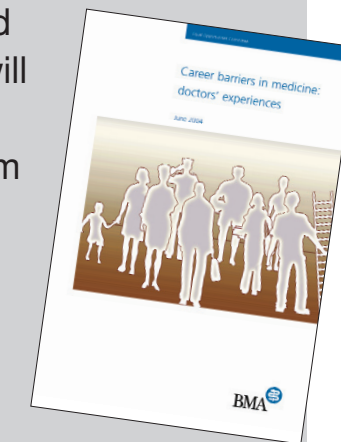


If you are gay, disabled, a woman or from an ethnic minority and also happen to be a doctor, you are likely to face barriers that will impede your career progression, affect you financially, damage your health and weaken the NHS. That's the bleak message from a new BMA report that also says too little is being done to tackle discrimination in the NHS. Lisa Pritchard reports



- A lack of flexibility in working environments and career structures
- Cost, in the context of exams and registration for overseas doctors, equipment for doctors with disabilities and childcare
- Constraints on career choices because of perceived norms
- Lack of support.

A number of doctors felt forced out of their chosen career as a consequence of the barriers they encountered.

One reveals that the problems experienced 'completely destroyed my career'.

The doctor adds: 'It has had very serious implications for my mental health for some time and it was completely unnecessary because I was totally British trained — a good quarter of a million pounds of taxpayers' money went into my training and it has not been used. I am here at home. I have been home for some years. The NHS is crying out for surgeons — it is desperate.'

Other doctors have found that leaving the profession was, ultimately, a positive experience because it lifted the immense pressures they were under.

Gay and Lesbian Association of Doctors and Dentists co-chairman Jolyon Oxley gave up a conventional career pathway in the NHS because of the physical demands of training. He had polio as a child, which left him with some mobility problems that affected his career choices.

Dr Oxley, who is also honorary secretary of the National Counselling Service for Sick Doctors, says: 'The choices I made were fine and worked out well, but for other people that might not have been the case.'

'In those days [the 1970s], junior doctors worked extraordinarily long hours and were on their feet the whole time. I struggled, and there was no particular extra help. It was not really discussed with me.'

The EOC's new co-chairmen, Aneez Esmail and Sam Everington, have pledged to tackle the career barriers identified in the report. They say: 'It is no longer acceptable in this day and age for doctors to be denied the opportunity to fulfil their potential because of discrimination and inequalities.'

'The challenge now is to deliver real change over the next few years so that every doctor, regardless of skin colour, gender, disability or sexual orientation, is able to play a crucial part in the NHS and deliver first-class care to patients.'

'Only in this way can doctors realise their full potential and ensure the NHS achieves its goals.'

The BMA report outlines a series of suggested approaches for helping doctors to overcome barriers.

These include:

- Zero tolerance of discrimination
- Education and training in equality and diversity at all levels, from medical school onwards
- Good quality careers guidance and support, with employment information for doctors who have trained internationally
- Support for under-represented groups in leadership and management roles
- Recruitment process improvements, including job applications and interviews
- Better data on all groups of doctors
- Comprehensive occupational health services available to all doctors.

Dr Oxley says: 'Traditionally, there has been a tendency in medicine to wait for people to say something before doing anything — to wait for people to ask for help or feel they are being discriminated against and then, maybe, maybe, respond.'

'I don't think that's good enough. Policies and practices need to be in place to ensure that the needs of people from any of the minority groups are actually met in an upfront way. That should be the norm.'

He believes the government should make some strong statements on the unacceptability of discrimination in the NHS and that all kinds of doctors are valued members of the NHS workforce.

A doctor with disabilities, who does not want to be named, welcomes the BMA report and its potential solutions, but warns that it will take a long time to change some attitudes.

He has found that doctors do have a certain mindset towards colleagues with disabilities, and his career choices have been influenced by that.

He says: 'I don't think some of the things in the report will work too well without general attitude change.'

'It is very difficult to achieve a sudden turnaround [in attitudes]. I think it will come, but it will just take a long time.'

The BMA has committed itself to the elimination of unlawful discrimination and the removal of barriers to careers throughout the medical profession — Drs Esmail and Everington want 'real change' to be delivered over the next few years.

Hopefully, the unflattering portrait of aspects of the medical profession painted by this report can be changed beyond recognition.

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# Thou shall not progress

**E**LEMENTS OF the medical profession are racist, sexist, homophobic and unsympathetic towards illness or disability among doctors. So says a new report published at this week's BMA annual representative meeting in Llandudno.

*Career Barriers in Medicine: Doctors' Experiences* says these attitudes, coupled with sometimes outdated structures, throw up multiple barriers in the path of anybody seen as 'different' who wishes to become a doctor, and that many are still prevalent within medicine today.

The report says: 'It is clear that many of the experiences described and obstacles faced by doctors are detrimental to their career progression. Although there are signs of changes in attitude, this exercise has unequivocally proven that not enough is being done.'

The BMA equal opportunities committee, which produced the report, interviewed 25 doctors from a variety of backgrounds to learn about their experiences. One told them medicine was still 'a very conservative profession'.

The report looks at four groups of doctors in detail: those from ethnic minorities, gay, lesbian or bisexual doctors, women doctors, and doctors with disabilities.

Some of the personal accounts of prejudice in the report are shocking. One interviewee reveals: 'I had to work for one [doctor] who I knew was completely opposed to women in medicine. He had been heard telling women medical students that he thought they shouldn't be in medicine; that they should be at home having children.'

Another says: 'My senior partner in the practice was very homophobic. [He] made jokes about homosexuals in front of me and made disparaging comments about gay patients.'

A third adds: '[You] would expect tolerance from doctors, but this is the worst group when dealing with their own... most people don't want to know about discriminatory behaviour because medicine in this country has a "survival of the fittest" style.'

Among the barriers identified by the doctors were:

- Negative attitudes, stereotyping and discrimination