

What to do if you think you have been subject to sexual misconduct by a doctor: a resource for patients and colleagues

**This document contains information about sexual misconduct.
If you need support please find details on page 13 of this resource.**

**General
Medical
Council**

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Introduction

This information is for anyone who has been subject to any form of sexual misconduct by a doctor. It is intended for patients and those supporting them, as well as doctors and health care professionals who have been subject to sexual misconduct in the healthcare environment within or outside the workplace.

Most doctors can be trusted to treat their patients and colleagues professionally and appropriately. But if a doctor abuses that trust and sexually harasses, abuses, or assaults you, we will support you to make informed decisions about what to do next and will take the concerns you raise with us very seriously. Sexual misconduct in healthcare is always unacceptable and can be criminal in nature, such as rape and sexual assault.

Reporting sexual misconduct can be very difficult and upsetting. To help you, we've provided information which sets out:

- what we mean by sexual misconduct in the context of our role as the regulator for doctors in the UK
- why sexual boundaries are important in patient/doctor relationships and what you should expect to happen during physical medical examinations
- why sexual boundaries are important in relationships between colleagues
- how to raise a concern about a doctor with their employer or with the GMC
- what happens after you've contacted us to raise a concern
- other sources of support you can access.

There is never an excuse or justification for sexual misconduct and there are many people who can help. [There's more about the support we can offer later in this document.](#)

If you have any questions about the information in this guidance or would like to raise a concern, [there's more information about how to contact us later in this document.](#)

What is sexual misconduct?

Sexual misconduct is any uninvited or unwelcome behaviour of a sexual nature, or which can reasonably be interpreted as sexual, that offends, embarrasses, harms, humiliates or intimidates an individual or group. It also includes any sexual activity that takes place without consent.

Sexual misconduct encompasses elements of harassment, violence and abuse and can be physical, verbal or visual. It can take place within and across different genders.

Cultural or social norms, such as rigid gender roles, can also increase the risk of misconduct and people with protected characteristics may experience sexual misconduct alongside other forms of discrimination.

In this resource we've given examples of the forms that sexual misconduct can take.

Consent

To consent to sexual activity, you have to agree to it clearly and freely, and have the capacity to do so.

You can't consent to sexual activity if you're:

- forced, manipulated, threatened, or pressured into it
- underage (younger than 16 years old)
- asleep, unconscious, or drugged.

Information for patients

A doctor must not act in a sexual way, or in a way that you feel is sexual, towards you. They must not use their professional position to pursue a sexual or improper emotional relationship with you or someone close to you.

[The professional standards for all doctors, which are called *Good medical practice*](#), make it clear that it's the doctor's responsibility to maintain clear boundaries within the patient/doctor relationship.

Why clear sexual boundaries between a patient and a doctor are important

- Doctors hold a position of trust. Sexual misconduct damages and undermines that position of trust, and can cause irreparable harm to victims/survivors and their loved ones.
- You have a right to be treated with dignity and respect and to receive healthcare without fear of abuse.
- As you go to a doctor to seek guidance and advice, there is an imbalance of power in your relationship. They decide the level of physical contact an examination might need, and have access to personal and private information about you to diagnose and treat you.
- Clear sexual boundaries are important so that your care is not compromised in any way.

What you should expect during a physical examination

As part of your medical care, a doctor may need to do a physical examination that may involve looking at, feeling, and listening to different areas of your body. This can feel embarrassing and unpleasant, especially when undertaking intimate examinations of the breasts, genitalia, or rectum. It is the responsibility of the doctor to make sure you feel as safe and in control of the situation as possible.

Knowing what to expect can help you prepare for the examination but also understand if something has gone wrong.

Before and during an intimate examination you should expect the doctor to:

- **explain why the examination is necessary**, and give you the opportunity to ask questions
- **explain what the examination will involve**, so you have a clear idea of what to expect, including any pain or discomfort
- **make sure you have given your permission for the examination**
- **give you information in a way you can understand**; if you struggle to understand spoken English, you can ask to use an interpreter or translation service

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- **offer for you to have an impartial observer (chaperone) present wherever possible**, usually another healthcare professional who will stay for the whole examination and be able to see what the doctor is doing
 - **give you privacy to undress and dress**; the examination should be in a private room or have a curtain drawn
 - **allow you to undress to your comfort** and be kept covered as much as possible throughout the examination
 - **end the examination at any time if you feel uncomfortable.**

A doctor **should**:

- clearly explain what they are going to do before they do it
- use gloves
- encourage you to tell them if you feel uncomfortable
- ask you to undress the part of your body being examined.

