

**British Medical Association
Science and Education Department**

**A celebration of lesbian, gay, bisexual and transgender
doctors' contribution to the NHS: A collection of members'
experiences.**

February 2009

Editorial board

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A web resource from the BMA Science and Education Department and the Equal Opportunities Committee.

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Abbreviations

BMA	British Medical Association
CCSC	Central Consultants and Specialists Committee
ED	Emergency Department
EHRG	Department of Health's Equality and Human Right Group
GLADD	Gay and Lesbian Association of Doctors and Dentists
GP	General Practitioner
GPC	General Practitioners Committee
GUM	Genito-urinary medicine
ICD	International Classification of Diseases
LGBT	Lesbian, Gay, Bisexual and Transgender
MD	Doctor of Medicine
PhD	Doctorate of Philosophy
SOGIAG	Sexual Orientation and Gender Identity Advisory Group

Foreword

Dr Hamish Meldrum

Chairman of Council, British Medical Association

In recognition of February's lesbian, gay, bisexual and transgender History Month, the British Medical Association's (BMA) Equal Opportunities Committee (EOC) has produced this web-based resource celebrating the contributions of lesbian, gay, bisexual and transgender (LGBT) doctors to the NHS over the past 60 years.

The BMA is committed to ensuring that its members can practice in a safe and non-discriminatory environment. The promotion of equality and diversity in the workplace is vital in order to create a supportive environment in which individuals can feel secure and open about their sexuality/gender.

While the UK and the medical profession have come a long way in terms of sexual and gender equality since the foundation of the NHS in 1948, the stories in this resource indicate that there is a continued need to ensure that LGBT doctors are given equal opportunities for development and career progression.

In order to attract and retain the best individuals to work in the NHS, it is imperative that we respect and value everyone, regardless of their sexual orientation, gender identity, race, religion disability or age. This will ensure that we develop and deliver health and social care services that are receptive to the needs and preferences of all groups in society. In doing so, we will enhance people's experiences of services and deliver equitable health outcomes to all patients.

The BMA recognises and honours the achievements of our LGBT doctors, nurses and other healthcare professionals through this resource. The BMA is committed to equality and the elimination of unfair discrimination in all its forms. The Association will continue to support all doctors and promote equality and diversity within the medical profession.

Professor Bhupinder Sandhu and Dr Justin Varney
Co-chairs, BMA equal opportunities committee

In the UK societal attitudes towards homosexuality have varied over the centuries, moving from a criminal disease treated with electroshock therapy to the enactment of laws against discrimination on the basis of sexual orientation. While the same degree of de-pathologisation has not been achieved for transgender individuals, the legal protection offered by the Gender Recognition Act and the inclusion of trans in gender discrimination legislation are major steps forward.

Although sexual identity is much more than sexual behaviour and gender identity is about much more than physical genitalia; the same level of cultural awareness that has developed around ethnicity and disability awareness across many health professionals has yet to break through into sexual orientation and gender identity. Research commissioned by the Department of Health, reflected the BMA's own publication on sexual orientation as a career barrier, showing the very real lived experiences of discrimination in the NHS faced by lesbian, gay, bisexual and transgender doctors in the UK.

One of the key challenges facing the NHS is moving beyond the three public duty identities of race, gender and disability and truly embracing a single equality approach that values transgender or gay identities as much as an ethnic minority or a female or hearing impaired aspect of an individual's identity.

We hope that this resource and the individuals who have been honest and brave enough to share their experience of being lesbian, gay, bisexual and transgender doctor working in the NHS will help to break down these barriers, increasing understanding and inspiring other lesbians, gay men, bisexuals and transgender individuals to join their colleagues contributing, building and expanding a more positive and diverse profession for us all.

Introduction

There have been a number of important developments and changes affecting the lesbian, gay, bisexual and transgender (LGBT) community over the past 60 years. The Pink Triangle was used as a badge to identify gay men in the Nazi concentration camps during World War II. Over 50,000 gay men were sent to concentration camps to face castration or death, while lesbians were designated with a black triangle for 'antisocial behaviour'¹. Since then we have gradually seen positive steps towards sexual and gender equality.

In 1967 male homosexuality was decriminalised in England and Wales following the Wolfenden Report and presentations from many courageous gay doctors. The 1970s saw Hyde Park host the first 'Gay Day' with over 500 LGBT individuals marching to Trafalgar Square. This started an annual tradition of LGBT Pride events across the UK.

Stonewall was founded in 1989 to campaign for the repeal of Section 28 of the Local Government Act, an offensive piece of legislation designed to prevent the so-called 'promotion' of homosexuality in schools. The Section 28 repeal clause came into effect in 2003. The 1980s also saw the legalisation of homosexuality in Scotland and the reporting of the first AIDS cases in the UK (predominantly viewed as a 'gay' infection at the time).

In 1990, the World Health Organisation endorsed an intention to remove homosexuality from the International Classification of Diseases (ICD)² where it was listed as a mental disorder. The 1990s also saw the introduction of the Sex Discrimination (Gender Reassignment) Regulations making it illegal for employers to discriminate against transgender individuals.

Since 2000 the UK has seen a number of substantial steps forward in respect of sexual and gender equality legislation. The age of consent has equalised for LGBT individuals and heterosexuals, while the ban on lesbians and gays serving in the armed forces has also been lifted.

In response to the European Union Employment Equality Directive 2000/78/EC,³ the Employment Equality (Sexual Orientation) Regulations 2003 were enacted across Great Britain (England, Scotland and Wales) outlawing discrimination in employment and vocational training on grounds of sexual orientation. Separate but similar legislation was introduced for Northern Ireland (The Employment Equality [Sexual Orientation] Regulations [Northern Ireland] 2003).

The Civil Partnership Act 2004 received Royal Assent and was implemented in December 2005. It formally recognised the relationships of individuals of the same sex via a civil partnership. The Gender Recognition

¹ Zimmerman, Bonnie (2000). "Lesbian Histories and Cultures" 748. Taylor & Francis. Retrieved on 2008-08-05

² For further information on how ICD is set out please access the following link www.who.int/classifications/icd/en

³ European Union Employment Equality Directive 2000/78/EC at europa.eu.int (accessed December 2008)

Act of 2004 was enacted to address transgender issues allowing Gender Recognition Panels to assess applications from transgender individuals seeking legal recognition of their 'acquired' gender.

