

On behalf of



THE WORKING PARTY ON SEXUAL MISCONDUCT IN SURGERY



WPSMS

we want surgery to be a safe place to work.

Be kind to yourselves and
access support if needed.

Sexual assault in surgery: a painful truth

Uncomfortable conversations
are necessary for a
safe work environment.

Report in Sept 21 published by *Bulletin* RCSEng

- One author of this paper (SF) reached out to over 20 women in surgery who have, in the past, shared with him via social media experiences of sexual harassment, discrimination, sexual assault and rape. Not a single one was willing to co-author, even with the guarantee of anonymity.
- Led to the authors receiving anonymous further testimony
- Phillipa Jackson wrote a letter in January - first named testimony



Why I do what I do

MOST READ MOST CITED TRENDING ON ALTMETRIC



🔒 | August 2015 | Article

A stressful job: are surgeons psychopaths?

[READ MORE](#)



🔒 | November 2021 | Article

Ms, Mr or Mx?

[READ MORE](#)



🔒 | August 2021 | Article

Sexual assault in surgery: a painful truth

[READ MORE](#)





Why I do what I do

MOST READ MOST CITED TRENDING ON ALTMETRIC



🔒 | August 2015 | Article

A stressful job: are surgeons psychopaths?

[READ MORE](#)



🔒 | November 2021 | Article

Ms, Mr or Mx?

[READ MORE](#)



🔒 | August 2021 | Article

Sexual assault in surgery: a painful truth

[READ MORE](#)



- Independent body
- Supported by multiple stake holders
- Survey Sept-Dec 2022
- WPSMS Round Table held at the GMC on May 2nd 2023
- NHSProviders/NHSEmployers/NHSE/BMA/GMC/Educators
- UK Surgical Royal Colleges

1. Sexual misconduct, a term to describe sexual harassment, sexual assault and rape, is defined as unwanted behaviour of a sexual nature. These acts are illegal or criminal.
2. We know that many doctors who perpetrate acts of sexual misconduct towards colleagues also demonstrate this behaviour towards patients¹.
3. We also know that patients who are cared for by dysfunctional teams have poorer outcomes.²
4. There are damaging, untold personal costs for individuals who are targeted by sexual predators. Working in an environment where sexual violence is normalised is not healthy and damages the caring relationship those targeted have with patients.
5. Sexual misconduct disproportionately affects women. In surgery, the 'leaky pipeline' is described, with high numbers of women entering medical school, but few becoming surgical consultants. Many women do not choose to enter the male world of surgery and many others leave as a result of the toxic misogyny they experience.³



OXFORD


BJS, 2023, 110, 1518–1526

<https://doi.org/10.1093/bjs/znad242>

Advance Access Publication Date: 12 September 2023

Original Article

Sexual harassment, sexual assault and rape by colleagues in the surgical workforce, and how women and men are living different realities: observational study using NHS population-derived weights

Christopher T. Begeny^{1*} , Homa Arshad², Tamzin Cuming³, Daljit K. Dhariwal⁴, Rebecca A. Fisher⁵, Marieta D. Franklin⁶, Philippa C. Jackson⁷, Greta M. McLachlan⁸, Rosalind H. Searle⁹ and Carrie Newlands¹⁰

¹Faculty of Health and Life Sciences, Department of Psychology, University of Exeter, Exeter, UK

²Barts Bone and Joint Health, Barts NHS Trust, Royal London Hospital, London, UK

³Department of Surgery, Homerton University Hospital, London, UK

⁴Oxford University Hospitals NHS Foundation Trust, Nuffield Department of Surgical Sciences, University of Oxford, John Radcliffe Hospital, Oxford, UK

⁵School of Medical Sciences, Division of Medical Education, University of Manchester, Manchester, UK

⁶Department of Trauma and Orthopedics, Liverpool University Hospitals NHS Foundation Trust, Liverpool, UK

⁷Department of Surgery, North Bristol NHS Trust, Bristol, UK

⁸Department of Surgery, Frimley Health Foundation Trust, Frimley, UK

⁹Adam Smith Business School, University of Glasgow, Glasgow, UK

¹⁰School of Biosciences and Medicine, University of Surrey, Guildford, UK



WPSMS

The Working Party on Sexual
Misconduct in Surgery

BREAKING THE SILENCE

Addressing Sexual
Misconduct in Healthcare



THE COVERAGE



About this Attention Score

In the top 5% of all research outputs scored by Altmetric

MORE...

