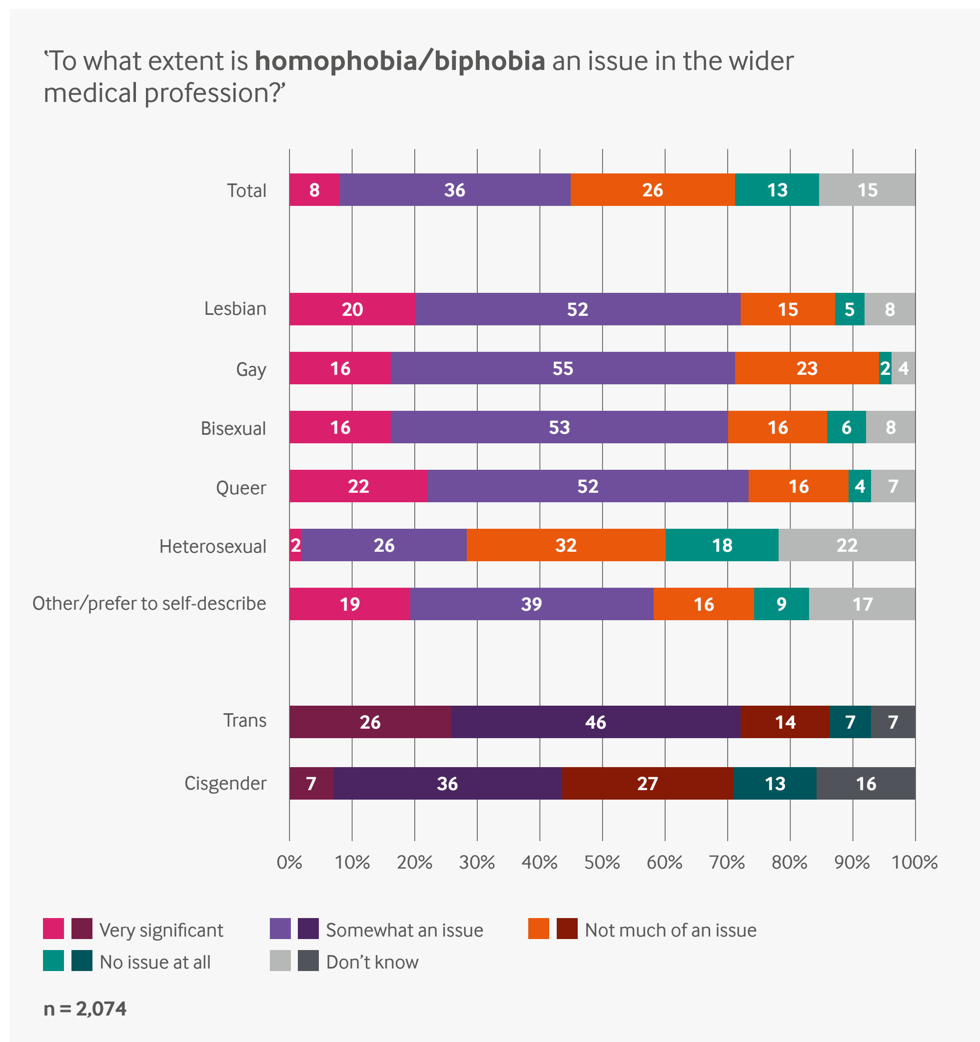
Over a quarter (29%) of total respondents said transphobia was an issue in their own place of work or study. LGBTQ+ people were much more likely to say this than their non-LGBTQ+ colleagues. Over half of trans respondents to this question (57%) said that transphobia was at least somewhat issue in their own workplace or place of study, with more than one in five (21%) saying it was a very significant issue. In contrast, just over a quarter (27%) of cisgender respondents to this question thought this was at least somewhat an issue, and only 7% thought it a very significant issue. The graph below shows the difference in responses between the different groups.



The wider profession

Homophobia and biphobia in the wider profession

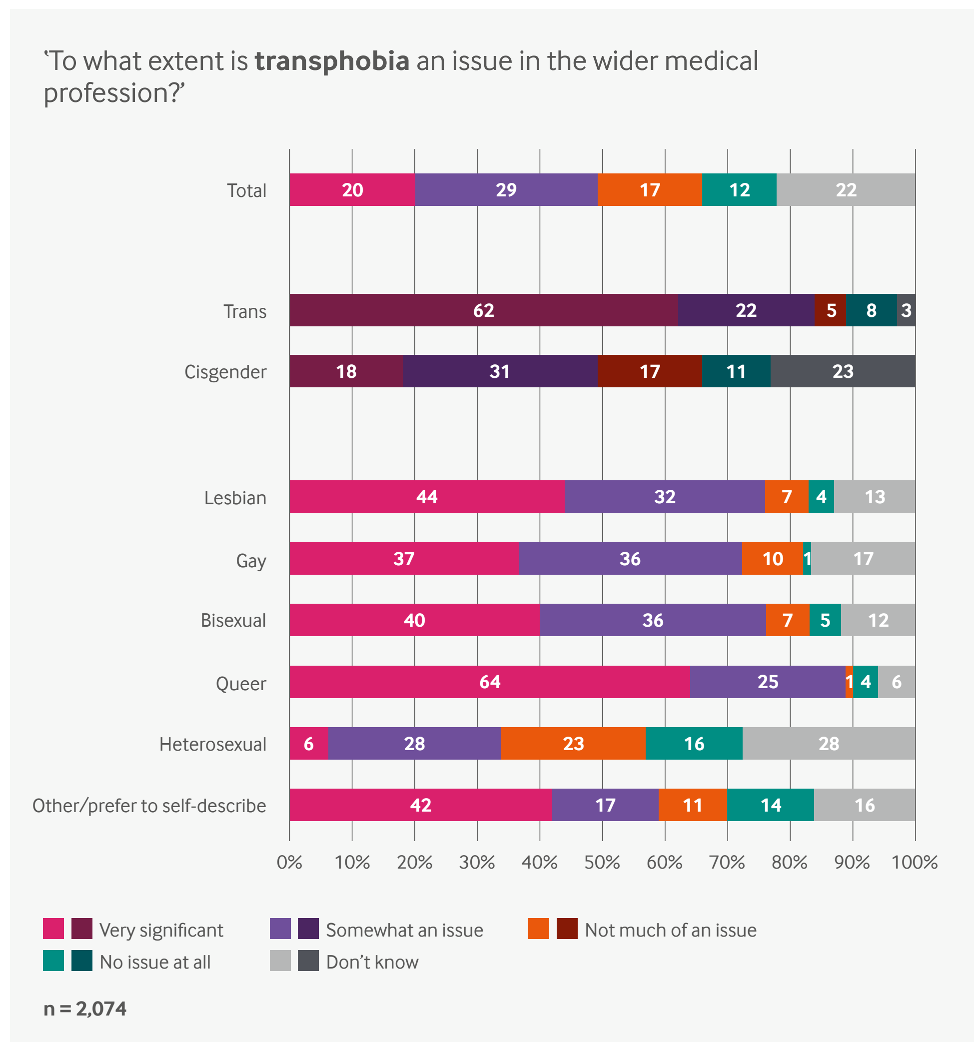
44% of total respondents think homophobia and biphobia are an issue in the wider profession. LGBTQ+ respondents are considerably more likely to think this than their non-LGBTQ+ colleagues. **71% of lesbian, gay, bisexual and queer respondents thought that homophobia and biphobia were at least somewhat an issue in the wider profession**, with just under a fifth (18%) thinking this a very significant issue. **In contrast, just over a quarter of heterosexual respondents (28%) thought this at least somewhat an issue,** and only 2% thought it was a very significant issue. Almost three quarters of trans respondents (73%) thought homophobia and biphobia were an issue in the wider profession, compared with 43% cisgender respondents. The graph below shows the difference in responses between different groups.



Transphobia in the wider profession

Almost half (49%) of total respondents think transphobia is an issue in the wider profession. LGBTQ+ respondents are much more likely to think this than their non-LGBTQ+ counterparts. 84% of trans respondents to this question think transphobia is at least somewhat an issue in the wider medical profession, with 62% saying it is a very significant issue. This compares with almost half (49%) of cisgender respondents who think transphobia is an issue within the wider profession, with almost a fifth (18%) saying it is a very significant issue.

Lesbian, gay, bisexual and queer respondents are more likely to think that transphobia is an issue in the wider profession than heterosexual respondents. The graph below shows the differences in responses between different groups.



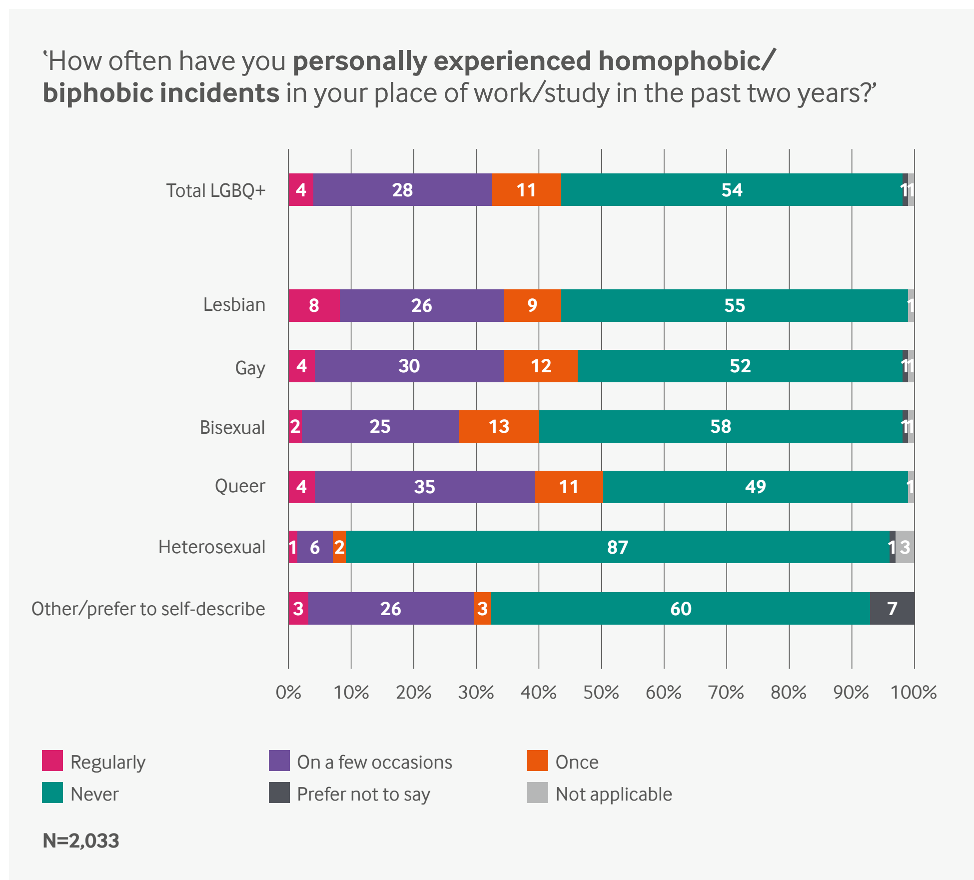
Frequency of personal and witnessed experiences

> "Most notable issue was during foundation training. A senior registrar referred dismissively to gay men as faggots. Raised with hospital – was dismissed as said registrar was "experiencing a lot of stress and so we need to be understanding." No support given to either myself or other LGBTQ+ identifying trainee present"
> **(locum junior doctor, gay, cisgender)**

We asked people whether they had directly experienced homophobia, biphobia or transphobia themselves or had witnessed it directed at others.

Personally experienced homophobia/biphobia

For lesbian, gay, bisexual and queer respondents to this question, more than two in five (43%) had directly experienced homophobia/biphobia at least once in the past two years. The graph below shows the difference in responses between different groups.



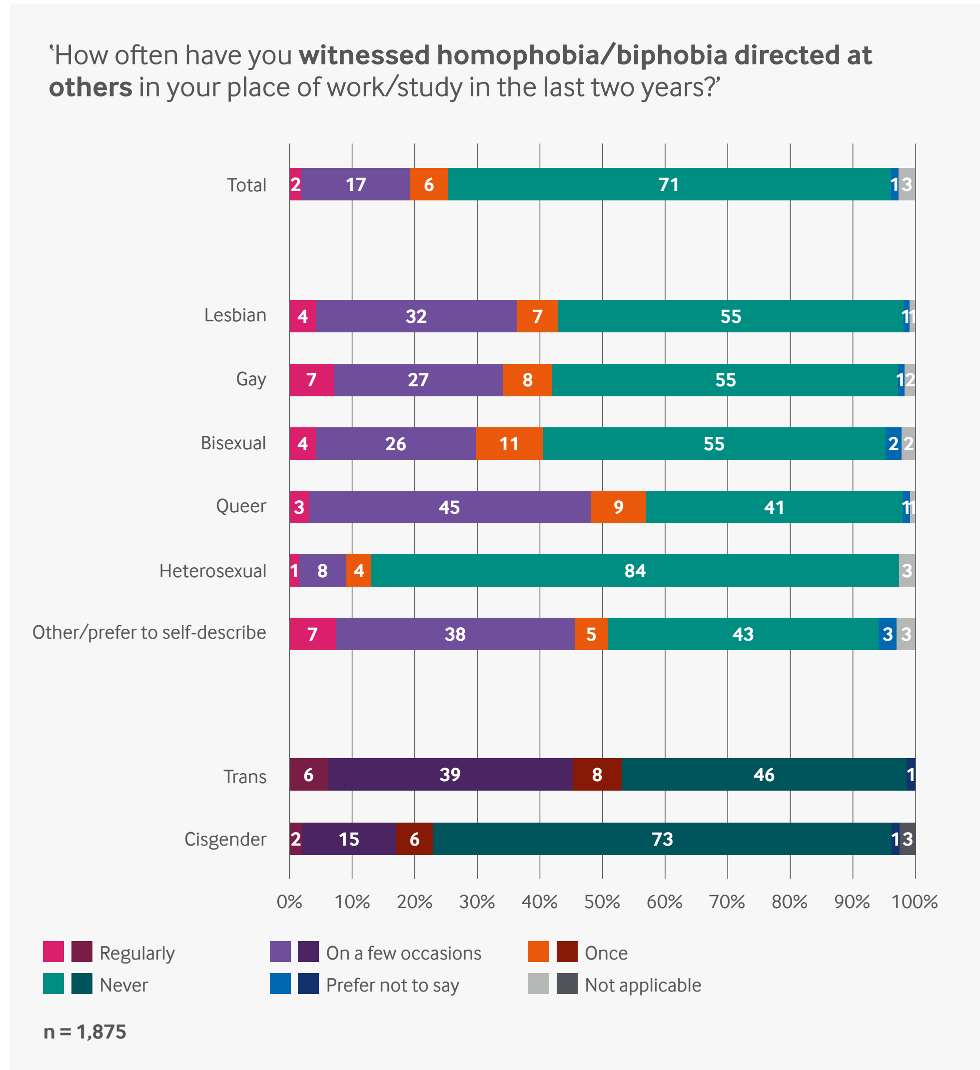
A small number of heterosexual respondents also indicated they had been the direct target of discriminatory behaviour due to other people assuming that they were lesbian, gay, bisexual or queer. There were also some instances of people assuming that someone was trans when they were not.

> "I have been abused by a patient who thought I was a lesbian because my hair was short"
> **(SAS doctor, heterosexual, cisgender)**

> "It has been assumed, suggested and whispered about that I am trans and was born male. This is not the case"
> **(junior doctor, lesbian, cisgender)**

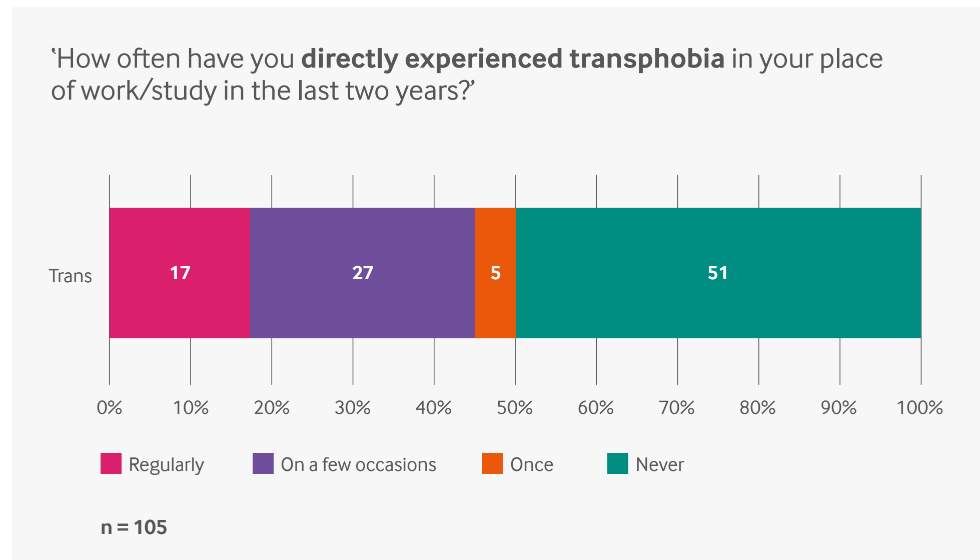
Witnessed experiences of homophobia/biphobia

A quarter of total respondents to this question (25%) said they had witnessed homophobia and biphobia directed at others at least once in the past two years. Heterosexual respondents were considerably less likely to say they had witnessed homophobic or biphobic behaviour directed at others compared with LGBQ+ respondents, with only 13% saying they had witnessed this in the past two years. The graph below shows the differences in responses for different groups.



