General Medical Council

Embedding Learning from Sexual Abuse (ELSA) cases Programme

Changes made to ensure our systems, processes and guidance enable effective, and compassionate handling of cases involving allegations of sexual misconduct

Introduction

This report provides an overview of the improvements made as part of our programme of work for Embedding Learning from Sexual Abuse (ELSA) cases. The ELSA programme aimed to:

- identify and improve how we handle cases of sexual misconduct and harassment involving children and adults
- review how we work with others, such as employers, to identify concerns
- review the support we offer to those who raise concerns and witnesses through our processes.

Background

In 2017, we commissioned Sir Anthony Hooper to review our handling of the case (in the 1970s and 1990s) of a convicted paedophile, Dr Morris Fraser. Following Sir Anthony Hooper's review, we commissioned a much wider review of all child sexual abuse cases from 1945 to 2016. This was to make sure that we had taken all feasible steps to mitigate any risk to the public.

Sir Anthony's review highlighted that the GMC is now a very different organisation with much stronger powers and procedures that would be used to protect patients should a similar case arise today.

Sir Anthony concluded that the terms of imprisonment which would today be imposed for offences of the kind to which Dr Fraser pleaded guilty in 1992, 1993, and 1995 would inevitably result in erasure from the medical register.

Despite the outcome of the review, we acknowledged that there was still scope for improving the way we handle complaints about sexual abuse and misconduct.

Our response

Following Sir Anthony Hooper's review, we set up the ELSA programme to strengthen the systems, processes, and guidance already in place to ensure we could effectively handle any cases involving allegations of sexual misconduct and to make sure that both public safety is protected and public confidence in the profession is maintained. We implemented improvements

between 2017 and June 2024 to achieve the following.

- **Assurance** – improve how we identify, evidence, and progress cases involving sexual misconduct (which includes sexual abuse, assault, and harassment).
- **Supporting others** – improve our support for:
  - those who raise concerns
  - vulnerable witnesses (to understand and participate) in our investigation of sexual misconduct cases
  - doctors, employers, and our staff in identifying and raising concerns about sexual misconduct
- **Raising awareness** – raise awareness among our staff, doctors, and the public about our professional guidance and how we handle cases involving sexual misconduct

Our initial steps: responding to IICSA, reviewing cases, and expanding the ELSA programme

We provided a detailed submission to the Independent Statutory Inquiry into Child Sex Abuse (IICSA) cases in England in July 2019. In the report, we set out the:

- findings from our review of child sexual abuse cases from 1945 to 2016
- insights we had drawn from these cases
- further steps we were taking to improve our handling of these cases.

We took more steps when launching the ELSA programme by conducting a further targeted review of cases from January 2017 to January 2019 and we also monitored cases after 2019 to continue to identify learnings that would help inform the programme. In addition, we:

- worked closely with our operational teams to identify specific improvements that could be made
- expanded the ELSA programme to include cases of sexual abuse and sexual harassment of adults. This enabled us to consider a wider pool of evidence relating to all victims of sexual misconduct

Our next steps: gathering evidence and developing tools and resources

We are committed to ensuring we continue to learn from others. So, we drew on targeted findings from wider reputable research and surveys such as those conducted by the Professional

Standards Authority,[*] the Equality and Human Rights Commission,[†] the British Medical Association,[‡] the Medical Board of Australia, and the Australian Health Practitioner Regulation Agency.[§]

We shared our findings with other regulators and sought their input and expertise. We looked for opportunities for co-production and we are sharing the tools and resources we developed through the programme on publication of this report.

Assurance

Our work focuses on giving assurance that our fitness to practise processes enable us to effectively identify, evidence, and progress cases involving sexual misconduct and sexual harassment.

We made changes to our guidance and supporting documents to reflect the challenges of raising and investigating concerns related to sexual misconduct. More detail is provided below.

Guidance on anonymous complaints

The guidance on anonymous complaints supports GMC decision makers to make sure that anonymous and confidential complaints are managed appropriately. The changes we made ensure that we continue our investigations of these concerns until it's clear there's no prospect of establishing that the doctor's fitness to practise is called into question. This reduces the risk of potentially serious concerns being concluded without proper examination of whether the complaint can be progressed.

How will this help?

We updated the guidance on anonymous complaints to acknowledge the challenges that many victims/survivors may have when raising a concern about sexual misconduct. The update aims to reduce the risk of anonymous complaints being closed too early.

Guidance for decision makers on applying the five-year rule

Under our current fitness to practise processes, we only consider complaints that are older than

[*] Bad Apples? Bad Barrels? Or bad cellars? Antecedents and processes of professional misconduct in UK health and care and Sexual misconduct in health and social care: understanding types of abuse and perpetrators' moral mindsets

[†] Sexual harassment and harassment at work, technical guidance

[‡] Sexism in medicine report

[§] Independent review of the use of chaperones to protect patients in Australia by Professor Ron Paterson

five years under certain circumstances. We updated our guidance for decision makers on the factors to consider when deciding whether to waive the rule. The guidance now refers specifically to events such as sexual abuse which may affect the timing of a complaint:

'People will react differently to traumatic events such as experiencing sexual abuse and sometimes a 'trigger' event may prompt the complainant to make a serious allegation some years after the event(s) occurred. These trigger events are logical reasons which may explain a delay in allegations being made. The explanation for delay might be prejudicial to the doctor against whom the allegation is made, but that is not in itself a reason for the allegation not to proceed in the public interest. Complainants may not know at the time of events that the actions or behaviour of a doctor would amount to misconduct or may be concerned about not being believed'.