Mentioned by

225 news outlets



- Times front page 12 Sept 2023
- BBC lead news story 6am-10 pm
- Today. 5 Live. Sky News. LBC. Talk TV. Woman's Hour
- 762 pieces of coverage (Online: 514, Print: 7 and Broadcast: 241)
- Reach: 5.57 bn
- 713 pieces of coverage in UK, 13 pieces in USA, 6 pieces in India, 5 pieces in Australia, 5 pieces in Canada



EXPERIENCES



He said
sexual
laugh
my br
fingers.
collea

All the female doctors who enter the department are warned about him. Some of us would even flirt back but it was disgusting and made you feel disgusted. He put the flat of his hand against my abdomen and stroked it as he walked past. It made me feel sick but I pretended it didn't happen. There's no way I would ever name him. He is a senior consultant with friends across the country.

or
ed
ner
ext
me
urs
sing
an to
work
ats
ted

EXPERIENCES



All the female doctors who enter the department are

The incident came out as the perpetrator was the subject of an interview, causing distress and a loss of confidence among female trainees who are the

He is known as inappropriate with female trainees, who are told they will get good operating numbers if they go in his theatre if "they can cope with his behaviour". He has never been sanctioned for this, even though everyone in the department knows about it.

EXPERIENCES



All the female doctors who

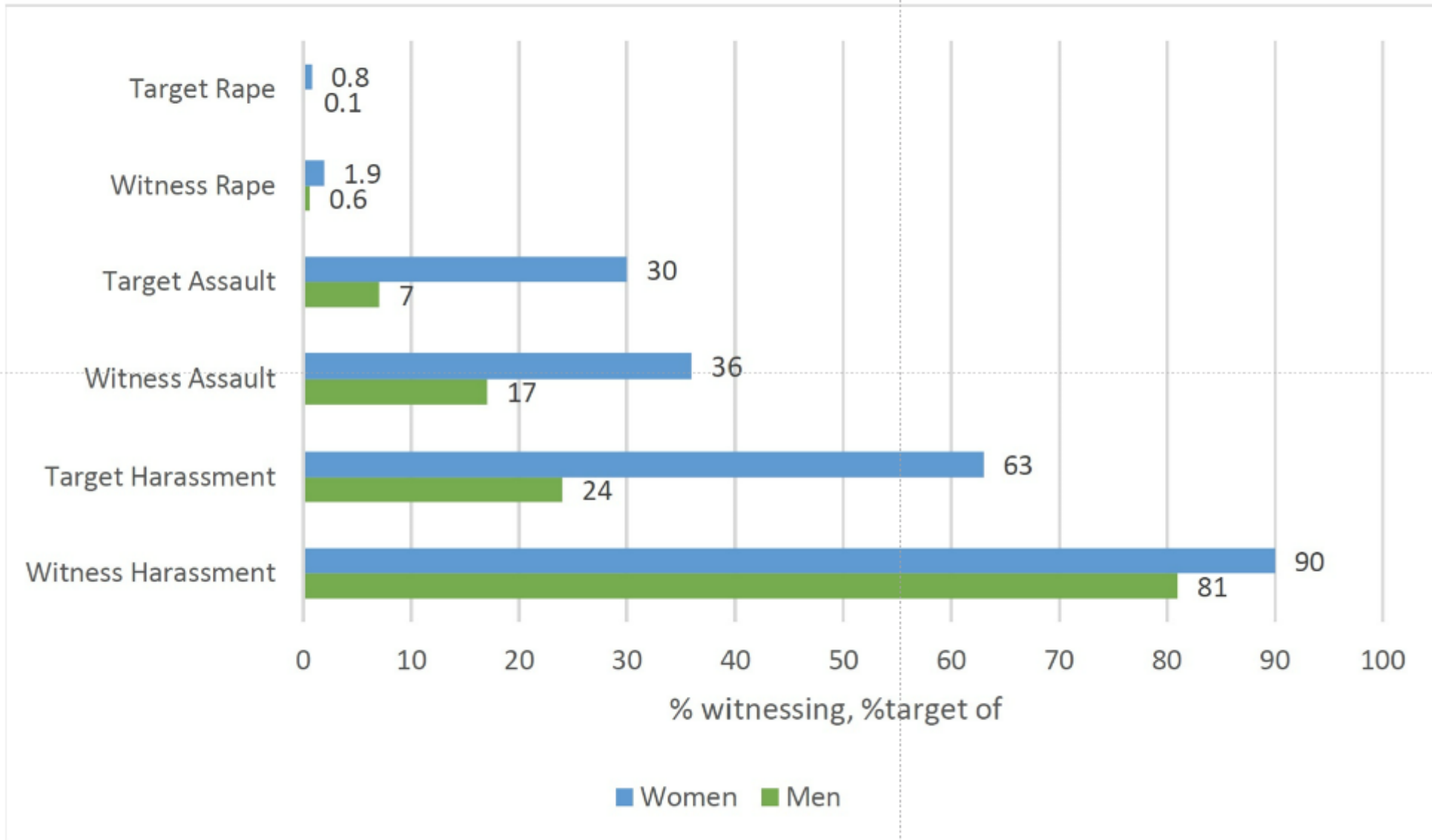
I asked more than five different victims of this man if they were prepared to give written statements and they didn't feel they could. The perpetrator remains in the organisation.

*appropriate with female
they will get good
to in his theatre if "they
ur". He has never been
though everyone in the
ws about it.*

