

# Sexism and Gender Discrimination, the NHS perspective

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My reflection of sexism in 40 years in the NHS

News

### Nine in 10 female doctors in UK have experienced sexism at work, says BMA

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- Article
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- Metrics
- Responses

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Most doctors think that sexism is an issue in medicine, the BMA has said.



Three in every five nurses have been sexually harassed at work, with many having been made to believe that enduring such behaviour is "just part of the job", a survey by *Nursing Times* and the union Unison has revealed.

### Nearly one in three female NHS surgeons have been sexually assaulted, survey suggests

Survey represents '#MeToo moment for surgery', says head of Women in Surgery forum



### Misogyny: Welsh paramedics share sexual harassment experiences

4 August





# Misogyny and racial bias routinely putting patients at risk, warns NHS England safety chief

**The  
Guardian**  
Newspaper of the year

**Exclusive: 'Huge landscape' of partiality is negatively affecting female and ethnic minority patients, says Dr Henrietta Hughes**



📷 Patient concerns are often dismissed leading to avoidable harm. Photograph: Peter Byrne/PA

# Sexual safety in healthcare – organisational charter

## ◀ Publication

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## Content

[Organisations that have signed the charter](#)

Those who work, train and learn within the healthcare system have the right to be safe and feel supported at work.

Organisations across the healthcare system need to work together and individually to tackle unwanted, inappropriate and/or harmful sexual behaviour in the workplace.

We all have a responsibility to ourselves and our colleagues and must act if we witness these behaviours.

**As signatories to this charter, we commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce. We commit to the following principles and actions to achieve this:**

1. We will actively work to eradicate sexual harassment and abuse in the workplace.
2. We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
3. We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.
4. We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.
5. We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.
6. We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.
7. We will ensure appropriate, specific, and clear training is in place.
8. We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.
9. We will take all reports seriously and appropriate and timely action will be taken in all cases.
10. We will capture and share data on prevalence and staff experience transparently.

# Role of General Medical Council

## General Medical Council




- Issuing the Good Medical Practice Guide:
  - New edition published Aug 23
  - Includes new professional standards on what constitutes sexual harassment

A large orange circle on the left side of the page, partially cut off by the edge.

# Joint pledge on ending sexism in medicine


Sexism should never be tolerated, whether from individuals or ingrained in the policies and structures medical students doctors work within. All doctors and medical students should work in an environment free from discrimination where their gender plays no role in their career progression or how they are treated by colleagues and patients. The medical profession should celebrate diversity, making all doctors and medical students feel valued and included. Doctors and medical students must be given a safe environment to work in, where they are protected by their employers.

A decorative graphic in the bottom right corner consisting of several short, thick, yellow dashed lines arranged in a curved, upward-sloping pattern.


# We want a medical profession that:

- Promotes a culture of respect for the competency and contribution of all doctors and medical students without assumptions or stereotypes based on gender
- Addresses the negative impact of gender stereotypes in medical education and career pathways
- Ensures equal opportunities for doctors and medical students to pursue and thrive in the career path of their choice, without gender stereotypes playing a limiting factor in their career
- Has systems to raise concerns that are transparent, fair, and accountable, that doctors and medical students have confidence in
- Takes targeted and evidence based actions when addressing inequality. Recognising that women are more likely to experience sexism – while also acknowledging that other genders can be subject to disadvantage, for example, non-binary people being sexually harassed or men having less support to take parental leave due to gender stereotypes.





All actions we take to progress to a fairer medical profession must be intersectional to ensure we accurately reflect the experiences of all doctors and medical students, recognising that other characteristics such as a person's gender identity, ethnicity, disability, faith or sexual orientation will impact their experiences of sexism.









What are  
we  
doing?