Alongside the changes to the guidance, we amended the templates for decision-makers to ensure greater consistency in the way that they record the reasons for their decisions. We also identified an opportunity to make changes to our systems to be able to better track and report these decisions.

How will this help?

The change recognises that, due to the nature of their experience, in some cases survivors/victims are only able to raise their concerns several years after the alleged events.

Good practice in use of expert reports

We strengthened our guidance on the use of expert reports in clinical cases that may involve allegations of inappropriate examination to capture best practice. In some of the concerns we receive, there can be an overlap between an allegation concerning the adequacy of clinical care and one that involves an inappropriate examination.

How will this help?

The strengthened guidance will help reduce the risk of the concerns about sexual misconduct being overlooked because of the clinical context.

Guidance on use of interim orders

Interim orders allow the GMC to suspend or restrict a doctor's practice while our investigations continue. We updated guidance on imposing interim orders for interim order tribunals and medical practitioners tribunals to reflect insights from research on the limitations relating to the use of chaperones in interim measures. The updates aim to help decision makers consider in more detail the individual circumstances of the case when using chaperone conditions as interim measures, as these may not always provide a sufficient level of protection for patients.

How will this help?

The change is intended to make sure that effective and proportionate measures are put in place by the interim orders tribunal when there's an ongoing investigation. The guidance will encourage decision makers to consider carefully whether interim conditions provide enough protection to the public.

Development of decision-making guidance

We used insights from the ELSA programme to contribute to the development of a new suite of decision-making guidance under our regulatory reform work programme.[*] We provide more content in our core guidance for tribunals and GMC decision makers on sexual misconduct and sexual harassment, the seriousness of these concerns, and how they affect our overarching objective to protect the public.

How will this help?

This change will make sure that decision makers at all stages of our processes will have additional help and guidance when assessing cases of sexual misconduct and sexual harassment. This will better support them to understand the challenges these cases can present and how decisions may be affected.

Review of *Good medical practice*

Our findings from the ELSA programme also helped to inform *Good medical practice* 2024.[†] We introduced a new duty concerning harassment between colleagues to address poor inter-professional behaviour, power differentials, and sexual harassment in medicine.

How will this help?

A clearer statement in *Good medical practice* 2024 on sexual harassment and misconduct between colleagues, as well as updates in our guidance on *Maintaining personal and professional boundaries 2024*, will help to clarify the standards of behaviour expected from doctors—and should help to secure a more proportionate outcome for complainants.

[**] We plan to publish a new suite of core decision-making guidance for Tribunals and GMC decision-makers, the content of which will be finalised after analysis of responses to a consultation that closed on 20 May 2024.

Supporting others and raising awareness

The ELSA programme also focused on how we can support others and raise awareness with our staff, doctors, and the public about our professional guidance and how we deal with cases involving sexual misconduct and sexual harassment. Although some support for patients and others who raise concerns was already available throughout our processes, we focused on delivering further improvements and identifying any gaps. And this resulted in the following initiatives.

Victims/survivors

We developed a tailored resource for victims/survivors of sexual misconduct and sexual harassment explaining what to expect from fitness to practise processes, and the support they will be given throughout. We worked closely with organisations such as VictimFocus, Rights of Women, Purple Leaf and Surviving in Scrubs to develop the resource. It aims to provide support to people who raise a concern about sexual misconduct, and it helps them understand how we investigate and what happens at a hearing.

How will this help?

We know how difficult it can be to raise concerns relating to sexual misconduct especially when victims/survivors may have gone through several other processes first at a local level and with the police.

Our resource is intended to help victims/survivors have the confidence to raise concerns with the GMC. The aim is to explain the purpose of our process, how it works, how long it takes, who is involved, and why we may request specific information.

We appreciate that there may be challenges in ensuring that the resource can be accessed by those who need it most. So, we'll work with a range of relevant organisations across the four countries of the UK to promote it.

Doctors

We worked with our outreach team* to include case studies and content on sexual harassment and sexual misconduct in their existing awareness programmes for doctors.

We developed content on our website to help doctors identify the behaviours and cultures which could lead to sexual misconduct. This includes advice on how to maintain appropriate boundaries

* Our outreach team works across the UK to improve understanding of our guidance. They explain how our processes work and promote our standards. They also collaborate with doctors, healthcare providers, educators and other regulators to understand the issues faced at local level.

between doctors, patients, colleagues, and students.

There are also details on where to go for help and support for anyone affected by sexual misconduct in the workplace, and how to speak up and raise concerns.

How will this help?

The resources will help doctors contribute to safer working environments where inappropriate behaviours are challenged and addressed.

It provides additional help and advice to doctors to support them to meet the standards of expected behaviour set out in *Good medical practice* 2024.

