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Breaking the silence on sexual misconduct in surgery: one year on

A year after publication of the *Breaking the Silence* report, the authors share the progress made and discuss what still needs to be done by us all.

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Sexual misconduct in surgery is not new and has damaged countless individuals. Shedding light on this endemic issue has been a long and arduous process despite it being an open secret. It contributes to the under-representation of women as senior surgeons[1] and is a major threat to patient safety.[2] Although more women than men have been entering UK medical schools since the 1990s,[3] surgery remains a largely male profession with a steep hierarchy and slow progress on improving gender disparity.[1,2,4,5]

On 12 September 2023, the paper "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" was published in the *British Journal of Surgery*,[6] accompanied by the report *Breaking the Silence* from the Working Party on Sexual Misconduct in Surgery (WPSMS).[7] It received significant attention, with an Altmetric score placing it in the top 5% of published papers and coverage in over 250 media outlets.

The response from the medical profession and mainstream media was intense,[8] fuelled by shock that the figures showed such high rates of sexual assault and harassment, and that the human stories accompanying the report were so upsetting. There was also a real sense of horror from the public that acts of sexual misconduct were taking place in an operating theatre, where they, as patients, were putting their lives in the hands of people they thought they could trust.

The WPSMS, an independent and unfunded group, was founded in 2022 following a series of powerful publications describing sexual misconduct in surgery.[9–11] Members were invited to join the WPSMS based on their specific skills, including behavioural psychology and qualitative research, experience and advocacy.[7] Previous attempts by WPSMS co-founders to gain stakeholder support for gathering data had been met with a combination of wilful blindness ("We turn a blind eye in order to feel safe, to avoid conflict, to reduce anxiety, and to protect prestige."),[12] overt resistance, scepticism and fear. However, research conducted by the WPSMS was eventually widely supported by key stakeholders and gathered over 1,400 replies.

The research revealed that nearly a third (30%) of the women replying had been sexually assaulted on one or more occasions in the past five years (compared with 7% of men) and that 63% had been sexually harassed (compared with 24% of men). Eleven rapes were described, often occurring at conferences, none of which had been reported to employers or to the General Medical Council (GMC). There were marked differences in the experiencing of sexual misconduct between women and men, with 36% of women having witnessed sexual assault and 90% having witnessed sexual harassment (17% and 81% respectively for men). Over 1 in 10 women reported being subject to forced physical contact in exchange for career opportunities.

Faith in whether accountable organisations were dealing adequately with the issue of sexual misconduct was low among women as well as among the men who had witnessed sexual harassment. Only 16% of incidents of sexual misconduct had been formally reported, with the most common barriers being fear of repercussions, feeling that they would not be believed and lack of consequences for the perpetrators.

In order to preserve anonymity, data on ethnicity and sexual orientation were not analysed separately in the research. Rates of being targeted with sexual misconduct are higher in those with multiple protected characteristics[13] and this should inform future conversations.

In May 2023, a meeting was held with key stakeholders to discuss the results of the research of the WPSMS and consider solutions. The *Breaking the Silence* report includes 15 recommendations from the WPSMS based on the input of those present (Box 1).[7] Attendees included the GMC, UK surgical royal colleges, the Royal College of Anaesthetists, NHS England, the British Medical Association, Surviving in Scrubs, WPSMS members and others.

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PROGRESS

Implementation and investigation

Members of Parliament have been supportive and in October 2023, Tamzin Cuming, in her role as chair of the Women in Surgery group at the Royal College of Surgeons of England, discussed the WPSMS recommendations at the House of Commons Women and Equalities Committee. Following this, a Westminster debate on the sexual harassment of surgeons and medical professionals was held in December 2023.[14]

Box 1 Recommendations from the *Breaking the Silence* report from the Working Party on Sexual Misconduct in Surgery[7]

Implementation and investigation

We ask the Department of Health and Social Care 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 that investigations are external, independent and fit for purpose

Policies and codes of conduct

We call for:

