

UK Medical Schools Charter on So-Called LGBTQ+ ‘Conversion Therapy’

Created in partnership between The Association of LGBTQ+ Doctors and Dentists (GLADD) and
Lancaster University Medical School



The following individuals were key in the authoring of this document and fully support the
content of the Charter:

Dr Joseph Hartland (They/Them)
Dr Brigit McWade (She/Her)
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Foreword

“Conversion therapy is an abhorrent practice, and yet we know from the Government’s LGBT Survey (2018) that 19% of respondents who had undergone conversion therapy had it conducted by healthcare providers or medical professionals. It is imperative that we stamp out this abusive practice once and for all. I urge medical schools to sign the charter, and moreover, to work to ensure that their curricula and training environments are LGBT+ inclusive. Thanks to all involved in this, and particularly GLADD for creating this vital initiative. Together we can make a positive step toward reducing harm to our LGBT+ communities and ensuring future generations of doctors are better able to understand and address LGBT+ health inequalities.”

Dr Michael Brady FRCP (He/Him)

National Advisor for LGBT Health, NHS England

Deputy Director, Patient Equalities, NHS England

What is this Charter?

Based on the work of the 2017 [Memorandum of Understanding](#)¹, this charter calls for UK medical schools to condemn the use of, and support the banning of, so-called LGBTQ+ ‘conversion therapy’ in the UK. This charter also outlines commitments medical schools can make to support LGBTQ+ students, staff, and patients. These commitments seek to not only condemn the use of ‘conversion therapy’, but also promote a sense of inclusion within medical schools. This charter has been created in response to worldwide calls for a ban on ‘conversion therapy’, and to make a clear statement to students, staff, and the public. We also hope this will support the UK government to fulfil their promise to ban LGBTQ+ ‘conversion therapy’. If you wish to read more about this the public consultation period closes on December 10th 2021 and more information can be found [here](#).

What is so-called ‘conversion therapy’?

For the purpose of this document so-called ‘conversion therapy’ shall be defined in line with the 2017 Memorandum of Understanding (MoU).

“‘Conversion therapy’ is an umbrella term for a therapeutic approach, or any model or individual viewpoint that demonstrates an assumption that any sexual orientation or gender identity is inherently preferable to any other, and which attempts to bring about a change of sexual orientation or gender identity, or seeks to suppress an individual’s expression of sexual orientation or gender identity on that basis.

These efforts are sometimes referred to by terms including, but not limited to, ‘reparative therapy’, ‘gay cure therapy’, or ‘sexual orientation and gender identity change efforts’, and sometimes may be covertly practised under the guise of mainstream practice without being named.

i) For the purpose of this document, sexual orientation refers to the sexual or romantic attraction someone feels to people of the same sex, opposite sex, more than one sex, or to experience no attraction.

ii) For the purposes of this document, gender identity is interpreted broadly to include all varieties of binary (male or female), nonbinary and gender fluid identities.”

You will note we have until this point prefaced LGBTQ+ ‘conversion therapy’ with the term “so-called”. This is important, and as we explain later in the document the language of ‘conversion’ and ‘therapy’ is deeply problematic. So-called LGBTQ+ ‘conversion therapy’ is not a form of therapy and forced conversion of sexual orientation or gender identity is not possible. However, from this point on we shall refer to it as LGBTQ+ ‘conversion therapy’, with the single quotation marks indicating our problem with the misleading terminology. This is done following feedback on the legibility of the charter and does not imply any endorsement of the language.

In line with the MoU committing to the banning of LGBTQ+ ‘conversion therapy’ does not seek to deny, discourage, or exclude individuals with questions about their gender and/or sexual identity seeking qualified help. Nor does it seek to condemn the work of registered health professionals working with trans and non-binary people who are undergoing clinical assessment prior to commencing treatment.

Instead, it is based on the fact that any support given to LGBTQ+ people seeking help must not start from a place where one gender orientation or sexual identity is seen as preferential. LGBTQ+ people should not be pathologised for simply seeking to exist, nor do they need to be cured of their sexual orientation and/or gender identity.

Problems with the terminology

When discussing the idea of so-called LGBTQ+ ‘conversion therapy’ it is important to address the limitations of the language used, as implied by the deliberate use of “so-called” when mentioning it within this document. ‘Conversion therapy’ may also be known by ‘cure therapy’ or ‘diversity eradication, repression and change efforts’ (DERC-efforts). Within this document we will use the term ‘conversion therapy’ to cover all these practices. Nevertheless, the use

of the term does not imply validity to the argument proponents for so-called 'conversion therapy' make.