Employers

We developed guidance for employers, including a factsheet for Responsible Officers* to support them in preventing, identifying, and responding to allegations of sexual misconduct by doctors, within and outside of clinical settings. We worked closely with responsible officers to gather their input, experience, and feedback as we developed the resource.

How will this help?

The guidance and fact sheet were developed to help employers respond to concerns about sexual misconduct in a fair, robust, consistent, and compassionate manner.

We have also heard from responsible officers that some trusts are better equipped at and more experienced in handling these cases than others. The guidance helps to share knowledge and experience more widely.

GMC staff

We made improvements to the support GMC staff receive when handling concerns related to sexual misconduct.

We worked with a specialist external training provider, Purple Leaf – part of West Mercia Rape and Sexual Abuse Support Centre. We developed and delivered a training package for staff in leadership roles across 19 key teams in the GMC. The training aimed to educate, inform, and raise awareness of sexual violence and abuse, and included support for staff when handling cases of a distressing nature.

*A responsible officer is a senior doctor with responsibility for monitoring the performance of doctors, and making sure that doctors keep their skills and knowledge up to date. They make recommendations to the GMC about whether doctors should be revalidated and notify us if they have serious concerns about a doctor's practice.

We also developed a resource* to help support training leads and staff when identifying and supporting individuals who have experienced sexual misconduct. The aim of this resource is to help provide consistency and understanding around sexual misconduct. It provides frontline teams at the GMC and the MPTS with educational support and practical advice on handling concerns related to sexual misconduct.

How will this help?

The training focuses on helping our operational teams handle cases about sexual misconduct consistently and more effectively. The resource provides our teams with educational support and practical advice. It covers areas such as understanding consent, common myths and stereotypes, re-traumatisation, and the effect on victims and survivors.

Materials relating to sexual misconduct now form part of the induction process for all teams included in the ELSA training programme. We also plan to provide on-going training to staff handling concerns around sexual misconduct. And we are currently working on the details of what that will entail.

Our progress

We've made effective improvements to our systems, processes, and guidance to enable effective, and compassionate handling of cases involving allegations of sexual misconduct, but we recognise that there is still more to do.

Victims/survivors and members of the public should have greater assurance around how we identify, evidence, and progress cases, and can take confidence in the support that our well-trained staff give along the way.

We recognise how difficult it is for victim/survivors to engage in what is a legal process, when they may already have experienced other investigations at a local level, and it often takes bravery and resilience to keep going.

The improvements made as part of the ELSA programme, taken alongside a clearer statement in *Good medical practice* 2024 on sexual harassment and misconduct between colleagues—as well as updates in our *Maintaining personal and professional boundaries 2024*, will help to secure a fair and proportionate outcome to cases we investigate.

* Training lines to take 'A Professional Response to Embedding Learning from Sexual Abuse'.

The future

We are committed to continuing our work to make sure that we have robust systems, processes, and guidance in place to handle allegations of sexual misconduct effectively.

Our focus on this area is not a one-off programme of work. And we will continue to listen to feedback and engage with others to identify further improvements that we can make to our processes.

As part of our 2024 public consultation on how we regulate physician associates (PAs) and anaesthesia associates (AAs), we asked for views on core guidance for decision makers. Updating our core decision-making tools is part of our wider regulatory reform programme and applies to doctors, as well physician associates and anaesthesia associates. Our findings from the ELSA programme helped to inform what the core guidance should say about cases involving sexual misconduct. We will carefully analyse the responses to the consultation to understand whether any further changes should be made to the wording of the guidance.

We are also committed to ensuring that there's a programme of on-going training for the teams who handle cases involving sexual misconduct. We've already completed a lot of specialist training in this area. But we are determined that our teams continue to have the right tools and capability to continue to protect the public and ensure there's understanding, support, and compassion across their work.

We also hope that publication of the additional resources alongside this report will continue to keep a focus on this important topic, and that other organisations will benefit from the resources we've shared.

Acknowledgements

We are grateful to those who have worked collaboratively with us. This includes Victim Focus, Surviving in Scrubs, Rights of Women, Purple Leaf, the Working Party on Sexual Misconduct in Surgery, the Solicitors Regulation Authority, the Nursing and Midwifery Council, the General Pharmaceutical Council, the Health and Care Professions Council, the General Dental Council and the Health and Care Professions Tribunal Service. We would also like to acknowledge the British Medical Association (BMA) and the Medical Women's Federation for their assistance in the distribution of resources through their channels to help us in ensuring our resources are accessible for people who need them.

And finally, we would like to thank Sir Anthony Hooper for his external review of the case of Dr Morris Fraser, and his advice and recommendations.

Annex A: Advice helplines

Rape Crisis England and Wales, Rape Crisis Scotland and Rape Crisis NI provide free, private emotional support, information and signposting by phone or email.

NHS advice on help after rape and assault provide advice on what to do, the services that can help and how to support people.

Rights of Women provide 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 will also help friends, family members and professionals who are supporting LGBT+ victims of abuse.

NHS social care support gives free, private support to people that have experienced different forms of abuse.

NIA rape crisis 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**

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

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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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