3. Every NHS trust and healthcare provider to have an appropriate, specific and clear sexual violence/sexual safety policy in place
4. All healthcare educational bodies and professional associations to have an appropriate, specific and clear code of conduct that includes sexual behaviour. These codes should be signed up to by those who are employed by, study at and belong to these entities, and should apply both in the workplace and at work-related events such as conferences
5. Accountable organisations and professional associations to support and enact relevant pledges and charters such as the British Medical Association's sexism pledge and NHS England's sexual safety charter

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 that 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 competences

Culture and performance of accountable organisations

We call on 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 national 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, General Medical Council 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 specialties and workforce groups in healthcare

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 national implementation panel. The Care Quality Commission (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

Green = considerable progress; Amber = some progress; Red = progress required

The WPSMS is now represented on the Gender Pay Gap (GPG) Implementation Panel, chaired by Dame Jane Dacre, which reports through the Department of Health and Social Care to the Minister of State for Health. This enables the panel to contribute to coordinating the systemic and cultural changes required to deal with gender inequity in healthcare. Work is needed to standardise the reporting of data by accountable organisations, and the reform of reporting and investigatory processes in healthcare remains under discussion.

Additionally, the introduction of the 2023 Worker Protection Act ensures that employers "must take reasonable steps to prevent sexual harassment of employees […] in the course of their employment".[15] This law applies when employees are working outside the office including at social events that are considered an extension of work, such as conferences.

Policies and codes of conduct

The NHS England sexual safety charter was produced in September 2023 following the meeting in May between the WPSMS, the GMC and other stakeholders. Over 370 NHS trusts and organisations have signed up to the charter, through which they commit to work towards policies, training and safer reporting for their employees. The charter asks organisations to "commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce".[16] Although becoming a signatory to the charter was originally voluntary, all NHS trusts have now been asked to implement the actions set out in it.[17] The publication of a template sexual safety policy by NHS England, to which WPSMS members have contributed, is imminent.

Several surgical specialty associations and royal colleges have introduced codes of conduct since publication of the WPSMS research.[18,19]

Education

WPSMS members have presented to multiple educational organisations, societies and groups such as the Professional Standards Authority since the publication of its research findings.

Educationalists, clinicians, human resources professionals and experienced case investigators have formed a sexual misconduct working group for the Thames Valley and Wessex deaneries, regional hospital trusts, and the University of Oxford School of Medicine and Biomedical Sciences. They are working to produce joined-up strategies on governance, policies, education and investigations, with input from the WPSMS.

Guidance for training programme directors on how to manage reported sexual misconduct is being introduced both to benefit surgeons in training when they come forwards and to support those receiving reports. The Royal College of Surgeons of Edinburgh has produced some helpful resources for surgeons as part of its #LetsRemoveIt campaign.[20]

Along with new sexual safety policies in healthcare organisations, these changes will help to define the behaviour of perpetrators as unacceptable, illegal or criminal

Culture and performance of accountable organisations

The Royal College of Surgeons of England has pledged to support implementation of the WPSMS recommendations and has commissioned a working group to enact this promise.

In its 2024 update of Good Medical Practice, the GMC states that doctors "must not act in a sexual way towards colleagues with the effect or purpose of causing offence, embarrassment, humiliation or distress".[21] There is also guidance for doctors who witness sexual harassment to speak up about unacceptable behaviours and report them. Along with new sexual safety policies in healthcare organisations, these changes will help to define the behaviour of perpetrators as unacceptable, illegal or criminal.

Representatives of the Medical Schools Council, the Dental Schools Council and the Royal College of Nursing are considering the addition of wording into service level agreements for student placements to ensure that staff policies give the same protection as for employees.

Organisations that could play a greater role supporting those who speak up about sexual misconduct (including the British Medical Association and medical defence organisations) have engaged with the WPSMS. Employers, regulators and the police, working together and with experts, will reduce the harrowing processes, which are often accusatory and adversarial, and can result in a traumatised individual being interrogated repeatedly in a hostile fashion with no support from their trade union or indemnity provider.

