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NEWS ANALYSIS

"Dangerously unsafe": Doctor tribunal service's handling of sexual misconduct cases condemned by victims and researchers

The process for dealing with UK doctors who are guilty of sexual misconduct is "deeply flawed" and requires major reform, researchers tell **Adele Waters**

Adele Waters

A team of academics and clinicians from six organisations have reviewed how the Medical Practitioners Tribunal Service (MPTS) manages sexual abuse cases and found the guidance that underpins sanctioning of doctors is "wildly inadequate." Their article, published today in *The BMJ*, concludes that tribunal panels are too reliant on subjective evidence when it comes to issuing sanctions and, as a result, decision making is inconsistent and, sometimes, too lenient.[1]

At the same time, *The BMJ* has spoken to a patient in a recent case in which a doctor was suspended after forming an intimate relationship with her (they engaged in sexual activity when she was 17, which led to sexual intercourse between them in the days after she turned 18). The patient told *The BMJ* that the current MPTS process is "dangerously unsafe" and needs major reform to genuinely support victims (box 1).

Box 1: MPTS process is "dangerously unsafe"

In June this year, Cian Hughes, a doctor who formed a relationship with a teenage patient he met in hospital, was suspended from the UK medical register for 12 months.[2]

Hughes met the patient, named only as Patient A, in March 2011 when she was 13 and Hughes was a fourth year medical student. The two maintained regular correspondence for years, and the relationship became intimate after they met again in person years later, culminating in sexual intercourse soon after she turned 18. Their last contact was a 2018 message from Patient A asking to meet up, to which Hughes did not reply. In 2020, Patient A reported the relationship to the police, who interviewed Hughes but took no further action.[3]

The BMJ spoke to Patient A in the case against Hughes, and she described her experience of the MPTS tribunal:

"I spent eight months preparing for the MPTS hearing, meticulously revisiting thousands of text messages and emails, ready and willing to finally share my experiences in person. But at the last minute, Cian Hughes admitted most of the charges against him and decided he didn't want to question me. Just like that, he stole my voice, much like he did with my virginity and innocence.

"The system is so flawed: unless a party disputes a witness's evidence, victims of sexual misconduct are often blocked from testifying beyond written statements, even if they desperately want to. His lawyer then dared to present this as an act of kindness by Hughes, to spare me trauma. In reality he was silencing me. The time for Hughes to protect me was over 10 years ago when I was a child, not now. I needed to say that our relationship was manipulative, deeply damaging, and gave me PTSD [post-traumatic stress disorder].

"The process felt victim hostile and utterly unfair. As a 'member of the public,' I only received redacted hearing outputs and had to get exemptions to attend private sessions, even though they were meant to protect my own identity. I wasn't allowed to know what allegations he admitted until the hearing started, making it impossible to ensure my witness statement fully covered all points.

"Conversely Hughes was able to submit multiple glowing references saying he's a brilliant doctor; this isn't about his technical ability, but whether his conduct towards me makes him unfit for the profession.

"The tribunal focused on protecting Hughes's career, not the profound impact of his actions on me."

The BMJ contacted Hughes but he did not wish to comment.

In their article, the academics recommend a package of reforms to not only encourage reporting of sexual misconduct incidents but deter such behaviour in the first place.

They examined all publicly available MPTS case records over one year (August 2023 to August 2024). Out of 54 sexual misconduct cases, nine were not proven, so researchers analysed the remaining 46 to identify themes and the relationships between offences and sanctions given. Misconduct ranged from inappropriate comments and sexual touching to rape, and victims included colleagues, patients, and children.

The research team identified inconsistencies. "We found that in the majority of cases, the sanctions handed out by the MPTS were in keeping with their own guidance," said Frances Dixon, first author and a general surgery registrar in the Thames Valley deanery. "But we found the sanctions guidance itself was wildly inadequate and gave the possibility for inconsistency in its application."

The guidance, which helps tribunal panels determine sanctions, directs members to balance aggravating factors such as abuse of a doctor's position against mitigating ones, such as "insight" into their behaviour.[4] But because the mitigating factors are not clearly defined, they are open to variability in their interpretation by panel members, say the researchers. As a result, these factors can skew outcomes.

