



WPSMS

The Working Party on Sexual
Misconduct in Surgery



Royal College
of Surgeons
of England

ADVANCING SURGICAL CARE

TURNING THE TIDE: PROGRESS AND ACTIONS TO SUPPORT TARGETS OF SEXUAL MISCONDUCT IN SURGERY

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Introduction

Sexual misconduct in the surgical profession is endemic. The Working Party on Sexual Misconduct in Surgery (WPSMS), supported by the Royal College of Surgeons of England (RCS England), has highlighted the scale of sexual misconduct, sexual harassment, and sexual assault in the surgical profession. The 2023 report, *Breaking the Silence: Addressing Sexual Misconduct in Healthcare*, emphasised the urgent need for systemic change.

RCS England is committed to a zero-tolerance approach to sexual misconduct and continues to work closely with the WPSMS to drive reform across surgery and healthcare.

This document outlines the progress made to date and sets out the critical next steps needed to ensure sustained action in addressing this serious issue.

Progress to date

Over the last two years, significant steps have been taken by the WPSMS, RCS England and key stakeholders to address sexual misconduct in the NHS. The formation of the WPSMS in March 2022 marked a pivotal moment in addressing sexual misconduct within surgery.

In September 2023, the publication of the *Breaking the Silence Report* provided the first comprehensive analysis of sexual misconduct in the surgical profession. The findings were alarming: 63% of women and 24% of men reported experiencing sexual harassment by colleagues; 30% of women reported being sexually assaulted; and 11 cases of rape were described. Only 16% of affected individuals made a formal report, citing fear for their careers, fear of not being believed and a belief that no action would be taken.

The report received extensive media coverage, including on the **BBC** and in other national and international media outlets, catapulting this abhorrent behaviour into wider public awareness. The report set out 15 actionable recommendations covering reporting and investigation of incidents, education, workplace culture, data collection and policy implementation – providing a roadmap for meaningful change.

In the same month, NHS England launched the **Sexual Safety in Healthcare Organisational Charter** (Charter). Signatories commit to enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace, and to implementing ten core principles and actions to achieve this.

The **Women and Equalities Committee** held an oral evidence session on sexual assault and harassment within the NHS workforce in October 2023. Key witnesses included Tamzin Cuming, former Chair, Women in Surgery Forum, RCS England; Professor Nicola Ranger, Chief Nurse, Royal College of Nursing; and Dr Chelcie Jewitt, Co-founder, Surviving in Scrubs, highlighting the widespread and harmful impact of sexual misconduct.



Progress continued into 2024, the General Medical Council (GMC) updated **Good Medical Practice** to include clear definitions of sexual misconduct and a mandate for doctors to take action when they witness such behaviour.

In July 2024, RCS England introduced a new **Code of Conduct** for all members, specified non-members in appointed or elected roles and staff. The Code ensures adherence to the highest standard of professional and ethical behaviour in line with **Good Surgical Practice**.

In October 2024, RCS England and the WPSMS held a landmark Supporting and Reporting Summit, which focused on the need for improved reporting mechanisms and better supports to targets of sexual misconduct. The event featured an address from Baroness Merron, Minister for Patient Safety and Women's Health.

On the same day, NHS England directed NHS trusts to enable staff to **anonymously report incidents of sexual misconduct** as part of major plans to improve sexual safety for staff across the health service. Later that month, the **Worker Protection (Amendment of Equality Act 2010) Act 2023** came into effect, mandating employers to take proactive measures to prevent sexual harassment in the workplace.

These milestones reflect a collective commitment to addressing sexual misconduct in the NHS. The next critical step is to improve reporting pathways and provide robust, trauma-informed support for targets of sexual misconduct. Further work is needed to ensure other UK nations and the independent sector are also addressing the issue of sexual misconduct.

RCS England and the WPSMS are committed to ensuring better data collection and increased transparency.