RESULTS: GENDER DIFFERENCES IN EXPERIENCE IN THE LAST 5 YEARS



Results: Gender differences in experience in last 5 years

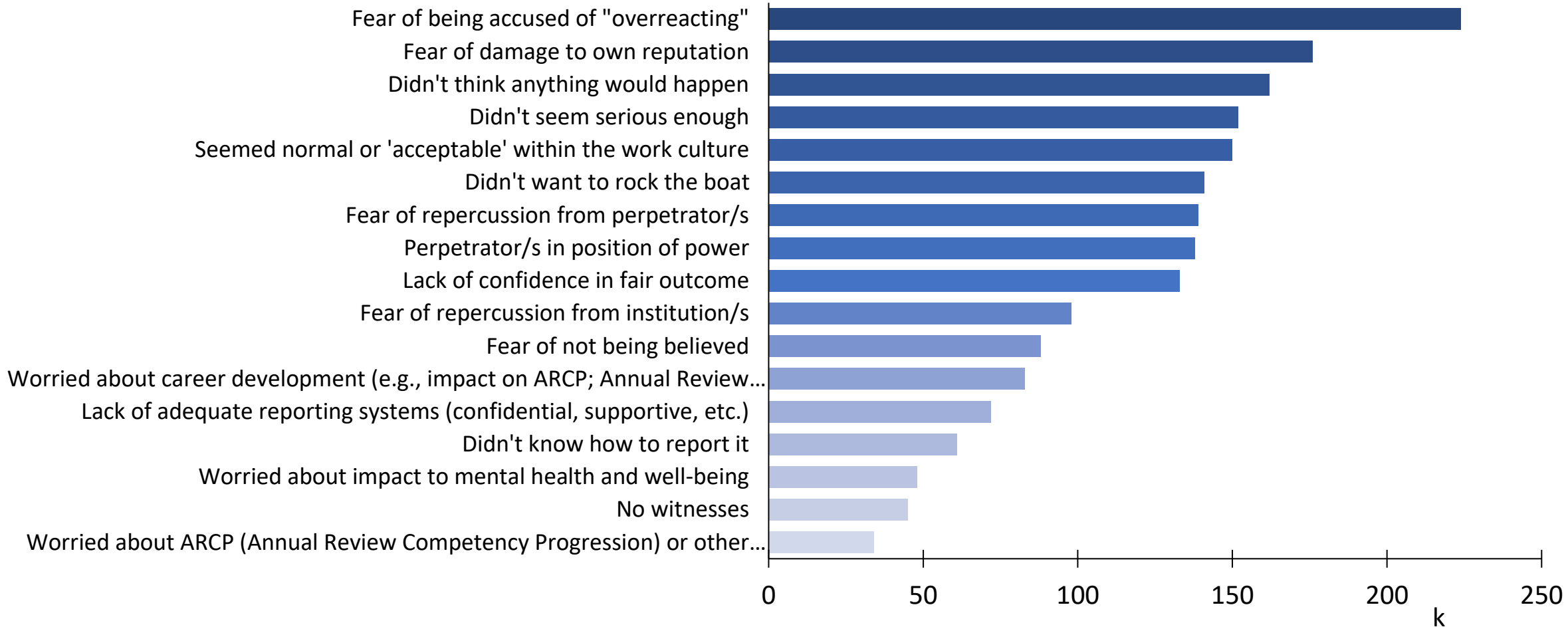


RESULTS: SPECIFIC INCIDENTS IN THE LAST 5 YEARS



- Details of
 - 872 incidents of sexual harassment
 - 81 incidents of sexual assault (there were at least 380 incidents)
 - 5 rapes- there were at least 11 ... CONFERENCES
- Less than 16% of these were formally reported
- Formal reporting more likely for coercion/threats/sexual assault involving genital contact
- No rapes were formally reported

RESULTS: REASONS FOR NOT REPORTING – TARGET HARASSMENT



RESULTS: ADEQUATELY ADDRESSING ISSUES?



Are orgs **adequately addressing issues** of sexual harassment and assault in our profession?

General
Medical
Council

Evaluated as “adequate” by

15.1% of women **48.6%** of men

NHS

15.8% of women **44.9%** of men





Implementation and Investigation

We ask the Department of Health and Social Care (DHSC) and accountable organisations to support:

- 1. A National Implementation Panel to oversee progress by organisations on the recommendations in this report.**
- 2. Reform of reporting and investigation processes of sexual misconduct in healthcare, to improve safety and confidence in raising concerns and to ensure investigations are external, independent and fit for purpose.**



Implementation and Investigation

We ask the Department of Health and Social Care (DHSC) and accountable organisations to support:

1. A National Implementation Panel to oversee progress by organisations on the recommendations in this report.
2. Reform of reporting and investigation processes of sexual misconduct in healthcare, to improve safety and confidence in raising concerns and to ensure investigations are external, independent and fit for purpose.

RECOMMENDATIONS



Policies and Codes

We call for:

3. Every NHS Trust and Health Foundation should have a Sexual Violence/Sexual Harassment Policy

4. All healthcare education and training should have an appropriate approach which includes sexual violence and sexual harassment for those who are responsible for training and should apply to all events such as conferences

5. Accountable organisations should be encouraged to support and sign up to codes of practice such as the BMA Sexual Harassment Charter.

Sexual safety in healthcare – organisational charter



Those who work, train and learn within the healthcare system have the right to be safe and feel supported at work. Organisations across the healthcare system need to work together and individually to tackle unwanted, inappropriate and/or harmful sexual behaviour in the workplace. We all have a responsibility to ourselves and our colleagues and must act if we witness these behaviours.

