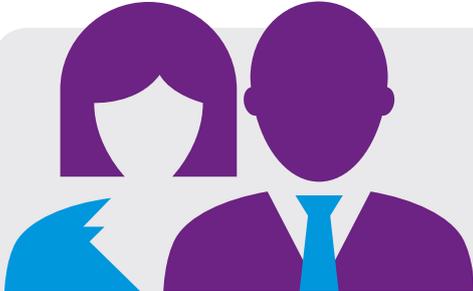


CASE STUDY

Does crossing sexual boundaries with colleagues put patients at risk? We commissioned research to find out



POLICY AND RESEARCH IN PRACTICE



“I don’t feel like whichever body made that decision is looking out for the public there. I would think that that was more in favour of him, rather than in favour of any prospective patients, so I feel quite aggrieved by that decision.”

Public participant in the research

Background

Sexual misconduct by a health professional is a relatively rare but devastating act. Most healthcare professionals work with dedication and integrity and are committed to the best possible patient care. However, in some cases healthcare professionals have seriously breached sexual boundaries with patients, carers or colleagues resulting in serious harm. We identified a worrying trend as part of our scrutiny of final fitness to practise decisions – panels were treating sexual misconduct between colleagues less seriously than crossing sexual boundaries with patients. Their fitness to practise panels would accordingly hand down less serious sanctions. We appealed three of these types of case and lost all three. We wanted to find out whether professionals and the public shared our concern, so we commissioned independent research.

Worrying traits

The cases we observed ranged from serious sexual misconduct or assault through to lower level harassment and potential breach of boundaries. These cases would also sometimes involve a power imbalance between colleagues or abuse of a supervisory relationship.

What do patients and professionals think?

The research explored both public and professional views using scenarios based on real cases, and highlighted participants’ views on how this type of behaviour can have a negative impact on patient safety and the

quality of their care:

- it may point to deep-seated attitudinal problems and motivations – including a lack of empathy which may pose a risk to patients
- there may be wider impacts of boundary-crossing behaviour, including the effect it has on the colleague subject to it (stress, distraction, anxiety)
- it may create a culture where boundary-crossing behaviour becomes acceptable (potentially creating toxic working environments where bullying is normalised)
- it may affect public confidence and trust in health and care professionals where such behaviour is witnessed or heard about.

What difference has this made?

The research has been disseminated widely amongst regulatory and legal stakeholders and we hope it will prove a valuable resource for regulatory panels in thinking about cases of this nature. **This report** focused a spotlight on an issue that can impact patient safety and was not being considered as seriously as it should be. Following its publication, we organised a seminar in Scotland and have also funded **further work** by Professor Rosalind Searle, using cases of proven sexual misconduct from our fitness to practise database.

What happens next?

We are going to review our own guidance on sexual boundaries in light of the research’s findings and, if necessary, update it and disseminate it.

Find out more



Find out more about our research at:

www.professionalstandards.org.uk/research or www.professionalstandards.org.uk/sexual-misconduct