British Journal of Hospital Medicine

Br. J. Hosp. Med. (Lond) **2026**; 87(9): 55815
https://doi.org/10.31083/BJHM55815

Editorial

Ending Sexual Misconduct in the NHS—Lessons Learned From Surgery

Ester Mikova[1,*,†], Laura Hamilton[2,†]

[1]Trauma & Orthopaedics, North Bristol NHS Trust, BS10 5NB Bristol, UK
[2]Trauma & Orthopaedics, University Hospitals Sussex NHS Foundation Trust, BN2 5BE Brighton, UK
*Correspondence: ester.mikova@doctors.org.uk (Ester Mikova)
[†]These authors contributed equally.

Academic Editor: Qian Yang
Submitted: 9 July 2026 Accepted: 23 July 2026 Published: 10 September 2026

Operating theatres are designed to be among the safest and most highly regulated environments in healthcare, yet mounting evidence suggests that they may be unsafe for those who work within them. In 2023, the landmark report Breaking the Silence: Addressing Sexual Misconduct in Healthcare brought into sharp focus the scale of the issue within the surgical workforce. It revealed that nearly one in three women working in surgery had experienced sexual assault by a colleague within the preceding five years, with respondents disclosing 11 incidents of rape [1]. The Surviving in Scrubs report documented 174 incidents describing sexism, sexual harassment and sexual assault [2]. Unfortunately, sexual misconduct is a problem across the National Health Service (NHS) [3]. A survey by the British Medical Association (BMA) found that the problem was even present in medical schools, with 41% of women being harassed or assaulted [4]. Common themes include power imbalances, a culture of tolerance, and significant barriers faced by survivors seeking to raise concerns. A recent analysis of Medical Practitioners Tribunal Service (MPTS) cases found that almost one quarter (24%) of sanctions imposed for sexual misconduct were less severe than those recommended by the General Medical Council (GMC), raising questions about whether current systems adequately protect victims [5].

Workplace sexual harassment is a significant barrier to career progression, wellbeing, and professional satisfaction. It has been consistently associated with a range of adverse outcomes, including poor mental health, symptoms of post-traumatic stress disorder, reduced job satisfaction, and increased withdrawal from work [6]. Most concerning is the clear link between workplace sexual harassment and suicidal ideation [7]. The consequences of sexism and sexual misconduct extend beyond those directly affected. A recent systematic review found that bullying, discrimination and harassment were associated with impaired clinical performance, increased medical errors and adverse patient outcomes [8]. In this context, tackling sexual misconduct should be viewed not only as a matter of workforce wellbeing and professional standards, but also as a patient safety imperative.

Surgery is a highly hierarchical environment, where junior staff are dependent on senior colleagues for supervision, training and career progression, making it harder to report inappropriate behaviour [9]. There is also a strong culture of banter, traditionally used in team bonding and to defuse tension in stressful situations. Unfortunately, research has shown that banter can be used to normalise sexist or sexual language, whilst testing the water to see what behaviour will be tolerated [10]. Evidence from healthcare staff surveys suggests that persistent exposure to harassment, combined with a perception that reporting mechanisms are ineffective, contributes to disengagement or resignation rather than escalation.

Since the publication of these key reports, surgeons have led the way in dealing with this pervasive problem. The Working Party on Sexual Misconduct in Surgery has worked closely with the Royal College of Surgeons of England (RCS England) to create new policies and lobby national bodies to improve protections. RCS England has created a code of conduct which specifically mentions sexual misconduct, updated the Good Surgical Practice, and created an anonymous reporting mechanism [11]. Mandatory training on this topic is currently being rolled out across all staff and surgeons. Across all medical specialties, NHS England created the Sexual Safety Charter [12] and the National Sexual Misconduct People Policy Framework [13]. National standards including the GMC's Good Medical Practice were updated, and the British Medical Association introduced its sexism pledge. MPTS has vowed to improve the processes by which it handle complex cases such as sexual misconduct, standardising sentencing and ensuring greater protection for targets [14]. However, real cultural change must start at a local level, where individuals feel confident to challenge poor behaviour, and have the organisational support to sanction perpetrators.