Eight priority actions to strengthen support for targets and enhance reporting of sexual misconduct in the NHS

1. NHS England/Department of Health and Social Care (DHSC) should establish a national anonymous reporting mechanism for sexual misconduct.
2. NHS England/DHSC should publish a roadmap by July 2025, outlining how NHS trust organisations will implement the **National Sexual Misconduct Policy Framework**.
3. The Medical Practitioners Tribunal Service (MPTS) should:
 - A. update its decision making methodology and sanctions bandings for sexual misconduct cases by October 2025 to ensure they are fit for purpose and applied consistently;
 - B. conduct a review of the appropriateness, influence and evidentiary weight of character references and testimonials in the decision making process for sexual misconduct cases;
 - C. improve trauma-informed education and training for all staff involved in fitness-to-practice cases. Training should include: understanding vulnerability dynamics, abuse of power and breaches of trust; specific guidance on what constitutes acceptable evidence of insight; and remediation;
 - D. urgently review and reform its approach to supporting targets of sexual misconduct during tribunal hearings by October 2025. Targets should be provided access to case preparation resources, guidance on compiling robust evidence and testimonies, legal support and psychological support.
4. NHS trust organisations, health boards, the independent sector, education bodies and professional regulators should collect and publish annual data on sexual misconduct cases.
5. The Professional Standards Authority (PSA) should conduct a review of how professional regulators manage sexual misconduct cases.
6. Medical indemnity providers and trade unions should set out how they will better support targets of sexual misconduct by October 2025.
7. The **Independent Review into the Care Quality Commission** should include specific metrics to address sexual misconduct.
8. All UK medical schools should sign the **NHS England Sexual Safety in Healthcare Organisational Charter** by September 2025.

Detailed recommendations

1. NHS England/DHSC should establish a national anonymous reporting mechanism for sexual misconduct.

We welcome the **National Sexual Misconduct Policy Framework** (the Framework), which allows NHS staff to anonymously report incidents of sexual misconduct at a local level. However, we recognise that some staff may not feel safe reporting sexual misconduct within their NHS trust organisation, particularly in cases where the perpetrator holds a position of power or where there is a lack of trust in local reporting processes.

We call on NHS England/DHSC to establish a national anonymous reporting mechanism. This independent, centralised platform would allow staff to report sexual misconduct without fear of bias. It would be particularly beneficial for trainees and rotational staff who move between NHS trust organisations, ensuring continuity of reporting and support. As NHS England is being restructured, it is essential that DHSC upholds the implementation of this work.

A strong example of an independent model is the **NHS Counter Fraud Authority**, which operates independently to investigate fraud within the NHS. Similarly, a national anonymous reporting mechanism for sexual misconduct should be independent of NHS trust organisations and centrally managed to ensure reports are handled fairly, consistently, and with appropriate safeguarding measures in place.

2. NHS England/DHSC should publish a roadmap by July 2025 outlining how NHS trust organisations will implement the National Sexual Misconduct Policy Framework.

NHS England launched the Framework on the same day as the RCS England and WPSMS Supporting and Reporting Summit in October 2024. The Framework marks a critical step in demonstrating NHS leadership's commitment to tackling sexual misconduct in the NHS by establishing consistent policies and procedures.

Sexual misconduct was not included in the **2025/26 Priorities and Operational Planning Guidance**, raising concerns about how the Framework will be prioritised and effectively implemented across NHS trust organisations. Without a structured and transparent approach, there is a risk of inconsistent adoption.

To address this, we call on NHS England/DHSC to publish a roadmap by July 2025, outlining how NHS trust organisations will implement the Framework. The roadmap should include:

- clear timelines for implementation;
- measures for tracking progress, including data collection, reporting mechanisms, and staff engagement strategies;
- clear accountability structures, identifying national and local leads.

A robust implementation plan is essential to ensure that the Framework does not remain a policy in principle but translates into meaningful cultural change across the NHS.

3. The Medical Practitioners Tribunal Service (MPTS) should:

- A. update its decision making methodology and sanctions bandings for sexual misconduct cases by October 2025 to ensure they are fit for purpose and applied consistently;
- B. conduct a review of the appropriateness, influence and evidentiary weight of character references and testimonials in the decision making process for sexual misconduct cases;
- C. improve trauma-informed education and training and understanding for all staff involved in fitness-to-practice cases. Training should include: understanding vulnerability dynamics, abuse of power and breaches of trust; specific guidance on what constitutes acceptable evidence of insight; and remediation;
- D. urgently review and reform its approach to supporting targets of sexual misconduct during tribunal hearings by October 2025. Targets should be provided access to case preparation resources, guidance on compiling robust evidence and testimonies, legal support and psychological support.

