

Jewish Medical Association Statement to Commission

“What have Jewish people experienced in your trade union/professional body since October 7th and how can your situation be improved?”

Our remit here is to explore trade union and professional organisations and their relationship to antisemitism.

In medicine the trade union role space is taken by voluntary membership organisations such as the British Medical Association (BMA). However, the BMA functions as a professional body as well as a trade union and so comments frequently on professional matters including Ethics, Equality and Diversity, and Education.

The professional role is the domain of the General Medical Council (GMC) – the statutory regulator which determines who can be registered to work as a doctor in the UK, and which sets standards for all UK undergraduate and postgraduate medical education and training.

In addition, there are several others professional bodies, such as the Medical Royal Colleges – which play a central role in specialist medical education, training and continuing professional development, but also see themselves as having a wider policy role where “necessary” (eg Paediatrics re child protection, Obstetrics and Gynaecology re maternity care, Physicians re tobacco control, etc). Also, the Medical Schools Council oversees medical schools and JMA has engaged with them to develop principles and to address instances of antisemitism affecting students or staff.

Were there manifestations of antisemitism in British medicine before 7th October 2023?

From the Jewish Medical Association (UK) (JMA) perspective there were specific serious concerns already:

- In 2021 JMA referred four doctors to the General Medical Council (GMC) for antisemitic behaviour. None of these had tribunal hearings let alone sanctions. The GMC refused freedom of information requests about these.
- In early 2023 we reported a junior doctor (office holder in the BMA) for saying the Holocaust was a hoax and that more Jews should have been murdered. No sanction has been imposed, either by the GMC (whose investigation is ‘ongoing’), or by the Royal College monitoring this doctor’s training or their NHS employer.

Since 2021, JMA has submitted complaints to the GMC on behalf of individual doctors: this not only protects the identity of the complaining or victim doctor (itself a warning flag that Jewish doctors are fearful) but also using our experience of medical regulation and the GMC’s principles of Good Medical Practice (GMP).

The GMC has prioritised Equality and Diversity issues in recent years - partly because of discrimination against minority doctors, but also because of recognition that discrimination needs to be seen as a serious failing in the doctor–doctor as well as doctor-patient relationship. However, antisemitism has not been a feature of their EDI work.

What has happened about antisemitism in medicine in the UK since 7th October 2023?

General Medical Council, GMC

- The main interface between the JMA and the GMC re antisemitism concerns professional regulation. JMA has ongoing interface with other parts of the GMC about health policy, religious freedoms, and education about Jewish practices.
- Since October 2023, out of hundreds of cases brought to our attention by concerned doctors and others, JMA has referred 28 doctors to the GMC for conduct which is clearly antisemitic.
- We believe there are basic flaws in the GMC's approach. About half the cases referred to the GMC by JMA after careful scrutiny to ensure they meet the criteria of serious breach of GMP and/or explicit antisemitism/Jew hate, are considered *not* to meet the GMC's threshold for investigation, but the GMC has not disclosed that 'threshold'. Further, they insist on establishing that behaviour is 'objectively antisemitic'.
- Of those cases that *do* proceed to investigation by the GMC, most spend months or longer under investigation, while the doctor concerned has a clean licence to practise. So, their colleagues or patients may remain subjected to whatever abuse was the cause of the original referral.
- It is also uncommon for employers to take action in such cases, where a doctor is engaging in antisemitic activity online, as is common, or only outside work.
- The GMC has refused to adopt the IHRA definition of antisemitism, claiming that there is no agreed definition. Instead, they apply, at will, whatever definition/s they feel is appropriate in a given case: this serves to exclude most cases from a definition of antisemitism.
- JMA believes it is inexplicable that – for example – a) a GP, who was the leader of a terrorist organisation, b) a doctor who says openly he wants more Jews to be gassed, and c) doctors who repeatedly express and share seriously antisemitic tropes, can continue to practise medicine unrestricted, while the GMC goes about its investigation into their conduct.
- Within its legal framework, the GMC is able to request a Tribunal to make an Interim Order of Conditions or Suspension if a doctor's conduct is considered to present serious risk to patients or to public confidence in the profession: it has used this route only twice since October 2023 and in both cases there have been concerns in addition to those about antisemitism.
- In summary, many Jewish doctors feel abandoned by the GMC, because they and their patients are not being taken seriously, or, at best, not as seriously as the victims of other forms of alleged racism or hate.
- The GMC's outreach lead addressed a JMA meeting on Zoom in December 2024, and the recording and/or the anonymised summary of the examples of antisemitism – online, on videoconference, in person - raised by attendees at that meeting can be made available to this Commission by request to JMA.
- Finally, re the GMC, it is worth mentioning that the JMA has itself, been accused of racism and extremism by some doctors reported by JMA to the GMC.

British Medical Association, BMA

The BMA has issued a series of statements that reflect primarily on the humanitarian situation in Gaza. This started in October / November 2023, when they had to be reminded of their previous statement about racism including antisemitism, and that Hamas had initiated the current conflict.

