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Sexual misconduct: UK medical practitioners tribunal service is not fit to practise

The current process for managing sexual misconduct perpetrated by doctors in the UK requires major reform, argue **Mei Nortley and colleagues**

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Sexual harassment is an endemic problem within the NHS. In a 2023 study of the surgical workforce, two thirds of women and nearly a quarter of men described being a target of sexual harassment in the preceding five years, and a third of women reported they had been sexually assaulted.[1] Furthermore, a joint investigation by *The BMJ* and the *Guardian* newspaper found that NHS trusts recorded over 35 000 incidents of rape, sexual assault, harassment, stalking, and abusive remarks between 2017 and 2022.[2] This was framed as UK healthcare's #metoo moment.

To deter sexual misconduct and encourage reporting, everyone must be clear that these behaviours are unacceptable and will be punished, and that the punishment will be severe. However, several recent high profile cases have fuelled concerns about the consistency and adequacy of the UK Medical Practitioners Tribunal Service (MPTS) sanctions against doctors found guilty of sexual misconduct. For example, in 2025 an acute medicine consultant who was found to have committed rape by an MPTS tribunal was given only a 12 month suspension. This lenient sentence was attributed to the tribunal's view of the incident as a "one-off event"[3] and further justified by the time since the incident and testimonials of high clinical competence.

In another widely reported case from 2024, a UK transplant surgeon was given an eight month suspension despite misconduct spanning over a decade, including abuses of power, targeting multiple trainees under his supervision, sexual harassment, non-consensual touching during surgery (posing a risk to patient safety), and racism.[4] The General Medical Council (GMC) proposed erasure and, together with the Professional Standards Authority, appealed the leniency of the MPTS decision. The case led to calls for major reform from multiple agencies.[5]

A second example from 2025 shows the need for urgency of change. A doctor who knowingly entered into a sexual relationship with a vulnerable patient whom he had pursued and groomed from the age of 14 was suspended for 12 months rather than erased. The panel cited evidence of insight, remediation, and remorse.[6]

These cases raise questions about the adequacy of protection for victims and the public and affect public confidence in the medical profession. Only 15% of women thought the GMC is able to handle sexual misconduct,[1] while a Professional Standards Authority commissioned report, which reviewed 232 cases of proved sexual misconduct, raised concerns that doctors are treated more leniently and erased from the register less often than other UK healthcare professionals.[7] How can the process be improved?

Problems with MPTS process

The MPTS is an independent adjudicator that is funded by and accountable to the GMC. Its primary role is to protect the public by ensuring doctors meet the required standards to practise medicine (box 1). In 2023, fitness to practise concerns were raised to the GMC against 10 000 doctors, out of over 378 000 on the register.[11] Of these, 814 warranted further investigation and 251 were eventually referred to the MPTS for a full tribunal hearing.[8]

Box 1: MPTS tribunals

Cases are brought to a/the? MPTS tribunal by the GMC. Tribunal panels comprise three members (a medical, legal, and lay member). Panel members are selected through open competition from a pool of around 300. In 2023, 55% of panel members were women and 23% were from ethnic minorities, 32% of tribunals (selected according to member availability) were ethnically and gender diverse, while 15% were single sex with no ethnic minority members.[8] The MPTS has a nine month target from GMC referral to hearing date but aims to list all hearings at the "earliest fair opportunity"[9]

Tribunal process

Tribunals follow a three stage process:

- Finding of facts—The panel reviews the evidence, then decides if any alleged facts are proved on the balance of probabilities. If no facts are proved, the case is closed. If allegations are proved, the hearing moves to stage 2
- Impairment—The panel decides if the doctor's fitness to practise is currently impaired. This is based on proved facts and any further relevant evidence. If not impaired, the hearing ends, though a non-restrictive warning may be issued. If impaired, the hearing proceeds to the third stage
- Sanction—The GMC can propose a sanction and the doctor or their representative may also present evidence about the doctor's character. The panel then determines an appropriate sanction. The decision may be no action; conditions on registration (eg, restricting roles, limiting procedures or prescribing, requiring supervision or retraining); suspension (up to a maximum of 12 months), or erasure from the GMC register

If a doctor is suspended or given conditions, the tribunal may order a review to decide if they can return to unrestricted practice or need further sanctions. The GMC does not have a legal obligation to report criminal

conduct to the police but has discretionary power to do so[10]

Tribunal panel members use MPTS guidance on sanctions to navigate decision making at each tribunal stage. Although the GMC can appeal MPTS outcomes if it thinks the sanctions are inappropriate, current guidance is open to considerable variation. Additionally, it is designed to address generic misconduct and consequently omits elements key to sexual misconduct cases relating to mitigating factors, subjectivity, and motivation.