In 2005 the Department of Health's Equality and Human Rights Commission (EHRC) established the Sexual Orientation and Gender Identity Advisory Group (SOGIAG) to provide a national steering group, to advise on and oversee delivery of a comprehensive strategy for improving health and social care services for LGBT individuals and to improve the experiences of those working within the NHS.

February 2005 saw the first UK LGBT history month. The LGBT Health Summit was founded in 2006 to provide a safe, supportive and exciting space for individuals, organisations and activists to come together to discuss, debate and challenge thinking and practice on LGBT health issues in the UK. The Summit is the only conference of its kind in the UK bringing together LGBT health discussion, debate and learning.

The Stonewall report commissioned by the Department of Health also illustrates that discrimination can occur in the NHS regardless of seniority, practice area and location⁴. While evidence indicates that LGBT doctors face barriers within the NHS there are signs of improvement in terms of career progression.⁵

The BMA continues to support LGBT doctors through various initiatives including the work of the EOC. In 2004 the EOC published *Career barriers in medicine; doctors' experiences*⁶ identifying some of the key areas that need addressing and presented suggested approaches. Other work produced by the EOC includes *Sexual orientation in the work place*⁷ providing contact details, links to organisations and further sources that may be useful to LGBTs working in the NHS.

The BMA is committed to equality and diversity within medicine and healthcare. This includes the provision of support and guidance for BMA members who face barriers to career progression. This resource highlights the important work of LGBT doctors by recording the personal accounts and experiences of individuals working within the NHS. The personal stories in this resource will help to elucidate some of the challenges and barriers LGBT doctors have experienced in the past and continue to face today. This resource also aims to celebrate the positive changes to equality that have occurred in the NHS and in wider British Society over the past 60 years.

Note: Editorial rights to personal stories lie solely with the individual doctor.

⁴ www.dh.gov.uk/prod_consum_dh/idcplg?ldcService=GET_FILE&dID=141946&Rendition=Web

⁵ www.bma.org.uk/images/CareerBarriers_tcm41-20743.pdf

⁶ www.bma.org.uk/images/CareerBarriers_tcm41-20743.pdf

⁷ www.bma.org.uk/images/SexualOrientation_tcm41-20690.pdf

Profiles

Dr Tristan Barber

A combination of enjoying science at school and wanting to work with people rather than in a laboratory based setting, made me want to become a doctor. Plus the fact that one of my sisters was diagnosed with type I diabetes at the age of 5 got me interested in healthcare settings and working in healthcare.

Provided someone has a realistic understanding of what a career in modern medicine really means, and a clear goal about where they see themselves going. I would definitely recommend medicine as a career.

The NHS has changed in the time that I have been working there. HIV has become more of a long term illness with available drug therapy. The outcomes for our patients have improved dramatically. Genito-urinary medicine (GUM) provision is also changing, with more services offered over the counter or in primary care settings.

The best thing about the NHS is the universal free provision of healthcare to all based on need not ability to pay. On the other hand, the worst thing about the NHS is that it doesn't incentivise people to look after their own health.

Doctors should reflect the diversity of the populations they treat. LGBT doctors contribute to healthcare in the UK as they have a heightened sensitivity for the needs of their LGBT patients, and can educate other doctors about these needs too.

The way the NHS treats its LGBT professionals and patients is improving all the time, but it's not perfect across different specialties or in different geographical areas.

I am not sure if the NHS takes discrimination against LGBT individuals seriously. Medical school was pretty homophobic. The comfort factor of working in GUM/HIV has certainly made it easier for me to continue in that specialty compared to trying another one. I think the NHS is starting to take the issue of discrimination more seriously, although it remains up to affected individuals to flag it up, which is not always easy and can be quite isolating.

The biggest challenge facing the NHS in the future will be continuing to provide free and universal healthcare as newer and more expensive treatments become available.

Dr Tristan Barber completed his training at Guy's and St Thomas' Medical and Dental Schools and the University of Cambridge School of Clinical Medicine. He currently works as a GUM/HIV registrar, based at the Mortimer Market Centre in London.

Dr Susan Bewley

I'm a fourth generation doctor from an Irish medical dynasty and I am not sure I gave adequate and proper thought to the choice of career! Having always been fit and healthy, my experience of doctors, nurses, hospitals, and clinics was limited. We went to the doctor for routine immunisations, vaccinations, and polio inoculations on sugar lumps. I went to the vet more often with our hypochondriacal cat!!

I would recommend medicine as a career, but not to the dewy-eyed brightest school students who can't bear failure. It's fascinating, intellectually and emotionally demanding, and hard work. It's taken me decades to realise just how difficult it is to learn and teach the seemingly simple processes of history taking, examination, diagnosis and management. You can never 'crack' the job or achieve perfection, just 'good-enough' outcomes.

The best thing about the NHS is its basic value of treating patients equitably on the basis of need. We mustn't forget that it's a privilege to have an interesting (and relatively secure) job, working in teams with great colleagues on a worthwhile enterprise. Money is nice, but it isn't everything.

I am a consultant obstetrician working for the NHS. I think the NHS has changed radically in the time I have been working here. We know and can do so much more for women now. In my early days pregnancy tests didn't work, ultrasound was unreliable and cardiotocographs were uninterpretable. On the other hand, the key skills - of detecting obstetric complications in a minority of women and reassuring the majority who are normal - are unchanged. Decision making still centres around when and how to deliver the baby. The expectation is of a perfect outcome even though pregnant women are older, more obese and have more comorbidity than in the past. I think it's probably much tougher starting out now as an obstetrician.

LGBT doctors contribute as much as everyone else to healthcare in the UK, in terms of their choices of career, ranges of skills and personality foibles. Often, however, they have had to strive harder to prove and protect themselves. Many have avoided participation in the normal social interactions at work that make close and fulfilling working relationships. Although prejudice and stigma have lessened; they still exist. In my short working career, the "problem" has moved from a labelling of "perversion" of the LGBT individual (or even criminality pre-1967) to one of recognising that we are ordinary citizens and that hate and homophobia are unacceptable.

I suspect more LGBT professionals are still in 'the closet' in the NHS than in other industries, though maybe that's to do with the conservatism of the medical profession rather than the NHS as such. Patients are also very vulnerable and the NHS needs to make a more positive effort. Evidence suggests that lesbians are more likely to fear going to their doctors, don't 'come-out' and can therefore neglect their health. Doctors need to 'go the extra mile' and reassure LGBT individuals that they will be treated equally.

