

Meeting date: 19/03/2024

GLADD Representative in attendance: Dr Duncan McGregor

GLADD Statement at General Medical Council (GMC) Strategic Equality, Diversity and Inclusion Forum (SEDIAF), March 2024

I would like to start by extending my thanks to the GMC for the work undertaken on the GMC's apology which was released last month. This apology, which GLADD has supported the GMC with since it was first brought to us for discussion in 2021 is a significant acknowledgement of the historic injustices done to doctors penalised under homophobic laws. This apology received significant attention, with many expressing dismay at what was a stain on the profession. Sadly, as with much in the sphere of queer activism at the moment, others took the opportunity to undermine the hurt these historic wrongs caused.

On the back of this apology, GLADD has initiated a small project looking to gather some of the difficult experiences of queer doctors during the time period where GMC actions were undertaken so as to document the fears of and challenges faced by doctors during those difficult times. We have not as yet received any communication from doctors affected by those historic actions, and I would appreciate if the GMC would be able to direct any such doctors or family members to us, so that we might record their stories and this difficult face of the history of our profession.

I would also like to invite the GMC to now consider what steps it can now take to advance this apology. One suggestion is for the GMC to commission a piece of historical work into the impacts of the actions taken by the GMC on these doctors, in a similar fashion to the historical research undertaken by the University of Manchester on aversion therapy.

The main issue that I would like to discuss today has come directly from one of our members, Prof Catherine Meads, a respected academic who has been conducting research into LGBTQ+ health for over 30 years. Professor Meads said: "Around 80% doctors have had no training in LGBTQ+ health issues. Numerous high level policymakers say junior doctors need specific training in LGBTQ+ health

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issues (for example, the Women and Equalities Select Committee, the Cass Enquiry etc). When asked, junior doctors are asking for training specifically in this area. However, Medical School lecturers are not putting LGBTQ+ health issues in the curriculum because they don't have to, because the GMC isn't specific about LGBTQ+, and have much more generic EDI content in their curriculum requirements.

LGBTQ+ patients, when asked, have much worse reception from doctors in general, including outright homophobic/transphobic treatment from some. LGBTQ+ people also have worse health outcomes for a number of conditions where we have the data."

This can, of course, all be evidenced should you require.

While the updated Good Medical Practice does contain firmer requirements of doctors with respect to treating patients without discrimination, I fear that without clear requirement to do so, medical schools will continue to turn a blind eye to this topic. I have raised this issue with the forum previously, especially when Charlie Massey has spoken about the hard and soft levers that the GMC has available to improve the state of healthcare for minorities.

Can the GMC please consider again the use of a hard lever to ensure that the next generation of doctors are trained to a high standard with respect to LGBTQ+ health? I would be more than happy to make an introduction to Professor Meads who is an expert in this area for the GMC to discuss.