

Zero tolerance to Sexual Harassment in Surgical Training in the United Kingdom

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An increased awareness and reduction in tolerance to sexual harassment in the workplace has been observed in recent years. This is largely attributable to initiatives such as the #MeToo campaign which highlighted how harassment was previously tolerated with a reluctance to report such incidents being driven by concerns pertaining to career progression or being disbelieved.

Internationally, there have been several public cases of reported sexual harassment across medical specialties (1, 2, 3), but data of this potential problem in the UK training environment are lacking.

We collated data from trainees who self-reported sexual harassment in the workplace with an anonymous 10-question electronic survey. The aim was to understand surgical trainees' experiences of sexual harassment as well as reporting practices within current frameworks.

The study population included 437 UK surgical trainees with an even distribution of responses from all training grades and representation across all sub-specialties.

Both male and female trainees have experienced sexual harassment during their training, but it was more common for female than male trainees 48.8% vs. 18.9% ($p < 0.0001$), respectively (table 1). Of the 40 males that reported sexual harassment, the majority came from nursing staff (45%), closely followed by senior medical colleagues or consultants (37.5%). None of the male trainees reported the harassment and in 95% of cases, this was due to the fact that it did not cause concern.

Of the 105 females that reported sexual harassment in the survey, the vast majority came from a consultant or senior medical colleague (87.6%) rather than nursing staff (12.4%). In contrast to the male trainees, only 41% of these trainees did not report the harassment because 'it did not cause concern' ($p < 0.00001$). In the other cases it was not reported as the trainee was 'worried it would affect their career' (24.7%) or they 'wouldn't be taken seriously' (8.6%). Only two trainees reported the sexual harassment; leading to a formal investigation in both cases. In one case, the perpetrator was provided with a formal warning, and in the other they were reported to the GMC and disciplined.

This survey has found that 144 trainees (33% of respondents) had experienced some form of sexual harassment at work. Even with a presumption of under reporting, this is still a significant number of trainees within the UK training system. This is in line with data on bullying, undermining behavior and harassment that has also been found to be highly prevalent in surgery (4).

It is of great concern, that although many reporting mechanisms exist, these are not used. A quarter of female trainees felt that reporting this behavior would compromise their career progression. A further 17% of female trainees did not wish to report the sexual harassment, as they did not feel they would be believed and did not want to cause a fuss.

Although the reporting of sexual harassment events was low (only 2% of females), it is important to note that in both of these cases the events were properly investigated and

dealt with. Having a robust reporting and investigation framework is a great importance if trainees are to feel supported and protected.

This survey evidences that sexual harassment exists within the UK surgical community. This is unprofessional behaviour and the surgical community must raise awareness as well as facilitating and encouraging reporting with robust investigation pathways.

References

1. T L. Yale Medical School removes doctor after sexual harassment finding. The New York Times. 2014.
2. S L. Senior Female Surgeon urges trainees to stay silent on sex abuse in hospitals. Sydney Morning Herald. 2015.
3. R Jagsi, K Griffith, R Jones, C Perumalswarmi, P Ubel, A Stewart, Sexual harassment and discrimination experiences of academic medical faculty, JAMA, 2016
4. U Halim, D Riding, Systematic review of the Prevalence, impact and mitigating strategies for bullying, undermining behaviour and harassment in the surgical workplace, British Journal of Surgery, 2018

	Male Trainees				Female Trainees				
	Remarks in general	Directed remarks	Sexual advances	Bribery	Remarks in general	Directed remarks	Sexual advances	Bribery	Threats
Core Training	9	11	3	0	28	21	10	6	0
Cardiothoracic Surgery	0	0	0	0	0	0	0	0	0
General Surgery	10	6	7	2	33	28	15	2	0
Neurosurgery	0	0	0	0	1	0	1	0	0
Oral and maxillofacial Surgery	1	1	1	0	1	1	0	0	0
Otolaryngology	0	0	0	0	7	4	3	1	1
Paediatric Surgery	-	-	-	-	1	1	0	0	0
Plastic Surgery	1	1	0	0	5	4	2	0	0
Trauma and Orthopaedic surgery	2	6	3	1	10	7	5	2	1
Urology	0	0	0	0	2	2	2	0	0
Vascular	2	2	0	0	3	2	2	0	0
TOTAL	25	27	14	3	91	70	40	51	2

Table 1 Self reported experience of sexual harassment for male and female trainees for each surgical speciality