Personal experiences of transphobia

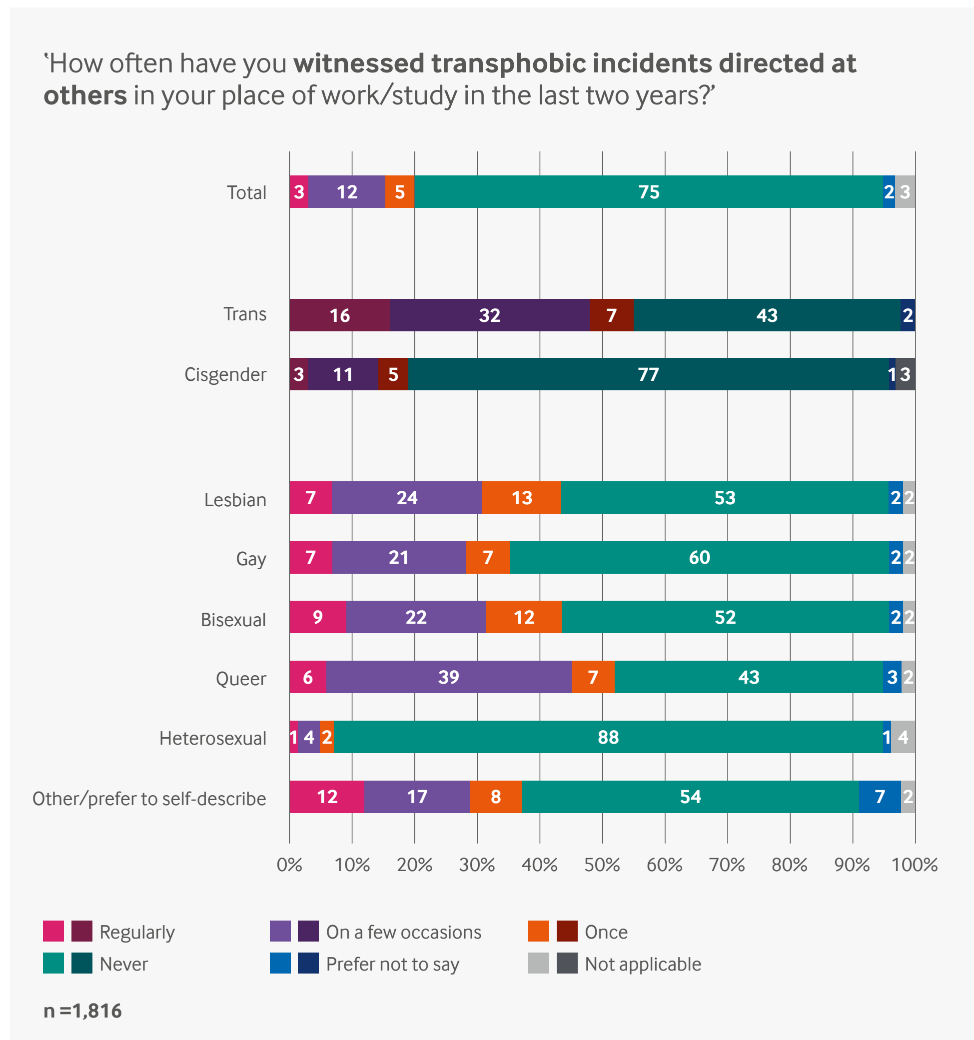
For trans respondents to this question, almost half (49%) said they had directly experienced transphobia themselves at least once in the past two years, with one in six (17%) saying they experienced it on a regular basis.



"My colleagues in the practice were very mixed in their support of my transition, some were openly hostile and derogatory directly to me and by report of conversations with others. The hostility reveals itself in ways other than direct transphobia, through intolerance and antagonism to other things that were previously accepted as fine"
(consultant, trans)

Witnessed experiences of transphobia

Over half (55%) of trans respondents to this question had witnessed transphobia directed at others, with 16% saying they had witnessed it regularly. However, only around a fifth (21%) of cisgender respondents to this question said they had witnessed transphobic incidents directed at others in their place of work or study, and only 3% saying they had witnessed it regularly. Lesbian, gay, bisexual and queer respondents were more likely to have witnessed transphobic incidents directed at others than heterosexual respondents. The graph below shows the difference in responses between different groups.



Common types of negative experiences and discrimination

We asked respondents whether they had experienced particular types of negative incidents or behaviours in their place of work or study because of their sexual orientation or gender identity. These ranged from overt cases of bullying and violence to potentially subtler forms of negative experiences, including undermining behaviour and questioning professional competence.

The majority of respondents who had these experiences identified as lesbian, gay, bisexual, queer or another non-heterosexual orientation. However, some respondents who identified as heterosexual also indicated they had experienced discrimination in relation to their sexual orientation. These experiences fell into three broad themes:

– Discrimination by perception - people assuming that the respondent was not heterosexual based on their appearance or other factors, and treating them negatively in consequence

– Perceived discrimination by LGBTQ+ people towards heterosexual people
– Perceived unfair preferential treatment of LGBTQ+ people over heterosexual people

We also asked trans respondents whether they had experienced particular negative incidents or behaviours in their place of work or study because of their gender identity. While the total number of respondents to these questions were low, given the small sample size of trans respondents overall in the survey, they are nevertheless an important indicator of the types of behaviours experienced by trans medics.

Derogatory language

94% of LGBQ+ respondents to this question reported hearing or overhearing homophobic or biphobic jokes or 'banter'. Almost a quarter (24%) had experienced verbal attacks or name calling directed at themselves. **More than four in five (81%) trans respondents to this question reported hearing or overhearing transphobic comments, jokes and banter.** These comments came from both patients and colleagues. Numerous examples were given by respondents about colleagues' use of the word 'gay' as a pejorative synonym for weakness or something being wrong.

> "Just the usual type of jokes that if you complained would get a don't be so sensitive' or 'the world is too PC' response. Usually happens as I am not 'obviously' queer so people often make the jokes without realising they're joking about me as well"
> **(medical student, bisexual, cisgender)**

> "Referring to trans colleagues as "he-she", use of pejorative terms like "dyke" and "poof""
> **(medical student, gay, cisgender)**

> "Frequently 'banter' about identity such as 'I've decided to identify as a carrot today'"
> **(junior doctor, queer, trans)**

> "I think that my experience of homophobic/biphobic behaviour is amplified by me being straight, white, cis, male because others seem to assume it means I will share their bigoted beliefs or think it's ok for them to tell me a homophobic joke or whatever because I'm not gay"
> **(junior doctor, heterosexual, cisgender)**

More than three quarters (76%) of trans respondents to this question reported people using their personal pronouns incorrectly and 71% had been repeatedly and/or deliberately misgendered. Almost a quarter (24%) had experienced verbal attacks or name calling.

> "My educational supervisor thought it was funny that people used they/them pronouns when talking about me. She refused to use they/them, saying that I am "obviously female" so she would use she/her. She also said if I wouldn't use male or female pronouns then she would refer to me as "it""
> **(GP trainee, trans)**

> "I have asked people to use my they/them pronouns, they have laughed and said it is too much hassle"
> **(GP locum, lesbian, trans)**

> There has never been any point where a staff member or other student has even asked me what pronouns I prefer, even though I have been misgendered, and other students have talked about me and my being transgender behind my back"
> **(medical student, asexual, trans)**

Negative assumptions and identity stereotypes

Two thirds (67%) of lesbian, gay, bisexual and queer (LGBQ+) respondents to this question reported that people had made assumptions about them based on stereotyped ideas about behaviours. There were numerous examples of people assuming that LGBQ+ people were more likely to be promiscuous and/or sexually predatory.

> "When peer colleagues do find out that I am a bisexual woman, more likely in social situations, it is met with questions about lesbian encounters. I have once been told that it makes me 'more attractive' and I have also been told on one occasion that 'you must be so tempted to cheat'"
> **(junior doctor, bisexual, cisgender)**

> "A colleague assuming that as a gay man I would be "interested in" a new young male staff member and saying so in front of us both"
> **(consultant, gay, cisgender)**

> "Being told I must be a rug muncher by a registrar during an operation because I admitted to playing rugby. Being called a creep by a classmate because I admitted I didn't feel comfortable changing for placement in unisex changing rooms and would go to the women's. The implication being that as a lesbian I was going to perve on straight women"
> **(medical student, lesbian, cisgender)**

> "Stereotyping of gay men as effeminate and bisexual people as greedy/confused"
> **(junior doctor, bisexual, cisgender)**

> "Some of the most challenging things have been when colleagues make comments that are homophobic examples include implying that another gay colleague with covid like symptoms may actually have HIV because he is gay, implying that all gay men have multiple sexual partners, implying that gay men are attracted to all men, etc"
> **(Other grade, gay, cisgender)**

More than three in five (61%) LGBQ+ respondents also said they had been asked invasive questions about their personal lives.

> "I've had unprompted and sudden invasive questions asked in large groups, when my identity/personal life was not relevant. Somebody literally saw certain clothing/makeup I was wearing and asked if I was a 'dyke', which made me feel very unsafe"
> **(medical student, bisexual)**

> "Assumptions by some colleagues when I had a same sex partner, and a tendency to ask far more personal questions that I have ever experienced when I have had partners of the opposite sex"
> **(salaried GP, bisexual, cisgender)**

Over half of lesbian, gay, bisexual and queer respondents (57%) reported that they felt expected to educate others about sexual orientation and 43% reported having to defend their identity. Almost a third (32%) said they had experienced negative comments about their physical appearance, such as haircuts, clothing or their body.

> "Being told I could be sacked for the way I look"
> **(locally employed/trust grade doctor, lesbian, cisgender)**

> "The homophobia I experience from colleagues is more subtle and usually in the form of questioning whether it's professional to present in a non-gender conforming way at work. (It is! Patients are queer too!)"
> **(junior doctor, lesbian, cisgender)**

85% of trans respondents to this question said they were expected to educate others about gender identity or gender reassignment, and two thirds (66%) said they were asked invasive questions about their personal life. Almost four in five (78%) said they had to defend their identity.

> "Constant misgendering is unfortunately just a regular thing even with colleagues that are supportive and try to make some effort. It is just so emotionally exhausting having to correct people all the time. It shouldn't be up to me to have to educate people about non-binary identities"
> **(junior doctor, queer, trans)**

> "Regularly misgendered, frequent comments about appearance, invasive personal questions, unfair and vague uniform policy, being asked to educate and justify my gender"
> **(junior doctor, pansexual, trans)**

> "I feel I have to prove my worth and support my community, and feel pigeonholed into providing that role"
> **(junior doctor, queer, trans)**

Two thirds (66%) of trans respondents to this question said people made assumptions about them based on stereotypes about behaviour and appearance, and over a third (37%) said people made assumptions about their family life, such as whether they had children. More than three in five (63%) said people had made negative comments about their physical appearance, such as their haircut, clothing or body.

> "Comments on my physical appearance, e.g. "if your hair gets much longer you'll have to change your name and start wearing dresses", use of the word "tranny", use of the word "it" when referring to a trans patient"
> **(junior doctor, queer, trans)**

> "I am a non-gender conforming person. I am a woman, and straight, but aware that I am occasionally taken to be a man or lesbian. I don't mind. But one time a colleague kept asking if I fancied her. In public. It was very uncomfortable"
> **(junior doctor, heterosexual)**

Professionalism and competence

Over half (56%) of lesbian, gay, bisexual, and queer respondents who answered this question reported they felt undermined in their place of work or study. One in six (17%) felt they had fewer career development opportunities or opportunities to progress because of their sexual orientation. 8% said they had been prevented from doing particular tasks or roles.

> "When I was applying for medical training with the aims of becoming a geriatrician my clinical supervisor who was a geriatrician suggested I consider an alternative speciality as older people "do not like people like you""
> **(junior doctor, gay, cisgender)**

Almost two in five LGBQ+ respondents (38%) said that people had suggested that their identity made it inappropriate for them to work with particular patient groups and almost a third (32%) said their professionalism had been questioned or doubted due to their sexual orientation.

> "Comments about how it would be inappropriate for me to intimately examine a male patient unsupervised because I am gay, comments about risk of contracting HIV from me in theatre"
> **(medical student, bisexual, trans)**

> "I have had patients shouting across the waiting room 'I am not seeing that lesbian doctor she will feel me up' and not being backed by senior colleagues"
> **(GP locum, lesbian, trans)**

> "[My educational supervisor] spent a good ten minutes telling a story about how a urologist who happened to be gay had sexually assaulted a patient, and how this meant that gay men should not become urologists, "as if your profession is your passion to that extent you will always cross the boundaries of professional behaviour""
> **(locally employed/trust grade doctor, bisexual, cisgender)**

More than three in five LGBQ+ respondents (64%) said that people made stereotypical assumptions about their family life (such as whether they had children) because of their sexual orientation. Two in five (41%) said that they were expected to take on or cover additional roles based on assumptions about their personal or family circumstances.

> "Suggestion by senior colleagues that because I'm gay, I must not have kids and so don't need time off during school holidays as much as my peers"
> **(GP trainee, gay, cisgender)**

> "Told by heteronormative colleagues that situations in my home life are not as valid as being seen as stressful as "you will never have children". I have been told many times to switch shifts or work holidays such as Christmas as colleagues with heteronormative families with children should be a priority"
> **(junior doctor, gay, cisgender)**

A few respondents highlighted **a complex interaction between stereotyped assumptions about having children and sexual orientation.** For example, some LGBQ+ respondents suggested that people assumed they would not have or want to have children, and this may have had a positive effect on their career experiences.

> "In some ways it can be an advantage as they perceive me to a single man with no family. But I think because I'm gay I'm not one of the "favourites"
> **(salaried GP, gay, cisgender)**

> "As a lesbian, I think the assumption that I would not have children helped overcome the massive amounts of sexism in my surgical specialty"
> **(medical academic, lesbian)**

Over two thirds (68%) of trans and non-binary respondents to this question reported being undermined in their place of work or study and two thirds (66%) reported having their professionalism questioned or doubted.

> "I considered leaving medicine because it felt too difficult to work as a trans person – I don't feel supported at work with this at all. Sometimes every day can feel like just an unending series of small battles"
> **(junior doctor, pansexual, trans)**

Two thirds (66%) of trans respondents to this question said that people had suggested their identity made it inappropriate to work with particular patient groups. Over a quarter (27%) said they had been prevented from doing particular tasks or roles and one in five (21%) said they were disproportionately asked to do particular tasks or roles because of their gender identity.

> "I am asked to see female patients by male staff 'because I am a woman'. I decline and explain why, yet again. It is tiring. I do not expect patients to be given information about my gender identity and for NB [non-binary] people, it is hard to negotiate the 'male patient wants to see a male doctor' and vice versa situation"
> **(GP locum, lesbian, trans NB)**

> "When I spoke to my manager about transitioning he was against me doing so, both because of "concerns" around patient care and "concerns" about harm to my family."
> **(junior doctor, bisexual, trans)**

Social exclusion, bullying and violence

Over three quarters (78%) of trans respondents to this question said they felt unable to talk about their life outside of work or education because of their gender identity. Over half (57%) said they felt pressured into hiding their gender identity or gender reassignment from others. **More than three in five (62%) had their gender identity or gender history discussed without their consent.**

Two in five (42%) said they had been prevented from using facilities such as toilets or showers that aligned with their gender identity and 38% felt socially excluded by their peers and colleagues.

More than half (57%) of trans respondents to this question reported bullying.

> "Previous manager with whom I had a good relationship, became distant and no longer spoke with me after I transitioned"
> **(junior doctor, bisexual, trans)**

> "A senior manager told me that I was mentally unwell and probably a pervert because I'm trans"
> **(consultant, queer, trans)**

> "I was bullied by a colleague at medical school for a year with deliberate misgendering, undermining me in front of seniors and patients and raising concerns about my professionalism due to my gender identity"
> **(junior doctor, bisexual, trans)**

> "I dreaded going to placements because of the lack of private/gender neutral changing facilities and I experience even higher anxiety now when attempting to use accessible facilities to change. I actively avoided going to placements, particularly certain hospitals/areas where the lack of facilities is worst, which has negatively impacted my learning experience (and placements were already limited enough by COVID)"
> **(medical student, gay, trans)**

Two thirds (66%) of lesbian, gay, bisexual and queer respondents to this question said that their sexual orientation had been discussed with others without their consent, while over half (56%) said they had been pressured into hiding their sexual orientation from others.

> "Told not to disclose the gender of my partner as senior members of the team wouldn't respond well to that. My sexual orientation was disclosed to a room of people without my permission by a senior colleague. Patients in same sex relationships were compared to me in public by senior colleagues"
> **(junior doctor, bisexual, cisgender)**

> "My gender identity was shared openly in a meeting without my consent – and they didn't even get it right"
> **(Other doctor grade, bisexual, trans)**

More than a quarter of lesbian, gay, bisexual and queer respondents to this question (28%) reported being socially excluded by colleagues. **A quarter (25%) reported that they had been bullied because of their sexual orientation.**

> "Colleagues laughing about not wanting to share cups with me because they didn't know where my mouth had been (said in my earshot). When my gay colleague complains about anything he is routinely called a poof. I have been encouraged to not 'trade' on my lesbianism or play the 'gay' card"
> **(consultant, lesbian, cisgender)**

> "I have had to have time off for mental health issues as a result of being bullied due to my sexual orientation"
> **(hospital doctor, gay, cisgender)**

One in ten (10%) LGBQ+ respondents had experienced unwanted physical or sexual contact. A smaller proportion of respondents had experienced abuse on social media (6%) or threats of physical or sexual violence (4%).

> "Suggestions from a senior colleague that my partner and I could go round to his house for some 'fun' with him and his wife"
> **(consultant, lesbian, cisgender)**

> "Regular targeted threats of violence and sexual violence on social media. Semi-frequent threats of sexual violence in person. Physical assault. One instance of sexual assault"
> **(junior doctor, queer, trans)**

> "On multiple occasions I have been called a faggot, queerboy or battyboy. On one occasion a patient squared up to me and took my glasses off and I could not see. It was a frightening experience but my team were very supportive and the behaviour was not tolerated"
> **(Other grade doctor, gay, cisgender)**

Do people's experiences amount to unlawful discrimination?

Our previous research showed that many people experienced what they considered to be low-level or environmental phobic behaviour distinct from what they felt were more serious forms of abuse, discrimination or harassment.