Mitigating and aggravating factors

To promote consistency, fairness, and transparency in tribunal decisions, MPTS guidance directs tribunal panels to balance aggravating factors (eg, lack of insight, abuse of position, discrimination) against mitigating ones such as insight, remediation efforts, positive character references (testimonials), and the time elapsed since the incident.[12] The guidance states that mitigating factors should carry less weight when the offence is very serious or concerning patient safety. However, many of these elements, particularly insight and remediation, are highly subjective and lack clear benchmarks or criteria, leaving them open to different interpretations.[12] Additional aggravating factors material to sexual misconduct, such as grooming, coercion, manipulation, and persistent patterns of behaviour, are currently not included and so cannot be taken into account.[13]

The mitigating factor of "time elapsed since the incident" is particularly problematic in cases of sexual misconduct and risks undermining and invalidation of serious cases. Reporting of sexual misconduct is commonly delayed because of fear of retaliation, being blamed, or disbelieved.[14]

Currently, good character references are included as a mitigating factor. Concerningly, testimonials may contribute to a "hierarchy of rape"—suggesting violent rape is committed by "monsters," whereas "good guys" make forgivable "mistakes." Testimonials credit the rapist (or harasser) and question the credibility of the person attacked, contributing to victim blaming.[15 16] It can be traumatising for people to hear their abusers described as upstanding members of the community because "predators will often hide behind those positions."[17]

Some acts are so serious, or indeed criminal, that proved misconduct should outweigh subjective assessments such as regret, insight, or remediation, especially for highly trusted professionals like doctors.[15] However, legal professionals and commercial initiatives to support defendants are well oiled machines poised to take advantage of reliance on subjective assessments. One company provides a range of workshops stating: "The way a doctor responds to a [fitness to practise] concern can influence the outcome of their investigation. The right response can lead to less severe sanctions or, in some cases, no sanctions being imposed. We look specifically at insight and remediation and how both of these can lead to better outcomes."[18]

Review of MPTS cases highlights these pitfalls. Whereas one tribunal erased a doctor who demonstrated only minimal insight after attempting to kiss a colleague, another doctor who kissed a colleague without consent received only a four month suspension because the panel deemed he demonstrated regret and evidence of remediation.[19 20]

Sexual motivation

The MPTS sanctions guidance and training includes the requirement to prove behaviour was "sexually motivated." Sexual misconduct is less to do with sex than with power.[21] These behaviours aim to assert power, devalue, and humiliate rather than obtain sexual gratification. Proving sexual motivation is therefore both problematic and invalid.[22] Our analysis of publicly available MPTS hearings over one year shows a large proportion of perpetrators held senior positions and additional leadership roles (box 2).[23]

Box 2: Characteristics of MPTS hearings finding proved sexual misconduct with impairment (August 2023-August 2024)[23]

Defendants

- All defendants were male (n=46)
- Numbers of UK trained (24) and international graduates (22) were roughly equal with a mean of 24.8 years since graduation (range 4-51 years)
- 38 (83%) held positions of authority (eg, consultant, GP, registrar, or senior resident) and 10 held additional leadership roles

Offences

- 4 involved rape or assault by penetration, all leading to erasure
- 25 involved assault, only 2 of which resulted in criminal proceedings
- 12 involved sexual offences against children
- Concurrent misconduct included probity issues (8), racism (4), substance abuse (3), and breach of confidentiality (2)
- Sexual touching, inappropriate messages, and comments were the most common behaviours, often in combination
- Offences ranged from a single instance to persistent behaviours over 9 years, with one third of cases involving multiple victims
- Targets included adult patients (12 cases), colleagues (14), children (9), patients and colleagues (4), patients and children (2), colleagues and children (1), and others (4)