In the past, I was fearful of coming out and kept my work and private life entirely separate. However, it's much easier when you are 'out' and don't have to worry. I was pleased to be appointed knowing that the 'gossip' had reached the appointments committee in advance. Luckily, I no longer have to come out at work, as everyone knows, and the majority of my colleagues are entirely blasé.

I believe the NHS is taking discrimination more seriously, but changing 'hearts and minds' takes time, so it's still patchy. Undoubtedly the symbolic message of equality from civil partnership and employer benefits has helped and it's much easier to be open at work now.

The biggest challenge facing the NHS in the future is the threat to its underlying ethos of solidarity, equity and trustworthiness. We can have a kind, principled, cost-effective and evidence-based service that starts and ends with primary care but there are many vested interests who gain from subverting the philosophical underpinning.

Dr Susan Bewley is a Consultant in Obstetrics / Maternal-Fetal-Medicine at Guy's and St Thomas' NHS Foundation Trust, London. She chaired the Gay and Lesbian Association of Doctors and Dentists (GLADD).

Dr Jeanelle de Gruchy

I'm a white South African; born and raised during apartheid and during the era of an escalation in the successful fight against the gross human rights abuses of apartheid. My decision to study medicine was shaped by my youthful aspiration to a vocation that served those who were systematically discriminated against.

I have been in the UK since 2000, working clinically for a few years and then specialising in public health. The focus on health equity is fundamental to all that we do, and congruent with my belief in social justice. The main vision of our PCT is 'an end to health inequalities in our city' – a vision that I'm proud to be a part of.

This overt commitment to eliminate inequity is what makes the NHS an amazing organisation in which to work. The shift in the last few years to a service that works towards a vision of a healthy population, and not just treating ill-health is a necessary and positive development. The numerous re-organisations of NHS structures can however, jeopardise capitalising on the good work that is happening.

A diverse workforce is critical to addressing the needs of a diverse population. LGBT doctors bring the perspective of a community that is very often hidden and scared to reveal itself.

I have experienced overt heterosexism both as a patient and professionally in the NHS. Heterosexism, as with other 'isms' – racism, sexism, ageism – is constantly at work, ensuring that what is 'normal' is all

around us, and that which is 'other' is made invisible. The fact that the LGBT community is largely made invisible within a heterosexual norm insidiously influences how we design and deliver health interventions. Simply put, our interventions will not be as effective as they should be, and the needs of the populations we serve will not be met. My hope is that new developments such as renewed emphasis on patient-public involvement in the NHS and the requirement for Equality Impact Assessments, if implemented with commitment to their principles and not simply as bureaucratic exercises, will help to ensure that we have to explicitly consider the needs of all those invisible people we serve. This will increase the cost-effectiveness of what we do.

I have been 'out' about my sexuality for many years and feel comfortable in many settings, including at work. But I know of others for whom this is more difficult - especially those who are questioning their sexuality or just coming out.

The NHS is an institution that provides for people regardless of their background or social class – it needs to be valued and supported in this incredible commitment. It needs to be improved, but not at risk of losing this fundamental vision.

Dr Jeanelle de Gruchy is Deputy Director for Public Health at Nottingham City Primary Care Trust.

Dr Paddy Glackin

I wanted to be a GP for as long as I can remember. My role model was Little House on the Prairie's Dr. Hiram Baker. In retrospect, he was not the most accurate portrayal of a 21st century inner city general practitioner!

When I was training to become a doctor there was only one 'out' LGBT GP in the area. Now there are hardly any straight white male GPs. That's what I call progress!

LGBT doctors make an enormous contribution to the NHS particularly in working with marginalised and vulnerable patients. As an organisation, the NHS does fairly well in the way it treats LGBT professionals and patients. Unfortunately, not all components always act as well as they should.

Back in 1995 there were some issues when I first came out publicly through the pages of BMA News Review; both at work and in the BMA. Although many people were very supportive not all were. Nowadays it's just not an issue. My partner attends all practice functions and we hosted the practice's summer party this year.

In theory the NHS does take discrimination against LGBT individuals seriously. In practice I'm not sure that the BMA does as well as it should. We had a real struggle back in the 90s to get the BMA to support

LGBT doctors in the Armed Forces. Even now, how many 'out' LGBT doctors are there on the General Practitioners Committee (GPC) or the Central Consultants and Specialists Committee (CCSC)? While the situation has improved a great deal for LGB doctors, there is a great deal of work to do in gaining understanding and respect for our transgender colleagues.

The best thing about working in the NHS is having the opportunity to work alongside colleagues who are dedicated to the wellbeing of individual patients and of the entire community. The downside of working in the NHS is the endless paperwork supporting ever-changing initiatives and directives each more evidence-free than the last.

The biggest challenge facing the NHS in the future is maintaining our altruistic ethos. Patients and the NHS have always benefited from the dedication and hard work of staff - I hope that goodwill is not squandered by the dogmatic imposition of commercialism.

Dr Paddy Glackin is a GP working in inner London. Paddy is also part-time Local Medical Committee (LMC) Secretary with London-wide LMCs.

Dr Jose Gonzalez-Garcia

I was always very good at school to try to compensate for all the bullying. Somehow the other children seemed to know that I was gay well before I knew it. I was interested in biology and the human body. I always felt I had a vocation to help others and make a difference to other people's life. I would definitely recommend medicine as a career - it is very rewarding. I do not think I could be anything else. I love my job, my colleagues and my patients - I am the happiest man on the planet!!

I think that the NHS has changed in the time that I have been here - the overall quality of the care for patients in the NHS has improved dramatically. For me personally, it has changed in the sense that I do not have to hide my sexuality any more. When I was training I had to pretend and lie about myself. I encountered a lot of homophobic jokes. Your next job is always dependent on a reference, sometimes from an obviously homophobic consultant.

I come from Spain and I have trained in Germany and USA. I think the UK has one of the best healthcare systems in the world - where free health care is available for all. I also think that we have the best primary care. There is easy access to professionals who are extremely well trained and can do practically everything for the patient from gynecology to pediatrics and psychiatry to geriatrics.

The worst thing about the NHS is that it is too influenced by politics and politicians as well as all the excessive red tape, bureaucracy and targets.

I believe LGBT doctors have given tolerance and open-mindedness to the system. LGBT doctors have become points of reference for young gay people, who might feel that they cannot have 'normal, respectable' jobs. We have committed our lives to our careers as health care professionals, sometimes sacrificing our personal lives, as many of us might not have children. LGBT doctors, mostly due to our own personal experiences, may sometimes be able to connect with patients that feel discriminated against or isolated.