Discrimination can occur in various forms:

Direct discrimination – treating someone with a protected characteristic less favourably than others

Indirect discrimination – putting rules or arrangements in place that apply to everyone, but that put someone with a protected characteristic at an unfair disadvantage

Harassment – unwanted behaviour linked to a protected characteristic that violates someone's dignity or creates an offensive environment for them

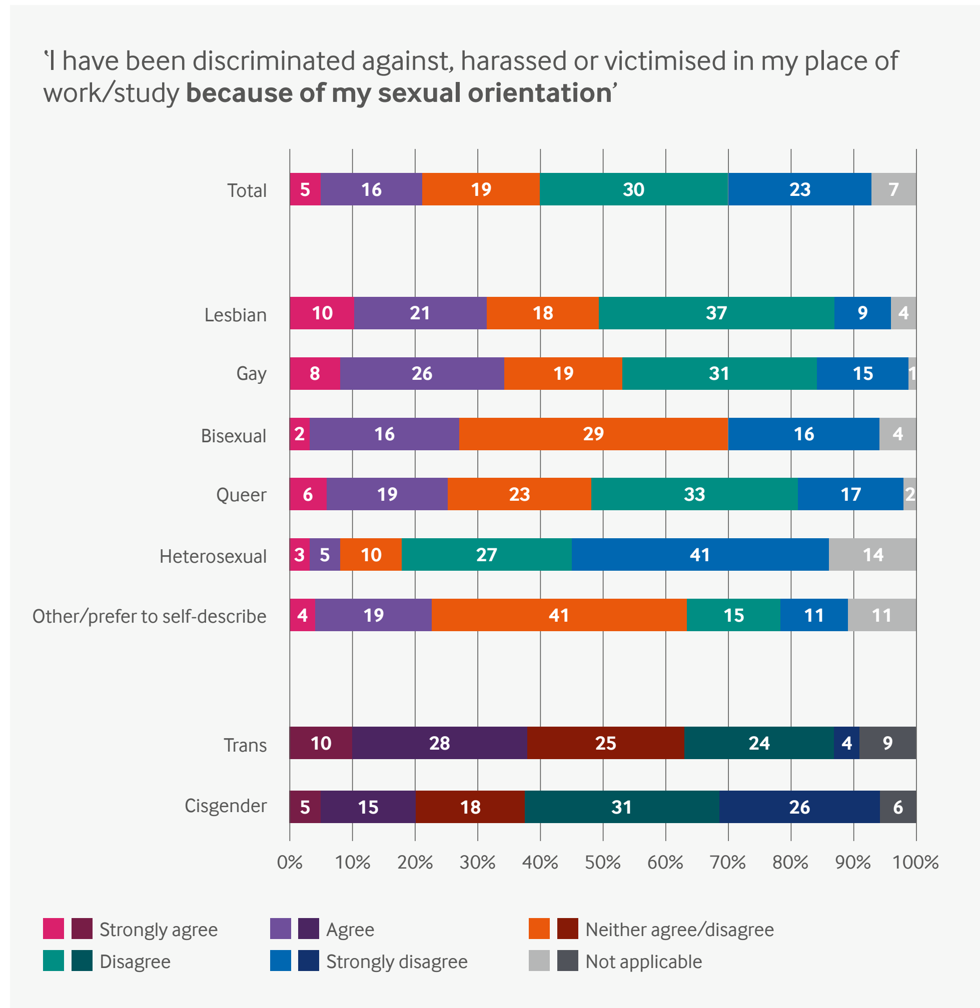
Victimisation – treating someone unfairly because they've complained about discrimination or harassment.

Discrimination can also include **discrimination by perception,** where a person is treated less favourably because the perpetrator mistakenly perceives that the person has a protected characteristic that they do not have.

We asked people to assess whether, based on this description, they believed that they had been discriminated against, harassed or victimised in their place of work or study because of their sexual orientation.

> "For years I have felt uncomfortable everyday just by being myself at work. Even when there are supportive and tolerant members of staff around, I can't tell where the next homophobic comment or deriding statement/look or questions about my professionalism will come from often just because I wear a rainbow badge, so I find it easier and safer to change the way I present to reduce suspicion"
> **(junior doctor, gay, trans)**

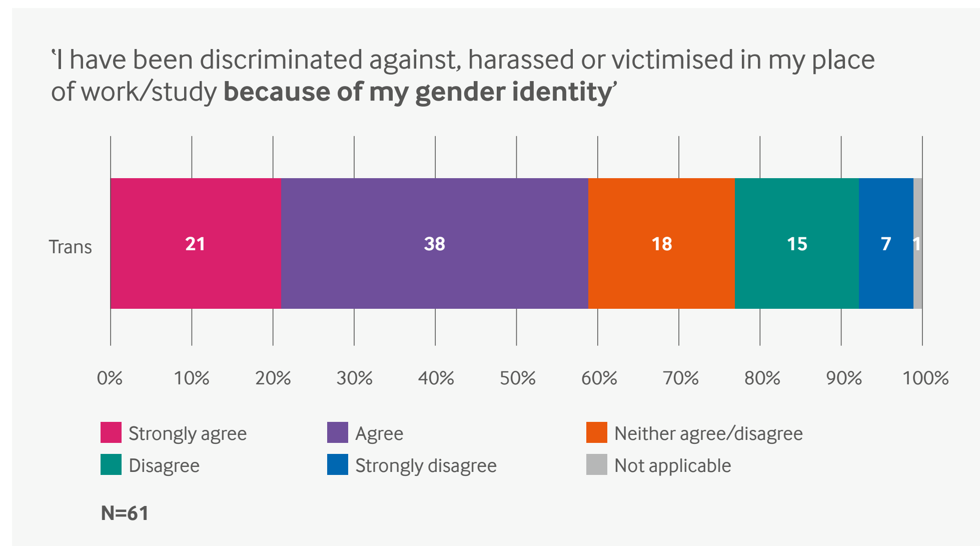
Discrimination, harassment or victimisation because of sexual orientation
More than a quarter (29%) of lesbian, gay, bisexual and queer respondents to this question believed that the behaviours they had experienced amounted to discrimination.



Discrimination, harassment or victimisation because of gender identity

> "In the 8 years since I transitioned and "came out" at work as transgendered, I have experienced discriminatory behaviour and comments which would constitute "hate crimes" under the Equality Act. I have had my transgender status disseminated as gossip amongst former and current work colleagues; been told openly that, had I been "outed" as transgendered at interview, I would not have been appointed; have been told by my clinical director that the ability to do my job could be affected by "the high rates of psychiatric illness amongst trans people"; and I have been excluded from meetings with visitors to the department, in case I "upset them"
> **(consultant, heterosexual, trans)**

Almost three in five (59%) trans respondents to this question thought that their experiences met the legal threshold for definition of discrimination, harassment or victimisation. One in five (21%) strongly agreed.



Which groups do people most experience or witness homophobic, biphobic or transphobic behaviour from?

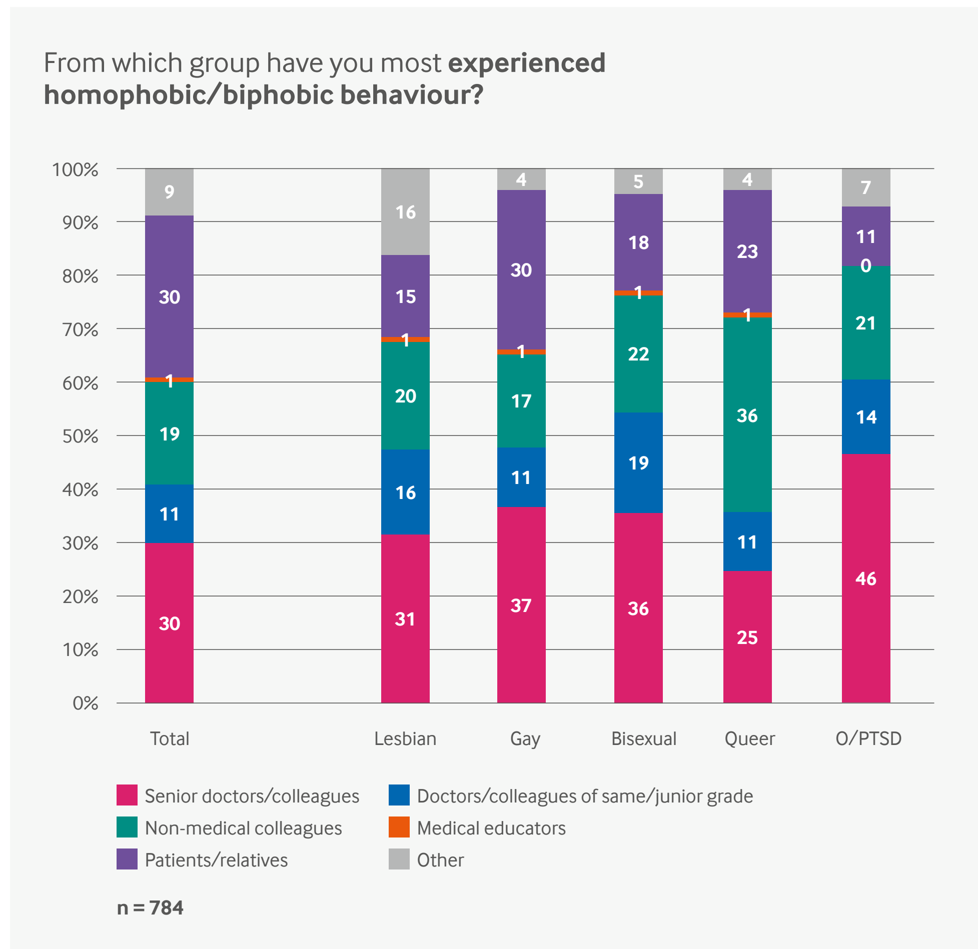
> "At a point of my promotion, the consultant team discussed if they were ok with my homosexuality"
> **(consultant, gay, cisgender)**

> "A fellow trainee, who was gay, killed himself during training. He'd only opened up to a few of us about his sexuality but the news got round and he was marginalised by the senior medics"
> **(consultant, heterosexual, cisgender)**

We asked people to identify which groups they were most likely to experience homophobic, biphobic or transphobic behaviour from. The findings indicated that while patients were often responsible, colleagues – particularly those in positions of relative power – were also often responsible.

Around a third (35%) of LGBQ+ respondents said senior doctors or colleagues were the group most likely to have carried out the behaviours they experienced and a similar proportion (34%) identified this group to be the perpetrators of the behaviours they witnessed.

The graph below shows the variation in responses by group.



> "Having homophobic abuse from a patient was bad, but when senior colleagues used homophobic language and suggested I should just accept personal attacks really made me wonder if I could handle the job"
> **(salaried GP, gay, cisgender)"**

> "My senior colleagues make jokes that gay men cannot go into surgery (my passion) and I hide my sexuality from them. I feel like I can't have personal conversations with colleagues out of fear I may get asked about my partner – I feel so ashamed"
> **(medical student, male, gay, cisgender)**

Around a quarter of LGBQ+ respondents (23%) identified patients and their relatives as the group most responsible for the incidents they directly experienced and a slightly higher proportion (27%) of witnessed events. Around a fifth of respondents (21%) said non-medical colleagues such as nursing staff, managers, or human resources staff were the group most responsible.

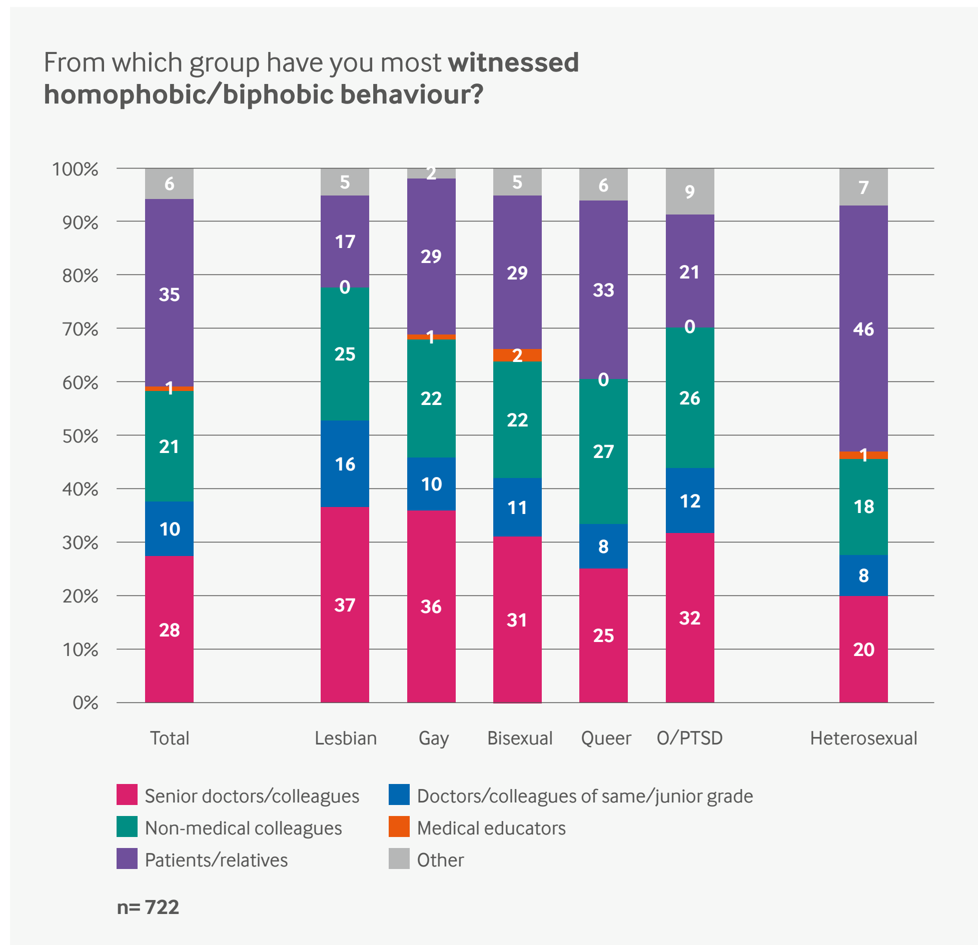
> "Mainly from patients. Telling colleagues that they aren't coming anywhere near them because they're gay, being threatened with violence because of sexual orientation, being called a horrendous collection of names"
> **(trust grade doctor, gay, cisgender)**

"Patients saying that they do not want to be treated by a "faggot" nurse or a "dyke". Patients misgendering a trans colleague both unintentionally and maliciously"
(SAS doctor, gay, cisgender)

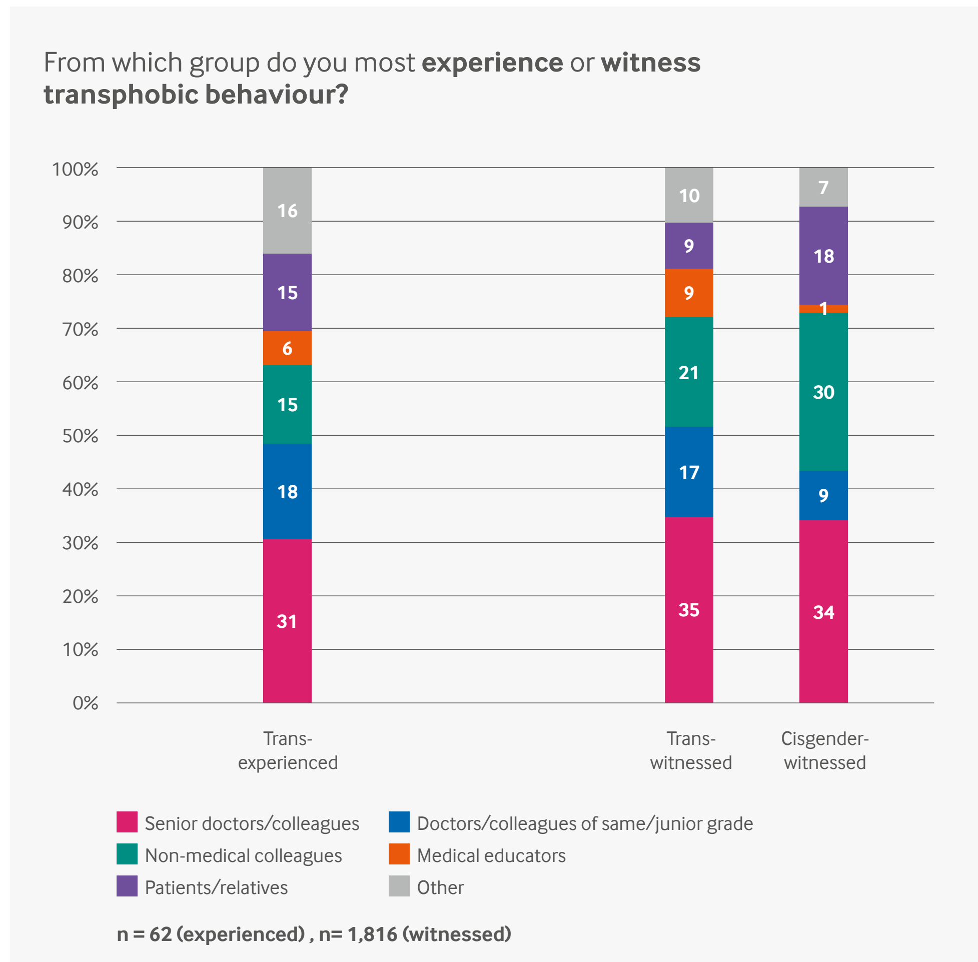
"When disclosing a same sex partner, told by a senior "that's a shame" and by a nurse colleague "I wouldn't have guessed that! You're very pretty""
(locum junior doctor, bisexual, cisgender)

"An outpatients receptionist left me a religious leaflet condemning homosexuality and recommending repentance"
(consultant, gay, cisgender)

Heterosexual respondents had different views on which groups were most likely to perpetrate these behaviours. **Nearly half of heterosexual respondents (46%) said that patients or their relatives were the group most responsible for the events they witnessed, and only a fifth (20%) identified senior doctors and colleagues.** The graph below shows the variation in responses in groups regarding the group most likely to be responsible for witnessed behaviours.



