

PSA Research Conference: Witness to harm

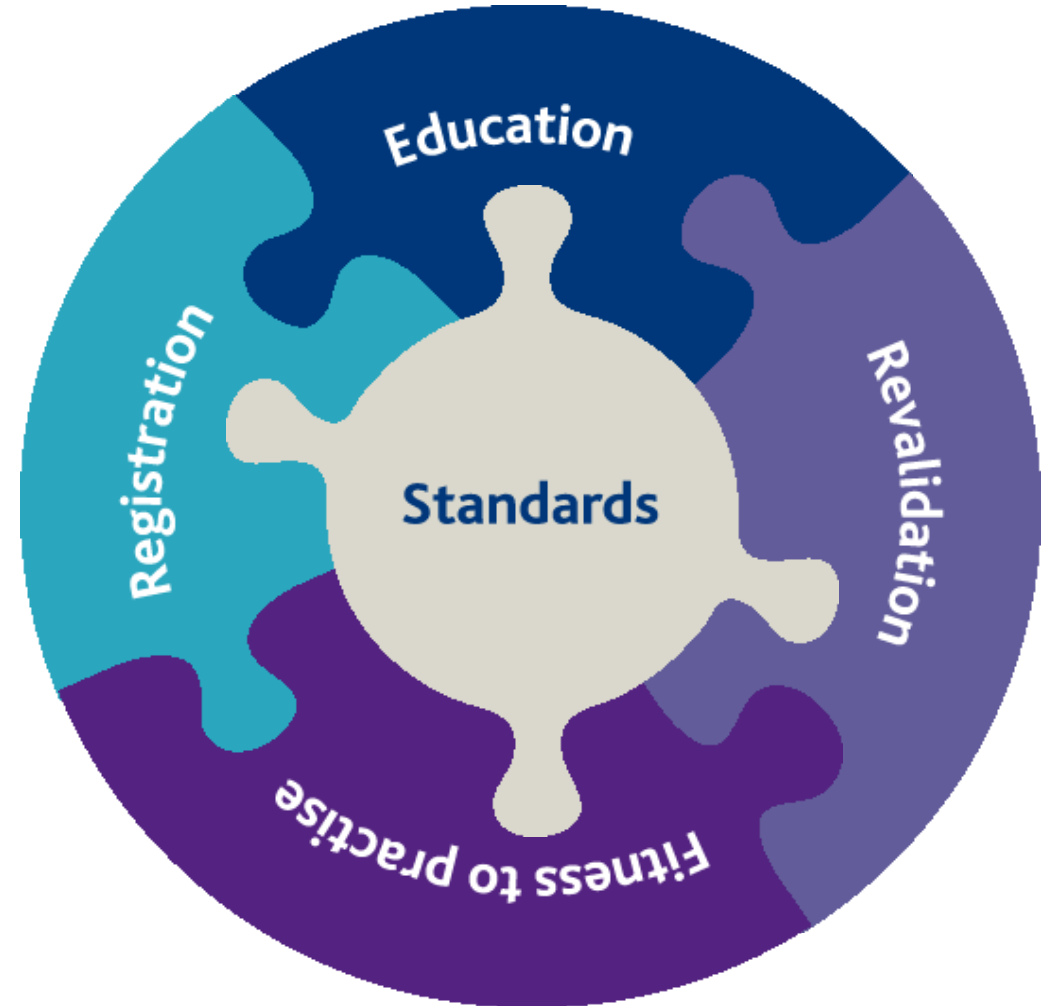
Introducing a new standard on sexual misconduct

17 October 2024

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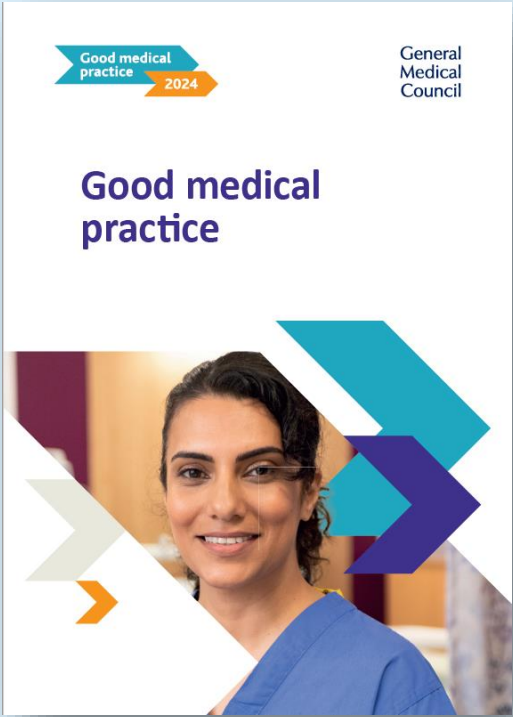
The professional standards