I feel there is still a great degree of homophobia and prejudice towards LGBT professionals and patients in the NHS, especially in certain specialties, where hierarchy is still very prominent. It has improved over the last few years and I think things are better in the NHS than in many other industries but it still has some way to go.

I have never had any problems about my sexuality either with colleagues or patients. When I talk about my private life people react in a positive way. I am extremely happy and proud of who I am. I think it is more important to be a good doctor and a good work colleague than anything else. My wonderful partner, Ryan is always welcomed at all our staff parties and a lot of my patients ask after him when I see them.

I think the NHS takes discrimination against LGBT people seriously. It has certainly changed in the last 5 to 10 years, for the better. It is now an issue that can be discussed and addressed with your superiors. A few years ago, I remember having to put up with homophobic jokes in the operating theatre made by the consultant surgeon; we all had to pretend to laugh.

I think the biggest challenges facing the NHS will be to be able to continue financing excellent health care, free for all at the point of need. To continue improving the tolerance regardless of sexuality, ethnicity, religion or social background and to reduce the red tape and bureaucracy and put the patient care at the top of our priorities.

Dr Jose Gonzalez-Garcia works as a GP in London, sharing his time between an NHS practice in Chelsea and Freedomhealth, a private practice in Harley Street. He has a special interest in Sexual Health and HIV, and holds a PhD in cancer research.

Dr Jan Henry Groszer

I decided to become a doctor because I enjoy feeling that I am in touch with life. I feel I am able to grow intellectually and emotionally through my work, accompanying people facing difficult and challenging situations such as illness. I have found that this is especially true of psychiatry.

Psychiatry has seen a large increase in resources, but with it also an increase in the commercialisation and commodification of mental health. The administrative and decision-making pathways are increasingly Kafkaesque and non-transparent. I find that many react with cynicism and disillusionment to the changes in the field. Psychiatry, in particular, appears to be evolving ever more into an instrument of social control during a time when society is dividing sharply along socioeconomic lines.

The best thing about the NHS used to be its simple and transparent structure and its consideration for the needs of patients above all else. It used to have a slender administration with clearer decision-making pathways. This is no longer the case. Now the relentless changes never have time to bed in before the next set of changes are introduced. This is hugely disruptive to clinical work and to the professional relationships essential to psychiatry, as most work is multi-disciplinary. It creates a feeling of insecurity amongst staff and patients, and makes long-term planning very difficult.

I believe LGBT doctors contribute to healthcare in the UK by challenging some of the entrenched and unrealistic views concerning a certain middle class view of sexuality and morality. That would be my hope, anyway. Apart from that, I do not believe that sexual orientation makes a big difference to people's contributions.

In comparison to other industries, I believe the NHS treats LGBT professionals relatively well. LGBT psychiatric patients and especially inpatients, however, are not getting a good deal. I also find that some (certainly not all!) professionals from non-European backgrounds and others of certain religious persuasions express some very problematic attitudes towards sexual minorities in both word and deed. Generally, I find that most professionals have a poor understanding of the emotional and psychological issues that LGBT individuals may face.

I think the NHS does take discrimination against LGBT professionals seriously. I also feel that LGBT issues are receiving more attention. As far as patients are concerned, I am not so convinced. I have the impression that psychiatric patients may still face considerable homophobia, especially in inpatient settings, both from some staff, but especially from other patients. Their sexual behaviour may be viewed more in psychopathological terms.

The biggest challenge facing the NHS will be in providing universal healthcare of a high standard to everyone in an increasingly fragmented and commercialised service environment. The increasing complexity of the service landscape is already presenting a huge problem to service users and professionals alike as the coordination and communication between services consumes increasing amounts of resources. I also worry about the confidentiality of patient data, which are passed around an increasingly large number of NHS, voluntary, and private organisations. I think that in the end medical service provision will split along socioeconomic lines in much the same way that the rest of our lives have already done.

Dr Jan Groszer works as a Consultant Psychiatrist in London. He completed his medical training at Hamburg University in Germany and his psychiatric training in South London. He is currently developing a Dual Diagnosis Service.

Professor David Robert Harvey

Professor David Robert Harvey is a retired Professor of Paediatrics and Neonatal Medicine from Imperial College London. The co-chairs of the EOC were keen to include his biography in this resource given his significant contribution to medicine. As Professor Harvey suffers severely from Parkinson's disease we are very grateful to Professor Neena Modi, a friend and colleague at Imperial College, and to members of GLADD for providing the information to include in this profile.

Professor David Robert Harvey is an outstanding figure in Paediatric Medicine. He has had a distinguished medical and academic career and has worked with many professional and government organisations in the UK and abroad. He will always be remembered as a champion for the disadvantaged and an advocate for mothers and children. He has worked tirelessly, in both official and personal capacities, on behalf of children with AIDS, victims of child abuse, children in hospital, overseas doctors, and gay and lesbian doctors. He was among the first to support the development of breast milk banks and to insist that there should be hospital residential facilities for mothers whose babies were in intensive care.

In 1999 he was awarded the James Spence Medal by the Royal College of Paediatrics & Child Health for "outstanding contributions to the advancement of paediatric knowledge". In what has often been a fiercely conservative academic climate, he has not held back from supporting research into therapies ranging from complementary to conventional medicine. He stood down as Head of Paediatrics at Hammersmith and Queen Charlotte's Hospitals at Imperial College London in 1998 because of ill health. The wise counsel, mature leadership and integrity that he brought to this position have been sorely missed. Since then he has continued to make a huge contribution in every area of his activities. He is thought of with warmth by paediatricians around the world.

David was one of three founding members of the Gay Medical Information Society in 1980 and participated in setting up its successor organizations, the GMA and then GLADD in 1995. He was GLADD's first treasurer before becoming co-chair. On retirement David was made GLADD's first and only honorary member. Throughout his career David never hesitated in presenting himself as a successful, academic paediatrician who happened also to be gay. Younger members of GLADD find this inspirational. David, like many other LGBT doctors, experienced prejudice against him from among the profession and society, but he continued to lobby against the discrimination of gay and lesbian doctors through his work with GLADD. Despite his illness which now makes communication very hard, we know him as someone who has always been courteous and supportive, always willing to listen, but is steadfast

in his beliefs and guiding principles. We honour him as someone who has set a superb example, sparkling with a love of life and the medical profession

Dr Rachel Hogg

I wanted to become a doctor because it meant combining my interest in science with human contact – I thought it would be a very varied and challenging job; I was right!