A doctor **should not**:

- refuse to explain what they are doing or why they are doing it
- refuse to answer your questions
- examine you without gloves
- decline to have a chaperone present
- ask you to undress parts of your body that are not being examined
- help you remove clothing unless you have asked them to, or they have checked with you that you want them to help
- make personal or sexual comments or ask questions that make you feel uncomfortable.

Help and support are available if you have been affected by sexual misconduct. You can access [a list of advice helplines](#) in this resource, as well as find [information on how to raise a concern](#), what to expect when you do so, and [the help and support available after you contact us](#).

Sexual misconduct by doctors towards patients

Sexual misconduct can take many forms, including but not limited to a doctor:

- Behaving in a way that can be reasonably understood as sexual such as:
 - making flirtatious, overfamiliar, or sexual remarks or acting in a way intended to arouse or gratify sexual desire
 - touching you or themselves in a sexual way

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- engaging in sexual behaviour in front of you.
 - Inappropriately touching you under the guise of an intimate examination which is not clinically necessary, or without your consent, or being disrespectful of your privacy.
 - Asking you for personal information, including your sexual history or preferences, when not clinically relevant.
 - Making inappropriate, sexual, or offensive comments about your:
 - sexuality, sexual orientation, sexual partners, virginity, or other sexual elements of your life
 - body, appearance, pubic hair, or genitals.
 - Sending sexually explicit emails, text messages or posts via social media.
 - Propositioning you or making sexual advances.
 - Engaging in a sexual relationship with you, even if you agree to the sexual relationship.
 - Blaming you for being sexually abused or raped.

Sexual misconduct can take many other forms which are not listed above.

Help and support are available if you have been affected by sexual misconduct. You can access [a list of advice helplines](#) in this resource, as well as find [information on how to raise a concern](#), what to expect when you do so, and [the help and support available after you contact us](#).

Information for colleagues and healthcare professionals

Consensual relationships can and do exist within workplaces. However, there is no place for sexual harassment or any form of sexual misconduct in healthcare, within or outside the workplace.

Doctors must treat you with kindness, courtesy, and respect, and be aware of how their behaviour may influence others within and outside the team. [The updated Good medical practice includes new duties in this area.](#)

Why clear sexual boundaries between colleagues are important

- You have a right to a workplace free of discrimination, bullying, and sexual harassment.
- Sexual misconduct can have a negative and devastating effect on people, team cultures, and patient safety. A culture of civility and respect benefits everyone.

Sexual misconduct by doctors towards colleagues

Sexual misconduct can take many forms, including but not limited to when a doctor:

- makes flirtatious, overfamiliar, or sexual comments or innuendos, including in-jokes or banter
- shares sexually explicit words or images in cards, emails, text messages or via social media
- makes sexual gestures or suggestive looks
- non-consensually touches, hugs, massages, or kisses you
- asks intrusive questions about your private or sex life, or talks about their own sex life
- proposes sex or makes sexual advances
- makes promises in return for sexual favours
- spreads sexual rumours about you or others
- engages in sexual behaviour in front of you – ie masturbation
- engages in a sexual act with you without your consent – ie sexual assault, rape.

Instances of sexual misconduct are rarely isolated – perpetrators often offend repeatedly, and some abuse can last several years. When challenged, perpetrators can also victimise, bully, and exclude the victim from the team in which they work.

We appreciate that experiencing sexual misconduct can be distressing, and may affect your work, personal wellbeing, and mental health.

Help and support are available if you have been affected by sexual misconduct in the workplace.

You can access [a list of advice helplines](#) in this resource, as well [information about how to raise a concern](#), what to expect when you do so, and [information about the additional help and support available](#) after you have contacted us.

Sexual misconduct and power imbalance, including within doctor-medical student interactions

A power imbalance between the victim and the perpetrator is a common feature in sexual misconduct.

Power imbalances can exist in many ways– for example, hierarchically (between doctors and medical students, across and within specialties and grades) and also based on a characteristic such as someone’s sex, gender, or ethnicity. These power imbalances can enable doctors to become perpetrators.

There is a specific power imbalance between doctors and students in higher education that can place additional pressure on the student not to challenge unwanted sexual behaviours and actions. It can be incredibly difficult to challenge the doctor who you’re reliant upon to provide learning opportunities and recommendations. Because of their position of power, doctors who sexually abuse students can:

- blur the boundaries between professional and personal relationships
- use their position to have control over and gain sexual access to students
- use their position to perpetrate sexualised and predatory behaviours towards students. For example, sexual coercion, promising career growth and access to training in return for sexual access.