- Professional standards are at the heart of all the GMC's functions.
- [Good medical practice](#) ('GMP') is our core guidance on professional standards.
- GMP is supported by a range of [more detailed guidance](#) ('MDG').
- The [ethical hub](#) is a collection of resources exploring how to apply the standards to everyday practice focusing on issues doctors often ask us about.

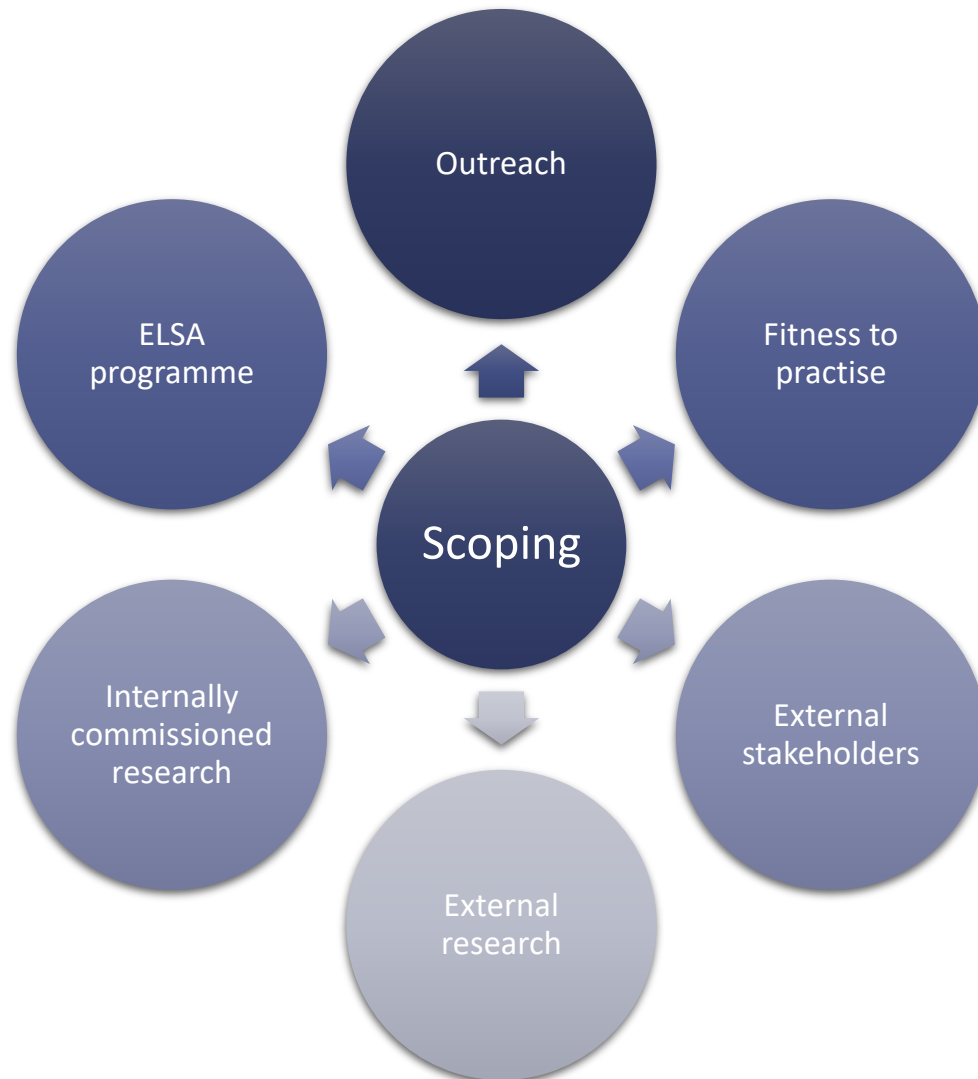


Guidance development/review process

General
Medical
Council



Scoping & engagement: gather and review evidence



Key findings included:

- Significant underreporting
- Nature of working in medicine
- Long-term impact
- All staff are responsible
- ELSA: “...a clearer statement in future iterations of GMP...”

