



THAMES VALLEY WORKING GROUP ON SEXUAL MISCONDUCT

Guidance for educators on how to manage concerns about sexual misconduct.

This document is a guide for educators, to help guide them in an area which is often not managed well.

We are aware this is a rapidly changing field. The provision of education – for doctors in training and their supervisors – is currently patchy. Reporting systems are also imperfect.

Despite this, we feel it is important to circulate this guidance because the feedback we have had indicates it is needed.

We acknowledge this remains a work in progress. We will continue to update our guidance – and would be grateful for any feedback you may have.

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Healthcare organisations including educational bodies should adhere to the following principles:

- **Zero Tolerance of Sexual Misconduct**
- **Active Cultural Change in the Workplace and inside Responsible Organisations**
- **Real Consequences for Perpetrators**

The GMC issued [guidance](#) in 2022: Identifying and tackling sexual misconduct.¹ A [working party](#) was set up with support from the Royal College of Surgeons of England and Edinburgh amongst other organisations.² Doctors are expected to support colleagues and trainees in line with [NHS guidance](#).³ TPDs, managers and clinical leads may not be specialists in this area, but simple actions can be powerful in supporting people and preventing further harm.

This guidance has been produced by the WPSMS in collaboration with the Confederation of Postgraduate Schools of Surgery with input from trainees and medical students. It aims to guide people on what to do when someone discloses sexual misconduct.

In Summary:

RECOGNISE, LISTEN, SUPPORT, ACT

1. RECOGNISE

Individuals impacted by sexual harassment or assault may experience or express unhappiness or distress about work, and may demonstrate aspects of burnout.

Sexual harassment is defined as unwanted behaviour of a sexual nature.

Sexual assault is defined as sexual touching or behaviour without consent. Consent in a hierarchical relationship can be subject to feelings of coercion or fear. Alcohol and recreational drugs can be involved in situations of an abuse of trust.

There are a wide range of inappropriate sexual behaviours which may occur between colleagues. Making sense of upsetting events can be difficult, and **errors are common** around societal myths, denial, dismissal, victim-blaming, and reinterpretation. These can have a negative and devastating impact on individuals, team cultures and patient safety.

2. LISTEN and validate

Give space and time for individuals impacted to relay their account to you. Avoid active questioning or challenging. Consider how to create a safe space to listen – offer a chaperone or ask the individual if they would like to bring someone with them.

The following responses may be helpful:

“I am glad you have told me this.” People worry about the impact of sharing their story. It is reassuring to say that you are glad the person has felt able to share with you.

“I believe you.” False accusations are rare.^{4,5} Adopting a default position of belief is

scientifically and legally robust.⁶⁻⁸

“This is not your fault.” Being sexually harassed or assaulted is never the fault of the person to whom it happens. We should be able to expect that those in a position of trust behave in an ethical, professional, and trustworthy way.

“I am here if you want to tell me more, but you don’t have to. We could think together about what expert support we can get for you.” Questioning can be intrusive. People who have experienced sexual harassment or assault may not want to repeat their story multiple times. This may not be the right time, and you may not be the right person. If the trainee wishes to make a formal report, consider supportively involving those with responsibility, including the accused’s employer, professional regulator, and the law.

“It is your choice whether you report this any further. Having said that, I have a responsibility to act if I think that you, or anyone else is at risk of serious harm, or if I think that a colleague may not be fit to practise.” It is crucial that the person who has experienced the sexual misconduct is in control of decisions about information sharing. But you have safeguarding responsibilities towards children and vulnerable adults, and duties of public protection. Decisions about sharing information without consent of the discloser are likely to be complex. Any decisions should be made in consultation with appropriate senior colleagues, and with consideration of seeking legal and/or expert advice.

“I take this seriously.” All examples of poor maintenance of professional boundaries, including sexual banter, can lead to animosity and mistrust between colleagues, and a dysfunctional culture, which poses a risk to patient safety. All healthcare professionals have a right to a workplace free of discrimination, bullying and sexual harassment.

A culture of civility and respect benefits all staff, enabling health professionals to work together more effectively, ultimately improving patient safety.

3. SUPPORT and Reassurance

Acknowledge that “sexual misconduct is not rare, is not new, is not harmless and is always unacceptable.” It can be helpful to acknowledge that the trainee is valued, has an entitlement to feel safe in their career and is deserving of the best support we can offer.

Signpost to professional support.¹⁰⁻¹⁴

Your Trust (or the Trust of the reporting individual) may have a free psychological/well-being support service for members of staff.

Advice helplines

- [Rights of Women Sexual harassment at work advice helpline](#) provides free and confidential legal advice to women, (who are more frequently targeted than men.)
- [NHS advice on help after rape and assault](#) provides advice on what to do, the services that can help and how to support people.
- The BMA offers free expert counselling to all doctors whether they are members or not.
- The Royal College of Surgeons of England offers this service to members, as does the Confederation of British Surgeons

Sexual assault referral centres (SARCs) offer expertise and sensitivity. SARCs offer medical, practical, and emotional support to anyone who has been raped, sexually assaulted, or abused within the last 12 months. Help is available 24 hours a day for anyone of any age or gender, regardless of how, or where it happened. If a physical event is very recent, SARC input can be vital in obtaining forensic evidence. Gathering evidence does not commit someone to pursuing a legal course, but ensures that evidence is not lost if they wish to do so at a later time. Evidence is best gathered as soon as possible, and can be useful up to seven days and sometimes longer according to the circumstances.