The NHS is changing in the sense that more GPs are valuing and prioritising their work-life balance, and realising you need some time away from patients during the week to stay fresh and focused.

The best thing about the NHS is its aim to be equitable in delivering care in accordance to need. To achieve this, working clinicians should have influence over policy direction. Unfortunately, this is not always the case; there is a lack of consultation with those who have knowledge of how changes really impact on patient care.

I don't think a doctor's sexual orientation has much relevance to the quality of clinical care delivered. LGBT doctors have a diversity of skills and abilities as with all doctors. Some LGBT doctors however, may be able to use their own experience of feeling 'an outsider' or having to overcome prejudice, to empathise with patients who face similar challenges for what ever reason.

Despite having been 'out' in various workplaces, I still feel uneasy talking openly about my partner with some people at work, as I am concerned that my life situation makes them feel uncomfortable. I would like to become less guarded about this in the future, and become more open and proud with everyone.

I have fortunately never had to test the system myself in terms of reporting overt homophobia, but after the hard work by GLADD and the BMA – there is greater awareness that LGBT discrimination is as important as other forms of discrimination.

The Employment Equality (Sexual Orientation) Regulations have now been in place since 2003, enabling LGBT NHS staff to challenge homophobic discrimination. Up-dates were also required in NHS Equal Opportunity policies and contracts. It now comes down to how supportive the organisation is in helping the LGBT person to assert their rights and achieve change – still a very difficult thing to achieve in some work-places. There needs to be more visible out-reach to LGBT patients and employees. Perhaps using posters and leaflets explicitly communicating that services and policies are LGBT friendly, with information about how to complain if needed - this gives LGBT individuals the confidence to have high expectations and take action if necessary.

The BMA Equal Opportunity Committee have also increased awareness of the issues by producing the very useful 'Sexual Orientation in the workplace' guidance 2005, and sending this out to all NHS Trusts. (Available at <http://www.bma.org.uk/ap.nsf/content/Sexualorientation>)

The biggest challenge facing the NHS is actually putting the policies into practice and making people feel confident that they can choose to 'come-out' without fear of discrimination and bullying. Therefore enabling them to feel relaxed and open with colleagues at work, rather than fearful and guarded.

Dr Rachel Hogg works as a GP in Bristol, having graduated from Newcastle-upon-Tyne. She has also worked as a Teaching Fellow at Barts and The London, and Bristol Medical Schools. She has been a past Co-chair of GLADD (Gay and Lesbian Association of Doctors and Dentists) and a past member of the BMA Equal Opportunity Committee.

Dr Sebastian Kola-Bankole

I studied Biomedical Science and when I graduated I was very sure that research and laboratory-based work were not for me. I knew I wanted to do something science-based but with an added human angle so medicine seemed an obvious choice. To be honest - I think I kind of fell into it!

Would I recommend medicine as a career? I am only 5 months into my first foundation year and the first few months have been a tad disappointing. It is different to what I expected but apparently, it improves after the foundation years. I am not sure if I would recommend medicine as a career - ask me again in a few years!

As a health service, I think the NHS is amazing. Having spent some time in the States on my elective where the health care is based on private insurance, I returned with a greater appreciation of our healthcare service. As an employer, on the whole, I have no cause to fault it yet.

The worst thing about the NHS is the waiting times and the bureaucracy. It seems NHS managers have more power over patient care than the clinicians. More than half my time is spent dealing with paperwork as opposed to clinical contact. It can be very frustrating. It also has to be said that junior doctors have terrible wages.

It is important to have diversity especially in such a vast organisation like the NHS. To a patient, healthcare isn't national, it is individual and the different characteristics we bring to a consultation make all the difference to its success. The LGBT workforce plays a huge role not only in clinical medicine, but also in medical research, public health, medical arts and other allied health specialities.

This year the NHS LGBT staff had a massive float in London Gay Pride, jointly celebrating Pride and 60 years of NHS. That, I feel is a phenomenal statement to the public, showing that the NHS does have LGBT staff and they support their presence 110%. Not many other public sector organisations can be that bold.

I have never had an issue about my sexuality at work and I certainly don't hide it. At the same time, it's not my opening sentence when introducing myself. I realise that my sexual orientation is not very obvious to some so I am less likely to experience homophobic discrimination.

I think the NHS takes any form of discrimination seriously. In the current climate, it would be negligent to do otherwise. My career thus far has been very short, but from the personal experience of other LGBT doctors and nurses, there is a lot more support now than ever before.

The basis of the NHS is provision of free healthcare to all who need it, at the point of need. With the country on the brink of an economic crisis and an ever-increasing population that is older, larger and more ethnically diverse, the Department of Health's purse-strings are being stretched to breaking point. It is important that the powers-that-be do not react by cutting staff budgets, closing hospitals and halting further developments in medical research.

Dr Sebastian Kola-Bankole completed his medical training at University College London after obtaining a Bachelor's degree at King's College London. He is currently a Foundation Year 1 doctor in the Barnet and Chase Farm Hospitals NHS Trust.

Dr John Lee

My initial interest in reading medicine was because I enjoyed studying human biology at school and medicine seemed to me to be the obvious career choice. Medicine is a very interesting, and rewarding career, but the first few years after qualifying were and are very tough. Medicine is a long course so the issue of student debts cannot be ignored. One of the advantages of medicine is that there are so many different fields to choose from. I can't imagine doing anything else!

I've worked for the NHS for 28 years; as a GP for twelve years and for the last twelve years as a staff grade and now Associate Specialist in genitourinary medicine (GUM). When I first qualified, LGBT doctors kept very quiet about their sexuality if they wanted to get on, as there appeared to be a lot of homophobia in the NHS, certainly amongst doctors. The NHS was notable as one of the employers that did not recognise same sex partners for pensions etc until compelled to do so by the Civil Partnership Act (2005).

In fact it's noticeable that in the last ten to fifteen years homosexuality has become much less of an issue in the NHS as far as I can see. GUM is a very liberal minded speciality, but even when I talk to non-GUM colleagues issues of sexuality seem to be no big deal.

"Out" LGBT doctors can by their very presence remind colleagues that not all patients are heterosexual. Many people are anxious and upset when they need to use the NHS. LGBT patients can often find it hard to be open about their sexuality in stressful situations. If heterosexual health care professionals know LGBT colleagues, then they are likely to be more aware of LGBT issues and more at ease talking with LGBT individuals and thus more able to put LGBT patients at their ease. In my own experience, working in GUM, many of my patients appreciate the opportunity to talk to a gay health care professional.