Embedding learning from sexual abuse (ELSA) Programme

In June 2016, Spotlight investigated the GMC's handling in the 1970s and 1990s of a case of a convicted paedophile, Dr Morris Fraser.

We commissioned Sir Anthony Hooper to review our handling of the case of Dr Fraser.

Following this review, in 2017 Council commissioned a further review of all child sexual abuse cases from 1945 to 2016 to assure ourselves that we had taken all feasible steps to mitigate any risk to the public.

In April 2018, after reflecting on the wider lessons from the reviews, we submitted an initial action plan to Council.

In July 2018, the Embedding Learning from Sexual Abuse cases (ELSA) Programme was set up.

Scoping External research

Bad apples? Bad barrels? Or bad cellars? Antecedents and processes of professional misconduct in UK Health and Social Care: Insights into sexual misconduct and dishonesty



R.H. Searle, C. Rice, A.A. McConnell, J.F. Dawson


Medscape

SEXUAL HARASSMENT OF UK DOCTORS: REPORT 2019



BMA


Sexism in medicine



British Medical Association
bma.org.uk

Sexual harassment is a workplace issue

Guidance and model policy



#UsToo

unison.org.uk/ustoo

UNISON
the public service union

Statement from ELSA

Key findings included:

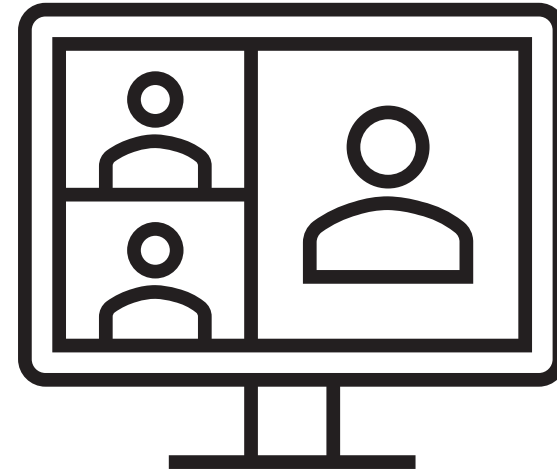
- Categories of allegation on FtP CMS
- Gap in *Good medical practice* (“GMP”) re sexual misconduct towards colleagues
- Subjective information – difficult to prove sexual motivation
- Sexual harassment has an impact on patient safety
- EHRC guidance: don’t differentiate between verbal and physical

“...a stronger iteration of responsibilities...could also assist registrants and employers to confidently address allegations and issues around interprofessional boundaries...”

“...we believe that a clearer statement in future iterations of GMP regarding these types of behaviours between colleagues may help secure a more proportionate outcome for complainants...”

Questions we put to the GMP Advisory Forum

- Should there be professional standards in relation to **inappropriate sexual behaviour between colleagues**?
- Should we say more about **supportive behaviour between colleagues** with regards to inappropriate sexual behaviour?
- Should GMP address the roles and responsibilities of **managers and senior doctors** in responding to allegations of inappropriate sexual behaviour?