Training and support

In addition to the procedural shortcomings, MPTS panel members may lack the specialist training and tools required to deal with sexual misconduct. The MPTS does not provide trauma informed training for panel members, which can have important consequences. We interviewed four people who had been victim witnesses in MPTS tribunals in 2023. They reported that aggressive scrutiny, hostile cross examination, errors in the preparation of their evidence, unexplained redactions of evidence, prolonged waiting, interruption, and overnight isolation without support left them feeling that they were the ones on trial. This is deeply concerning as victim witnesses in sexual misconduct cases have endured serious trauma[24] and they may come to secondary harm from such treatment during the hearing.[25]

There is also stark imbalance in support. Accused doctors often receive full legal support, including strategic guidance on presenting evidence and mitigating factors. However, as victims are witnesses, they are ineligible for legal support or guidance. Those interviewed received no advocacy, support, or advice on how to present evidence or prepare statements. Operation Soteria, a programme to improve how police forces in England and Wales deal with serious sexual offences, acknowledges the effect of vulnerability on victims' ability to give evidence or interpret questions, recognising this can negatively affect their conduct and demeanour in the hearing room, to their exclusion and disadvantage.[13]

Moreover, while the MPTS rightly recognises patients as vulnerable, there seems to be a lack of understanding that colleague victims are often as vulnerable as other members of the public and deserve equal protection.

A Freedom of Information Act request we submitted revealed that MPTS panel members attend annual training. However, "decision making in sexual misconduct" was introduced only in October 2024 including just a brief description of "rape myths." Adequate familiarity with rape myths is a key part of understanding sexual misconduct. A "real" rapist is often constructed as a stranger using physical force and is thus far removed the "caring doctor" or "supportive supervisor" using coercion or manipulation.[26] In reality, sexual misconduct is often perpetrated by relatively senior doctors, towards colleagues or patients (box 2), involving layers of complexity that complicate determinations of guilt.[27] Those without adequate training may therefore be unwilling to impart severe sanctions following a guilty verdict, for fear of its effect on the defendant's promising life.[28]

Fitness to practise tribunals are managing serious cases of sexual misconduct that include rape, sexual assault, and offences against children. Operation Soteria recognises police force investigators lack specific specialist knowledge about sexual offending, and the report recommended the need for a research informed specialist investigative practice for rape and sexual offences.[13] The same applies to cases where doctors engage in sexual misconduct.

Call for reform

One method to improve consistency of sanctions is to categorise behaviours into subtypes with proscribed sanctions for each. The Southeast Coast Ambulance Service reported improved focus for disciplinary sanctions by using the "3 Cs" model for categorising behaviours: "clumsy, creepy, and criminal."[29] "Clumsy" behaviour lacks malice or intent and would be amenable to remediation. "Creepy" is deliberate, persistent, manipulative, coercive, or an abuse of power, which we suggest is not compatible with continued registration given the exceptional trust placed in doctors. "Criminal" is self-explanatory. Operation Soteria advises that police investigations focus on the offence—including grooming, manipulation, or coercion—rather than the victim's credibility.[13]

Sexual misconduct cases are deeply shaped by societal myths, power dynamics, and complex trauma—factors that standard legal processes often fail to adequately address. Reviews such as the Gillen review into procedures in Northern Ireland[30] and various justice reforms across the UK emphasise that only trained, trauma informed tribunals can protect vulnerable witnesses, provide fair evaluation, and properly challenge stereotypes and cultural views of what constitutes rape or sexual misconduct. Box 3 suggests some changes to the MPTS process that would improve its adjudication in sexual misconduct cases.