Data collection

Data are key to assessing progress and transparency is vital. In 2023, the GMC national training survey included, for the first time, questions on experiences of sexual misconduct. This revealed that 10% of surgeons in training and 6% of doctors in training overall (male and female not subdivided) had been targets

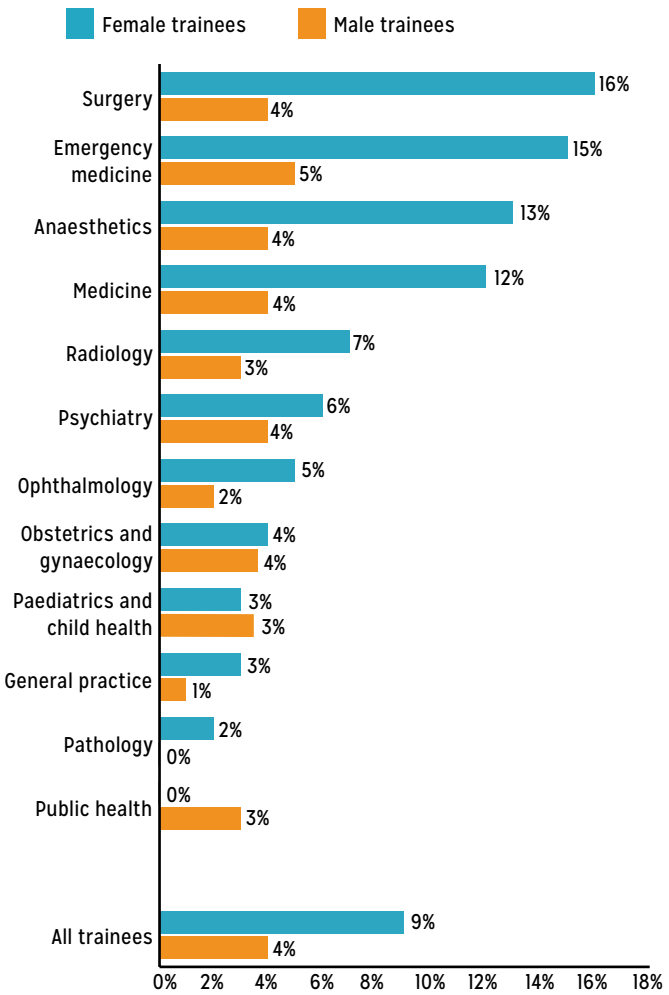
of this behaviour.[22] In the 2024 survey, this was reported by 16% of female and 4% of male surgeons in training (Figure 1).

This change in the GMC metric means that direct comparison of the first two years is not possible without the publication of more granular data. We have asked the GMC to consider this when producing the 2025 survey.

Interestingly, in 2023, the section on discriminatory behaviours was answered by fewer than two-thirds (59%) of the responding doctors in training,[23] possibly owing to concerns regarding confidentiality. In both years, the data suggest that the most junior cohorts are more vulnerable to these behaviours.[22]

NHS England also added a new question about inappropriate sexual behaviour to its 2023 national staff survey, which covers all employees across NHS England healthcare organisations, providing a baseline to benchmark progress and assess the impact of interventions. There were over 675,000 respondents,

Figure 1 Percentage of positive responses to the 2024 General Medical Council training survey question: "In your current post how often, if at all, do you experience unwelcome sexual comments or advances causing you embarrassment, distress or offence?"[22]



Box 2 Challenging poor behaviours in others is not necessarily easy

- Acknowledge the existence of sexual misconduct in surgery and that we all have a role to play in dealing with it.
- Be aware of your biases, and how certain behaviours and attitudes have become normalised in surgical culture.
- Believe someone when they report to you. Vexatious reporting is exceedingly rare and perpetrators are rarely insightful.[30]
- Seek to achieve skills to challenge poor behaviours in others – this is not easy (Figure 2).
- Help those in need; they want to be heard. Support them compassionately and professionally if they wish to make a formal report.
- Be aware of what is happening in your organisations[24] and ask your leaders to share their action plan with staff.
- Be prepared to stand up for those who do not have power or a voice and be prepared to challenge those who fail to act on reports.
- Access support if you have witnessed or been affected by sexual misconduct and be kind to yourself for not reporting if you don't trust the current system to protect you.