I've never had any experience of discrimination in the NHS although I didn't come out until I felt I was in a fairly senior position as a GP. I felt very nervous coming out but all my colleagues including the nurses and receptionists were very supportive and in fact coming out at work was a very positive experience. Of course, in GUM, being gay is almost something to put in your CV!

Dr John Lee trained at Leeds Medical School and then went into General Practice until 1996 when he entered the field of Genitourinary Medicine where he now works as an Associate Specialist. He is the chairman of the British Association of Sexual Health & HIV SAS committee.

Dr Nitesh Mistry

I was inspired by our family doctor when I was growing up; I wanted to be just like him. He looked after all of my family and we all thought well of him. Watching all the hospital dramas when I was younger also gave medicine a very glamorous appearance - making it a very attractive career! If someone is willing to put in the hard work and the hours I would certainly recommend medicine as a career. It's very rewarding at times and I am a great believer that you get out of it what you have put in.

I qualified in 2001 and knew General Practice was what I wanted to do. In 2004 the new contract came into play and General Practice has changed quite a lot since then. General Practice like all areas of medicine continues to evolve. There is also a lot more teaching and training in General Practice now.

The most valuable characteristic of the NHS is that it's free at the point of access. On the other hand, the worst thing about the NHS is that the Government are constantly using it as a political tool! It would be nice to have some stability and develop things without the distraction of continuous political wrangling. I feel that the biggest challenge to face the NHS in the future will be ensuring it is not privatised.

LGBT doctors add another dynamic to the services that the NHS provides allowing for a wider choice and a better understanding of patients. Some patients may feel more comfortable with a lesbian or gay

doctor who may have a better understanding of the problem. I think it also allows patients and the public to realise that there's nothing wrong with being gay or lesbian and that a diverse workforce has something to offer the general public. I think out of all the health care professionals, doctors were perhaps perceived as more homophobic. I believe that this is now being alleviated somewhat.

I feel that health care professionals are more relaxed in the way they treat LGBT patients. At the end of the day we have a duty of care to our patients which is paramount. I am sure that there are certain areas in medicine where homosexuality is probably still frowned upon! I feel privileged not to have felt any hostility from colleagues; they have been very accepting. I think there are still some barriers to LGBT professionals which is a great shame. I hope that such barriers will eventually be broken down.

As the years have gone by I have become more comfortable about my sexual orientation. I was very nervous at first. I was especially worried about work colleagues reactions. After completing my house jobs, I spent a year working in Australia where I met a lot of LGBT doctors. Everyone was very relaxed about it. I returned to the UK and felt more comfortable about being open and honest and grew more confident telling the people I wanted to tell.

I have been with my partner for seven years and we are like any 'normal' couple and enjoy the many same things as our straight friends who are married or in a relationship. I have recently started working towards my partnership in General Practice and everyone at work has been brilliant. My partner and I are treated just like everyone else and this is how it should be.

I hope the NHS takes discrimination against LGBT people seriously. I know healthcare professionals who have been reluctant to divulge their sexuality due to the fear of reaction from their work colleagues. I think that most people are aware that the law is designed to prevent discrimination and that the enactment of such laws has gone some way to reducing discrimination. Prior to such laws, there was possibly a lot more discrimination taking place. We still have some way to go! In general, I think people are increasingly aware of their rights and particularly so when it concerns matters relating to discrimination and prejudice. I would encourage LGBT professionals to feel empowered and assert their rights where necessary and not to be afraid of speaking up for themselves and other LGBT professionals.

Dr Nitesh Mistry completed his training at The University of Birmingham Medical School. He was a regional junior Doctor BMA representative while training and now works as a General Practitioner in Birmingham.

Rowan

I'm not entirely sure what made me want to become a doctor – it's not something I've always wanted to be; I wanted to be an airline pilot until I was 15! I wanted a job that would allow me to work with people

and that would also allow me to continue learning science; medicine seemed like the most logical choice. I really enjoyed my work experience and received plenty of encouragement from school and from everyone around me to apply for Medicine. The Medlink conference and the university open days I attended definitely contributed towards my decision.

I'm a medical student (intercalating between 3rd and 4th year) so I've only been involved in the NHS for a short time. My understanding of the NHS from other people is that it used to be an institution that people were proud of. It now seems many people despair of the NHS or feel like it has limited possibilities going forward. I think the biggest challenge facing the NHS in the future will probably stem from the increasing pressure to become more and more like privatised healthcare. The pressures of achieving an ever-increasing number of targets can also make working in the NHS very challenging.

It's difficult to say what the main contributions of LGBT doctors are to healthcare in the UK, as often nobody knows who the LGBT doctors are. For all we know, the NHS itself was set up and brought into existence by LGBT doctors – we don't always have a record of exactly who did what in their private lives, or who identified as which gender (especially if they lived as a different gender to how they identified). The only contributions that we can really measure are from those LGBT doctors who are out. Maybe it would help if we had a really high profile LGBT doctor – an equivalent figure to Brian Paddick, Deputy Assistant Commissioner in London's Metropolitan Police Service until 2007.

I think there's a tendency to assume that all patients are straight and non-trans. As a trans patient there have been times I could have been treated more appropriately, and definitely feel that far more training is required to enable all NHS staff to treat LGBT patients appropriately. Personally I see educating people about trans issues as paramount, particularly since variant sexuality has been mentioned more within medical training than variant gender in relation to sexual health etc. I think trans issues can affect so many more areas of a patient's life. A GP is usually the first person a trans patient approaches when embarking on medical transition. It's essential that GPs as well as other NHS staff know what they're talking about and who to refer to. Patients are delayed or lost in the system all too often due to a lack of knowledge stemming from a lack of education. Education is essential if we're aiming to improve the way the NHS treats trans patients and LGB patients.

When compared to healthcare systems in other countries, the NHS's treatment of trans patients does not come out favourably, particularly for trans patients under the age of 18. The growing number of trans children travelling abroad for treatment reflects this. In the Netherlands and USA, for example, trans young people can receive medical treatment from the age of 12 and in some cases even younger. Trans young people in the UK are lucky if they receive NHS medical treatment by the time they are 17. I see this as an area the NHS needs to improve in order to be seen as treating LGBT patients well.