Problems with the concept of 'conversion':

- The term conversion suggests that it is possible to change A into B, or B to A, and therefore gives credibility to attempts to do so. In the context of sexual orientation and gender identity there is no solid scientific evidence that this is possible
- Conversion can also imply a moral judgement, the conversion from a sinful situation of wrong behaviour to an accepted situation of good behaviour. To some groups, especially those performing DERC-efforts, the word conversion is used to imply a moral condemnation in which individuals who are non-heterosexual and non-cisgender are seen as aberrant, or even evil.
- In the context of protecting the public, ambiguity around the term 'conversion' is sometimes used to suggest that a ban on conversion therapy would also imply a ban on healthcare for transgender persons (as it is suggested they 'convert' from cisgender to transgender). Legitimate talking therapies that support a person who is questioning if they are LGBT should not start from the basis that being LGBT is a defect or deficiency. Instead, these therapies should be open and explorative discussions focused on helping a person to decide on their options in a supportive manner².

Problems with the concept 'therapy':

- The term therapy suggests a cure for an illness. The diversity of sexual orientation, gender identity and gender expression are natural variations of the human experience and do not require a cure.
- The term 'therapy' may be associated with valid psychological interventions which use talking therapy for mental illness. 'Conversion therapy', however, includes many other practices, some of which have been identified and condemned as physical torture and cruel, inhuman, and degrading treatments^{3,4}. The use of therapy as an umbrella term does not do justice to the immorality and inhumanity of such practices.
- Therapy is a medical term. Using it suggests these are evidence-based practices endorsed by medical practitioners, psychologists, therapists, and counsellors. It is clear that is not the case for sexual orientation or gender identity^{1, 2}.

Why should co-called 'conversion therapy' be banned?

It is the belief of the organisations authoring this Charter that so-called 'conversion therapy' should be banned because:

- There is overwhelming evidence that so-called 'conversion therapy' causes significant harm to LGBTQ+ people ^{1, 2, 3, 4, 5}. The UK government's commissioned [report](#) into 'conversion therapy' demonstrated there was no robust evidence of effectiveness, and that undergoing 'conversion therapy' is harmful to the mental health of LGBTQ+ people².
- There is also no robust evidence that any form of 'conversion therapy' is safe or effective as an intervention for distress around gender and/or sexual identity ^{1,2, 4}
- LGBTQ+ people do not need to be cured; it is stigma from ideas such as this that create and sustain an environment for the health inequalities within these communities ⁶

In addition to this there is significant support from national and international institutions condemning 'conversion therapy':

- The [MoU](#) contains signatures from 20 organisations acknowledging these harms and committed to ending conversion therapy, including:
 - NHS England
 - NHS Scotland
 - Royal College of General Practitioners
 - Royal College of Psychiatrists
- [The United Nations Office of the High Commissioner for Human Rights](#) ^{3,4} have called for a global ban on 'conversion therapy' stating it the opposite of therapy, inflicting "severe pain and suffering, resulting in long-lasting psychological and physical damage"
- [The British Medical Association](#) ⁷ recently passed a motion to lobby the UK government to ensure this damaging practice is banned and lobby the GMC to introduce sanctions up to and including erasure of medical practitioners performing so-called LGBTQ+ 'conversion therapy'. It should be noted that there was opposition to this motion from BMA Doctors attending the meeting, speaking in defence of 'conversion therapy', despite the clear evidence of harm⁸.
- The UK Medical Schools Council have authored a statement sent to medical schools clearly stating that so-called therapies have no place in clinical practice⁹

- The [UK Government](#)¹⁰ has made a commitment to banning so-called ‘conversion therapy’, following public and stakeholder consultation. This is supported by the Government Equalities Office [report](#)².

In summary the banning of LGBTQ+ so-called ‘conversion therapy’ has international support and a growing body of evidence which highlights the significant harm it can cause. Quoting the United Nations Office of the High Commissioner for Human Rights in their call for a global ban:

“...These practices are inherently degrading and discriminatory. They are rooted in the belief that LGBT persons are somehow inferior, and that they must at any cost modify their orientation or identity to remedy that supposed inferiority. [...] such practices constitute an egregious violation of rights to bodily autonomy, health, and free expression of one’s sexual orientation and gender identity. When conducted forcibly, they also represent a breach to the prohibition of torture and ill-treatment.”²

Why should medical schools support this?

In keeping with the GMC Outcomes for Graduates 2018¹¹ medical schools have a responsibility to ensure that their graduates are unbiased, inclusive, compassionate and act with integrity. In light of the calls for a global ban on so-called ‘conversion therapy’^{3,4} a public commitment by a medical school sends a clear message of support to not only LGBTQ+ patients, but students and staff. It also states that supporting ‘conversion therapy,’ which lacks evidence of efficacy and has clear indications of harm, is not compatible with the fair, ethical and unbiased graduate that is in keeping with GMC expectations.