The MPTS plays a critical role in ensuring fair and just outcomes in fitness-to-practice cases, particularly those involving sexual misconduct. However, inconsistencies in decision making methodology, sanctions bandings, a lack of trauma-informed processes and insufficient support for targets of sexual misconduct during tribunal hearings have undermined confidence in the MPTS. We call on the MPTS to implement urgent reforms.

Details on recommendation 3(A):

In December 2024, RCS England and the WPSMS provided feedback on the MPTS' decision making methodology and sanctions bandings for sexual misconduct cases.

A forthcoming peer-reviewed academic analysis has identified statistically significant discrepancies in sanctions based on factors such as defendants' stated level of insight, raising concern about potential biases and inconsistent penalties.

We call on the MPTS to strengthen decision making methodology and sanctions banding to ensure clear, consistent, and appropriate penalties for sexual misconduct.

The importance of getting this right cannot be overstated, as it directly impacts public trust and the protection of both patients and healthcare professionals.

Details on recommendation 3(B):

We call on the MPTS to conduct a review of the appropriateness, influence, and evidentiary weight of character references and testimonials in the decision making process for sexual misconduct cases.

Character references and testimonials are often selectively chosen and may not provide an objective or comprehensive reflection of the defendant's behaviour in the context of sexual misconduct allegations.

Fitness-to-practice hearings should be grounded in factual evidence, focusing on the misconduct itself, the impact on the target(s) and the appropriate professional and ethical standards, rather than on subjective endorsements.

Details on recommendation 3(C):

We call on the MPTS to improve trauma-informed education and training for all staff involved in fitness-to-practice cases to ensure a sensitive, fair, and equitable process for those affected by sexual misconduct.

Training should:

- acknowledge the impact of retraumatisation and ensure tribunal processes minimise distress for those recounting their experiences;
- enhance understanding of vulnerability, abuse of power, and breaches of trust, using practical case studies;
- provide explicit guidance on assessing acceptable evidence of insight and remediation, aligned with best practice;
- implement a mandatory remediation programme for sanctioned doctors, focusing on behaviour change;
- address stereotypes and biases that may influence tribunal outcomes, ensuring equitable and fair decisions.

Training outcomes should be evaluated to ensure consistent application across tribunal panels.

Details on recommendation 3(D):

Tribunal processes should not retraumatise those impacted by sexual misconduct. Current structures place an undue burden on individuals coming forward, often leaving them feeling unsupported, vulnerable, and at a disadvantage compared to the defending doctor.

We call on the MPTS to urgently review and reform its approach to supporting targets of sexual misconduct during tribunal hearings by October 2025 by:

- providing comprehensive case preparation resources, including clear guidance on compiling evidence, drafting testimonies, and understanding tribunal procedures;
- ensuring equitable access to legal representation. Currently, only the defendant is guaranteed legal support;
- providing emotional and psychological support for targets of sexual misconduct.

Without meaningful reform, the MPTS risks failing both healthcare professionals and the public in its handling of sexual misconduct cases.

4. NHS trust organisations, health boards, the independent sector, education bodies, and professional regulators should collect and publish annual data on sexual misconduct cases.

NHS England's Framework requires NHS organisations to regularly review data on sexual misconduct to provide an evidence base for tackling sexual misconduct within individual organisations. While this is a positive step, greater transparency and accountability are needed to ensure meaningful progress in addressing sexual misconduct across the NHS.



We call on NHS trust organisations, health boards, the independent sector, education bodies, and professional regulators to collect and publish annual data on the prevalence and outcomes of sexual misconduct cases. This should include:

- total number of reported incidents of sexual misconduct;
- percentage of cases that progressed through complaints and disciplinary systems;
- percentage of cases resulting in disciplinary action, including dismissals;
- average resolution times for reported cases;
- year-on-year trends in case resolution times.