Almost a third (31%) of trans respondents to this question identified senior doctors and colleagues as the group most likely to perpetrate transphobic behaviour towards them directly and a similar proportion (35%) identified this group as most likely to be responsible for witnessed events. The same proportion of cisgender respondents to this question (35%) also identified senior doctors or colleagues as the group they had most witnessed these behaviours from. The graph below shows the breakdown of views on which groups were most likely to be responsible for directly experienced and witnessed transphobic behaviour.



Negative behaviour and discrimination towards LGBTQ+ patients

A considerable number of respondents referenced witnessing incidents of derogatory language and other negative behaviour or discrimination directed towards LGBTQ+ patients, often behind their backs or when they were in vulnerable situations. This is particularly concerning in the light of continued health inequalities experienced by LGBTQ+ patients in terms of seeking and accessing healthcare, as well as the potential negative impacts on the care individuals receive.

> "Prepping a patient for theatre who was under anaesthetic, other theatre staff made lewd and derogatory comments about the fact the patient was a lesbian"
> **(GP locum, queer, trans NB)**

> "In a ward round as a medical student I was witness to a senior consultant make several transphobic comments about a patient, repeatedly misgendering her and using derogatives like "tranny" to describe her. He would look around expecting people to laugh and stare down any doctors that wouldn't play along"
> **(junior doctor, gay, trans NB)**

"A lesbian patient who was having a risk reduction mastectomy was branded by senior colleagues as wanting to be male or not needing her breasts because of her sexual orientation"
(locum junior doctor, queer, cisgender)

"Trans patients being discussed loudly as a danger to women and children because of how they identify"
(consultant, gay, cisgender)

"A patient being described as "a poof" as they were felt not to be tolerant enough of pain"
(consultant, heterosexual, cisgender)

"Colleagues expressing an unwillingness to treat gay people or conflating homosexuality with HIV positive status"
(junior doctor, gay, cisgender)

"Doctors getting unnecessarily involved in trans persons cases to allow them to satisfy their curiosity on what trans genitals look like"
(locum doctor, bisexual, cisgender)

Some respondents also highlighted that the way LGBTQ+ patients are treated is indicative of the wider working culture, and that seeing patients being treated in an unfair or discriminatory way made them more fearful of being open about their own identity with their work colleagues.

Reporting experienced and witnessed incidents

"I didn't feel safe enough to progress my concerns and was told some were in my imagination. When I complained of direct homophobia, I was asked to reconsider my perception"
(consultant, gay, cisgender)

Our wider research into different forms of discrimination has shown that medics who face discrimination or poor behaviours on the basis of their personal characteristics are often reluctant to report this to anyone. We asked people whether they had reported experiences of homophobic, biphobic or transphobic behaviour they experienced or witnessed to employers, medical schools, through dedicated reporting channels such as Freedom to Speak Up guardians or to external bodies such as regulators or trade unions.

Reporting direct experiences – homophobia and biphobia

"I was labelled a "troublemaker". The perpetrators were "empowered" by the total inaction of the trust on multiple occasions"
(SAS doctor, gay, cisgender)

Over three quarters (78%) of lesbian, gay, bisexual or queer respondents to this question said they had not reported experiences of homophobia or biphobia they had directly experienced to anyone. Smaller proportions said they had reported to another colleague (14%), or their employer (6%).

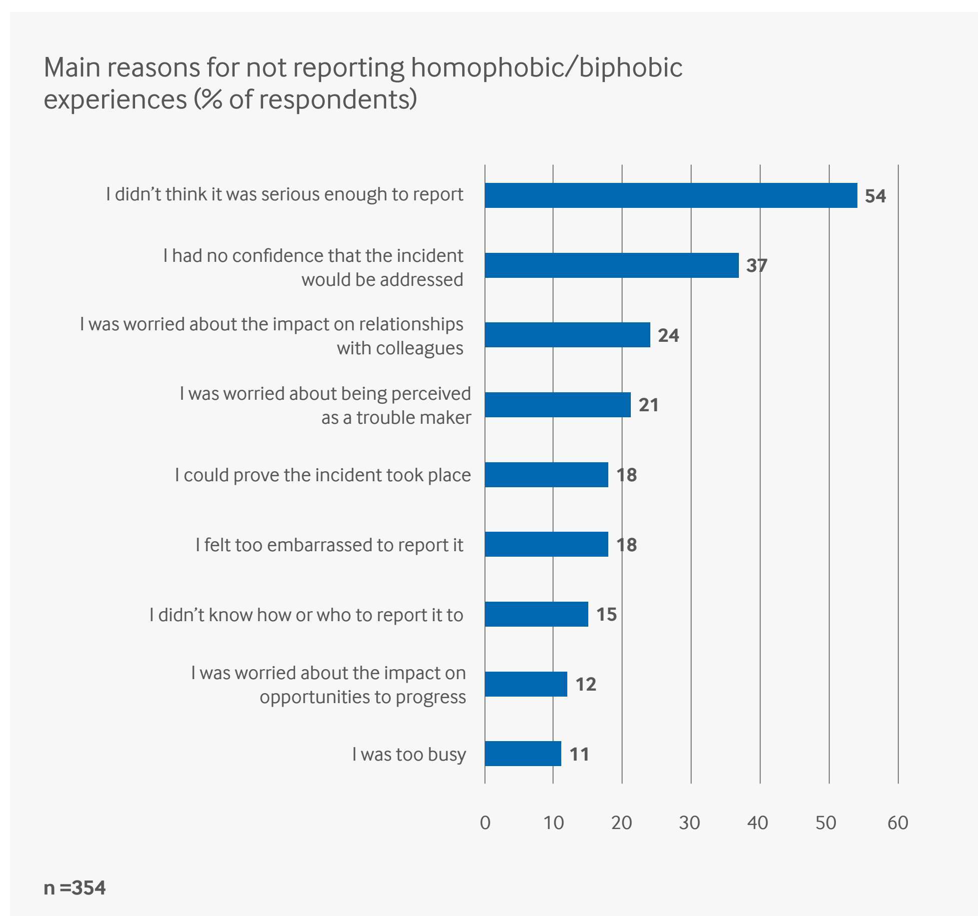
The most common outcome for those who did report incidents they had directly experienced was that no action was taken, with more than a third (37%) reporting this outcome. Only 15% of respondents to this question said that the matter was investigated, and action taken against the perpetrator. A further 6% said that the incident was investigated but no action was taken.

Over a third (37%) of respondents to this question who had reported an incident said that doing so led to a negative impact on themselves. Examples included:
- Impacts on mental health including stress, depression and anxiety
- Being removed from a particular post or department, or feeling unable to return to a particular work environment
- Being labelled a troublemaker and having unrelated concerns (for example about patient safety) dismissed in consequence
- Being labelled as weak or oversensitive

Some respondents also noted that the lack of action taken by organisations gave the impression that behaviours were acceptable and emboldened people to continue or even amplify their behaviour:

> "The reason I reported the homophobia was that I felt a responsibility to protect others from the same. I am a senior doctor who is comfortable challenging this behaviour. Many others may not be, so a failure to report these behaviours both encourages it and puts others at risk of experiencing it"
> **(consultant, gay, cisgender)**

The graph below shows the most common reasons given by lesbian, gay, bisexual and queer respondents. The most common were that they didn't think the incident was serious enough to report or **because they had no confidence that the incident would be addressed**.



Reporting witnessed experiences – homophobia and biphobia

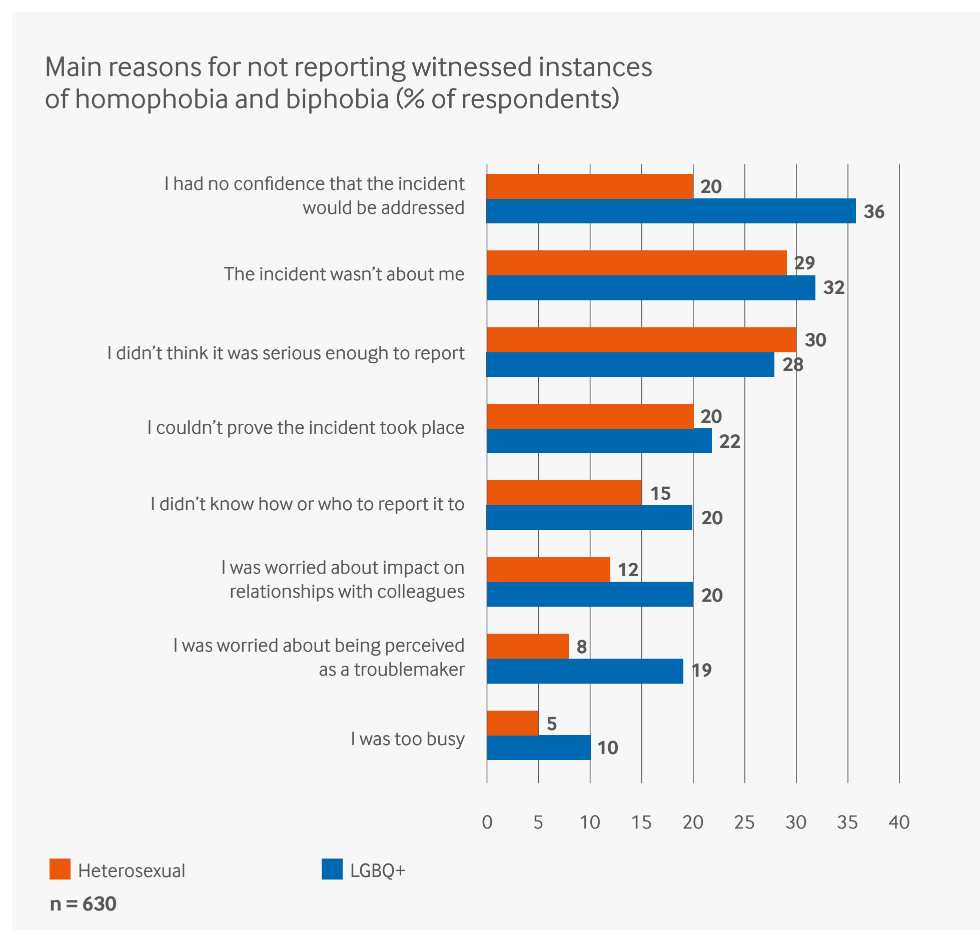
We asked people whether they had reported any incidences of homophobia and biphobia they witnessed directed at others.

More than four in five (85%) respondents to this question who had witnessed homophobia or biphobia directed at others said they did not report the incident. For those who did report, the most common reporting route was to another colleague (8%) or an employer (5%).

The proportion of respondents to this question who said that the incident was investigated and action taken against the perpetrator was around 15%. For those who did report witnessed experiences, the most common outcome varied between groups. **Over half (54%) of lesbian, gay, bisexual and queer respondents to this question identified 'no action taken' as the most common outcome,** compared to one in five (19%) heterosexual respondents who reported this outcome.

One in five (19%) respondents to this question said that reporting witnessed incidents had led to negative repercussions for themselves. Examples included feeling frustrated and disappointed at the lack of action, concerns about being viewed as a troublemaker, and being worried about reprisals.

The most common reason for not reporting witnessed incidents given by lesbian, gay, bisexual and queer respondents to this question was that they had no confidence the issue would be addressed (36%). However, the **most common reason given by heterosexual respondents for not reporting was that they did not think the incident they witnessed was serious enough to report** (30%). Fear of repercussions was a concern for some respondents to this question – but LGBQ+ respondents were more likely to be concerned about being perceived as a troublemaker, or the impact of reporting on colleagues, than heterosexual respondents. The graph below shows the different responses between the two groups.



Other reasons for not reporting

A fifth (21%) of respondents gave further reasons for not reporting experiences that they witnessed. Key themes included:

- Lack of ways to report incidents that were perpetrated by patients, or feeling it is inappropriate to report incidents perpetrated by patients
- That ignorance was at the root of the incident and that therefore reporting was a disproportionate response
- Unease about cultural sensitivity and different views and beliefs about homosexuality

> "What is quite often unspoken is many international medical graduates come from countries where homosexuality and change in gender is illegal. This can result in discrimination and lack of understanding as they are simply not used to working with people who are openly gay or trans"
> **(junior doctor, heterosexual, cisgender)**

> "Where there is still a problem however is in patients and families expressing homophobic/transphobic views and this being unchallenged or tolerated because it is perceived that challenging it or not accepting it would not be acceptable in case it might jeopardise in any way the relationship with the patient/family or the care of the patient"
> **(consultant, gay, cisgender)**

Reporting direct experiences – transphobia

70% of trans and non-binary respondents to this question said they did not report transphobic behaviour they had directly experienced themselves. For the small number of respondents who did report, the most common reporting routes were to another colleague (13%), or their medical school or employer (11%).

Out of the small number of respondents who did report their experiences (N=19), the most common outcome of reporting was that no action was taken (37%) or that the complaint was still open and being investigated (21%).

Two thirds (67%) of those who reported an incident said that doing so had negative repercussions for them. These included:

- Impacts on mental health including feeling demoralised and depressed
- Not being believed and/or having incidents belittled
- Feeling blamed for the incident
- The negative impact of having to explain to multiple different people
- Fears that speaking out would lead to escalation or reprisal

> "Accused of being unprofessional. I was told that I had to "learn how to get on with my peers"
> **(junior doctor, bisexual, trans)**

The most common reason given by trans respondents to this question for not reporting experiences was that they had no confidence that the incident would be addressed. Almost half (47%) of respondents to this question gave this as one of their main reasons. Over a third (35%) said they did not report because they didn't deem the incident serious enough to report. Almost a third (30%) said they felt too embarrassed to report the incident.

Other reasons included being perceived as a troublemaker (23%) and being worried about the impact that it would have on relationships with colleagues (23%). One in seven (14%) respondents said they did not report because they couldn't prove the incident took place.

A number of respondents gave other reasons for not reporting. An important theme here was that people were dissuaded from reporting an incident if this would require the target to 'out' themselves to colleagues who might not previously have been aware that they were trans. Other reasons given include not having any appropriate channels, or feeling it appropriate, to report behaviour from patients.

Some respondents also described scenarios where they felt that reporting someone felt like an unnecessarily punitive measure, and that it was important to them to consider whether incidents came from a lack of understanding or awareness rather than malice or deliberate intent to discriminate:

> "Now that I am not out, I am given access to these conversations where people discuss their publicly out trans colleagues. Many of the things they say are upsetting or transphobic. However, these are good people with good intentions who are just trying to work through what it means to be trans/have trans colleagues. I don't think reporting them would lead to positive outcomes – I feel like these conversations need to happen and people need to be able to explore their thoughts and feelings about trans people"
> **(junior doctor, bisexual, trans)**

> "I don't think there's any malicious intent in anything I've experienced, just forgetfulness, assumptions, curiosity, ignorance etc. Everyone I've met seem to be decent people and there are those who are aware of gender identity issues and are more open and ask what I'm comfortable with, what I want to be called"
> **(medical student, questioning, trans)**

> "A colleague (fellow junior doctor) outed me once but nobody heard her, and I had no interest in escalating this. I do however find it a very stressful prospect that she might still be outing me. I also get very anxious that everyone knows that I am transgender and I just don't know that they know"
> **(junior doctor, bisexual, trans)**

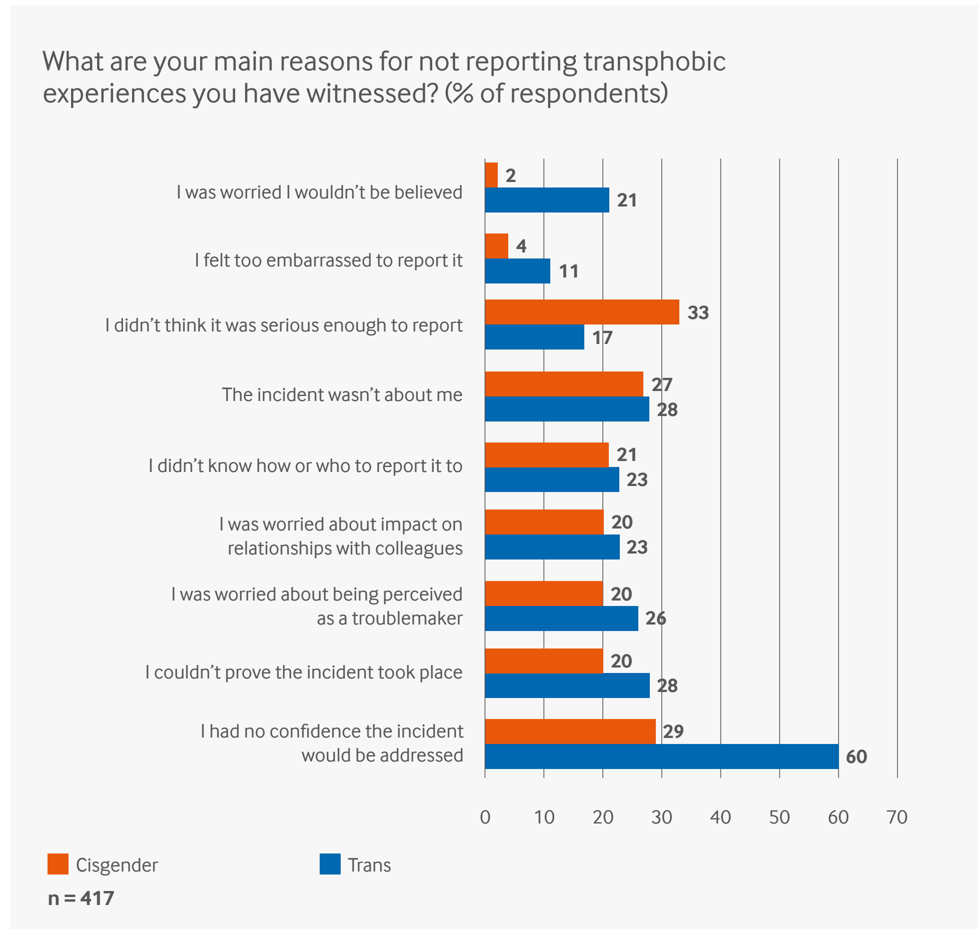
Reporting witnessed experiences – transphobia

> "I reported an incident of repeated misgendering and transphobia directed at a patient and discussed thereafter. I discussed openly with freedom to speak up guardian in an open faculty forum – it led to an idea of being a "troublemaker" and led to being advised to be cautious what is said openly"
> **(junior doctor, gay, cisgender)**

Four in five (80%) trans respondents to this question who had witnessed transphobic incidents directed at others in their place of work or study chose not to report it. For cisgender respondents, 84% said they chose not to report what they had witnessed. For trans respondents, the most common reporting routes were to another colleague (14%) or to an employer (8%). These were also the most commonly used reporting routes for cisgender respondents, with 8% reporting to another colleague and 6% to an employer.