Doctors must be professional with students. Your medical school and placement provider are also responsible for identifying and managing sexual misconduct – including having clear and accessible policies in place. You can find out more in our [Guidance on undergraduate clinical placements](#).

You can access [a list of advice helplines](#) in this resource, as well [information about how to raise a concern](#), what to expect when you do so, and [information about the additional help and support available](#) after you have contacted us.

Consensual relationships

A consensual relationship between colleagues is not sexual misconduct. However, consensual relationships can develop and become coercive, and sometimes abusive. This behaviour is sexual misconduct and is unacceptable.

Consensual relationships between colleagues can be inappropriate when there’s a difference in power levels between colleagues, or an educational or managerial relationship exists. It’s important that professional boundaries are maintained in the workplace. And it’s also important that a sexual relationship, or the end of one, has no negative impact on clinical practice or team

environments.

Support with raising concerns about a colleague

You can access advice on raising a concern about a colleague by calling our confidential helpline on 0161 923 6399, Monday to Friday, 9am – 5pm.

Raising a concern can be tough, and you may not feel ready or able to do this right away. [This article in the British Medical Journal \(BMJ\) provides advice from experts](#) on what you can do if you are sexually assaulted at work. This article sets out steps you can take and the support available to you after being subject to sexual misconduct, whether you want to raise a concern or not.

There's additional detail in this guidance [on how to raise a concern with us](#), and what to expect when you've done so.

How to raise a concern about a doctor

If you or someone you know is a victim of any form of sexual misconduct by a doctor, you have different options for raising a concern.

Often, the best place to raise your concern is with the doctor's employer (hospital, general practice (GP) or clinic where you received care) if you feel comfortable to do so. Employers have a critical role in identifying and tackling sexual misconduct and making sure that they've taken steps to protect patients and colleagues. They are also well placed to refer any serious concerns that we should be investigating to us.

Reporting a doctor to their employer

Within an NHS or HSC organisation, you can raise a concern through speaking to the doctor's line manager, clinical supervisor, or human resources department.

For perpetrators who are trainees, you can report to their employer or alternatively to their training provider (NHS England Workforce, Training and Education, Health Education and Improvement Wales, Health Education Scotland, or Northern Ireland Medical and Dental Training Agency) or training programme director.

It's normal to feel nervous about reporting a doctor, and you may not want to report them to their employer for a number of reasons. There is no obligation for you to report a doctor to their employer. We will still consider your concern whether you've done this or not, but it will be easier for us to investigate if the doctor's employer is involved.

Raising your concerns with the GMC

You can raise a concern about a doctor directly with us. We take every concern seriously and will investigate where we consider that a doctor may pose a risk to the public, which includes patients as well as colleagues.

You may have been subject to sexual misconduct directly or be acting on behalf of someone who has. You may be unsure if what has happened to you is sexual misconduct or not.

If you're concerned in any way, please get in touch with us for advice and support.

It's normal to feel nervous about getting in touch with us. There are several ways you can contact us. Choose the way that suits you best and that you feel most comfortable with.

- [Complete our online form.](#)
- Speak to an adviser on 0161 923 6602 if:
 - you need help raising your concern
 - you want to raise your concern over the phone, or
 - you need a hard copy of our concerns form (or email publications@gmc-uk.org).

You can also find details of [advocacy services if you need help to submit your concern to us](#).

What happens after you've contacted us

Information about how we can support you with your concern can be found on our website, including [what to expect when you raise a concern with us](#) and [what happens when you contact us with a concern](#).

We take all concerns raised with us seriously. This includes cases where people might not want to reveal their identity. In some cases, we may be unable to take your concern forward for a full investigation – for example, if we are unable to get the information that we need. If we can't open an investigation, we will clearly communicate the reason why, and can discuss the decision with you if it's helpful.

You can find more detail on [how to raise concerns without revealing your identity below](#).

Help and support

After you've raised a concern about a doctor with us, become a witness in a GMC investigation, or if you are supporting someone who is, we're here to support you.

If you'd prefer, your named GMC contact can help you get independent [Victim Support](#). You can talk about how you're feeling and ask what to expect. They can also signpost you to specialist support organisations.

To use this service, ask your named GMC contact to pass your details to them or you can call them directly on 0300 303 3709 (calls charged at local rates).

