

*Meeting date: 06/09/2023*

*GLADD Representative in attendance: Dr Duncan McGregor*

## **GLADD Statement at General Medical Council (GMC) Strategic Equality, Diversity and Inclusion Forum (SEDIAF), September 2023**

I would first like to briefly comment with my thanks to the GMC for the work undertaken on the Apology Project, which is a project that GLADD has been involved with for some time now. I am thankful for the GMC's ongoing responsiveness to the feedback that GLADD has given, even if this has meant additional work on the GMC's part. I am also pleased that following our previous meeting constructive discussions have been initiated regarding the GMC's actions on so-called "conversion therapy" and I look forward to continuing this work.

Those of you who have attended previous meetings will know that I tend to write my statements in advance, and often come with frank and honest criticisms and challenges on behalf of my community. It is with this in mind that I have decided to begin publishing my statements via GLADD channels in full. I will of course remove any details of any specific cases discussed or any content specifically under GMC embargo. I believe, however, that this will allow transparency and accountability for my community to decide whether I am representing their concerns adequately, and to assess for themselves how the GMC responds to these issues raised.

The content that I would like to discuss and raise today is regarding the GMC's action – or lack of – on doctors posting discriminatory content against the LGBTQ+ community on social media. There are two cases of which I am aware that I will discuss, of doctors who have been referred to the GMC for instances of queerphobia online which have been rejected by the GMC for further investigation. As a disclosure of interest, I will say that one of these cases was referred by myself, and the other by a fellow GLADD committee member; decisions that neither of us have taken before, nor have we taken lightly. I hope this frames the gravity of the situation for us.

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In the first case, the doctor in question (Dr A) was referred for retweeting a post comparing LGBTQ+ Pride flags with Nazi Germany. While the post was accompanied by the words “No comment” from the doctor, this post drew significant attention on social media. The post has had **188,000 views**.

In the second case, the doctor in question (Dr B) was referred for a number of posts, including:

- A comment laughing at a comparison of a trans woman with a pig in make-up: **15,000 views**.
- A comment stating that a person who displays their pronouns has a mental health condition or is a cultist: **52,000 views**.
- A comment that gender-identity care is Female Genital Mutilation by another name.
- A comment that the ‘trans agenda’ is a distortion of reality, based on lies and creates misery for the masses: **230,000 views**

In response, the GMC has commented that “As a general principle the GMC would not want to interfere with a doctor’s right to freedom of expression under Article 10 of the Human Rights Act, unless there is conduct that may require us to remove or restrict a doctor’s registration.”, and this is of course valid.

The referral of Dr [A] was rejected on the grounds that “we cannot advise on Dr [A]’s intentions for posting his comments and reposting other users’ comments, links, and images” and that “The information does not appear to indicate that Dr [A] has discriminated against an individual or a patient in his professional capacity”. This rationale is entirely inadequate, as it would suggest that discriminatory views are fine in the eyes of the GMC so long as they aren’t targeted individually, no matter the severity or size of the audience.

The referral for Dr [B] was rejected despite the acknowledgement from the GMC that “Dr [B] has tweeted general anti-trans ideologies and has supported his followers and other twitter users expressing such opinions”. Further stating that “Dr [B]’s tweets could be considered generally offensive and provocative but, in our

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view, they are not so serious that they could call into question his fitness to practise”

It is important to highlight – and I am quite sure that many of my fellow forum members can corroborate – that use of implicit communication and dog whistles such as that which has been detailed here is a key tactic among those who would encourage violence to marginalised people. Surely it is the responsibility of the GMC to investigate the intentions underlying these discriminatory comments?

Furthermore, I would like to highlight the impact of these posts. I discussed the view counts of some of these posts, which were highlighted in the referral. Good Medical Practice states that a doctor must “make sure that your conduct justifies your patients’ trust in you and the public’s trust in the profession”. Can you say, unequivocally, that these discriminatory remarks which are reaching hundreds of thousands of people are not in fact undermining the trust in the profession?

Members of my community that I have discussed with certainly feel a lack of trust when we are being compared to Nazi Germany, when we are being likened to pigs in makeup or that our identity is a distortion of reality. What do you say to my community on this?

And finally, I am aware that there is upcoming additional guidance on Doctors’ use of social media, among other things, which is more comprehensive about issues pertaining to abuse and discrimination. While this is welcomed, how can my community believe that the GMC will actually act on it to protect us? This is the second time now I am coming to this forum to highlight lack of action from the GMC to protect my community from doctors who bring us harm. Why should my community have any faith in the GMC’s intention to protect us?