I came out as bisexual in freshers' week at medical school, and I am very glad I did so; I faced very few problems as a result. I have yet to come out about my gender identity and that's something that causes

me some anxiety. I have no idea how my medical school will respond to my name change, pronoun change and change in gender identity. I don't know of anyone who's transitioned at the school before; I'm probably the first. I've come out to a few friends within Medicine, and have faced not only a lack of understanding but unfortunately also a lack of willingness to understand. Most medics have never come across a trans person and particularly not a trans person who identifies outside of the gender binary. Whenever gender or sex is discussed within a medical context – or often by medics in any context – it's only ever in terms of "men/women" and "male/female". People who don't fit into those categories, be it physically, socially, or personally, are never mentioned or thought about. I think that can make it harder for people to get their heads around living outside of a gender binary. It took me years!

I don't know how things will work for me when I'm back in clinical placements; it will depend on which gender people assign me at the time and what name is used most. I don't intend to come out to the doctors and other medical staff I meet in my placements at work – it probably wouldn't be appropriate or relevant. I don't have the confidence and – if I'm honest – I'm unsure what the repercussions might be.

However, I have met a trans woman gynaecologist who recently transitioned publicly and had positive stories of this; she's somewhat of an inspiration for me.

Rowan is a student BMA member, currently studying for an intercalated BSc. She is involved with the NUS LGBT Campaign and volunteers with various LGBT youth organisations, and other young people's charities. He hopes to be a paediatrician. Rowan identifies as trans, and prefers to use mixed pronouns (both he and she).

Dr Luke Smith

I grew up with a career in medicine being pretty much pre-destined, as my parents sowed the seed when I was very young. I wanted to be part of a profession where my actions each day actually made a difference and I could go home at the end of the day and feel I had achieved something; I didn't want to be just a cog in the machine.

The main way in which the NHS has changed, as I see it, is that it has become much more difficult to ensure a balance between work and social life. The problem is not in getting into the speciality you want to, but in ensuring that the speciality is compatible with the rest of your life. I feel that the NHS has made it much more difficult to maintain a realistic balance between work and personal life. Despite the often arduous working conditions and suboptimal resources, I am always amazed and astounded that the staff are always so conscientious and caring and strive to make the best of the situation.

Unfortunately, despite all best efforts, the NHS has generally a poor image. All the media attention detailing the failings of the NHS can be very disheartening. Working in the emergency department (ED) I

am often subject to verbal abuse and general dissatisfaction. I have even been physically assaulted on several occasions. In my lowest moments I can find myself wondering why I bother.

Ultimately, LGBT doctors are the same as any other doctors in the NHS. Qualification, career progression and training are the same. However, in some situations, a doctor having empathy with a patient regarding their sexual orientation can be very beneficial. In ED particularly, cases involving sexual health, HIV exposure/prophylaxis, assaults, psychiatric issues and cultural problems, as well as many other problems where patients present with their same sex partners, rapport, and consequently management, is often much easier if there is an understanding between the patient and doctor.

Personally I have never experienced any discrimination or prejudice regarding my sexuality in the NHS. I have never seen any evidence of patients being treated differently because of their sexuality. There is classically homophobic prejudice in the NHS regarding career progression, but thus far I have never encountered any. On the other hand, banter is abundant; I consider myself thick-skinned though and find it difficult to take offence at flippant comments, particularly those made in jest. I feel that sometimes the label of homophobia is unjustly attached to comments made in good nature (albeit, poorly conceived and in bad taste) but taken, irrationally, as offensive.

I have never hidden my sexual orientation at work, but conversely I have never been particularly vocal about it. I would like to believe that in these tolerant days, discrimination against people because of their sexual persuasion is a relatively uncommon occasion, and thankfully that has been my observation. I would like to think that improved teaching of cultural and anthropological diversity in our medical schools is reflected in better working environments in our hospitals and offices.

In my opinion, the biggest challenge facing the NHS in the future is to continue to provide the level of healthcare which it strives to achieve whilst battling against ever increasing litigation and bad press. It will be a weighty challenge in the future to see whether our more tolerant society can learn to be more tolerant of the short-comings, limitations and learning points of the NHS as we endeavour to hone our service to the best we can provide.

Dr Luke Smith is a specialty trainee in core medicine in London. He is a graduate of Guy's, King's and St. Thomas' medical school. He is a member of the Gay and Lesbian Association of Doctors and Dentists.

Dr Stuart Sutton

From a young age I was fascinated by my visits to the family doctor and even set up my own 'surgery' as a toddler. I stuck plasters on my family member's foreheads with their age on it – because my GP always asked how old I was when we went to see him! He was a kind and caring man and was my inspiration to become a doctor.

Despite the political machinations and sometimes depressing 'doctor bashing' in certain arms of the media it remains a wonderful and rewarding job. There are myriad career choices and as a people person I couldn't be happier than working as a doctor. We are also lucky to have a 'recession proof' profession!

I think the biggest change in the NHS in the time that I have been working in it has been the gradual attrition - mainly by the Government - of the traditional partnership GP model of primary care delivery. I think it's a real shame that there are young, keen GPs who struggle to get a partnership or even salaried job and, as a result, are unable to deliver the continuity of care to patients that made them choose General Practice in the first place.

The best thing about the NHS is the patients! However the NHS changes in political and organisational terms, the key interaction between doctor and patient remains at the heart of my day to day practice. It's a privilege and a pleasure to be trusted with the responsibility to care for people from every walk of life. The worst thing about the NHS is the politics and the management structures - junior doctors are not valued by politicians or managers and this can be incredibly damaging to morale. It feels like you are seen as a work horse as opposed to a highly trained professional, especially compared to similarly qualified colleagues in other spheres of employment.

LGBT doctors help highlight issues of homophobia within the NHS towards both clinicians and patients. I hope that we challenge some of our less gay-friendly colleagues' views by being 'out' professionals who can advocate for our LGBT patients. Being part of a group that has faced discrimination I think we also have a deeper empathy and understanding of the prejudice sometimes faced by those from minority groups or with stigmatising conditions.

The NHS is generally a fairly LGBT friendly organisation but there remain pockets of homophobia even in the 21st century. As a medical student, in 2003, a GP tried to teach a small group of us that being gay was a 'disease' with certain 'signs and symptoms'. I think this highlighted to me that we still have some way to go before we eradicate homophobia in the NHS. Whilst most Deaneries and NHS Trusts have equal opportunities policies it is not always clear whether or not this translates into action against homophobic individuals. It can be intimidating for students or junior doctors to speak out against seniors, especially if they aren't out at work. However, I would imagine that the experiences of LGBT patients and professionals in the NHS today are vastly better than those of my senior colleagues in the past.