Collecting and publishing this data annually will create a robust evidence base for assessing the scale of sexual misconduct in the NHS, identifying systemic gaps, and guiding targeted interventions. It will also strengthen public and staff confidence by demonstrating a commitment to transparency.

To ensure consistency, NHS England/DHSC should update the Framework with clear guidance on data collection.

5. The Professional Standards Authority (PSA) should conduct a comprehensive review of how professional regulators manage sexual misconduct cases.

Approaches to addressing sexual misconduct varies significantly across professional regulators.

We call on the PSA to conduct a comprehensive review of how all professional regulators manage sexual misconduct cases. The review should aim to:

- identify and address discrepancies in processes;
- ensure consistency and fairness across the healthcare sector;
- strengthen accountability measures.

6. Medical indemnity providers and trade unions should set out how they will better support targets of sexual misconduct by October 2025.

Medical indemnity providers and trade unions play a crucial role in supporting healthcare professionals facing workplace challenges. Currently, some medical indemnity providers and trade unions only provide support to those accused of sexual misconduct, leaving targets without adequate support.

We call on all medical indemnity providers and trade unions to set out how they will better support targets of sexual misconduct by October 2025. Supports could include legal support, guidance on compiling robust evidence, confidential advisory services, and independent advocacy and psychological support.

7. The Independent Review into the Care Quality Commission should include specific metrics to address sexual misconduct.

Professor Sir Mike Richards and the Care Provider Alliance, chaired by Professor Vic Rayner, are working together to support the CQC in determining what good regulatory assessment looks like, what to expect from an inspection and what the new reports for inspection will look like.

Additionally, the **Dash Review** has highlighted serious concerns regarding the handling of sexual misconduct cases in healthcare settings. The DHSC is expected to publish the terms of reference for Part 2 of the Dash Review, which will examine the broader health and care regulatory landscape.

To ensure sexual misconduct is addressed, we call on the Independent Review into the CQC to integrate specific metrics, including:

- reporting culture – evaluating whether staff feel safe and supported in reporting incidents of sexual misconduct;
- outcomes of reported incidents of sexual misconduct;
- staff confidence in leadership’s ability to address reported incidents of sexual misconduct;
- support for affected staff – evaluating the availability and quality of support services for individuals who experience or report sexual misconduct.

By embedding these clear and measurable standards into regulatory inspections, the CQC can drive cultural change, ensure accountability among NHS leadership, and create safer workplaces for all staff. Stronger regulatory oversight will also reinforce public confidence in the NHS as a system that prioritises staff safety and patient care.

8. All UK medical schools should sign the NHS England Sexual Safety in Healthcare Organisational Charter by September 2025.

Sexual misconduct in healthcare is a systemic issue that must be addressed at every level of the profession, including medical education.

We call on all UK medical schools to sign the Charter by September 2025, marking the start of the new academic year.

As of February 2025, 186 organisations have signed the Charter, yet only three medical schools have signed the Charter. This demonstrates that medical schools are lagging in implementing robust policies to protect students from sexual misconduct.

By signing the Charter, medical schools demonstrate their commitment to a zero-tolerance approach to sexual misconduct.

Conclusion

Sexual misconduct in surgery is a pervasive issue that demands sustained effort, cultural transformation, and robust policy frameworks. RCS England, in collaboration with the WPSMS and other stakeholders, is committed to leading this change. By implementing the outlined next steps, we can create safer, more inclusive environments for healthcare professionals and patients alike.

Support

Experiencing or witnessing sexual harassment or assault in the workplace can be deeply distressing. If you feel able to, you can report such incidents through your employer's procedures and, if appropriate, to the police. We acknowledge that reporting can be challenging, and support is available to help you navigate these challenges:

- **GMC:** to raise a concern with the GMC, please visit <https://www.gmc-uk.org>.
- **RCS England Confidential Support and Advice Service:** 0800 028 0199.
- **British Medical Association:** provides free, confidential, 24/7 counselling and peer support services open to all doctors and medical students on 0330 123 1245 or visit <https://www.bma.org.uk>.

Get in touch

For further details or to collaborate on these initiatives, please contact:

Tyla Joubert, Policy and Public Affairs Manager, RCS England: tjoubert@rcseng.ac.uk.