An signatories to this charter, we commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce. We commit to the following principles and actions to achieve this:

1. We will actively work to eradicate sexual harassment and abuse in the workplace.
2. We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
3. We will take an organisational approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and disproportionate risk.
4. We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.
5. We will clearly communicate standards of behaviour. This includes expected actions for those who witness inappropriate, unwanted and/or harmful sexual behaviour.
6. We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.
7. We will ensure appropriate, specific, and clear training is in place.
8. We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.
9. We will take all reports seriously and appropriate and timely action will be taken in all cases.

Publication reference: PR000765

10. We will capture and share data on prevalence and staff experience transparently. These commitments will apply to everyone in our organisation equally. Where any of the above is not currently in place, we commit to work towards ensuring it is in place by July 2024.

ate, specific and clear

ociations
uct which
ed up to by
ese entities,
work-related

ations
s such
Safety

Over 300 organisations, 154 trusts
RCS Eng letter to unsigned up trusts

RECOMMENDATIONS



Education

We ask those responsible for the ongoing education of the healthcare workforce to:

6. Integrate learning in recognising and taking appropriate action on sexual misconduct at all stages of a career in healthcare.
7. Ensure active bystander, unconscious bias and awareness-raising training for all members of the healthcare team, with specific reference to dealing with incidents of sexual misconduct.
8. Ensure all those involved in receiving reports of and/or investigating sexual misconduct have received specific validated education including learning from previous cases and have appropriate expertise, including critical competencies.

A vital step for all

RECOMMENDATIONS



Culture and Performance of Accountable Organisations

We call upon accountable organisations to support:

9. The reform of healthcare regulators' professional guidance to include sexual misconduct towards colleagues.
10. Engagement of all stakeholders with the Implementation Panel, (as described in Recommendation 1) to report progress and to share data and expertise.
11. The agreement of standards for the management of reported incidents of sexual misconduct and scheduled prospective auditing of performance by organisations against those standards.
12. The inclusion in NHS, GMC and other relevant surveys, of questions on workforce satisfaction as to the adequacy of those organisations in dealing with sexual misconduct.
13. An equality and diversity-promoting agenda to improve the representation of women in local and national leadership roles, across all specialities and workforce groups in healthcare.

RECOMMENDATIONS



Culture and Performance of

We call upon accountable organisations to support:

9. The reform of healthcare regulators' professional guidance to include sexual misconduct towards colleagues.
10. Engagement of all stakeholders with the Implement Panel, (as described in Recommendation 1) to represent and to share data and expertise.
11. The agreement of standards for the management of incidents of sexual misconduct and scheduled auditing of performance by organisations to these standards.
12. The inclusion in NHS, GMC and other relevant surveys, of questions on workforce satisfaction as to the adequacy of those organisations in dealing with sexual misconduct.
13. An equality and diversity-promoting agenda to improve the representation of women in local and national leadership roles, across all specialities and workforce groups in healthcare.

Organisations

- 57 You must not act in a sexual way towards colleagues with the effect or purpose of causing offence, embarrassment, humiliation or distress. What we mean by acting 'in a sexual way' can include – but isn't limited to – verbal or written comments, displaying or sharing images, as well as unwelcome physical contact. You must follow our more detailed guidance on *Maintaining personal and professional boundaries*.
- 58 If you witness any of the behaviours described in paragraphs 56 or 57 you should act, taking account of the specific circumstances. For example, you could:
- a check in and offer support to anyone targeted or affected by the behaviour, and/or let them know that you feel that the behaviour you witnessed is unacceptable
 - b challenge the behaviour by speaking to the person responsible – either at the time, if safe to do so, or at an appropriate time and place
 - c speak to a colleague and/or consider reporting the behaviour in line with your workplace policy and our more detailed guidance on *Raising and acting on concerns about patient safety*. Before you report the behaviour you witnessed, try and make sure that the person who was targeted is aware of, and supports, your intention to report it.