Being 'out' at work is a very personal choice – I don't feel the need to tell colleagues that I am gay as a matter of routine when starting a new rotation but always correct people if they assume I am straight. I'm a very open person and would talk about my love life in the same way as my straight colleagues would!

I believe that the biggest challenge facing the NHS is the ever ballooning cost of medicines and interventions and the massive strain this will put on the NHS budget, making more unpopular rationing decisions inevitable. Will this lead to a two tier part-privatised system? As a firm believer in the founding principles of the NHS I certainly hope not.

Dr Stuart Sutton is a GP on the Vocational Training Scheme trainee in Newham, East London. He is the current secretary of the Gay and Lesbian Association of Doctors and Dentists (GLADD)

Dr Rafik Taijbee

I was a law student, who desperately did not want to follow in the footsteps of my older brother, who was a medical student. But working with brain-damaged adults one summer, I realised the fascination of understanding the human mind and body; this made me want to become a doctor.

I would recommend medicine as a career but I worry that with the expansion of the medical workforce, medical schools may be taking some who are less motivated or prepared than they used to be.

The NHS is changing; it's looking at new ways of doing things while responding to changing technologies. It's really beginning to embrace trainee ideas, and acknowledge that the mature practitioner doesn't always know what is best for the future. Who'd have thought we'd be text-messaging patients to remind them of appointments or using soaps and adverts on the telly to give health promotion messages. Unfortunately, this can also mean that in many cases the personal relationship with the GP has been eroded.

The NHS does value its diverse workforce. This was evident when the NHS show-cased a float at last years London Pride show. Being on top of the NHS float and looking down at the public who gave an extra cheer was an exhilarating experience. It made me realise, that whatever the papers say, the public do still genuinely appreciate what we do.

The best thing about the NHS is the diversity of careers and the new opportunities that are always around the corner. On the other hand, the constantly changing agenda can make you feel, as an individual, undervalued. Morale is low, and unfortunately our senior colleagues and managers are often not good at motivating teams. However, the occasional thank you from a patient is of immeasurable benefit in lifting one's spirit!

LGBT doctors contribute to the healthcare in the UK as they can see things from different people's perspective – always thinking about things from the minority viewpoint and an awareness of indirect or inadvertent discrimination. This is a vital skill as some of our patients are not assertive, do not have an advocate and are vulnerable. We must always consider their needs, and at times unheard voice.

The NHS likes to think it is open but when you delve deeper I'm not sure that it actually is. A lot can be hidden in a corporate culture. The NHS is a collection of individuals, each with their own values which do impact on patient care, even if we like to think they don't. Even today I feel awkward coming out. Part of this stems from there not being more positive role models known to both 'straight' and LGBT doctors.

I believe on the whole that overt discrimination is not tolerated. The militant side of me says that it is no longer acceptable to say 'oh the poor doctor, he didn't mean to discriminate, he needs education'. I'm not sure we'd say the same about race. It needs a tougher line on indirect discrimination, and people should have to demonstrate they have truly thought about the potential impact of any new NHS initiatives on LGBT individuals.

The biggest challenge facing the NHS will be ensuring doctors and other staff in the NHS continue to feel valued as professionals as otherwise the 'it's a just a job' attitude will creep in. The NHS relies heavily on the good will of its employees. It also struggles to accept it is a finite resource and that patients may have to make additional financial contributions for some treatments.

Dr Rafik Taibjee is a GP Registrar in Dudley. He is a member of the BMA General Practice Committee and RCGP Council, and involved with QA of training with the GMC and PMETB

Dr Justin Varney

When I was young I wanted to be a cultural attaché but foreign languages are not my forte. I enjoyed sciences at school and I thought medicine would be a fun, challenging and interesting career. Although it is neither easy nor relaxing at times, being a doctor is hugely rewarding and it is one of the few careers where you can see the difference you make; when you get it right you really do save lives.

I trained to become a doctor in one of the first cohorts where communication skills and cultural diversity in practice were taught, and I think it has led to huge changes in the attitude towards some minority groups. Unfortunately I don't think this applies to the understanding and attitudes towards LGBT patients. I have watched the NHS move from being patient-focused to being budget and commissioning driven. Although the two are not mutually exclusive the discourse of rationing is no longer simple or clear and minority populations are suffering and losing out.

LGBT doctors make a huge contribution to the NHS in many arenas and specialties. I've been fortunate to meet many through the Gay & Lesbian Association of Doctors & Dentists (GLADD). I am always inspired by the way in which they turn their own experiences of being different into being better, more holistic doctors that consider the breadth of their patients' lifestyles and experiences when supporting their care.

I think the NHS has a long way to go in terms of the way it treats LGBT professionals and patients. Although the Department of Health has made some substantial steps forward in the last few years through the work of the Sexual Orientation and Gender Identity Advisory Group, these were only achieved through the blood, sweat and tears of volunteers; it was a battle every step of the way.

There is still a clear hierarchy of diversity within the NHS. It is rare to find organisations that treat sexual orientation or gender identity with the same level of commitment as they do for race. This is a huge sadness.

I am sorry to say that the NHS has done little to tackle discrimination despite the Department of Health commissioning reports from Stonewall which clearly showed homophobia in the NHS was alive and well and a reality of the everyday lives of LGBT doctors. We have not seen the same level of investment in anti-homophobia and anti-transphobia campaigns in the NHS as we have for racism or for disability discrimination; neither have we seen the same level of scrutiny from the Healthcare Commission across equality strands.

'Coming out' is something you do throughout your life in a whole range of situations both professional and personal. I have always been out and proud at work and this has sometimes meant I've missed out on jobs or heard nasty comments behind my back from colleagues and seniors. It has however also meant that I have been able to dispel myths, be myself and build a network of friends and colleagues with whom I can be comfortable.

I think the biggest challenge for the NHS is tackling discrimination, much of which is based on ignorance and until medical curricula, royal college examinations and healthcare commission audits acknowledge and examine sexual orientation and gender identity competence this is unlikely to change.

Dr Justin Varney is a Consultant in Public Health Medicine in Barking and Dagenham in East London. He is the chair of the Gay and Lesbian Association of Doctors and Dentist (www.gladd.co.uk) and an LGBT Independent Advisor to the Metropolitan Police. He is also currently a co-chair of the BMA equal opportunities committee.