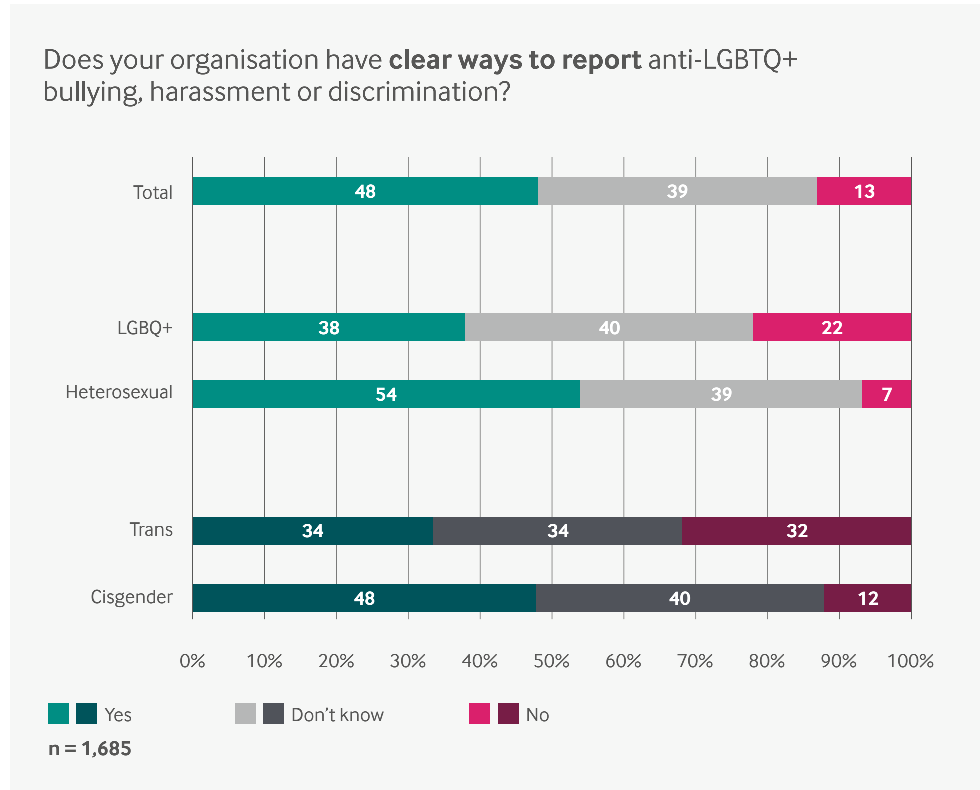
The most common outcome of reporting witnessed incidents given by respondents to this question was that no action was taken. More than half (58%) of trans respondents to this question said this, as did 37% of cisgender respondents.

The main reasons given for not reporting witnessed incidents are shown in the graph below. **The most common reason for not reporting witnessed incidents given by trans respondents to this question was that they had no confidence the issue would be addressed. However, the most common reason given by cisgender respondents for not reporting was that they did not think the incident they witnessed was serious enough to report.**

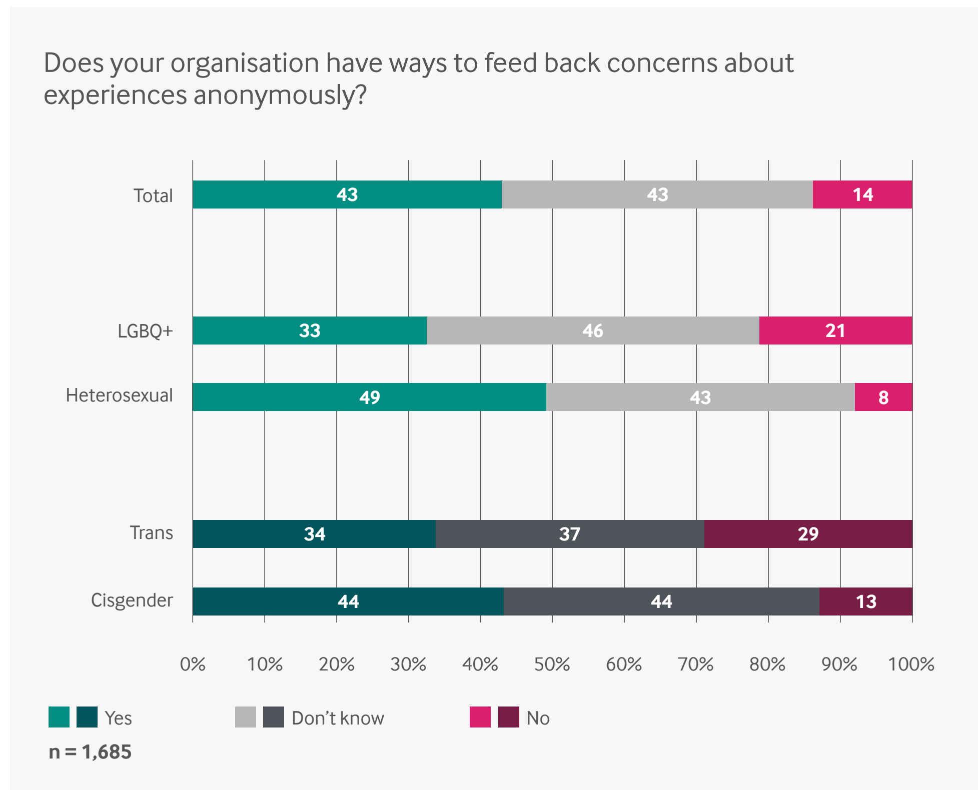


Awareness of ways to report

We asked people whether their place of work or study had clear ways to report anti-LGBTQ+ bullying, harassment or discrimination. The graph below shows the variation in responses between LGBTQ+ people and non-LGBTQ+ people. **It shows that LGBTQ+ people are less sure than their non LGBTQ+ colleagues that their place of work or study has clear processes to report anti-LGBTQ+ behaviour.**



We also asked whether their place of work or study had ways to feedback about experiences anonymously. Again, LGBTQ+ people were less sure that their organisation had mechanisms in place to allow for anonymous feedback than their non-LGBTQ+ counterparts. The graph below shows the variation in responses between groups.



The impacts of prejudice and discrimination

We asked respondents whether their experiences of phobia and/or discrimination had negatively affected their wellbeing, career choices or career progression.

Wellbeing

Almost one in five (18%) lesbian, gay, bisexual and queer respondents to this question said that the impact of attitudes towards their sexual orientation had a negative impact on their wellbeing. A number of respondents highlighted the cumulative and ongoing impacts of experiencing, or expecting to experience, negative reactions from those around them.

> "Stress, depression, isolation, suicidal ideation, anxiety, panic symptoms, rumination, impact on self-esteem, impact on socialising, impact on career prospects, loss of motivation, reduced exercise/activity – not all at once, but in waves over periods of time"
> **(other grade, bisexual, trans)**

> "I think if people were more regularly confronted with the fact that jokes made at the expense of LGBTQ staff and patients seriously impact their mental health and increase risk of suicide, that would do a great deal of good"
> **(junior doctor, gay, cisgender)**

Examples of negative effects raised included:
- Mental health impacts including chronic stress, burnout, anxiety, depression and trauma
- Suicide ideation and attempts
- Loss of confidence and self-esteem
- Loss of motivation and interest in job or studies
- Feeling fear or dread at the prospect of going to work and avoidance of certain individuals and scenarios

> "Not being myself in front of my peers prevented me from making meaningful connections with them and I have not been able to truly excel in my work in the way I know I could"
> **(junior doctor, gay)**

> "Every day I feel anxious because of how uncomfortable it is to use staff changing rooms with others in there looking at me unpleasantly, or seeming visibly uncomfortable because of me being there. I have changed specialty so that I will no longer have to wear scrubs at work and have this problem"
> **(junior doctor, lesbian)**

Two in five (40%) trans respondents to this question said that their career has been impacted by other people's attitudes, with a negative effect on their wellbeing.

Examples of negative effects raised included:
- Feeling that career choices such as specialty choice had been limited to those perceived to be more LGBTQ+ friendly
- Mental health impacts including stress, anxiety and depression
- Difficult relationships with colleagues, including finding it difficult to trust people because they had expressed transphobic views about others
- Actively avoiding certain placements or organisations that were felt not to be LGBTQ+ friendly
- Taking time off sick in order to manage or avoid stress
- Exhaustion from having to be an 'ambassador' for trans issues in the workplace
- Isolation and lack of access to opportunities such as mentorship

> "I really struggled during medical school with being so visibly out. I had no option because I wanted to transition but it was really tough and I struggled a lot with my mental health. I also felt incredibly excluded and isolated"
> **(junior doctor, trans)**

> "I feel the need to constantly police the way I behave at work and it can be exhausting"
> **(medical student, trans)**

We also asked whether people had considered leaving or had actually left a job due to their experiences. **More than one in ten (11%) of LGBQ+ respondents to this question said they have either left a job/medical school or considered leaving a job/medical school due to discrimination related to their sexual orientation. Almost a third (29%) of trans respondents to this question had either left a job/medical school (8%) or considered leaving a job/medical school (21%) due to discrimination related to their gender identity.**

"It is difficult to feel accepted within the medical community when I have witnessed so many of my colleagues being openly homophobic. This has led me to consider leaving medicine in the longer term. I do not feel I can be myself when I am at work for fear of discrimination"
(junior doctor, lesbian)

"I knew a male gay medical student leave after graduating because they didn't think they could cope with the prejudice and the machismo"
(SAS doctor, asexual, gender fluid)

Career progression and choices

One in eight (13%) LGBQ+ respondents to this question thought their progression at work or in education had been negatively affected by attitudes to their sexual orientation. Almost a third (30%) of trans respondents to this question thought their progression at work or in education had been negatively affected by attitudes to their gender identity. A significant number of respondents said that they had chosen not to disclose their sexual orientation specifically to avoid the risk of detrimental career impacts and that they suspected that if they had been open this may have negatively impacted their career progression.

Themes included:
- Some respondents felt that there was a certain level of seniority – effectively a ceiling- below which sexual orientation had less of a career impact but beyond which it would be harder to progress.
- Leaving a particular role or specialty, or avoiding choosing a particular speciality, because it was perceived not to be an LGBTQ+ inclusive environment
- Some respondents described missing out on/'being passed over' career enhancing opportunities and opportunities to learn and develop new skills
- Some medical students were afraid that there would be issues when they left medical school and entered employment

"I have chosen to do a specialty which I feel is more tolerant to differences in sexual orientation and gender identity to protect myself from future abuse, rather than doing a specialty because I really enjoy it and am very passionate about it. There is still so much discrimination within the NHS that I feel clinicians are making choices to work in areas outside their true interests in order to be safer"
(GP trainee, gay, cisgender)

"I think people see LGBT people as different and people tend to select people like them. I find promotion to higher levels requires trust, and there is less trust from heterosexual colleagues. This is understandable but still not right. I feel I have plateaued in my career progression therefore"
(GP contractor/principal, gay, cisgender)

"I don't feel that I am senior enough for my sexual orientation to have impacted work progression. However, I remain concerned that I may in the future, especially if I was to broadcast it to potential employers/senior staff"
(medical student, gay, cisgender)

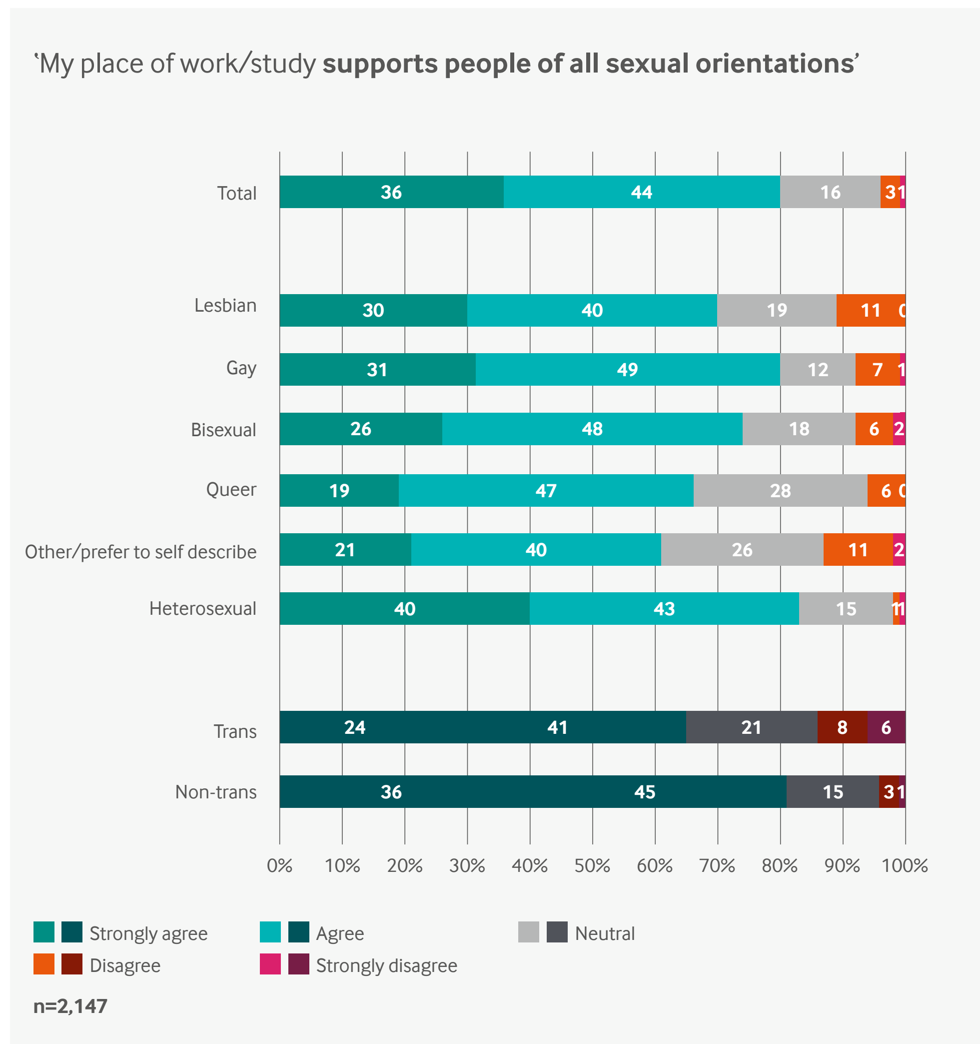
2. Supportive and inclusive environments

Whether or not someone directly experiences discrimination, perceiving an environment as hostile or discriminatory has a negative impact. When people consider that their organisation is being discriminatory against colleagues who belong to a vulnerable group, their own health and wellbeing may also be affected negatively, even if they are not part of that group.

Perceptions of environment

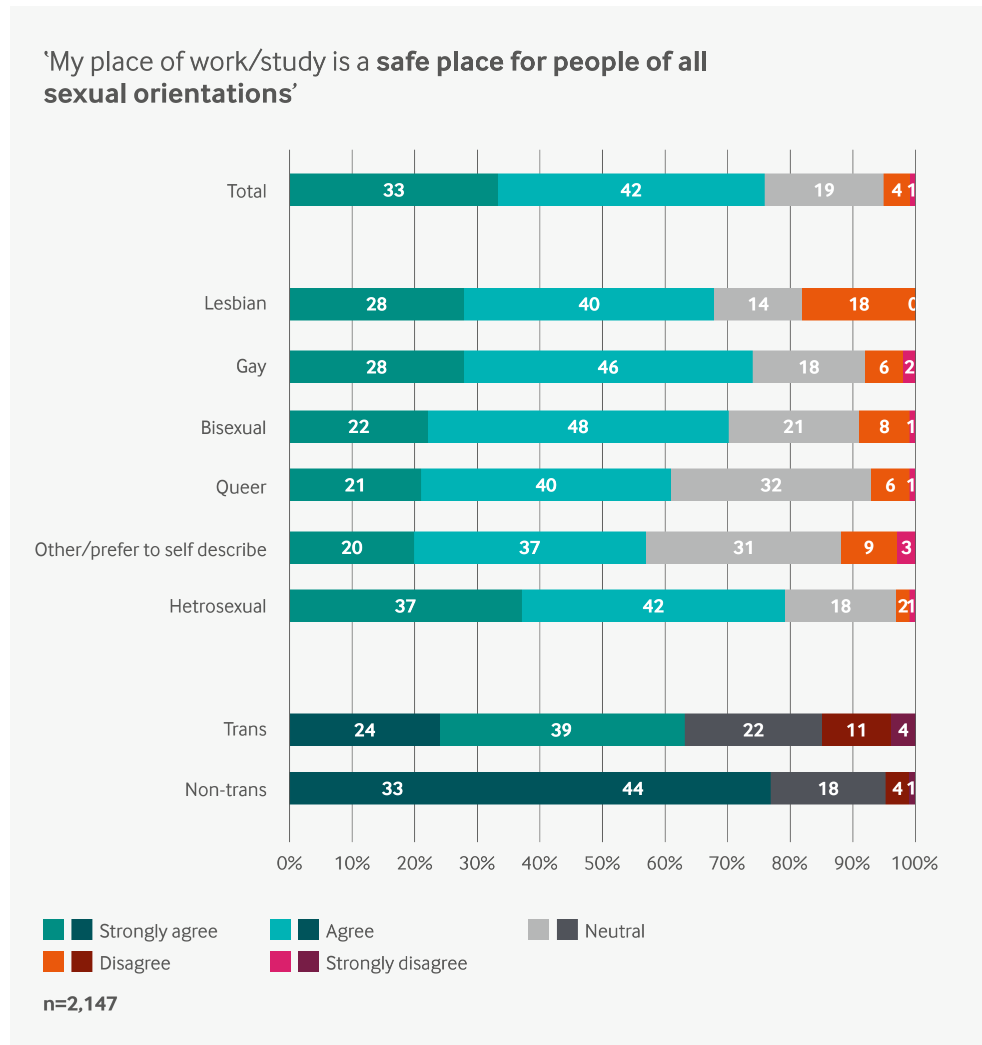
Our findings show that LGBTQ+ people are less confident that their work and study environments are supportive of people of all sexual orientations and gender identities than their non-LGBTQ+ counterparts.

