



ATDG open response: 'Breaking the Silence: Addressing Sexual Misconduct in Healthcare' and 'Surviving healthcare: sexism and sexual violence in the healthcare workforce' reports.

It's not just surgery...

The health service is facing unprecedented pressures. Waiting lists are high, patients are frustrated and worried, and NHS staff are under huge pressure. Doctors in training, of all grades and stages, are in the midst of this challenge; the pressure is significant, the challenges are great, and the working environment is suboptimal for many reasons. These challenges impact significantly on recruitment and retention of the next generation of doctors.

The publication of the ['Breaking the silence: Addressing Sexual Misconduct in Healthcare'](#) report has highlighted a hidden threat that trainees have also been experiencing. The report highlights that up to two thirds of women and nearly a quarter of men training in surgery have experienced some form of sexual harassment. A third of women in surgery have experienced sexual misconduct in their training, including sexual harassment, sexual assault and even rape. Adding to the seriousness, these offences were conducted by trusted colleagues.

This was followed by the publication of the ['Surviving healthcare: sexism and sexual violence in the healthcare workforce'](#) report highlighting the presence of systemic and institutional sexism and sexual violence, with well-known perpetrators, and a culture of tolerance. The majority of people who experienced this behaviour were junior doctors, with 50% of incidents occurring in patient-facing environments such as wards, clinics and theatre.

For many doctors in training, the outputs from these reports are not surprising. Importantly, as has been highlighted by the 'Surviving healthcare' report, this behaviour is not confined to surgical training, but is seen across other specialty training programmes.

Medicine is a career that doctors in training are proud to be a part of. We all choose this path to help and care for the health of the general public. Getting a place at medical school is a proud moment. The feeling of achievement extends to other significant milestones throughout training, including graduation, completion of the foundation years, getting a place in specialist training and then exiting the training programme as either a consultant, specialty doctor or a general practitioner. Training and education is a complex process filled with exciting opportunities for personal and professional development that support patients in so many ways. However, these reports highlight that for some doctors in training, their training can come at a significant personal cost.

Having worked so hard to achieve their aim, doctors in training are protective of this achievement and want to advance their progression, but because of how much they value their role, there are often personal, social and financial sacrifices. They are inspired by their senior colleagues who act as role models, helping to shape the clinician they will become. However, this also creates a hierarchical situation with inequality in the balance of power, and those perceived to be lower down the hierarchy can be vulnerable to abuse in many forms. In addition, it permits a perceived threat from speaking out against inappropriate behaviours; fears that progression will be impeded, training numbers blocked, or desired consultant posts unavailable. Many opt to keep their heads down, stay quiet and don't want to 'rock the boat'. When inappropriate behaviours occur at times of great challenge, it is no surprise that some may choose to quietly leave their career in medicine or move abroad.

The published reports should highlight, to all health care trusts, royal colleges and faculties, and allied stakeholders across the UK, that such behaviour exists in surgery [and more widely across the healthcare service], but should also bring focus onto other specialty training programmes that are also not free of such unacceptable behaviour. This extends into undergraduate and foundation doctor programmes. All stakeholders should ensure that behaviour of this nature is prevented by those who are in positions of responsibility for training — a single incidence is too late and too many.

There are also many incidents which never get heard. There is significant overlap with incidences of bullying and harassment. After the publication of the 'Breaking the silence' report, there was a very concerning letter in The Times from Dr Peter Hilton, a retired anaesthetist, who described a 'snowflake' generation who needed to 'toughen up'. He said that medical training and practice is *'brutal and demanding, with long hours, and bullying happens. Sexually inappropriate comments and actions do occur.'* It is statements like this that highlight the normalised nature of this behaviour. It is not uncommon for senior doctors to express views that 'training was tough for us, so it should be tough for you' or 'just get on with it'. I would remind all colleagues, in the strongest possible terms, that

behaviours of the past, perceived as normal, are absolutely not appropriate now. I have huge sympathy for anyone who has experienced this behaviour. For as long as views such as Dr Hilton's are held and voiced in the profession, with junior generations listening and observing, there will always be a 'safe space' for such behaviour to remain hidden and overlooked, at the expense of all those who experience it. It is therefore no surprise that trainees are reluctant to speak about it. Such statements, where intolerable behaviour is normalised, have no place in modern, cutting-edge, innovative, inclusive, high-quality and adaptive training programmes.

The contributors to the reports, and all those who have experienced such behaviour require support and employers and training leads have a duty to ensure they provide all that is needed and protect them from the barriers to speaking out. Appropriate action is needed against the perpetrators, who in practicing such behaviour, also present a risk to patient safety; until action is seen to be done, trainees will remain reluctant to speak out and the culture can continue.

When a doctor in training reaches the end of their programme, they should feel the deserved sense of achievement, which is not marred by such huge personal costs showcased in this report, and be able to put their skills to use for the benefit of their patients. The ATDG fully supports the recommendations of these reports to develop and implement urgent measures to support prevention and to ensure robust investigation of sexual misconduct in healthcare, to prevent the long-term damage this is having on our profession and the recruitment and retention of doctors in training. We look forward to working with stakeholders to continue this vitally needed conversation as part of the reform of the specialty training programmes.

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