At an individual level, we are all responsible for creating a respectful and safe clinical environment. Active bystander intervention is essential in challenging the culture of inappropriate behaviour, reducing the burden on targets to address misconduct alone, and maintaining a safe workplace for colleagues and patients. It takes time and practice

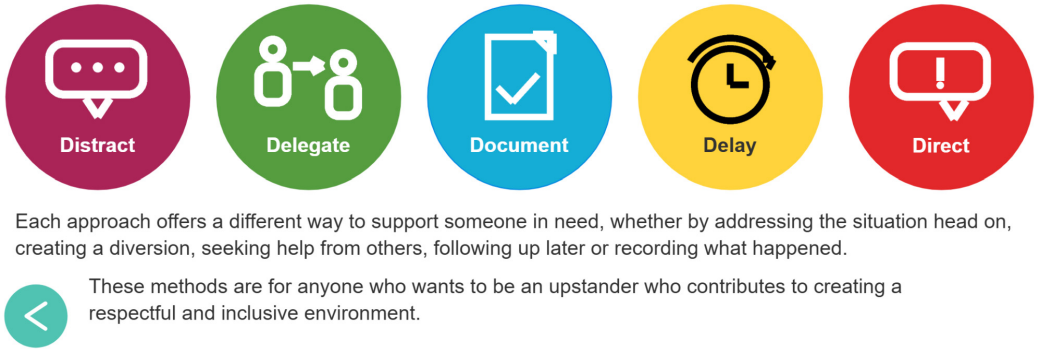

Fig. 1. The 5 D's of bystander intervention. Reproduced from: Royal College of Surgeons of England (RCS England) code of conduct.

to intervene confidently and articulately. You will need to find the techniques that work for you, in your role and environment. But more importantly, you are signaling to the target, and other people in the room that this type of behaviour will not be tolerated. A useful tool involves considering the 5 D's (distract, delegate, document, delay, and direct) (Fig. 1). **Distracting** someone who is behaving badly allows you to calmly defuse the situation without escalating emotions. This is a good technique to use if they are more senior than you, and could be as simple as asking where they trained. If you don't feel confident addressing someone directly, you could **delegate** to another member of the team. This may involve making eye contact with a senior colleague or leaving the area and asking for help from outside. The most important thing to do is **document** the incident. Put down in a document what happened, who was present, and what was said and done. Contemporaneous notes are very powerful evidence if the target wishes to report. It is important to check in with anyone who you feel may have been affected, and it is very helpful to offer them this documentation via email, as they may well have been too flustered to have documented anything themselves. Sometimes patient safety must be prioritised, or you are not sure if behaviour is inappropriate, in which case it is safer to **delay** your response. However, where there is definite sexual harassment or assault, the only appropriate response is **direct**. Anyone should feel confident to get in the way and tell someone that their behaviour is inappropriate. The simple take-home message is that it doesn't matter what you do, so long as you do something.

However, many perpetrators will ensure their inappropriate behaviour is not witnessed; therefore, we must all ensure we provide psychological safety at work, so that colleagues feel able to approach us with their concerns. This means ensuring that allied staff or junior colleagues feel safe to ask questions or seek help. They must trust you to listen to them objectively without jumping to conclusions or trying to excuse the behaviour of a colleague. When incidents of sexual misconduct are disclosed, the initial response is critical in determining whether individuals feel able to pursue formal reporting, and can even impact how the incident affects them in the long term. This begins with validating the individual's experience, acknowledging that the behaviour described is unacceptable, and responding in a manner that is supportive, non-judgemental and avoids further harm. For example, you could say 'That sounds really upsetting. I am so sorry this has happened to you'. It is not your role to take a detailed report, so please ensure you know how to direct people to the appropriate services for your place of work. If someone wishes to report inappropriate behaviour, the Freedom to Speak Up Guardian should be an independent support outside the hierarchy of the NHS. Unfortunately, sanctions and prosecution require targets to agree to be named and give evidence, which can be a slow and traumatic process, so some targets will not want to formally report. NHS England is encouraging the development of local anonymous reporting systems which will give a more accurate idea of the location and severity of the problem. Unfortunately, it is very difficult for each trust to set up these systems, legally and logistically. Medical students and rotating staff can fall through the gaps, which is why many are lobbying for an NHS Anonymous reporting system.

Sexual misconduct in medicine is unacceptable and has clear implications for workforce wellbeing, professional standards and patient safety. While national frameworks and guidance represent important progress, persistent gaps between policy and practice remain. Meaningful change will depend on translating commitments into consistent accountability and cultural reform. Every single one of us can make a change. Whether senior or junior, witness or bystander, we each have a responsibility to step in, speak up, and challenge inappropriate behaviour when it occurs. Small moments of courage, repeated consistently, are what shift culture over time. Only then can the healthcare setting be safe not only for the patients, but also for those who deliver their care.

Key Points

• Sexual misconduct in healthcare is a major threat to staff wellbeing, professional standards, and patient safety.

• Reports have exposed high levels of harassment and assault, alongside ongoing barriers to reporting and accountability.

• Policies, guidance, training, and reporting systems are important, but alone are unlikely to create lasting cultural change.

• Active bystander intervention is essential, with the 5 D's framework (distract, delegate, document, delay, and direct) providing practical strategies to challenge misconduct.

