

# Jewish Medical Association UK

## GUIDANCE ON REFERRAL TO REGULATORS

Guidance originally drafted October 2023, updated February 2024

### BACKGROUND

These guidance notes were drafted in October 2023, when a flurry of concerns arose among members and other doctors and medical students about the antisemitic conduct of some medical colleagues, in the wake of the 7th October Hamas-led terrorist attacks on Israel. Since then, it has become apparent that similar concerns have been expressed by and about other healthcare professionals. All of this is ongoing and a source of substantial distress to those health professionals on the receiving end of Jew hate, either in person or online. So, this guidance, while developed in the context of UK medical practice, is largely suitable for consideration of fitness to practise or regulatory concerns among other UK healthcare professionals. JMA is willing to support or advise any UK health professional facing antisemitism.

### INTRODUCTION

If you believe a UK-registered doctor has breached the General Medical Council (GMC) Good Medical Practice regarding racism or racial or ethnic discrimination, and you have suitable reliable evidence to support this view, JMA may refer a doctor to the GMC on your behalf. This is to ensure that you are not personally exposed. This is part of our charitable remit to promote the welfare of Jewish doctors in the UK.

Our offer to do this type of referral is based itself on the notion that referral by individual doctors may be regarded by some potential referring doctors as placing themselves at risk of unfair discrimination. Previously such risk has been cited by certain Jewish doctors when they explain why they do not self-declare as Jews in surveys of the medical profession. In this regard, it is notable that the most recent anonymised information from the national NHS staff survey suggests that 32% of Jewish staff (ie of those who self-declared as Jewish) feel that they have been the subject of discrimination.

Please be aware that if JMA confirms that it has reason to believe that a GMC referral would be inappropriate, or that referral to the doctor's employer (if that route has not been explored already), NHS Education and Training (or other UK country equivalents) or a University or other institution may be more appropriate, we shall keep you informed.

JMA has no wish to be unfair to any doctor or to make any referrals that are not likely to meet the GMC threshold. We will never conduct a "fishing expedition" to seek out evidence against a doctor. However, we do not have a clear idea of their threshold for antisemitism at present, an important matter in progress.

The team at JMA handling this has experience of fitness to practise procedures by regulatory bodies including the GMC.

### INFORMATION THAT IS NEEDED BEFORE A REFERRAL CAN BE CONSIDERED BY JMA:

1. Your full name and job role/retired and preferred contact details (preferably including WhatsApp, but not essential). Note that this information is required so that the JMA lead can come back to you with any queries, but will not be shared with the GMC (or any other party) without your consent
2. The full name (or as much as you have) in English of the doctor about whom you have concerns; where they work/grade/specialty if possible, so that we can be sure to identify the correct doctor; and the doctor's GMC number (which should be publicly accessible on the GMC Register – if you can't find it, please let us know

### FOR ONLINE CONCERNS:

3. A screenshot of the origin and date and the post/s or message/s that is/are cause of your concern. More than one example of the doctor's comments/posts can be submitted, and the GMC may accept evidence from all kinds of social or other online media including emails, text messages and image
4. If this is in the form of a social media we need to know the details of the source platform – e.g. What's App, Facebook, X, Instagram, U-tube, Zoom.
5. Please indicate if the post has been deleted since the screenshot was taken and when, if you know

### FOR FACE TO FACE OR IN-PERSON CONCERNS:

6. A description of the incident if it is a doctor's behaviour in person/face to face about which you have concerns. If this is speech or action rather than written words (egs on a slide or in a report), as much detail as possible to form objective evidence
7. Reliable witness statement(s) if an incident occurs in in-person or virtual situation/s - please include the name and role of any such witnesses, whose statements should be signed if possible - they won't be identified to the GMC or any other 3rd party at this stage, but they must consent to their identity being shared in confidence with JMA

### FOR ALL REFERRALS TO JMA:

8. Since in some cases it might not be obvious to an independent reader, please ensure you include sufficient evidence and explain why you think the message /post/behaviour mean it is appropriate for JMA (specifically) to refer the doctor to the GMC

## HOW TO SUBMIT A POSSIBLE REFERRAL VIA JMA

If you are not already connected with relevant JMA personnel on social media, please send your possible referral to: [info@jewishmedicalassociationuk.org](mailto:info@jewishmedicalassociationuk.org)

Your referral will be passed onto JMA's lead for professional and regulatory affairs, who will normally contact you within a day of your possible referral.

**NB Please do not share any JMA personal contacts on social media with anyone you do not know and trust personally.**

### IN CONCLUSION:

Please note that none of the above prevents anyone from referring any doctor to the GMC directly if they choose to do so, but please consider letting JMA know if you make or are aware of a referral because of an allegation of antisemitic racism/inciting anti-Jewish violence. This means that our actions can be co-ordinated, that we can provide more effective support if needed and that we can notify - or advise you to notify - the Community Security Trust (CST) about such incidents if appropriate.

# APPENDIX

Useful sources of further advice and support for doctors include [this list is not intended to be exhaustive]:

- 1) <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/raising-and-acting-on-concerns>
- 2) <https://www.gmc-uk.org/ethical-guidance/ethical-hub/racism-in-the-workplace>
- 3) <https://www.gmc-uk.org/-/media/documents/dc4530-how-to-raise-a-concern---english-version-28283600.pdf>
- 4) <https://www.nhs.uk/mental-health/advice-for-life-situations-and-events/support-for-workplace-bullying/>
- 5) <https://www.england.nhs.uk/ourwork/freedom-to-speak-up/how-to-speak-up-to-us-about-other-nhs-organisations/>
- 6) <https://www.gov.uk/government/publications/prevent-duty-guidance/prevent-duty-guidance-for-england-and-wales-accessible#Healthcare>
- 7) <https://www.practitionerhealth.nhs.uk/>  
self-referral for doctors and medical students to confidential mental health support

## **OTHER UK ORGANISATIONS OFFERING SUPPORT AGAINST ANTISEMITISM:**

- 8) <https://cst.org.uk/>
- 9) <https://antisemitism.org/>
- 10) <https://www.uklfi.com/>
- 11) <https://antisemitism.org.uk/>

## **THE MAIN UK HEALTHCARE PROFESSIONAL REGULATORS:**

- 12) <https://www.gmc-uk.org/>
- 13) <https://www.gdc-uk.org/>
- 14) <https://www.pharmacyregulation.org/>
- 15) <https://www.nmc.org.uk/>
- 16) <https://www.hcpc-uk.org/>