Raising a concern without revealing your identity

We consider all concerns equally, including complaints raised anonymously.

We understand that you may feel you need to raise a concern anonymously. An anonymous complaint can be more difficult to investigate if we can't get enough information from you to look into what happened, and we may not be able to progress this as a result. However, we'll do all we can to get the information we need to move forward with a complaint.

How long the investigation will take

We'll investigate as quickly as we can and try to complete an investigation within six months wherever possible. Some investigations can take longer, for example, if the police are involved.

We will allocate an investigation officer at the start of the case, who will be your main point of contact, and will update you on the case every six to eight weeks. They will provide their contact details on all correspondence with you.

When we open an investigation, we'll contact you to make sure we have all the information we need about your complaint and explain how the process will work. At the end of the

investigation, we can talk through the outcome with you.

Telling the doctor and their employer

In most cases, we'll only inform the doctor and their employer about your complaint if we take it forward for a full investigation.

We have a duty to let doctors know that we are investigating them—it's also important we do because we want to make sure we have as much information as possible to carry out a full investigation. We may need more information from the doctor's employer, including whether similar concerns have been raised previously.

We'll keep you informed throughout the process, so you know what's being shared and with whom.

Other information you may find useful

Telling the police and other relevant bodies

Whether or not you go to the police is your choice. But if you're thinking of doing so, you may find it helpful to speak to [an Independent Sexual Violence Advocate \(ISVA\)](#) who can explain the reporting process and support you to decide whether to inform the police.

When you contact us, we may ask you if you've reported your concern to the police in case there's any information which is relevant to our investigation, but we'll consider your concern whether you decide to inform the police or not.

There may however be times when the concern you're raising with us is so serious that it may also be criminal in nature, for example, rape and sexual assault, and/or involve a safeguarding concern, for example, when a child or vulnerable adult has suffered, or is at risk of suffering, harm. In these cases we may have a responsibility to share the concern with the police and/or social services ourselves if you haven't done so. Before sharing the concern, we will inform you of our intention and check any objections you may have to us disclosing this information.

Advice helplines

Being subject to sexual misconduct can have a huge effect on your life, including your mental health, relationships, and work. It can be hard to know what to do next. The organisations listed below have lots of information and support that might help. You are not alone.

[Rape Crisis England and Wales](#), [Rape Crisis Scotland](#) and [Rape Crisis Northern Ireland](#) provide free, private emotional support, information and signposting by phone or email.

[NHS advice on help after rape and assault](#) give advice on what to do, the services that can help, and how to support people.

[Rights of Women](#) give free and confidential legal advice to women and girls through their sexual

harassment at work helpline.

[SurvivorsUK](#) operate a free, private national online helpline for men and boys.

[Galop](#) offer a free, confidential, and independent helpline for anyone in the UK who is LGBT+ and who has experienced sexual assault, violence, or abuse. They also provide assistance to friends, family members, and professionals who are supporting LGBT+ victims of abuse.

[NHS social care support](#) gives free, private support to people who have experienced different forms of abuse.

[Nia](#) gives free, private specialist support to women and girls who experienced any form of sexual violence at any time in their lives.

[Victim Support England and Wales](#), [Victim Support Scotland](#), and [Victim Support Northern Ireland](#) provide free and confidential specialist help.

Independent sexual violence advisors (ISVAs) work with adults and children who have experienced sexual violence and their families. You can talk to an ISVA without talking to the police. You can access ISVAs through sexual assault referral centres (SARCs). SARCs have specially trained doctors, nurses, and support workers on hand 24 hours a day, offering medical, practical, and emotional support to anyone who has been raped, sexually assaulted, or abused. [Find your local sexual assault referral centre.](#)

Email: gmc@gmc-uk.org

Website: gmc-uk.org

Telephone: **0161 923 6602**

General Medical Council, 3 Hardman Street, Manchester M3 3AW

Textphone: **please dial the prefix 18001** then
0161 923 6602 to use the Text Relay service.

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To ask for this publication in another format or language, please call us on **0161 923 6602** or email us at gmc@gmc-uk.org.

I ofyn am y cyhoeddiad hwn mewn fformat neu iaith arall, ffoniwch ni ar **0161 923 6602** neu e-bostiwch ni ar gmc@gmc-uk.org.

You are welcome to contact us in Welsh. We will respond in Welsh, without this causing additional delay.

Mae croeso i chi gysylltu â ni yn Gymraeg. Byddwn yn ymateb yn Gymraeg, heb i hyn achosi oedi ychwanegol.

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