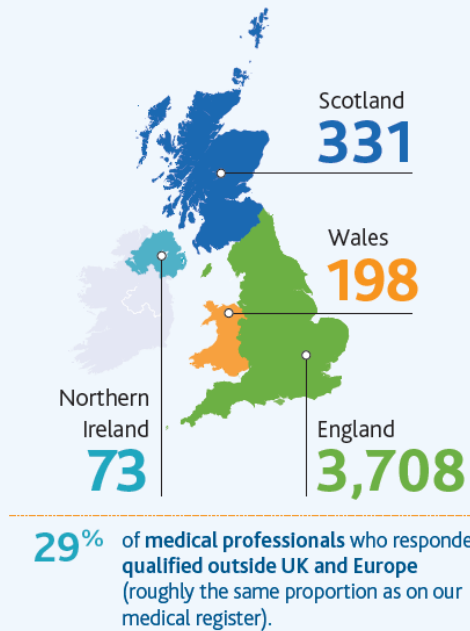


Public consultation on draft Good medical practice

Our consultation on *Good medical practice*



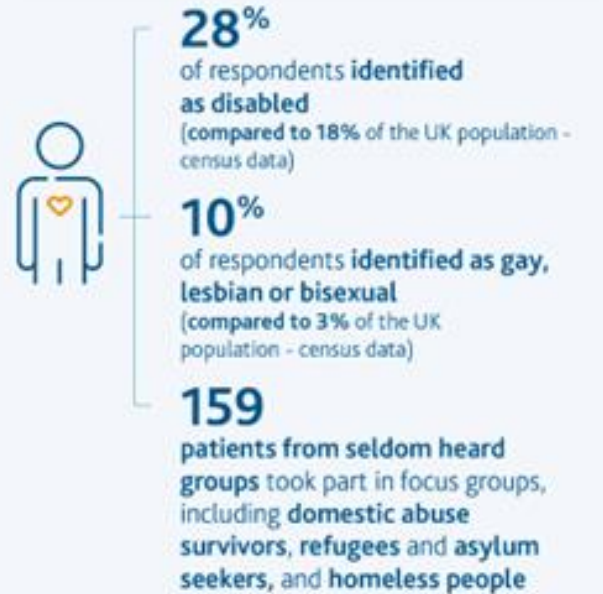
We heard from over **4,600** medical professionals and members of the public



Medical professionals



Patients and the public



What did we ask and what did we hear back?

- ‘You should take action, or support others to take action, if you witness or are made aware of bullying, harassment, or unfair discrimination’
- ‘You must not demonstrate uninvited or unwelcome behaviour that can reasonably be interpreted as sexual and that offends, embarrasses, humiliates, intimidates, or otherwise harms an individual or group.’

- 81% HCP and 84% of main survey respondents (MSR) agreed or strongly agreed that the updated guidance **sets the right expectations**.
- 73% HCP and 80% MSR agreed or strongly agreed the duties are **clear**
- 69% HCP and 74% MSR agreed they were **realistic**.

*“...the duty to ‘get along’ is a two way process. **Seeking offence from innocuous events is also a form of bullying.**”* Individual with role in leadership/ management

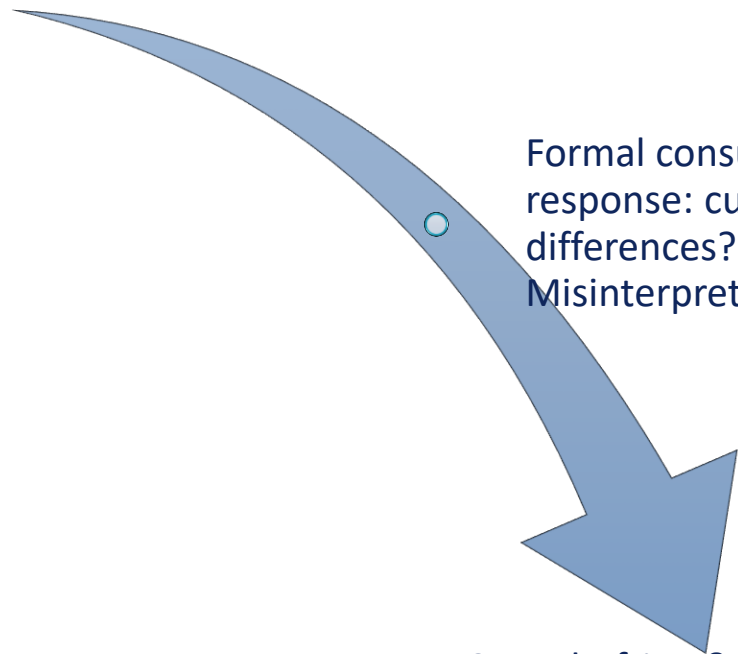
*“It’s important to **consider the intention** of the person at fault. Was this intended to be offensive, or was it an innocent remark that went down badly?”* Independent researcher

“It might be difficult to define and eradicate ‘sexualised banter’ but I think it is right to try and I support the wording as it stands.” Individual HCP

*“There could be **misunderstandings** as **different cultures** might have different perceptions of what is **acceptable** or even what counts as **humorous?**”* Individual doctor