Instead, medical schools should seek to produce graduates who can ensure that individuals with uncertainty or distress around their sexual orientation or gender identity access appropriate healthcare and social support. This should be delivered by professionals who are trained to have adequate knowledge and understanding of this field and are free from any agenda that favours one gender identity or sexual orientation as preferable over other gender and sexual diversities.

However, it is important to note that this charter and commitment in no-way impacts the ability for transgender and gender non-conforming individuals to access and engage with gender identity health services. Nor should such legislative initiatives in any way impact on these individuals engaging with medical transition, including, but not limited to, hormone therapy and gender confirmation surgeries.

How to sign up, and where will this be seen?

The supporting organisations responsible for this charter request that each medical school submit the signature of one person who will represent that school. This individual's signature will sit on a digital version of this Charter, confirming their medical school's commitment to the principles outlined in the next section. The Charter with signatories will be displayed on the GLADD public website, and regularly updated to ensure all new signatories are included. Emails that accompany the dissemination of the Charter will explain the process by which a school can submit the name and signature of their representative. The GLADD website will be viewable to any member of the public, and we encourage medical schools to use this document in their communication with current and prospective students and staff. This will allow the school to not only demonstrate their commitment to creating a truly inclusive space for LGBTQ+ students and staff, but also will allow them to be accountable should they fall short of the standards outlined. This is not intended to be punitive, but instead should be considered a useful mechanism for empowering LGBTQ+ students and staff to speak up and be heard.

The Charter

By signing this UK Medical Schools Charter on LGBTQ+ 'Conversion Therapy', the signatory medical school:

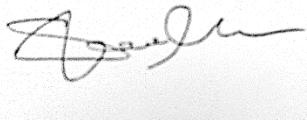
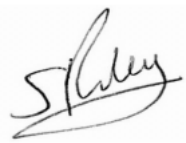


1	Supports the banning of LGBTQ+ so-called 'conversion therapy'
2	Formally calls on the GMC to recognise the harm of 'conversion therapy', and how participation in the delivery of 'conversion therapy' breaches the core idea of a doctor to "do no harm"
3	Agrees medical school students and staff should, under no-circumstances, participate in the provision of any form of 'conversion therapy'
4	Ensure that curricula include authentic and joyful representation of LGBTQ+ people within their curricula to challenge stigma and stereotyping
5	Ensure that curricula include an awareness of 'conversion therapy', its harms and the importance of working with LGBTQ+ patients to respect and affirm their gender and/or sexual identity
6	Support LGBTQ+ students and staff to work in an environment free of hate, discrimination and harassment. This should include the implementation of future guidance on creating fair and equitable medical schools that challenge the exclusion of marginalised people, as outlined by <i>the Medical School Council Equality, Diversity, and Inclusion Alliance</i> .

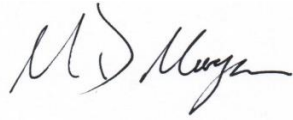
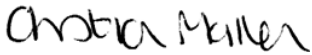

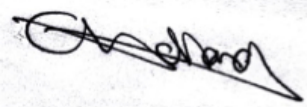

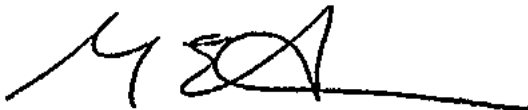


Medical schools should promote the signing of this charter to staff and students and be held accountable for the above commitments in their ongoing work. Signatories should also consider committing to the principles of the MoU, seek to be familiar with it to uphold these standards and where possible sign it as part of their institutional commitment.

UK Medical School Signatories

Below we will display all the UK Medical Schools who have so far signed up to this charter, with the name of the individual signing on behalf of the organisation.

 <p>Professor Siladitya Bhattacharya Head of School of Medicine, Medical Sciences and Nutrition Sir Dugald Baird Chair in Women's Health University of Aberdeen</p>	<p>Anglia Ruskin University School of Medicine</p>
 <p>Professor Helen Cameron (She/Her) Interim Head of School Dean of Medical Education Aston University Medical School</p>	 <p>Professor Arunthathi O. Mahendran (she/her) Director of Institute for Health Sciences Education (School of Medicine) Faculty of Medicine and Dentistry (Barts and the London) Queen Mary University of London</p>
 <p>Professor David Adams Pro-Vice-Chancellor and Head of College University of Birmingham College of Medical and Dental Sciences</p>	 <p>Dr Duncan Shrewsbury (They/Them) Senior Lecturer in General Practice, Clinical and Community Practice Lead, and Deputy Lead for Curriculum Development Brighton and Sussex Medical School</p>
 <p>Professor Ashley Blom (He/Him) Head of School University of Bristol Medical School</p>	<p>University of Buckingham Medical School</p>