Consider ringing a SARC together for advice while the targeted person is with you.

Counselling services can help people to process their trauma and understand their choices. Acknowledge as a source of valid and effective support rather than insisting on reliance on friends and family. The Samaritans have an effective 24/7 crisis service.

Practitioner Health can help with associated depression and anxiety, and the Professional Support and Wellbeing Service may be of use for Doctors in Training.

Consider how to facilitate enhanced opportunities for training and personal

development for the trainee. This is helpful in restoring the ability to function and thrive.

Ask the trainee if they currently feel safe in their place of work and explore options to ensure this, if they do not.

4. ACT

- 1) **Keeping a record:** Record any concerns shared with you. Record your actions including signposting to support, and any advice you have given. Document any decisions taken between you and the trainee. Document any discussions you have with other colleagues. This helps to prevent problems where ‘everyone knows, and nobody tells.’

- 2) **Disclosure only without formal reporting:** The person may gain benefit from having been able to tell you and having been listened to. They may feel unable to share their story with anyone else. They may be unwilling to put themselves at perceived risk if they are identified or identifiable. Their confidentiality should be respected, with any necessary action taken to protect their identity. This could mean that no further action can be taken at this stage. Leave your door open for further discussion. For some people the journey of disclosure is slow and long, and they may only feel confident to report formally to you or someone else later, sometimes after several years. This is recognised within the GMC framework. **You may however have a professional responsibility to report (see below).**

- 3) **Reporting. Remain aware that you have a responsibility to report if you think that the target or anyone else is at risk of serious harm, or if you think that a colleague may not be fit to practise.**
 - a) **Reporting within the Trust:** The targeted person may want to make a statement to share with one or more people with responsibility for the accused. (e.g., line manager, HR Director, Medical Director, DME etc.). This can be anonymous as regards the targeted person. Where the criteria above are met, the responsible person should take forward concerns and report the accused as disclosed to them. This will be dealt with according to the Trust’s policies for professional misconduct. It can feel difficult to report concerns, and the GMC provides guidance about “Speaking Up”: [Speaking up - ethical topic - GMC \(gmc-uk.org\)](https://www.gmc-uk.org/guidance/ethical_guidance/speaking_up). **If you or the targeted person feel the matter has not been dealt with in an acceptable way, consider escalation.**

- b) **Reporting to the police.** Sexual harassment and assault are criminal matters, wherever they occur. Reporting to the police can be a sensitive matter, with very few cases coming to trial and support is usually needed to undergo the process. Make people aware that this is an option, and that support is available to them. Action within the workplace that ensures an environment is free of sexual harassment should not be put on hold because of pending criminal charges.

- c) **Reporting to the Head of School or Postgraduate Dean.** You should liaise with the HoS and / or Postgraduate Dean as this may have implications for their trainees, to allow triangulation in areas of concern and the PG Dean as the Responsible Officer. Recognise that dysfunctions in all processes and organisations are common and can be challenged. Work commissioned by the Professional Standards Authority has defined the common excuses used by perpetrators of which we must be wary in anyone.¹⁵

- d) **Reporting to the GMC.** Advice is available for both the impacted person and the person to whom they have disclosed the event or events, via the GMC Confidential helpline. Tel 0161 923 6399 Monday to Friday, 9am - 5pm. For postgraduate doctors in training, please liaise with the PG Dean first.

The accused's employer, the GMC and the police all have a role in investigating incidents of sexual misconduct, depending upon the circumstances. Advice should be sought, and the wishes of the targeted person considered, along with GMC advice and the law.

The criminal justice system has a number of challenges, but criminal convictions have taken place even without forensic evidence or independent witnesses.^{16, 17.}

Support for People receiving reports

Receiving a report of sexual harassment, assault, or misconduct is likely to be a stressful event. You can seek support from the BMA/CBS/RCS/NHS WTE (Deanery) and your insurance company or indemnifier may have support structures or provide advice. If you feel unable to treat the report impartially, perhaps because you know, or work with the person accused, you should pass concerns directly to an

appropriate colleague or team with greater responsibility and keep a written record of your actions. Our professional networks can be helpful in talking over difficult events whilst maintaining confidentiality for those involved. At times there can be a failure in process once escalated. To defend subsequent accusations, and for your own peace of mind, your written communications should clearly define the information you have passed on.

Sexual misconduct towards colleagues can impact patient safety in several ways. It may result in burnout with direct implications for their ability to give patient-centred care. A team may be dysfunctional where there are toxic behaviours, and bystanding is a common finding. Patients have poorer outcomes when looked after by dysfunctional teams. Perpetrators may not restrict their offending to colleagues but feel sufficient impunity to assault others in positions of vulnerability, including patients, and to cross other boundaries. If you have concerns for patient safety, you must act in accordance with GMC Good Medical Practice and report appropriately. Do seek advice on further action whilst maintaining the confidence of the reporting individual. Do not give any identifiable information without the consent of the disclosing individual. **You should tell the individual who disclosed to you that you are taking this step if you do report elsewhere, explain why, and reassure them that you will do your best to maintain their own confidentiality.**

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V1 1.8.24