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# Workshops for senior female medical staff

- Transparency / publication about earnings difference by gender and age
- Transparency about DCC/SPA difference (if any) by gender, age and ethnicity and total PAs in Job plans and PAs actually paid
- Transparency about “tariff” for leadership roles and job descriptions for those roles and assessment of time these actually take
- Study leave should not be pro-rata
- Opportunities to attend Trust Executive Committee and divisional meetings to better understand how decisions are made
- Timings of meetings with family responsibilities in mind
- Opportunities for support



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# High Profile cases





# Speak up?

- Via any colleague, clinical leads, consultant colleagues, senior leaders
- Via Freedom to speak up guardian/team
- Via Director of Medical Education, Guardian of safe working, trainee surveys
- Directly to CMO/CPO
- From the police where an offence may have been committed such as accessing child pornography, stalking etc

# Freedom to Speak Up

University Hospital Southampton   
NHS Foundation Trust

## Freedom to Speak Up Guardian

## You're free to speak up

If you have a concern about risk, malpractice, or wrongdoing, then please contact the Trust's **Freedom to Speak Up Guardian**. Examples include:

- Unsafe patient care
- Unsafe working conditions
- Inadequate training for staff
- Lack of response to a reported patient safety incident
- Suspicions of fraud, corruption or bribery
- A bullying or discriminatory culture across a team

Speaking up is quick, confidential, and you will be fully supported in raising your concerns.



**Christine Mbabazi**

**07818 521753 / [RaisingConcern@uhs.nhs.uk](mailto:RaisingConcern@uhs.nhs.uk)**







q17a	Not experienced unwanted behaviour of a sexual nature from patients/service users, their relatives or members of the public	91.1%
q17b	Not experienced unwanted behaviour of a sexual nature from other colleagues	96.0%

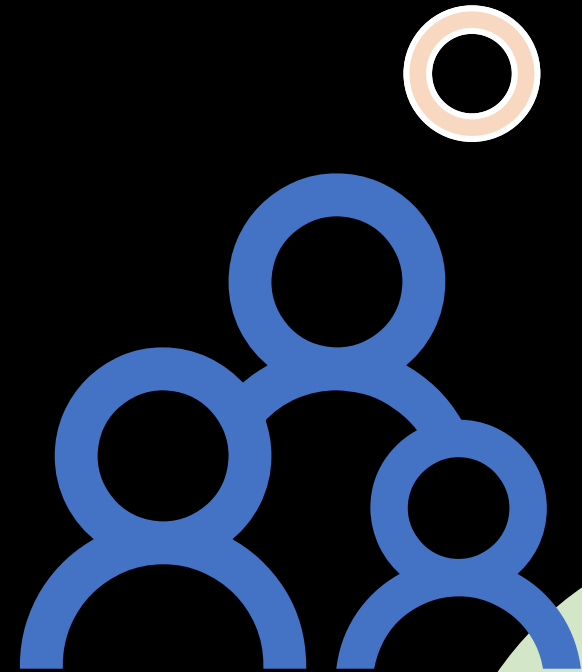
Medics 94.8%

Do staff know  
what is being  
done?





Policies?



# Case Investigation



Trained case investigators (UHS consultants)



Work alongside HR



Strict terms of reference for investigation



Interviews



Examination of other evidence – emails, text, WhatsApp messages, clinical records etc as appropriate



Report written and conclusions on each of the allegations in the Terms of Reference



Standard is the "Balance of Probabilities"



# Wellbeing Support

WELLBEING RESOURCES

OCCUPATIONAL HEALTH

PSYCHOLOGY FOR PTSD ETC

# Workshop solutions



Multifaceted approach –make those who want to ignore the problem become the minority.



Clear messaging

At UHS, concerns will always be taken seriously and fully investigated with action taken.



Clarity on the management chain, for all doctors, who are the senior people?



Role models and allies-male  
(Actionable allyship)

# Workshop solutions

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Combination of focused small education sessions in some areas but also Grand rounds

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Workshops for the clinical leads –lets improve our response

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Reporting and outcomes-improve the feedback to staff

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Calling it out –link to civility –its hard to do

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Chief registrars-ask for their help with messaging and recruiting FTSU champions.

# Promoting professionalism pyramid



Adapted from Hickson 2007



# Summary

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- We know that poor behaviour, sexual harassment and gender inequality remains a problem.
- We must support those who report issues and do something about it
- Do not give in