 <p>Shafeena Anas (she/her) Senior Lecturer and Lead for Equality, Diversity and Inclusion Brunel Medical School</p>	<p>University of Cambridge School of Clinical Medicine</p>
 <p>Professor Steve Riley (He/Him) Head of the School of Medicine Cardiff University School of Medicine</p>	 <p>Dr Kevin McConville (He/Him) Interim Head of General Practice Undergraduate Teaching University of Dundee School of Medicine</p>
<p>Edge Hill University Medical School</p>	 <p>Professor David Argyle (He/Him) Acting Head of the College of Medicine and Veterinary Medicine, University of Edinburgh</p>
 <p>Professor Ian Fussell Associate Dean of Education University of Exeter Medical School</p>	 <p>Professor Matthew Walters Head of School University of Glasgow School of Medicine, Medicine, Dentistry and Nursing</p>

 <p>Professor Matt Morgan Deputy Dean Hull York Medical School</p>	<p>Imperial College London Faculty of Medicine</p>
 <p>Professor Christian Mallen Head of School</p>  <p>Dr Alan Harper (He/They) EDI Team Lead Keele University School of Medicine</p>	 <p>Professor Chris Holland (He/Him) Founding Dean, Kent and Medway Medical School</p>
 <p>Professor Claire Sharpe (She/Her) Interim Dean of Medical Education King's College London GKT School of Medical Education</p>	 <p>Professor Marina Anderson Head of School Lancaster University Medical School</p>
 <p>Professor Bridgette Bewick (she/her/they) (with Professor Louise Bryant (she/her)) School of Medicine Lead for Equity, Diversity and Inclusion University of Leeds School of Medicine</p>	 <p>Professor Richard Holland Head of Medical School University of Leicester Medical School</p>

 <p>Dr Viktoria Goddard (They/Them) Director of Studies University of Liverpool School of Medicine</p>	<p>London School of Hygiene and Tropical Medicine</p>
 <p>Professor Gabrielle Finn (She/Her) Vice Dean University of Manchester Medical School</p>	 <p>Professor Steve Jones (He/Him) Head of School Newcastle University School of Medical Education</p>
 <p>Professor Charles ffrench-Constant Head of School and Pro-Vice Chancellor for Medicine and Health Sciences Norwich Medical School</p>	 <p>Professor Brigitte Scammell Dean of Medicine University of Nottingham School of Medicine</p>
 <p>Professor Daniel McLaughlin Associate Dean Lincoln Medical School University of Nottingham and Lincoln</p>	<p>University of Oxford Medical Sciences Division</p>

 <p>Dr Jamie Read (He/Him) Associate Head of School for Teaching and Learning Peninsula Medical School, University of Plymouth</p>	 <p>Professor Pascal McKeown Head of School Queen's University Belfast School of Medicine</p>
 <p>Dr Fran Oldale (She/Her) Student Engagement and Achievement Manager University of Sheffield Medical School</p>	 <p>Professor Diana Eccles Dean of the Faculty of Medicine University of Southampton School of Medicine</p>
 <p>Professor David Crossman Dean of the Faculty of Medicine and Head of School University of St Andrews School of Medicine</p>	 <p>Dr Vanessa Ho (She/her) Dean for Equality, Diversity and Inclusion Reader in Pharmacology and Inclusive Practice St George's, University of London</p>
 <p>Professor Scott Wilkes (He/Him) Head of School and Professor of General Practice and Primary Care University of Sunderland School of Medicine</p>	 <p>Professor Cathy Thornton Head of School, Swansea University Medical School</p>

 <p>Dr Michael J. Porter and Stephen Gowland-Mahon (He/They) Previous and current School Lead for Equality, Diversity & Inclusivity University of Central Lancashire School of Medicine</p>	 <p>Professor Faye Gishen Interim Director University College London Medical School</p>
 <p>Professor Sudhesh Kumar OBE Dean University of Warwick Medical School</p>	<p>Ulster University, School of Medicine</p>

Endorsing organisations




Lara Akinnawonu
Co-Chair
BMA Medical Students Committee



Dr Latifa Patel (She/Her)
Acting Chair
British Medical Association



Khadija Meghrawi
Co-Chair
BMA Medical Students Committee



Professor Jacky Hayden
CBE, HonFACadMED
President
Academy of Medical Educators



Professor Sandra Nicholson
Chair
Association for the Study of Medical
Education



This document is signed and endorsed on behalf of GLADD by Dr Duncan McGregor (He/Him)
Co-Chair of GLADD 2019 - 2022

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