Box 3: Changes to improve MPTS handling of sexual misconduct

- *Specialist panels*—Integrate trauma informed experts, psychologists, and sexual violence professionals into MPTS tribunals for cases involving sexual misconduct[29]
- *Standardised behaviour classification*—Objectively define and categorise offences of different severity to give clarity and consistency to sanctioning. Distinguish between behaviours that lack malice or intent and persistent, manipulative, coercive behaviours that represent predatory conduct and abuses of power and trust
- *Reduce reliance on mitigation*—Tribunals should afford diminished weight to mitigating factors such as character testimonials and subjective expressions of remorse, to enhance objectivity in decision making and counter attempts to manipulate the proceedings[16]
- *Victim support*—Provide victims with legal advocates, remote or prerecorded evidence options as standard, and trauma informed cross examination protocols, acknowledging them as vulnerable witnesses deserving of protection[24]
- *Sufficient training*—Mandate comprehensive sexual misconduct education covering rape myths, power imbalances, grooming, and coercion for all tribunal members[28]

Entrenched mindsets, deep rooted in established systems, pose an obstacle to reform. Recognition that the current system is not providing sanctions aligned to public and professional values is key.[1] The GMC and MPTS recently consulted on sanctions guidance, but overcoming inertia and institutional rigidity to enable meaningful change will require legal experts to move beyond existing norms.

We need a dedicated, evidence driven approach that treats sexual misconduct by doctors not as a regulatory outlier, but as the grave abuse of trust it truly is. Sanctions must be sufficiently severe to deter these behaviours, and vulnerable witnesses must be supported and protected. Without concerted effort to change, we risk preserving a system that is more skilled at facilitating abusers than protecting victims, and that continues to erode public trust.[31]

Key messages

- Sexual misconduct by doctors is serious and often involves abuse of colleagues and patients
- Sanctioning of doctors is inconsistent and overly reliant on subjective evidence
- Tribunal panel members require specialised training to deal with sexual misconduct cases
- Vulnerable victims and witnesses need better support through the difficult and traumatic process of tribunals

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1 Begeny CT, Arshad H, Cuming T, etal. Sexual harassment, sexual assault and rape by colleagues in the surgical workforce, and how women and men are living different realities: observational study using NHS population-derived weights. *Br J Surg* 2023;110:-26. doi: 10.1093/bjs/znad242. pmid: 37697690

2 Torjesen I, Waters A. Medical colleges and unions call for inquiry over "shocking" levels of sexual assault in the NHS. *BMJ* 2023;381:. doi: 10.1136/bmj.p1105. pmid: 37220947

3 Record of Determinations. GMC 5207937. 2025. https://www.mpts-uk.org/-/media/mpts-rod-files/dr-aloaye-foy-yamah-10-jan-25.pdf

4 Record of Determinations. GMC 4717872. 2024. https://www.mpts-uk.org/hearings-and-decisions/tribunal-hearings-and-decisions/dr-james-gilbert-jul-24

5 Royal College of Surgeons of England. Surgical leaders call for urgent overhaul of GMC and MPTS handling of sexual misconduct cases. Press release, 5 Apr 2025. https://www.rcseng.ac.uk/news-and-events/media-centre/press-releases/call-for-urgent-overhaul-of-handling-of-sexual-misconduct-cases/

6 Record of Determinations. GMC 7280579. 2025. https://www.gmc-uk.org/-/media/documents/20250630-ep-hughes-signed_pdf-111740045.pdf

7 Searle R. Sexual misconduct in health and social care: understanding types of abuse and perpetrators' moral mindsets report for professional standards authority. 2019. https://aace.org.uk/wp-content/uploads/2024/09/sexual-misconduct-in-health-and-social-care-understanding-types-of-abuse-and-perpetrators-moral-mindsets.pdf

8 Medical Practitioners Tribunal Service. MPTS report to parliament 2023. 2024. https://www.mpts-uk.org/-/media/mpts-documents/mpts-report-to-parliament-2023_pdf-108064501.pdf

9 Medical Practitioners Tribunal Service. Case management procedure for medical practitioners tribunal hearings. https://www.mpts-uk.org/-/media/mpts-documents/DC4213_Case_management_procedure.pdf_51912315.pdf

10 Rowland A. *Sharing information with the police and with social services*. General Medical Council, 2017.

11 General Medical Council. *Fitness to practise statistics 2023*. General Medical Council, 2024. https://www.gmc-uk.org/-/media/documents/fitness-to-practise-annual-statistics-2023-108151305.pdf