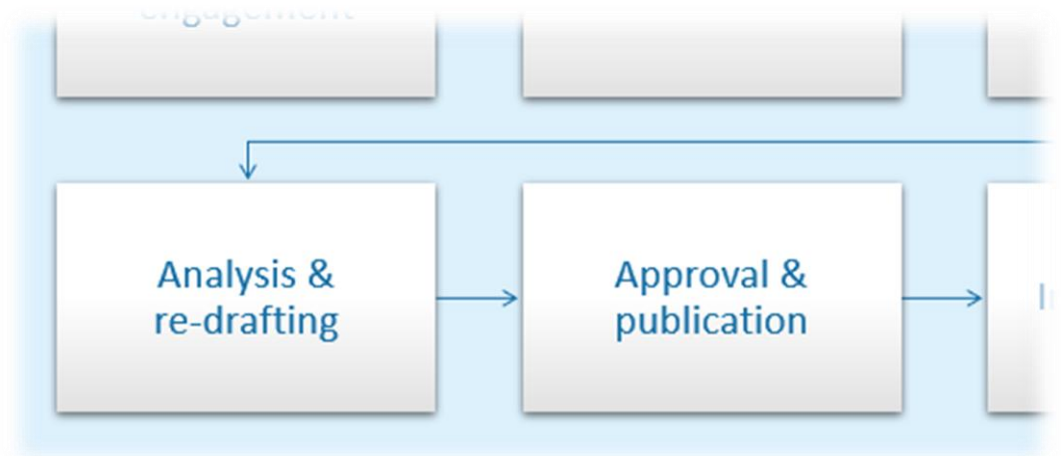
Post consultation – responses

Pre-consultation: be more assertive



Formal consultation response: cultural differences? Misinterpretation?

GMP drafting & ED&I steering groups: subjectivity, clarity and examples



Final wording GMP2024

*“ You must not act in a sexual way towards colleagues with the **effect or purpose** of causing offence, embarrassment, humiliation or distress...”*

“ ...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...”

Bystander duty

Everyone should act...

For example you could:

- offer support
- challenge the behaviour
- consider reporting

Leaders must act....

- address behaviours
- support people
- deal with concerns promptly, escalating if necessary

More detailed guidance

Maintaining personal and professional boundaries:

- Updates and develops **two** previous pieces of guidance
- Draws on **new** duties in GMP about **sexual harassment** and **taking action**, as well as existing paragraphs on concerns about colleagues and sexual behaviour towards patients
- Includes **examples of inappropriate sexual behaviours** and aspects of medicine that might **increase the risk** of unacceptable behaviours occurring
- **Managers/leaders** have specific responsibilities if they are made aware of unacceptable behaviour

Maintaining a professional boundary between you and your patient

1 In Good medical practice¹ we say:

- 53 You must not use your professional position to pursue a sexual or intimate emotional relationship with a patient or someone close to them.

2 In this guidance, we explain how doctors put these principles into practice. You must be prepared to explain and justify your decisions and actions. Only serious or persistent breaches of our guidance that pose a risk to safety or public trust in doctors will put registration at risk.

Doctor-patient partnership

3 Trust is the foundation of the doctor-patient partnership. Patients expect their doctor will behave ethically during consultations and a potential sexual partner.

Current patients

1 In Good medical practice¹ we say:

- 25c If you have concerns that a colleague may not be fit to practice and may put patients at risk, you must ask for advice from your defence body or if you are still concerned you must report the matter to the GMC. You must follow our guidance and your defence body's policy, and make a record of the steps you have taken.
- 53 You must not use your professional position to pursue a sexual or intimate emotional relationship with a patient or someone close to them.

2 In this guidance, we explain how doctors put these principles into practice. You must be prepared to explain and justify your decisions and actions. Only serious or persistent breaches of our guidance that pose a risk to safety or public trust in doctors will put registration at risk.

3 To maintain the trust of patients and the public, you must never make a sexual advance to a patient or display sexual behaviour or inappropriate behaviour – for example, making inappropriate comments or gestures.

General Medical Council

Professional standards In effect: 30 January 2024

Maintaining personal and professional boundaries

Summary

This guidance covers the importance of maintaining respectful personal and professional boundaries with patients and colleagues. It covers unacceptable behaviours and the impacts these can have, both on individuals and patient safety.

The guidance also covers what to do if you become aware of a breach of sexual boundaries by a colleague or patient. It covers the responsibilities around reporting. And advice on how to support those who have experienced unacceptable behaviour.

What now?



Identifying and tackling sexual misconduct

Advice

Advice on how to identify and tackle sexual misconduct and make sure appropriate boundaries between doctors, patients and colleagues are maintained.