Almost three quarters of lesbian, gay, bisexual or queer respondents (74%) agreed that their place of work or study is an environment that *supports* people of all sexual orientations. A higher proportion of heterosexual respondents (83%) agreed with this statement. The graph below shows the extent to which different groups share this perception.



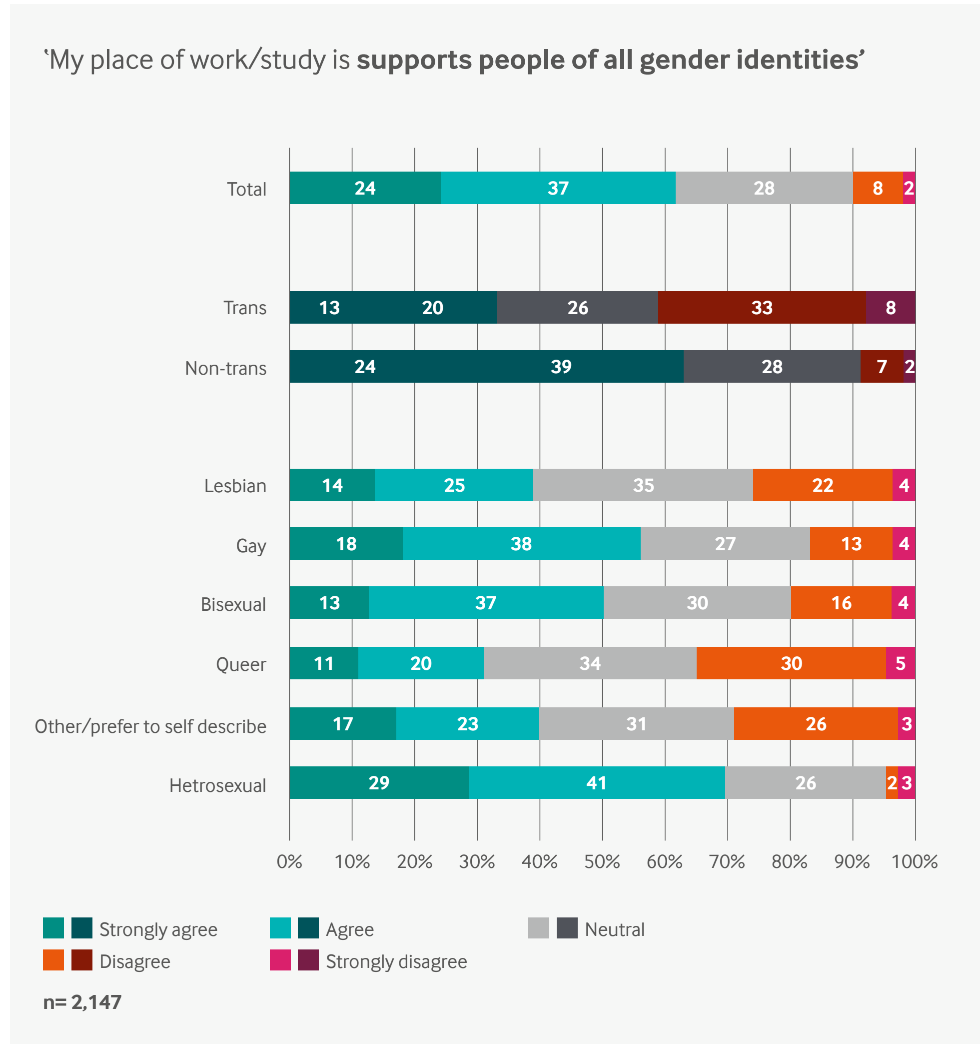
Medical students were slightly less likely to agree than other medics. 73% of all medical students who responded to this question agreed their place of study or work was supportive, compared with 80% of other medics.

A majority (69%) of LGBQ+ respondents also agreed that their place of work or study was *a safe place* for people of all sexual orientations. However, one in five (20%) were neutral or undecided about this statement and one in twelve (8%) disagreed. Again, a higher proportion of heterosexual respondents (79%) agreed with the statement, with only 2% disagreeing. Cisgender respondents were more likely (77%) than trans respondents (63%) to agree with this statement. The graph below shows the extent to which these perceptions are shared across different groups.



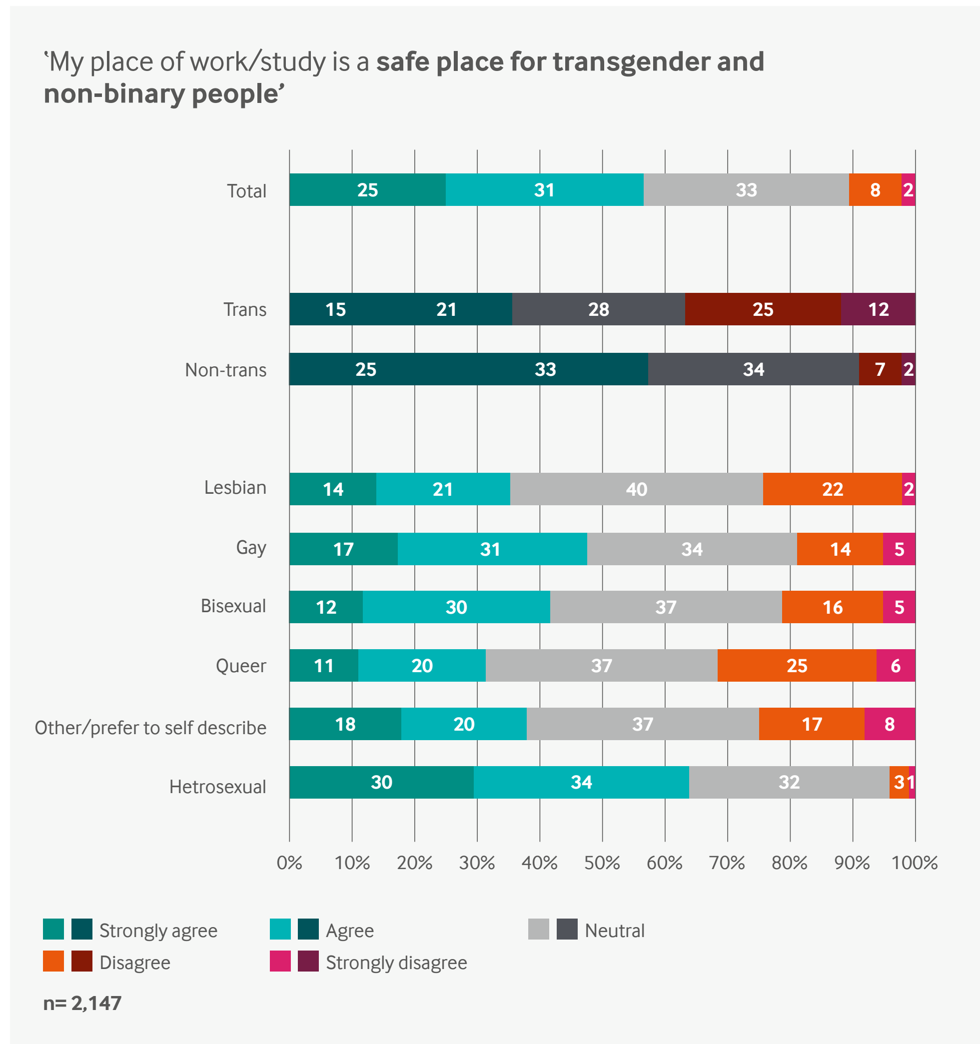
Medical students were slightly less likely to agree than other medics. 68% of medical students who responded to this question agreed their place of study or work was a safe place for people of all sexual orientations, compared with 76% of other medics.

A third (33%) of trans respondents said that their place of work or study is an environment that *supports* people of all gender identities, and more than two in five (41%) disagreed, with the rest undecided. **In contrast, 63% of cisgender respondents said their work or place or study supports people of all gender identities.** The graph below shows the extent to which these perceptions are shared across different groups. Lesbian, gay, bisexual and queer respondents were also less likely to perceive their environments as supportive of people of all gender identities than heterosexual respondents.



Medical students were less likely to agree than other medics. Less than half (46%) of all medical students who responded to this question agreed their place of study or work was supportive of all gender identities, compared to 64% of other medics.

Over half (57%) of cisgender respondents agreed their work/study environment was a safe place for transgender and non-binary people, with 8% disagreeing. However, only 36% of trans respondents agreed with this statement and the same proportion (37%) disagreed. LGBQ+ people were also less likely to agree (42%) or be unsure (36%) that their place of work or study was a safe place for transgender and non-binary people than heterosexual respondents (64% agree, with 32% unsure). The graph below shows the extent to which different groups shared this perception.



Medical students were significantly less likely to agree their place of study or work was a safe place for trans and non-binary people than doctors working in medical workplaces. Just over a third (36%) of medical students agreed their work and study environments were a safe place for trans and non-binary people, compared with almost two thirds (64%) of other medics.

Factors that may influence perceptions of environment and psychological safety

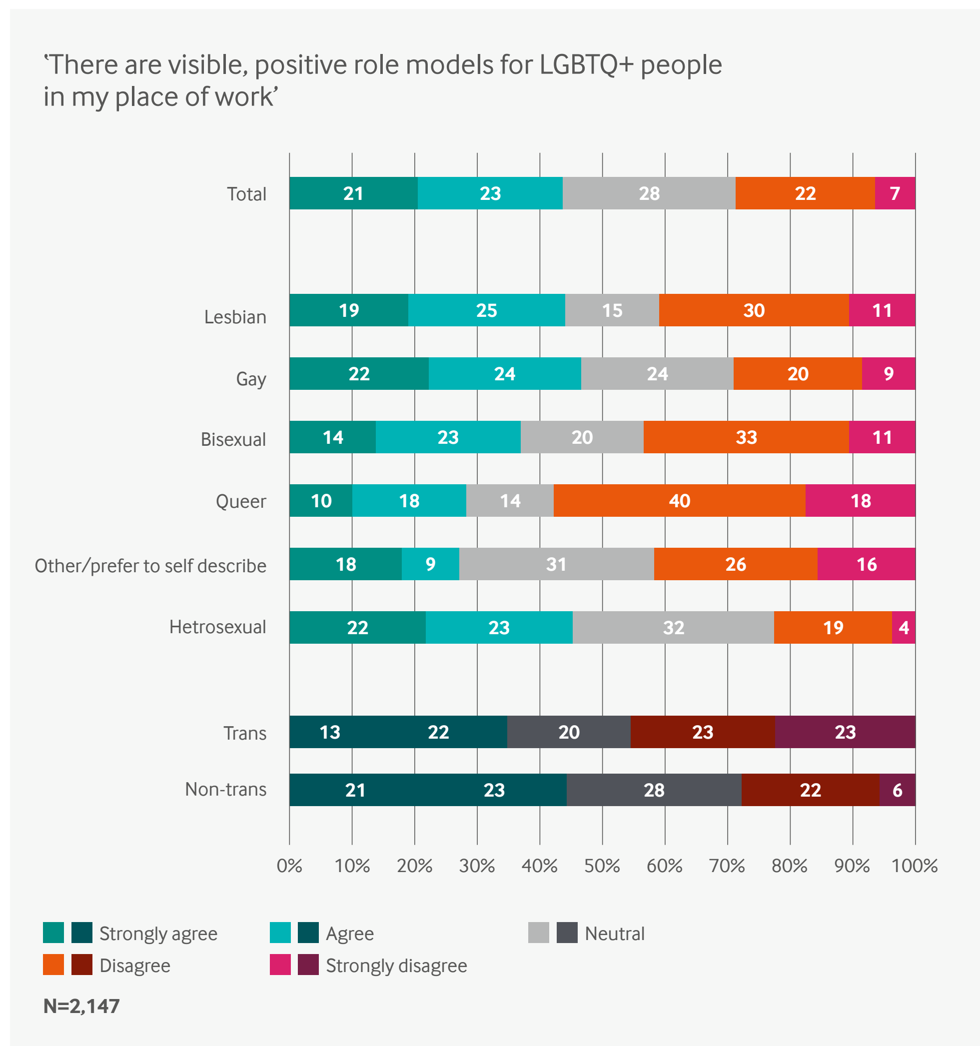
There are numerous factors that influence perceptions of environment and an individual's sense of psychological safety. We asked respondents about some possible factors which may contribute to these perceptions.

Visible role models

> "I struggle to find any positive role models or doctors who are gay or bi, like me, who I can look up to"
> **(medical student, bisexual, cisgender)**

> "We have had some senior role models in my hospital which has really made a difference"
> **(consultant, heterosexual, cisgender)**

Having visible, positive role models helps to foster inclusive organisational cultures and environments. Our findings show that **fewer than half of all respondents (44%) agreed that there were visible, positive role models for LGBTQ+ people in their place of work or study.** The graph below shows the extent to which different groups shared this perception.



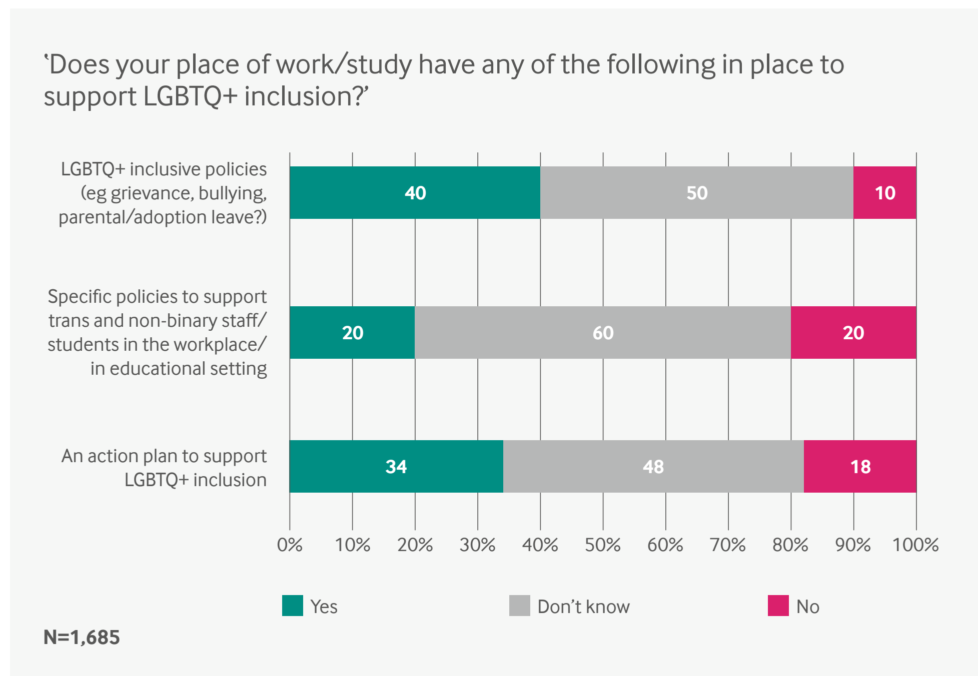
Medical students were less likely to say there were visible, positive role models in their place of study or work – with just over a quarter (28%) agreeing, and over half (52%) disagreeing. Doctors reported more visible role models in medical workplaces, with almost half (46%) of doctors agreeing, and a quarter (25%) disagreeing.

Supportive organisational policies and action plans

> "My partner and I experienced a late miscarriage. I was asked quite abruptly if I was carrying the baby as would not be eligible for compassionate leave if not. A heterosexual's couple who experienced similar were both allowed leave. I ended up taking unpaid leave. Our little girl wasn't genetically mine but she was very much my daughter"
> **(junior doctor, queer, trans)**

Having LGBTQ+ inclusive policies on issues such as raising a grievance, bullying, absence, parental and adoption leave, and special leave, provides assurance that the needs of LGBTQ+ people in education and the workplace are properly considered. It also means that decisions can be made fairly and consistently, and organisations can be better held to account if things go wrong.

It is important that where organisations have policies in place, everyone who may need to use them is aware of them. However, there was a high degree of uncertainty among respondents about whether or not their organisations had LGBTQ+ inclusive policies**.** Overall, two in five (40%) respondents to this question said their place of work or study had LGBTQ+ inclusive policies in place. **Half of respondents (50%) said that they did not know whether such policies existed in their place of work or study.**



More than two in five (43%) heterosexual respondents said their organisations had such policies in place. However, **only around a third (34%) of lesbian, gay, bisexual and queer respondents said these policies were in place, and over half (53%) said they did not know. For trans respondents, 30% said these policies were in place, and almost half of respondents (47%) did not know**. Medical students were also more uncertain about the existence of such policies than working doctors. Two thirds (66%) of medical student respondents said they did not know if these existed.