RECOMMENDATIONS



Culture

Performance of

We call upon

9. The reform include:

10. Engage

Panel, (as a... and to share data and...

11. The agreement of standards for the management of incidents of sexual misconduct and schedule auditing of performance by organisations against standards.

12. The inclusion in NHS, GMC and other relevant surveys, of questions on workforce satisfaction as to the adequacy of those organisations in dealing with sexual misconduct.

13. An equality and diversity-promoting agenda to improve the representation of women in local and national leadership roles, across all specialities and workforce groups in healthcare.

Health Organisations

57 You must not act in a sexual way towards colleagues with the effect or purpose of causing offence, embarrassment, humiliation or distress. What we mean by acting 'in a sexual way' can include – but isn't limited to – verbal or written comments, displaying or sharing images, as well as unwelcome physical contact. You must follow guidance on *Maintaining personal boundaries*.

Q22 In the last 12 months, how many times have you been the target of unwanted sexualised behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault.

a. From patients / service users, their relatives or other members of the public

b. From staff / colleagues

...policy and our more detailed guidance on *Raising and acting on concerns about patient safety*. Before you report the behaviour you witnessed, try and make sure that the person who was targeted is aware of, and supports, your intention to report it.



RECOMMENDATIONS



Data Collection

We ask that there be:

14. Improvement or implementation of appraisal/assessment/end of placement or employment feedback systems for staff and students to include questions on their own and others' behaviours regarding sexual misconduct and safety.

15. Collection of data specific to sexual misconduct including the above, by healthcare organisations, regulators and educational bodies and that these data are shared with the Implementation Panel. The CQC should have access to these data at registered organisation and national level and these should be included as a measure in an organisation's CQC rating.



- More than 58,000 NHS staff reported sexual assaults and harassment from patients, their relatives and other members of the public in 2023 in the health service's annual survey.
- For the first time ever, the NHS staff survey for England asked workers if they had been the target of unwanted sexual behaviour, which includes inappropriate or offensive sexualised comments, touching and assault.
- Of the **675,140** NHS staff who responded, more than **84,000** reported sexual assaults and harassment by the public and other staff last year.
- About one in 12 (58,534) said they had experienced at least one incident of unwanted sexual behaviour from patients, patients' relatives and other members of the public in 2023.
- **Almost 26,000 staff (3.8%)** also reported unwanted sexual behaviour from colleagues.

HEADLINES FROM NHS SURVEY



- Of the acute trusts, those with the highest rates of staff experiencing unwanted behaviour of a sexual nature in the last 12 months (7-5%)
- Most of them are signatories to the sexual safety charter
- Nearly all in trusts who have current CQC rating of “ Requires Improvement.”, which only applies to 25% of trusts

- **The Royal Orthopaedic Hospital NHS FT**
- **North East Ambulance Service NHS FT**
- **Barts Health NHS Trust**
- **St George's University Hospitals NHS FT**
- **Barking, Havering and Redbridge University Hospitals NHS Trust**
- **University Hospitals Birmingham NHS FT**
- **King's College Hospital NHS FT**

- **University Hospitals Sussex NHS FT**
- **Birmingham and Solihull Mental Health NHS FT**
- **West London NHS Trust**
- **University Hospitals Plymouth NHS Trust**
- **Norfolk and Norwich University Hospitals NHS FT**
- **Royal Papworth Hospital NHS Foundation Trust**
- **James Paget University Hospitals NHS FT**
- **Kingston Hospital NHS FT**

RISKS

“ BREAKING THE SILENCE ”

- Complex times ahead
- Increase in people coming forwards?
- Earlier than expected retirements?
- LAS- 5-fold increase in reports, multiple dismissals, allE Tribunals
- Current newer consultants and trainees have a different set of standards....
- The culture may change anyway by evolution.