Social

Advice

Find out how to apply the guidance to answer questions from doctors

New GMC resources to support victims of sexual misconduct by doctors

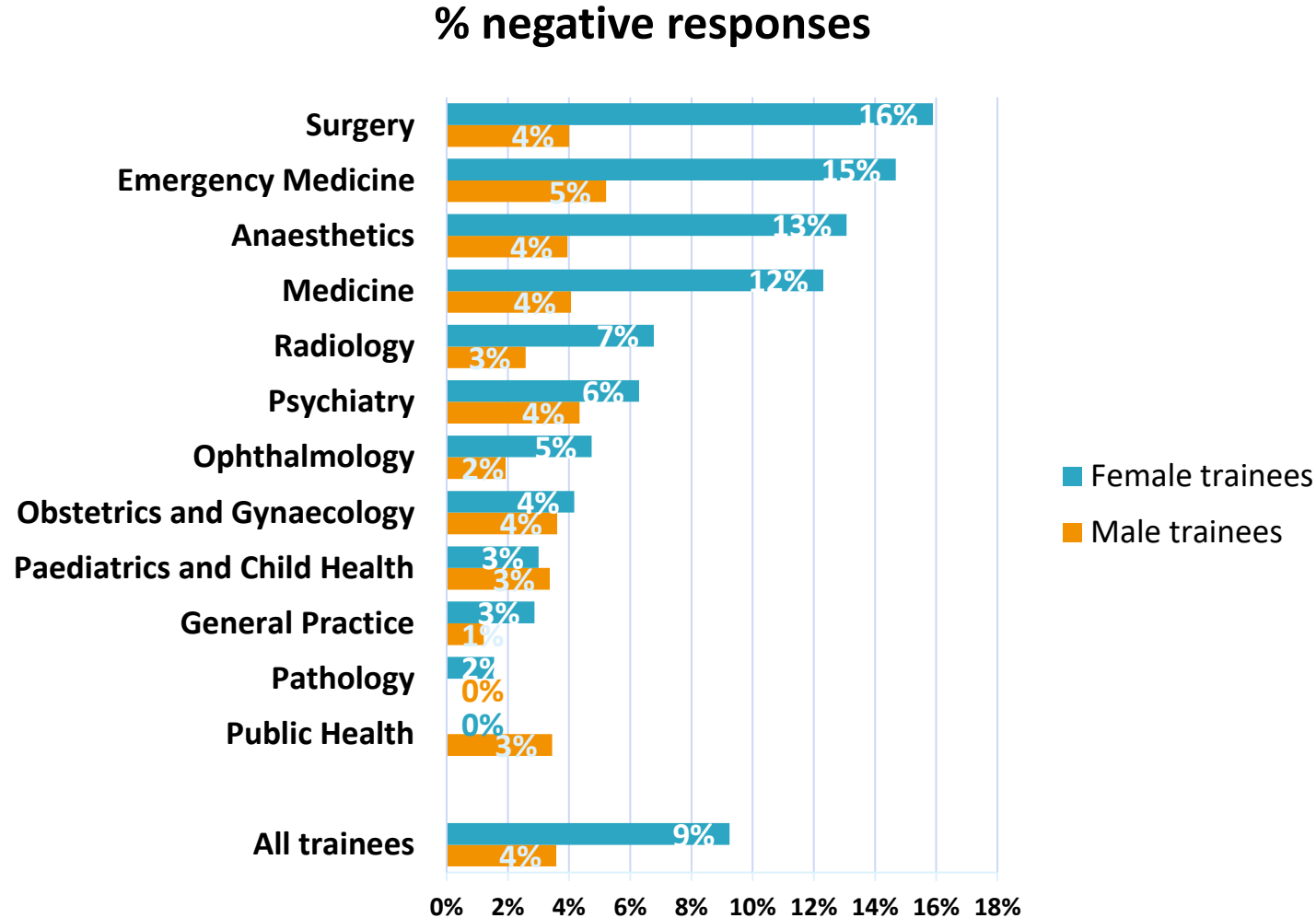
🕒 Published 26 September 2024

New resources including [support for victims and survivors of sexual misconduct by doctors](#) have today been published by the General Medical Council (GMC).



NTS 2024 data – response by specialty & gender

- Q. In your current post how often, if at all do you experience unwelcome sexual comments or advances causing you embarrassment, distress or offence?



NTS 2024 data – response by training level and gender

- Q. In your current post how often, if at all do you experience unwelcome sexual comments or advances causing you embarrassment, distress or offence?