We also asked whether people were aware of specific policies to support trans and non-binary staff and/or students in their workplace or place of study. **Overall, the majority of respondents were unclear whether their place of work or study had specific policies to support trans and non-binary people.** A fifth (20%) said these were in place, **but 60% of respondents said they did not know. This was consistent for both LGBQ+ respondents and heterosexual respondents.**

Trans respondents were more likely to know whether or not their place of work or study had specific policies in place to support them. Just over a fifth (22%) said that they did, and just over a third (35%) said they did not, but **more than two in five (43%) trans respondents reported that they did not know if such policies existed in their organisation.**

Respondents were also unclear about whether their organisations had any action plan in place to support LGBTQ+ inclusion. A third of total respondents (34%) said these were in place but almost half (48%) did not know. This was broadly similar in both medical schools and medical workplaces, with 29% of medical student respondents reporting that these were in place and over half (54%) saying they did not know.

Supportive senior leadership

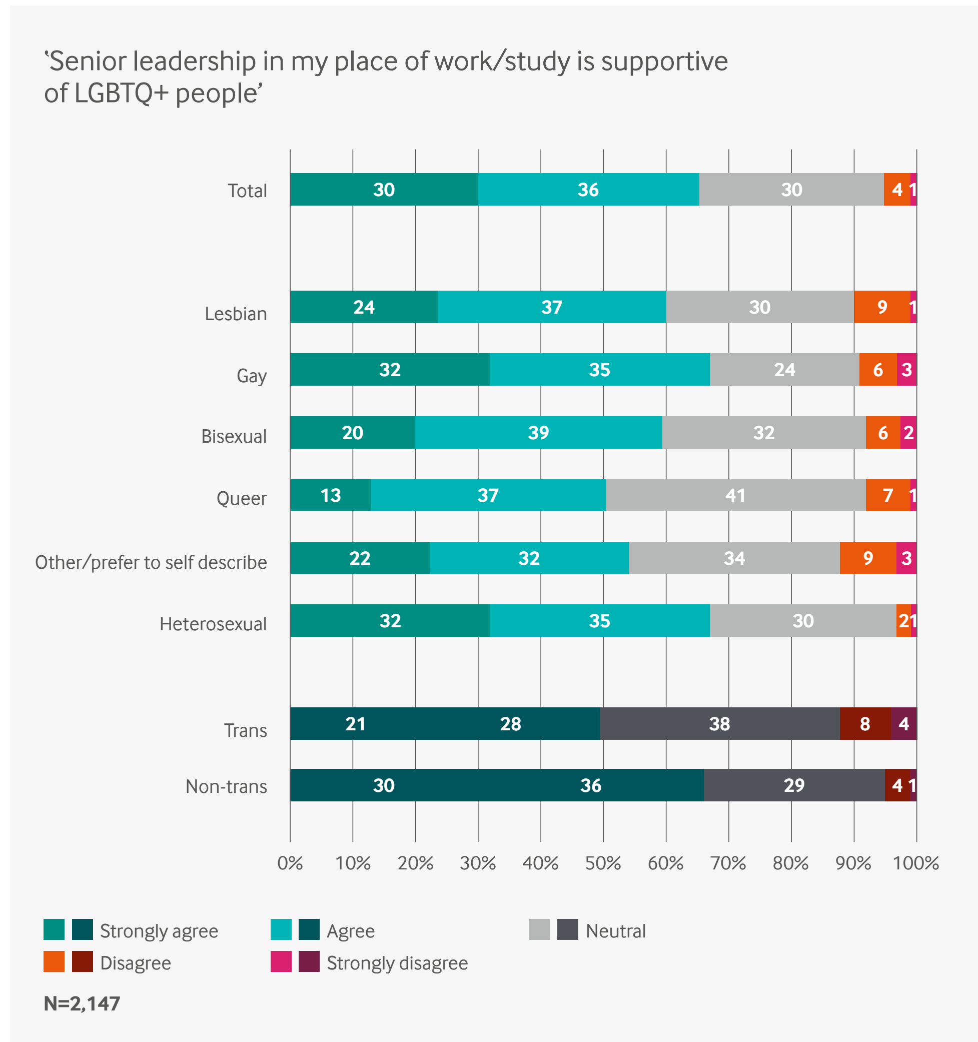
> "It was once said to me that I would be outed to the trust if I did not withdraw my application for a leadership role. The senior leaders of the organisation were however very supportive"
> **(consultant, queer, cisgender)**

Supportive senior leadership drives inclusive organisational cultures where everyone feels they are treated respectfully and fairly and are valued. It also gives people confidence that any issues they have will be addressed.

Overall, two-thirds of respondents (66%) agreed that their senior leadership was supportive of LGBTQ+ people. However, some groups of respondents were more likely to feel this than others and there was a high degree of uncertainty across all groups, with almost a third (30%) of all respondents neutral or undecided on this question. The graph below shows the difference in responses between different groups.

Trans respondents were less confident that their senior leadership was supportive of LGBTQ+ people. Just under half (49%) agreed compared with two thirds (66%) of cisgender respondents.

Medical students were less confident that their senior leadership was supportive of LGBTQ+ people than other medics. 57% of medical students agreed they were, compared with 66% of doctors working in medical workplaces.



We also asked respondents whether their organisation had an LGBTQ+ champion at a senior level. 29% of respondents said they did and a fifth (21%) said they did not, but half of respondents (50%) said they did not know either way. For medical student respondents, 60% said they did not know and under a fifth (19%) said this was in place.

Supportive colleagues and peers

> "I have several colleagues who are open about their sexual orientation and we have talked openly about this and we all feel safe in our work place to share this information without fear of judgement or bullying from our colleagues or seniors"
> **(junior doctor, bisexual, cisgender)**

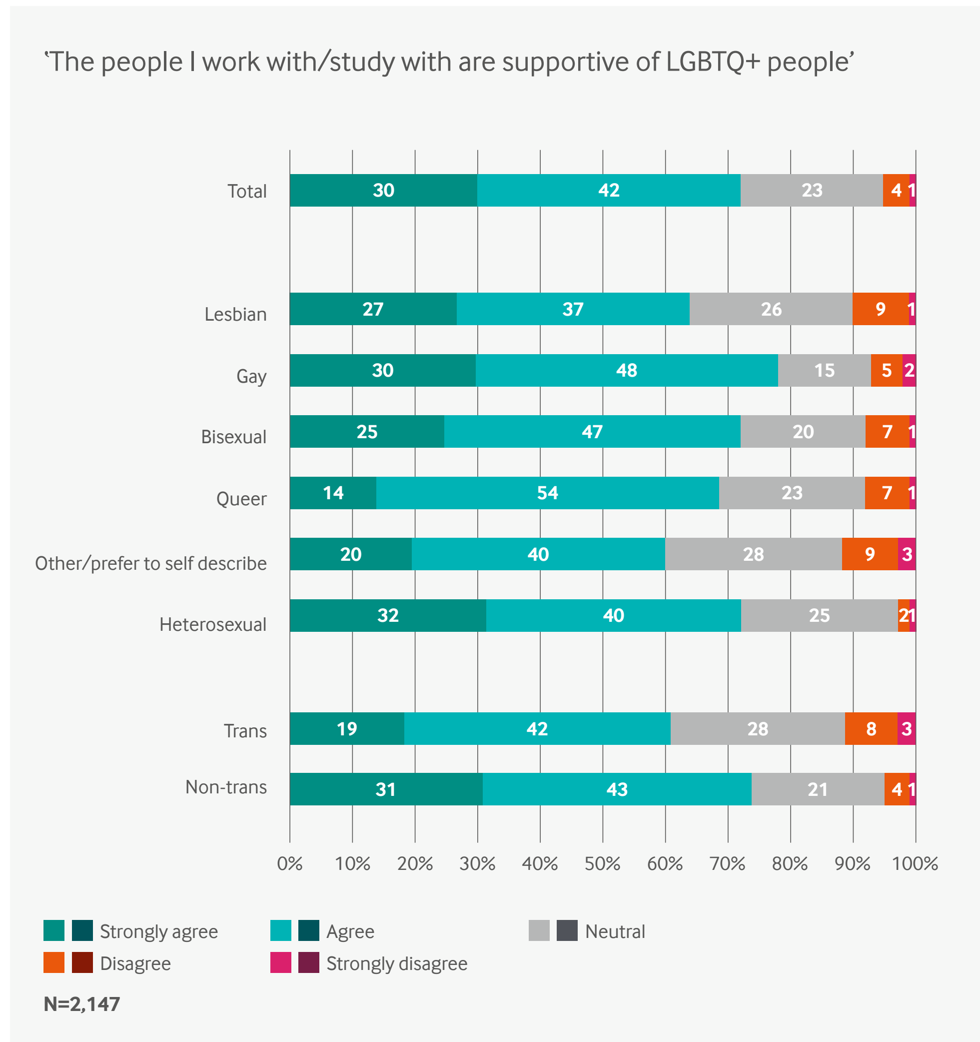
> "I have received only positive support from my work colleagues as a transgender doctor"
> **(consultant, bisexual, trans)**

Having supportive colleagues is a crucial element of an inclusive environment which enables people to feel valued and able to work to their full potential, without fear of discrimination.

Almost three quarters (72%) of respondents agreed that the people they work or study with are supportive of LGBTQ+ people. LGBQ+ respondents and heterosexual respondents were equally likely to agree with this statement, although a fifth (20%) of LGBQ+ respondents and a quarter (25%) of heterosexual respondents were neutral or undecided. Three per cent of heterosexual respondents and 8% of LGBQ+ respondents disagreed.

Almost three quarters (74%) of cisgender respondents agreed that the people they work with are supportive of LGBTQ+ people. However, trans respondents to this question were less likely to agree. While 61% agreed that the people they worked or studied with were supportive of LGBTQ+ people, 28% were neutral or undecided, and more than one in ten (11%) disagreed with this statement.

Medical students and other medics were equally likely (72%) to say their peers were supportive of LGBTQ+ people, although around a fifth of both groups was neutral or undecided.



Do people feel the medical profession is becoming more LGBTQ+ inclusive?

We asked people whether they felt that the medical profession had become more inclusive of LGBTQ+ people in the period between our two surveys.

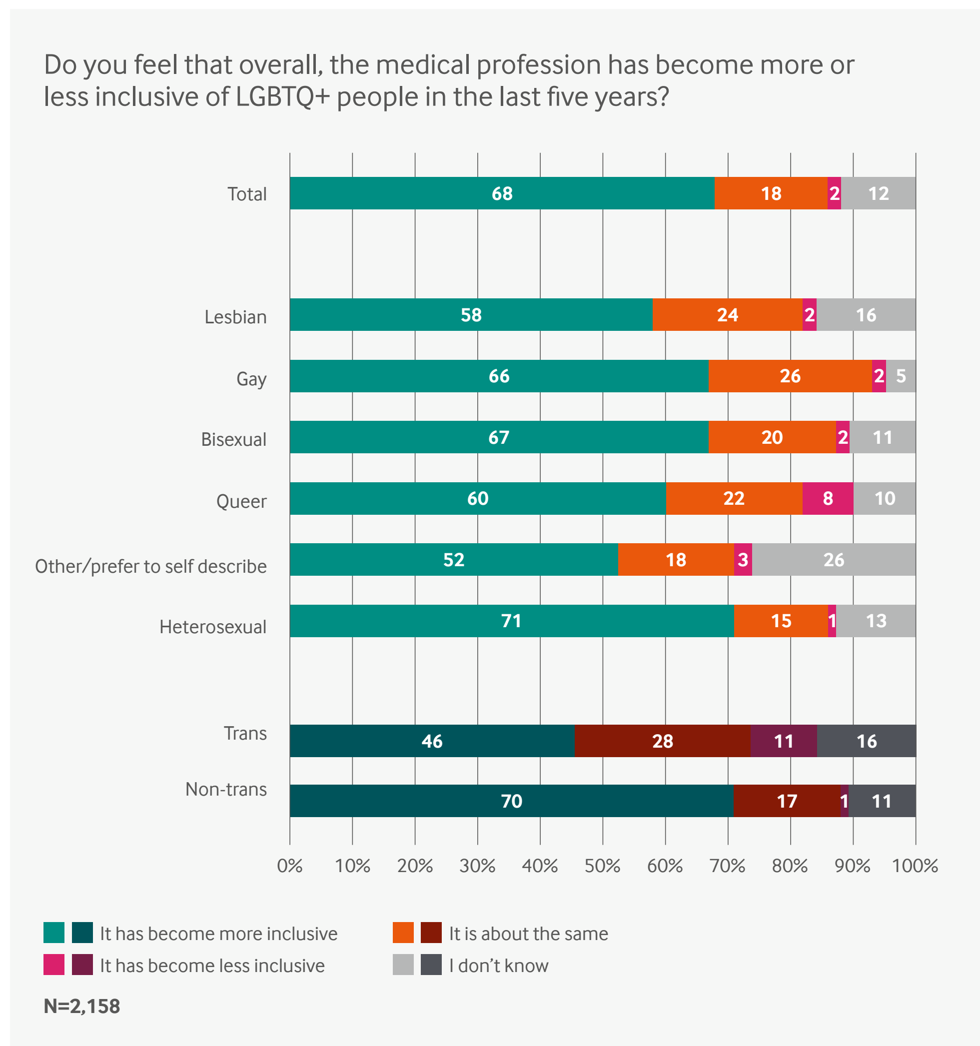
63% of lesbian, gay, bisexual and queer respondents (LGBQ+) think that the medical profession has, overall, become more inclusive of LGBTQ+ people in the last five years, with 23% saying it is about the same. Only 3% felt it has become less inclusive.

71% of heterosexual respondents think that the medical profession has, overall, become more inclusive of LGBTQ+ people in the last five years. Less than 1% of heterosexual respondents think it has become less inclusive.

46% of trans respondents think the profession has become more inclusive. However, more than one in ten (11%) said the profession had become less inclusive in the past five years.

Cisgender respondents to this question were considerably more likely to think the profession had become more inclusive. 70% thought it had become more inclusive in the last five years and less than one per cent thought it had become less inclusive.

The graph below shows the difference in responses between different groups.



Why do people feel this way?

When asked to explain their views on whether the medical profession was becoming more inclusive of LGBTQ+ people, respondents offered a wide range of views and opinions, which demonstrates the complexity of this issue. Where people hold different perceptions on the scope, relevance and significance of the problem, making tangible progress can be a greater challenge.

People who thought that medicine was becoming more LGBTQ+ inclusive generally felt that increased visibility, more awareness and education, and wider changes in societal attitudes towards LGBTQ+ people were the reasons for the change. They also referenced increasing interaction with more LGBTQ+ patients and colleagues as beneficial in increasing understanding and acceptance.

> "Over my time at medical school I have found that the content within the curriculum has become focussed on trying to include relevant content to our learning covering areas of gender, sexuality and inclusion. Most recently we were assessed on the experience of LGBT and trans parents in an examination. I feel that both my university and trust where I go to placement are very supportive environments"
> **(medical student, gay, cisgender)**

> "In the last 5 years there is certainly a better awareness and understanding in the medical profession surrounding LGBTQ+ issues. I have witnessed an increase in the amount of training resources and events for staff in this area, and the normalisation of pronoun use (e.g. name badges and emails) is promising to see. There is still a long way to go, however, in terms of changing attitudes in the workplace"
> **(GP trainee, gay, cisgender)**

> "I believe it has changed but mostly due to the change of generations working more than a big work place culture shift"
> **(junior doctor, queer, trans)**

> "As GPs we are more aware of gender identity issues in our profession and patient population"
> **(GP contractor, heterosexual, cisgender)**

Respondents highlighted greater organisational awareness of the importance of diversity and inclusion and recognition of the specific needs of LGBTQ+ patients as signs of progress. Visible initiatives such as the NHS Rainbow Badge scheme were given as examples of ways in which organisations and individuals could actively demonstrate commitment toward supporting LGTQ+ people.

> "People are having conversations now, we are all learning together. Visible signs, like rainbow badges and pronouns on name badges, are hugely helpful"
> **(junior doctor, gay, cisgender)**

> "Inclusion of positive role models, rainbow badges and badges including pronouns increase visibility. These initiatives have all happened in the last 5 years. When I was training 10 years ago, there were no visible role models, and I didn't feel able to be myself at work"
> **(consultant, gay, cisgender)**

> "More LGBTQ+ healthcare staff are openly "out" at work, and schemes such as rainbow badge and Trust level support for Pride events have helped"
> **(junior doctor, pansexual, cisgender)**

Respondents who thought inclusion was improving acknowledged that there were still isolated incidences of poor behaviour and discrimination, but tended to ascribe this to thoughtlessness or an individual's lack of awareness rather than overt hostility or malice.

> "There are still pockets of intolerance and ignorance but these are much less than they were"
> **(consultant, bisexual, cisgender)**

> "As a non-binary/gender queer person I am now open with this at work. People aren't mean but sometimes they don't know and it can be arduous to be the one doing all the explaining all the time"
> **(junior doctor, queer, trans)**

Respondents who thought inclusion was improving were nevertheless not always convinced that this progress was uniformly experienced by people of all sexual orientations and gender identities. Many suggested that while there had been welcome progress in relation to sexual orientation, acceptance of trans identities had not progressed in the same way. Respondents particularly highlighted that the polarisation of wider social discussions about trans people and gender had led to a culture where people were concerned about the impact of 'saying the wrong thing'.

> "I think there is a polarisation of views so that we have on one side more awareness and support than ever but on the other side many individuals who push back against this and are more vocal about that"
> **(Other grade, lesbian, cisgender)**

> "I think most of us are trying hard to do and say the right things but we are not very sure what is expected"
> **(GP contractor, heterosexual, cisgender)**

Some respondents who thought the profession was becoming less inclusive particularly highlighted that acceptance of trans people was not occurring at the same pace as acceptance of LGBQ+ people.

> "There is still a distinction in the minds of some around trans people and they continue to face discrimination - as a result, the inclusivity that LGB people have enjoyed in the past has been eroded by people's reactions to trans rights (in particular negative media portrayals)"
> **(salaried GP, gay, cisgender)**

> "I think there's a lots of hostility to transfolk just as the LGB folk are doing better"
> **(consultant, heterosexual, cisgender)**

> "The teaching we have had on LGB issues has been a start, but teaching on trans people and specific health issues affecting the community has been lacking so far. I feel that there is a lack of understanding about trans people within the student body and the lecturers and I worry about some of my colleagues coming into contact with trans patients and not responding appropriately"
> **(medical student, queer, trans)**

A number of respondents said they felt that some efforts to increase inclusion appeared superficial or tokenistic, and were sceptical about whether organisational drives towards inclusion had translated into materially improved experiences for LGBTQ+ people.