12 Medical Practitioners Tribunal Service. Sanctions guidance. 2024. https://www.mpts-uk.org/-/media/mpts-documents/07_-dc4198-sanctions-guidance-5-february-2024_pdf-104619554.pdf

13 HM Inspectorate of Constabulary and Fire Rescue Services. Progress to introduce a national operating model for rape and other serious sexual offences investigations in early adopter police forces. 2024. https://hmicfrs.justiceinspectorates.gov.uk/publication-html/progress-to-introduce-a-national-operating-model-for-rape-and-other-serious-sexual-offences-investigations/

14 Goodman-Williams R, Volz J, Fishwick K. Reasons for not reporting among sexual assault survivors who seek medical forensic exams: a qualitative analysis. *J Interpers Violence* 2024;39:-25. doi: 10.1177/08862605231211926. pmid: 37970805

15 Dowds E. Challenging the role of good character evidence in rape trials: Monsters, myths and mitigation. *Int J Evidence Proof* 2025;13. doi: 10.1177/13657127251326788.

16 Scott G, Martin B. Tactics against sexual harassment: the role of backfire. *J Int Womens Stud* 2006;7:-25.

17 Rosato E, McLaughlin D. *Use of character references in sex abuse cases 'should be reformed*. BBC News, 5 Feb 2025. https://www.bbc.co.uk/news/articles/c805mend3e5o#

18 Insight Works Training. Responding to GMC concerns – Insight and Remediation. 2024. https://insightworkstraining.co.uk/responding-to-gmc-concerns-insight-and-remediation/

19 Record of Determinations. GMC 4613019. 2024. https://www.gmc-uk.org/api/gmc/lrmpdocuments/download?dr=4613019&document=107985129&documentType=hearing

20 Record of Determinations. GMC 3707764. 2024. https://www.gmc-uk.org/api/gmc/lrmpdocuments/download?dr=3707764&document=107776358&documentType=hearing

21 McLaughlin H, Uggen C, Blackstone A. Sexual harassment, workplace authority, and the paradox of power. *Am Sociol Rev* 2012;77:-47. doi: 10.1177/0003122412451728. pmid: 23329855

22 Cortina LM, Areguin MA. Putting people down and pushing them out: sexual harassment in the workplace. *Annu Rev Organ Psychol Organ Behav* 2021;8:-309. doi: 10.1146/annurev-orgpsych-012420-055606.

23 Dixon F, Pouncey AL, Ali R, etalProtecting or enabling? a review of medical practitioner tribunals involving sexual misconduct. *Bull R Coll Surg Engl* 2025. [Epub ahead of print.]

24 Moroz A, Dinisman T. *Suffering for justice. Sexual violence victim-survivors' experiences of going to court and cross-examination*. Victim Support, 2024.

25 Wallace L, Ryan S, Searle R, etal. *Witness to harm-holding to account. improving patient, family and colleague witnesses' experiences of fitness to practise proceedings: a mixed methods study*. National Institute for Health and Care Research, 2024.

26 Temkin J, Gray JM, Barrett J. Different functions of rape myth use in court: findings from a trial observation study. *Fem Criminol* 2018;13:-26. doi: 10.1177/1557085116661627

27 Ellison L, Munro V. Better the devil you know? 'real rape' stereotypes and the relevance of a previous relationship in (mock) juror deliberations. *Int J Evid Proof* 2013;17:-322.doi: 10.1350/ijep.2013.17.4.433.

28 George R, Ferguson S. Review into the Criminal Justice System response to adult rape and serious sexual offences across England and Wales. Home Office, Ministry of Justice 2021. https://assets.publishing.service.gov.uk/media/60c9c570d3bf74bd4662c84/rape-review-research-report-appendix-d.pdf

29 South East Coast Ambulance Service Trust. Board Meeting. 2023. https://www.secamb.nhs.uk/wp-content/uploads/2023/02/00-Board-papers-02.02.23.pdf

30 Gillen J. Report into the law and procedures in serious sexual offences in Northern Ireland. 2019. https://www.justice-ni.gov.uk/publications/gillen-review-report-law-and-procedures-serious-sexual-offences-ni

31 Bandura A. *Moral disengagement: How people do harm and live with themselves*. Worth Publishers, 2016.