- For the BMA the “Gaza issue” has taken priority over all other international matters, as judged by the motions submitted to the June 2024 Annual Representative Meeting (ARM), no other conflict was worthy of mention. Many of these motions were deemed discriminatory against Jews. The handling of the agenda for that meeting made Jewish members feel increasingly uncomfortable. During this period it was agreed that antisemitism training would be provided for the BMA Council, but this too proved contentious. Organisations like the Antisemitism Policy Trust and the Community Security Trust (CST) were regarded as propaganda groups. Eventually, despite ongoing opposition from some Council members, it was agreed that one session for BMA Council members would be conducted by the CST, which did take place.
- The BMA repetition of statements about doctors’ plight in Gaza using dubious evidence accepted unquestioned is a serious problem; but the BMA’s attitude to the situation of Jewish doctors and other healthcare professionals in the UK - confronted with daily incidents where they are held responsible for what happens in another jurisdiction – is not consistent with their trade union role let alone their professional responsibility to adhere to a sound evidence-based approach.
- In the past year, there have been a disproportionate number of internal BMA complaints raised against Jewish members on what appear to be spurious grounds, and investigations commenced, which have been delayed repeatedly, their terms of reference altered, and sanctions imposed despite the apparent lack of due process
- A complaint was lodged against the current BMA President because of her antisemitic postings on social media in her official capacity, about the Gaza conflict: the internal BMA investigation is ongoing
- There are further questions about the BMA’s wider role, specifically as publishers and owners of the BMJ, despite the important principle of editorial freedom, should they be held responsible in some way for its content? There have been long term issues of misreporting about Israel and about Jewish questions, as well as apparent bias against Israel in many articles published about the present war since October 2023 and perceived reluctance to publish rebuttals from Israeli or Jewish sources. There are ongoing studies in progress which will look at these matters to confirm there is bias in reporting - both quantitative and qualitative.
- At a local level, it is important to note that, in its trade union role at a local level, the BMA has continued to represent its Jewish members, in some cases in an exemplary manner: for instance recently, a doctor unable to attend a training event scheduled for a Jewish holy day was suspended by their employer – the BMA advisor was very helpful in overturning that decision.

Medical Royal Colleges and Faculties

Several of the UK’s Medical Royal Colleges and Faculties have published Statements on their websites about the current war in Gaza or have written to the Prime Minister about it. Some of these have been balanced, others explicitly anti-Israel or simply insensitive to their Jewish members. In such cases, Jewish doctors/JMA have pointed out our concerns and in some cases the statements have been revised. In most cases, it is notable that the Colleges/Faculties concerned [like the BMA] have been highly selective about their activities in that they have not published statements about other major recent or current humanitarian concerns, such as those in China, Sudan, Syria, and so on.

Other aspects of Healthcare

The major focus in this statement has been on doctors and the trade union and professional bodies with which they have links. However, the same picture may be painted for medical students as well as for other health professionals, including nurses, midwives, dentists, physiotherapists and others, working throughout in NHS and private health sectors.

The NHS Race and Health Observatory

Working with the NHSE Jewish Staff Network, we approached the NHS Race and Health Observatory (initially as a Covid related initiative) who commissioned a research project (perhaps fortuitously conducted in 2024), on how communication with Jews and the Jewish community in England should be improved. Their recommendations, précised here, are noteworthy and useful in this context, summarising many of the “asks” from trade union and professional bodies:

- Remove barriers, combat prejudice, improve understanding of how cultural nuances affect health engagement, and enable the appropriate adaption of services and outreach.
- Improve the consistent use of the principles of trauma-informed care when engaging marginalised communities, to directly address the barriers in accessing care.
- Review and remove items [egs posters, teaching materials] that actively reinforce negative stereotypes about marginalized communities, specifically including Judaism and the Jewish community.
- Improving Jewish engagement with services: adapt communications and outreach which respects cultural norms and is cognisant of the reasons for historical mistrust.
- Supporting local initiatives to reduce health inequalities by removing barriers to access and embed them quickly across all services responsible for engaging marginalised communities, ensuring the Jewish community is recognised and included.
- Mandate the inclusion of both ‘Jewish’ as an option for ethnicity *and* ‘Judaism’ as an option for religion in all NHS patient and staff data records to empower patients, give NHS systems a better understanding of the community they are serving and collect essential data for tracking health outcomes.
- Both ‘Jewish’ and ‘Judaism’ must be included across all NHS internal and external initiatives designed to recognise and support marginalised communities.
- Combat antisemitism experienced by Jewish staff members by implementing clear frameworks, guidance and action plans.

In addition to the above, JMA would wish to see, urgently:

- Adoption of the IHRA definition of antisemitism across all healthcare services, regulation and academic sectors
- Recognition across all healthcare services, regulation and academia that the Macpherson principle applies to Jew hate/antisemitism just as it does to other forms of discrimination