> "In the last 5 years, I have certainly noticed a push for corporate identities to become more LGBTQ+ inclusive. However, from my experience, this doesn't usually translate into meaningful, positive changes for LGBTQ+ patients and staff"
> **(junior doctor, gay, cisgender)**

> "Often times the progress that there has been seems quite superficial – I am frequent misgendered by colleagues with rainbow lanyards and pronouns in their email signatures"
> **(junior doctor, pansexual, trans)**

Some respondents suggested that one result of greater organisational focus on inclusion was that some discriminatory views and behaviours had become less overt but nevertheless persisted in subtler or more covert forms.

> "Transphobia is open and rife, in a way that sexism and homophobia and racism, although still present, is universally recognised as socially unacceptable and is carried out in more subtle ways, or behind closed doors with trusted ears"
> **(junior doctor, heterosexual, cisgender)**

There was a variety of opinions expressed about whether sexual orientation and gender identity were 'workplace issues.' For some LGBTQ+ people, this was a question of privacy or a conscious decision not to be open about this part of their identity in their professional lives, as it had no bearing on their professionalism or capability.

> "Although a bisexual man, that is a private matter and never discussed at work as I regard the workplace as an inappropriate place to discuss such matters"
> **(consultant, bisexual)**

> "I do not wear my sexuality as a badge. I am a doctor first and foremost"
> **(consultant, gay)**

> "I don't think being a lesbian has any impact on my ability to practice as a doctor. Being same sex attracted is my business and mine only"
> **(junior doctor, lesbian, cisgender)**

For other non-LGBTQ+ respondents, this view appeared to be underpinned by entrenched homophobic tropes, such as that people from minority sexual orientations are a threat to the safety of others.

> "Sexual orientation is creeping into the workplace in an undesirable and unwelcome way: it should not be encouraged for people to be 'out' at work, as whether they are one or another, their sexual preferences should normally have no relevance to their work, unless they do something immoral or take advantage of vulnerable people"
> **(consultant, heterosexual, cisgender)**

> "Sexuality should not be paraded at a medical workplace. Patients have the right to be protected from over displays of sexuality"
> **(consultant, heterosexual, cisgender)**

Not all of the respondents felt that attempts to make the workplace more inclusive of all gender or sexual identities were a positive thing. A number of the responses that referenced this reflected views which could be construed as prejudiced against LGBTQ+ people. These are included in this report not as a vindication or validation of those views, but because they highlight both concerning attitudes and a willingness to express them openly.

A small number of non-LGBTQ+ respondents felt that they had experienced so-called 'reverse discrimination' and they, or their colleagues, felt specifically discriminated against for not being LGBTQ+.

> "Favour is now given to those demonstrating alternative lifestyles"
> **(medical academic, heterosexual, cisgender)**

> "LGBTQ people have special flag, a special week, special support groups, lanyards etc and other groups may feel that LGBTQ are actually valued more than they are"
> **(consultant, heterosexual, cisgender)**

Some people implied in their responses that they were unfairly restricted from objecting to LGBTQ+ identities and equality.

> "My workplace is not inclusive of people who do not have a gender identity, people who do not believe humans can change sex or that sex is assigned at birth rather than determined at conception/identified at the scan/birth"
> **(medical student, heterosexual)**

A number of respondents had strong and polarised opinions on what they perceived as a 'conflict' between the rights and interests of different groups and the need to 'balance' these rights effectively. Many of these responses referenced a perceived conflict between 'trans rights' and 'women's rights', but other examples referenced perceived conflict between 'LGBTQ+ rights' and 'religious' rights. Some indicative examples are included below because they are reflective of the responses received and illustrate the case for action. These also highlight the need for organisations to work more proactively to ensure that such views or behaviours which seek to erase LGBTQ+ identities or question their validity are not used as a counterbalance or excuse for organisations not to take action against prejudice.

> "LGBTQ+ is not one amorphous mass. The NHS had been becoming more supportive of diverse sexual orientations, but this appears to have been thrown under the bus to primarily focus up trans rights... There needs to be a better recognition of the need to balance rights so as not to disadvantage ANY vulnerable group"
> **(consultant, asexual)**

> "I have felt as a same sex attracted doctor, some of the trans right advocacy means my sexuality is erased...I feel the transgender debate has dominated all LGBTQIA discussion"
> **(junior doctor, lesbian, cisgender)**

> "I have come across senior colleagues who are anti LBGTQ+ due to their religious beliefs . To be a doctor one must put aside these dated religious [beliefs] and if they can't they should not be in the profession"
> **(consultant, heterosexual, cisgender)**

Others felt that they were pre-judged to have certain discriminatory opinions because of stereotypical views about their own background or beliefs:

> "As a religious person it is felt that my views are bigoted or controversial which prevents open dialogue. Believing in sexual morality does not make you inherently phobic or hateful"
> **(medical student, heterosexual, cisgender)**

A number of respondents viewed efforts to increase LGBTQ+ visibility as a double-edged sword, as it contributed to ongoing sense of an 'us and them' culture, and had in some cases led to a backlash from non-LGBTQ+ people:

> "More public discussion about gender identity and increased visibility of trans and queer people in the media has caused a knee-jerk shock for a lot of more conservative doctors. I've heard a lot more transphobic comments, across all healthcare disciplines i.e. nurses, porters, more senior doctors"
> **(junior doctor, bisexual, cisgender)**

> "I think a lot of efforts are being made to 'tick boxes' but actually I don't think any real work has been done... The boxes are ticked and I don't think it makes LGBTQ+ feel any more included, and actually makes cis/het people feel more 'other'"
> **(junior doctor, heterosexual, cisgender)**

Conclusion

This survey is one of series conducted by the BMA to ascertain the scope and weight of discrimination faced by doctors on the basis of their protected characteristics. This survey also seeks to understand the gap in experience between those who are LGBTQ+ and those who are not.

The survey findings demonstrate that there is a wide variety of experiences on the basis of sexual orientation and gender identity in the workplace and in medical education. It is clear from the responses received that there is a diversity of views both within the LGBTQ+ communities themselves and between the LGBTQ+ community and those who do not identify as LGBTQ+ about the nature of these experiences, and the extent to which the profession is becoming more inclusive. What is also clear is that, despite this progress, many LGBTQ+ people within the medical profession continue to face unacceptable behaviours and hostility in education, training and at work. Having a clear picture of the reality of discriminatory views revealed by the survey responses provides an opportunity to tackle the root causes of this discrimination. The significant numbers of non-LGBTQ+ people who responded to this survey also present a complexity of views - from supportive of LGBTQ+ inclusion to actively hostile.

This research contributes to the evidence base on the impact of discrimination on people in the LGBTQ+ communities; both healthcare professionals and the patient population. The next steps are to build on existing commitments by bodies in the healthcare sector at an organisational level, and to work in collaboration to target interventions and communicate progress. This publication is one step of many as we work towards a profession free from discrimination on the grounds of any characteristic.

3. What action would people like to see?

We asked respondents what further action was needed to create and maintain LGBTQ+ inclusion within medicine. From the broad and varied responses we have identified some overarching themes that have informed our recommendations to external bodies and actions for the BMA.

Theme 1: Improving medical curricula and teaching about LGBTQ+ people and their health needs

Respondents highlighted the need for:
- more varied and inclusive teaching about LGBTQ+ people and their health needs, developed in partnership with LGBTQ+ people
- mandatory inclusion of key elements of LGBTQ+ healthcare in both undergraduate and post graduate medical curricula
- the removal of stereotypical representations of LGBTQ+ people in medical teaching cases, examinations and assessments, particularly challenging entrenched tropes of LGBTQ+ people being engaged in predatory or promiscuous sexual activity
- specific work with medical schools to develop and promote actions to improve students' sense of psychological safety in regard to their sexual orientation and gender identity.

Theme 2: Better training for doctors and medical students on inclusion in the workplace/at medical school

Respondents highlighted the need for:
- A greater focus on the negative impact of microaggressions and 'low' level behaviours on workplace culture and individual wellbeing
- Specific training and CPD resources on LGBTQ+ inclusive leadership targeted at senior doctors and medical managers
- Training on LGBTQ+ inclusion should be developed with and delivered by LGBTQ+ people

Theme 3: Increasing the visibility of initiatives to promote LGBTQ+ inclusion in education and the workplace

Respondents highlighted the need for:
- Clearer commitments from senior leaders across the medical profession and within medical schools to actively champion LGBTQ+ inclusion and challenge discrimination
- More visible examples of action that NHS organisations are already taking to tackle phobia and discrimination against LGBTQ+ staff and patients
- Organisations to review their existing policies to ensure that they are LGBTQ+ inclusive, in conjunction with their LGBTQ+ staff and students, and monitor awareness of these policies and the experiences of people who use them.
- Celebration of the contribution of LGBTQ+ doctors and medical students, individually and collectively, to the medical profession

Theme 4: Enabling dialogue and space to learn

Respondents highlighted the need for:
- Facilitated and reflective learning spaces where doctors and medical students can ask questions and explore their attitudes, biases and behaviours without fear of recrimination for accidentally saying the wrong thing
- a holistic approach to tackling unlawful discrimination in all forms, to mitigate against different groups feeling that they are pitted against each other in a perceived 'conflict of rights'
- Support for staff networks and peer support groups, including networks for different groups within the LGBTQ+ acronym
- More diverse engagement with and representation of LGBTQ+ people, including disabled LGBTQ+ people and LGBTQ+ people of colour

Theme 5: Systematic evaluation of experiences, information and feedback loops

Respondents highlighted the need for:
- more systematic approaches to collecting data on the experiences of LGBTQ+ staff and patients, looking at differential experiences within the LGBTQ+ acronym as well between LGBTQ+ people and non-LGBTQ+ people
- a wider range of methods to report both individual incidents and wider workplace culture issues, including mechanisms for anonymised reporting.
- more visible organisational accountability for addressing discrimination in medical schools and medical workplaces, including transparency about how issues are being tackled

4. Recommendations

These initial recommendations have been informed by the findings in this report. Some areas for action will need further engagement to determine the specificities.

	Recommendation	
Fit for purpose medical education and curricula		
1	Update undergraduate and postgraduate medical curricula to ensure that there is specific, mandatory education on LGBTQ+ inclusive healthcare including ALL of the following areas: the specific health needs of lesbian and bisexual women, trans and non-binary healthcare, the impact of phobia and discrimination on mental health, and the inclusive care of LGBTQ+ patients.	GMC and Medical colleges, with the active involvement of LGBTQ+ staff, students and patients
2	Education providers to review their examination questions. Assessment scenarios and case studies to ensure they do not perpetuate stereotypes about LGBTQ+ people.	Medical schools, Medical Royal Colleges, Health Education England, NHS Education for Scotland, HIE Wales, NIMDTA
Improved training on inclusion in workplaces and medical schools		
3	Specific training on the negative impact of microaggressions and 'low-level' behaviours on workplace/medical school culture and individual wellbeing.	Medical Schools, BMA, NHS Employers
4	Targeted training and CPD resources on LGBTQ+ inclusive leadership targeted at senior doctors, medical managers and educators, developed with and delivered by LGBTQ+ people.	Medical schools, NHS Employers, BMA
5	Healthcare training and employment bodies to review generic EDI training content for induction, to ensure that it is LGBTQ+ inclusive, and covers issues including tackling bias and stereotyping.	Medical schools and employers, with the active involvement of LGBTQ+ people
Increasing the visibility of LGBTQ+ role models and positive examples of inclusion		
6	Clear commitment from senior leaders across the medical profession and within medical schools to champion LGBTQ+ inclusion and challenge discrimination.	GMC, BMA, Health education providers, NHS Employers, medical schools and other senior leaders
7	Campaign to end stereotypical depictions of LGBTQ+ doctors, medical students and patients across the medical profession.	BMA, GLADD and LGBTQ+ representative organisations
8	Promote BMA guidance on how organisations can effectively manage discriminatory behaviour from patients and on the inclusive care of trans and non-binary patients.	BMA, GLADD and stakeholders

Enabling dialogue and space to learn		
9	Explore establishing a BMA LGBTQ+ network for doctors and medical students.	BMA
10	Pilot a model for facilitated discussion spaces for people to explore attitudes, biases and stereotypical thinking towards LGBTQ+ people.	BMA and stakeholders
11	Develop educational resources and guidance that sets out a human rights-based approach to LGBTQ+ inclusion, focusing on specific contexts of real-life issues and practical scenarios.	BMA, GLADD and LGBTQ+ representative organisations
Improving systems and processes		
12	Development of a consistent methodology for collecting data on the experiences of LGBTQ+ staff on an ongoing basis, possibly modelled on the existing workforce equality standards for race and disability.	NHS England and equivalent bodies in devolved nations, employers.
13	Improve reporting mechanisms and support, including increased accountability for demonstrating action.	BMA, Medical schools, Medical colleges and employers
14	Commit to a review of organisational policies to ensure LGBTQ+ inclusivity, in conjunction with LGBTQ+ staff, students, and patients as appropriate.	BMA, NHS employers, Medical colleges, medical schools, with the active involvement of LGBTQ+ staff

Appendix 1: Methodology

The survey was carried out online between January and March 2022. It was open to all doctors and medical students regardless of BMA membership status, and to people of all sexual orientations and gender identities or none. One of our research aims was to identify whether there were broad differences in experiences and perceptions between LGBTQ+ people and non-LGBTQ+ people about the extent to which discrimination towards LGBTQ+ people persists.

We received 2490 responses. A breakdown of respondents is included below.

This was a qualitative, self-selecting survey and the sample sizes are not weighted to be representative of the profession as a whole. We have indicated throughout the report where the small number of responses to particular questions make analysis challenging.

The primary focuses of this survey were experiences and perceptions connected to respondents' self-identified sexual orientation and self-identified gender identity and whether this aligned with sex at birth. However, it is important to recognise that experiences will not be the same for each person and may also be experienced differently for those who share other protected characteristics, such as disability, ethnicity or age. There is still work to be done to better understand the experiences of people who are subjected to multiple forms of discrimination or the way that different protected characteristics intersect.

We have included free-text responses from respondents throughout this report to highlight the individual experiences of respondents.

Appendix 2: Demographic breakdown of respondents

There were 2490 responses in total.

Sexual orientation

Respondents were asked: *Which of the following most closely reflects your sexual orientation?*

Straight or Heterosexual	1443
Gay	364
Lesbian	140
Bisexual	257
Queer	92
Other sexual orientation/prefer to self-describe (please specify)	73
Prefer not to say	81
Skipped question	40

Gender identity

Respondents were asked: *Which of the following most closely reflects your gender identity?*

Female	1008
Male	1213
Non-Binary	87
Prefer to self-describe	97
Prefer not to say	45
Skipped question	40

Respondents were asked: *Is your gender identity the same as the sex you were assigned at birth?*

Yes	2216
No	132
Prefer not to say	98
Skipped question	40

Grade

Respondents were asked: *What grade best describes you currently or most recently?*

Consultant	798
Staff, Associate Specialist and Specialty doctor (SAS)	128
Locally employed/trust grade doctor	64
Junior doctor – Foundation years trainee	115
Junior doctor – Specialty Registrar (Core/Higher Specialty trainee)	300
Locum junior doctor	36
GP contractor/principal	295
Salaried GP	133
GP locum	74
GP trainee	53
Medical academic (consultant)	19
Medical academic (GP)	13
Medical academic (trainee)	13
Medical student	275
Public health (consultant)	10
Public health (trainee)	4
Armed Forces doctor (working in hospital or GP)	5
Other	154

Age

Respondents were asked: *In which age band do you fall?*

25 and under	179
26 to 35	359
36 to 45	271
46 to 55	311
56 to 65	329
66 to 75	127
76 and over	41
Prefer not to say	48
Skipped question	825

Disability

Respondents were asked: *a) Do you have any physical or mental health condition or illness, that has lasted or is expected to last 12 months or more?*

Yes	508
No	1084
Prefer not to say	85
Skipped question	813

IF YES: b) Does your condition or illness have a negative effect on your ability to carry out normal day-to-day activities?

Yes, substantial negative effect	80
Yes, slight negative effect	269
No, not at all	148
Prefer not to say	12

c) Do you consider yourself, or identify as, a disabled person?

Yes	98
No	386
Prefer not to say	23

Ethnicity

Respondents were asked: *Which of the following best describes your ethnicity?* Respondents were given 21 options including prefer not to say.

Bangladeshi	3
Chinese	19
Indian	39
Pakistani	15
Other Asian/Asian British background	16
Black African	15
Black Caribbean	5
Other Black background	1
Mixed – White and Asian	26
Mixed – White and Black African	4
Mixed – White and Black Caribbean	6
Mixed – other background	23
White English	855
White Northern Irish	47
White Scottish	180
White Welsh	75
White Irish	56
Other White group	132
Arab	4
Other ethnic group	34
Prefer not to say	75
Skipped question	850

Religion

Respondents were asked: *What is your religion?*

No religion	840
Buddhist	13
Christian (including Catholic, Protestant and all other Christian denominations)	602
Hindu	22
Jewish	25
Muslim	29
Sikh	6
Any other religion, please state	30
Prefer not to say	106
Skipped question	847

Geography

Respondents were asked: *In which country do/did you mainly work or study?*

England	1255
Scotland	241
Wales	86
Northern Ireland	45
Other	48
Skipped question	815

Appendix 3: Key survey findings – BMA/GLADD 2016 survey

803 lesbian, gay and bisexual doctors and medical students responded.
The full report can be read here.

- 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.
- 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.
- 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.
- Over 70 per cent of respondents had experienced homophobic or biphobic abuse at their place of work or study in the last two years.
- 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.

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BMA 20220408