• Psychological safety enables staff to speak up, ensuring concerns and disclosures are met with supportive, non-judgemental responses.

• Long-term cultural change requires collective commitment from individuals and organisations to promote respect, safety, and accountability.

Availability of Data and Materials

Not applicable.

Author Contributions

EM and LH have made substantial contributions to the conception and design of this work, have been involved in drafting the manuscript and critically revising it for important intellectual content, and have given final approval of the version to be published. Both authors have participated sufficiently in the work, taken public responsibility for the appropriate portions of the content, and agreed to be accountable for all aspects of the work, ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Ethics Approval and Consent to Participate

Not applicable.

Acknowledgment

Not applicable.

Funding

This research received no external funding.

Conflicts of Interest

Laura Hamilton was RCS England Council lead for the creation of their code of conduct training programme, before demitting from RCSE Council earlier this year. The other author declares no conflicts of interest.

Declaration of AI and AI-Assisted Technologies in the Writing Process

During the preparation of this work, the first author used ChatGPT-3.5 in order to check spelling and grammar. After using this tool, the authors reviewed and edited the content as needed and take full responsibility for the content of the publication.

References

[1] Newlands C, Jackson P, Cuming T. Breaking the Silence: Addressing Sexual Misconduct in Healthcare. 2023. Available at: https://www.wpsms.org.uk/_files/ugd/db2313_6246937816244a589b4519284026586a.pdf (Accessed: 8 July 2026)

[2] Surviving in Scrubs. Surviving Healthcare: sexism and sexual violence in thehealthcareworkforce. 2023. Available at: https://www.survivinginscrubs.co.uk/app/uploads/2023/11/Surviving-in-Scrubs-Surviving-Healthcare-Report.pdf (Accessed: 8 July 2026)

[3] Torjesen I, Waters A. Medical colleges and unions call for inquiry over "shocking" levels of sexual assault in the NHS. BMJ (Clinical Research Ed.). 2023; 381: 1105. https://doi.org/10.1136/bmj.p1105

[4] British Medical Association. Sexism and sexual violence towards medical students. 2025. Available at: https://www.bma.org.uk/media/ukbhhnwz/20250745-sexism-and-sexual-violence-against-medical-students-report-final.pdf (Accessed: 8 July 2026)

[5] Dixon F, Pouncey AL, Ali R, Vitish-Sharma P, Bengtzen M, Nortley M. Protecting or enabling? A review of medical practitioner tribunals involving sexual misconduct. The Bulletin of the Royal College of Surgeons of England. 2025; 107: 348–354. https://doi.org/10.1308/rcsbull.2025.124

[6] Willness CR, Steel P, Lee K. A meta-analysis of the antecedents and consequences of workplace sexual harassment. Personnel Psychology. 2007; 60: 127–162. https://doi.org/10.1111/j.1744-6570.2007.00067.x

[7] Dworkin ER, DeCou CR, Fitzpatrick S. Associations between sexual assault and suicidal thoughts and behavior: a meta-analysis. Psychological Trauma: Theory, Research, Practice and Policy. 2022; 14: 1208–1211. https://doi.org/10.1037/tra0000570

[8] Guo L, Ryan B, Leditschke IA, Haines KJ, Cook K, Eriksson L, et al. Impact of unacceptable behaviour between healthcare workers on clinical performance and patient outcomes: a systematic review. BMJ Quality & Safety. 2022; 31: 679–687. https://doi.org/10.1136/bmjqs-2021-013955

[9] Okuyama A, Wagner C, Bijnen B. Speaking up for patient safety by hospital-based health care professionals: a literature review. BMC Health Services Research. 2014; 14: 61. https://doi.org/10.1186/1472-6963-14-61

[10] Rice C, Searle RH. The enabling role of internal organizational communication in insider threat activity—evidence from a high security organization. Management Communication Quarterly. 2022; 36: 467–495. https://doi.org/10.1177/08933189211062250

[11] Royal College of Surgeons of England. Code of Conduct. 2024. Available at: https://www.rcseng.ac.uk/about-the-rcs/code-of-conduct/ (Accessed: 8 July 2026)

[12] NHS England. Sexual safety in healthcare – organisational charter. 2023. Available at: https://www.england.nhs.uk/long-read/sexual-safety-in-healthcare-organisational-charter/ (Accessed: 8 July 2026)

[13] NHS England. National Sexual Misconduct People Policy Framework. 2024. Available at: https://www.england.nhs.uk/publication/national-people-sexual-misconduct-policy-framework/ (Accessed: 8 July 2026)

[14] Medical Practitioners Tribunal Service. We are the tribunal service for doctors, physician associates and anaesthesia associates. n.d. Available at: https://www.mpts-uk.org/ (Accessed: 8 July 2026)