with nearly 26,000 members of staff reporting unwanted sexual behaviour from a colleague in the preceding 12 months.[24]

Of the 15 acute or specialist trusts with the highest rates of staff experiencing this behaviour in the past 12 months, most are signatories to NHS England's sexual safety charter.[16] Nearly all have a current Care Quality Commission (CQC) rating of "requires improvement", which only applies to 25% of trusts.

The NHS staff survey data provide evidence to inform the CQC, which has also positively engaged with the WPSMS on questions to ask the workforce and leaders in organisations. Trusts rarely share learning, and the data on the outcomes of reports of sexual misconduct to regulators including the GMC and General Dental Council are not publicly available. This needs to change and is an area where political intervention may be pivotal.

The WPSMS has suggested that professional regulators' appraisal and revalidation feedback from colleagues and patients should include questions on inappropriate behaviour, including sexual misconduct. For example: "Has anyone raised a concern about your behaviour regarding sexual safety to you or about you?" and "Have you been the target of or have you witnessed sexual misconduct?"

Conversations with responsible officers/appraisal leads and the GMC have shown that there is a distinct lack of clarity about where responsibility lies for the wording of medical appraisal questions. Specific guidance from the GMC and other regulatory bodies is required for employers to bring about this change.

Figure 2 Challenging poor behaviours in others is not necessarily easy

THE FUTURE

The new government has committed to reducing sexual violence against women, with its 2024 manifesto stating: "Labour will implement professional standards and regulate NHS managers, ensuring those who commit serious misconduct can never do so again."[25] However, reporting and the response to a report of sexual misconduct remain the most difficult areas to improve. Obstructions to reporting are often due to well-founded concerns about the risk to one's own career and known poor outcomes for whistleblowers in the NHS.[26] Whistleblower protection does not currently apply to those reporting cases of sexual misconduct.

Until witnesses and those targeted can trust that their concerns will be dealt with professionally, and that investigations will not be conducted by those with conflicts of interest, little may change. It is noteworthy that the introduction of independent investigation mechanisms and anonymous reporting in the London Ambulance Service has led to a fivefold increase in the number of people speaking up as well as a substantial number of dismissals.[6]

Much work remains to be done to ensure that the workforce is appropriately educated regarding acceptable behaviour and how to be an active bystander. Educational interventions are required to improve the culture, with the need for mandatory training to reach all employees, but there is currently no national conclusion on how these can be delivered and how the impact is assessed. The WPSMS urges the surgical colleges and the Federation of Surgical Specialty Associations to continue to take an intercollegiate and interspecialty approach, and to ensure that there is concordance and compatibility between any codes produced, with college support available for associations.

CONCLUSIONS

With accumulating evidence that women surgeons may have better outcomes[27,28] and that patients are more likely to survive when treated by a diverse team that includes at least 35% women,[29] the time is now for everyone to acknowledge that the issue of sexual misconduct in surgery remains serious. We all individually and collectively have a moral and professional responsibility to be part of the solution (Box 2).

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Sexual misconduct: Support and resources

If you experience or witness sexual harassment or assault in the workplace, if you feel able, please report it through your employer's procedures and, if appropriate, to the police. There is third-party help and support available via the links below.

If you need advice on the legal process or emotional support from a trained counsellor, RCS England provides a 24/7 Confidential Support and Advice Service – the helpline can be reached on **0800 028 0199**.

You can also find support and advice at the following links:

- NHS – Help after rape and sexual assault
- GOV.UK – Victim and witness services
- WPSMS – Help and support

To read more about RCS England's actions tackling sexual misconduct, visit here: Our actions tackling sexual misconduct.