RISKS

“BREAKING THE SILENCE”

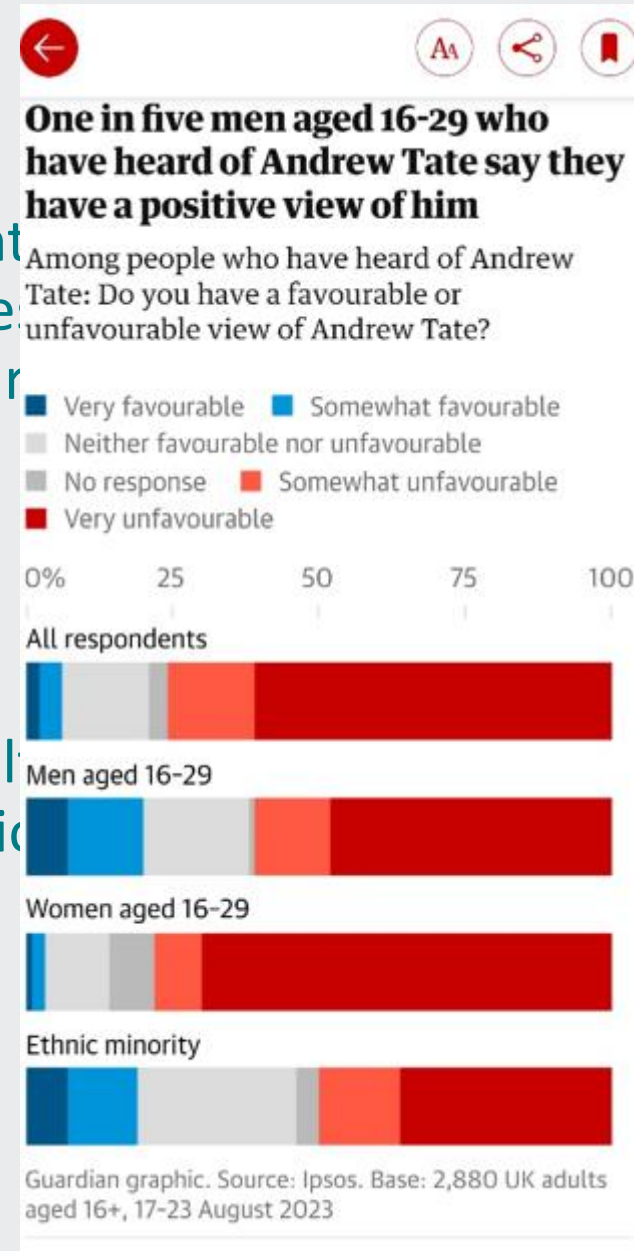
- Complex times ahead
- Increase in people coming forwards?
- Earlier than expected retirements?
- LAS- 5-fold increase in reports, multiple dismissals, allET



• Current trainee standards

• The culture evolution

by



REDUCTION OF NUMBERS OF WOMEN IN SURGERY?



- UK- 15 % of consultant surgeons are women- Neurosurgery, Urology, Cardiothoracic, Orthopaedics, OMFS
- Since 1995, more women than men have entered medical school every year
- Women surgeons have better outcomes
- Diverse surgical teams with over 35% women – better outcomes

LESSONS

- Data are key
- Stories are very influential
- People are bystanders at all levels
- Institutionalisation is rife
- Culture of accountable organisations

LISTENING UP

- **Cup of Coffee**
- **Careless**
- **Crass**
- **Creepy**
- **Concerning**
- **Criminal**

- **The Standard You Walk Past Is the Standard You Accept**



Sexual misconduct by colleagues is a problem for all of healthcare including patients. It is not just about surgery and it's not just about doctors.



WPSMS
we want surgery to be a safe place to work.



UNIVERSITY OF
SURREY

Thank You

Carrie Newlands on behalf of WPSMS

c.newlands@surrey.ac.uk