"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 that he demonstrated regret and evidence of remediation," their article highlights. In a separate analysis of the data, published today by the Royal College of Surgeons, the same group of researchers found that evidence of remediation, expression of regret, or demonstration of insight were significantly more likely to lead to a suspension rather than an erasure from the medical register.[5]

The *BMJ* article cites several recent high profile cases that have helped fuel concern that sanctions can be too lenient. In one case last year, the MPTS found an acute medicine consultant guilty of rape but only suspended him for 12 months.[6] The tribunal's decision—which went against advice from the General Medical Council (GMC)—was informed by the view that it was a "one-off event" which had occurred some time ago, and the panel highlighted testimonials about the perpetrator's high clinical competence.

In another case in 2024,[7] a UK transplant surgeon who was found guilty of misconduct spanning more than a decade (including sexual harassment, and non-consensual touching during surgery—therefore posing a risk to patient safety) was suspended for just eight months, despite the GMC proposing his erasure from the professional register.

"There are some behaviours that are fundamentally incompatible with remaining on the register," said Dixon. "We found cases where people were perpetrating offences that, we believe, should have necessitated erasure but instead being handed suspensions."

Unable to cope with nuances

Mei Nortley, senior author of the *BMJ* article and a consultant surgeon at Oxford University Hospitals NHS Foundation Trust, identified further problems with the sanctions guidance: "Some points are deeply flawed … As it stands the guidance is simply not able to cope with the nuances and complexity of sexual misconduct."

To find a doctor guilty of sexual misconduct, tribunal panel members are asked to identify sexual motivation for their behaviour, Nortley said. "But there's widespread recognition that sexual harassment, and even rape, is not sexually motivated," she said. "It's about power, humiliation, and it's about suppressing people downwards in a hierarchy."

Nortley added that "time elapsed since incident" is a particularly flawed mitigation, since reporting sexual misconduct is commonly delayed because victims fear retaliation, being blamed, or being disbelieved.

The sanctions guidance, which was updated in February 2024, applies to all types of misconduct, but this is also problematic, said Dixon. "It's not written explicitly for sexual misconduct. But sexual misconduct is different to prescribing fraud or a speeding ticket and it requires specialist handling."

In their *BMJ* article, the authors also highlight that the MPTS panels are not directed by the guidelines to consider aggravating factors that are usually considered material to sexual misconduct cases, such as grooming, coercion, manipulation, and persistent patterns of behaviour.

Interviews that the research team conducted with victim witnesses in MPTS hearings also revealed a lack of fair treatment, leading to a risk of secondary harm, Nortley added.

"Panel hearings are an extremely intimidating environment," she said. "The victim witness sits in the middle of the horseshoe surrounded by people they don't know. They sit face to face with the defendant or the doctor's legal representative and can be aggressively questioned two metres from the defendant.

"Victims told us they experienced hostile cross examination and there were unexplained errors in the preparation of their evidence, such as large chunks of their evidence redacted without explanation and without consultation.

"There's little recognition of the fact that if you've got a victim witness who's feeling very vulnerable and being aggressively cross examined, they are not going to be able to optimally interpret the questions being asked of them, or evidence their statement. If they are so emotionally overwhelmed, they're not going to function to the best of their ability," Nortley added.

Endemic problem

Sexual assault and harassment are known to be an endemic problem within the NHS. In 2023, a joint investigation by *The BMJ* and the *Guardian* newspaper found NHS trusts had recorded more than 35 000 incidents of rape, sexual assault, harassment, stalking, and abusive remarks between 2017 and 2022.[8]

The authors of the latest *BMJ* article say it is also a common perception that doctors who commit such offences are dealt with too leniently. In 2019, a review of 232 proven sexual misconduct cases by the Professional Standards Authority, which oversees the regulation of all UK health professions, found that doctors are treated more leniently and erased from the register less often than other UK healthcare professionals.[9]

In April this year, the Royal College of Surgeons of England and the Working Party on Sexual Misconduct in Surgery (WPSMS) called for urgent reforms to better support victims.

The MPTS is expected to issue updated guidance this autumn. An MPTS spokesperson told *The BMJ* the updated guidance would reflect the development of recent case law and build on good practice. They said, "We recognise the impact of our work and decisions on the lives of the doctors. It is paramount that our decisions are fair and proportionate, and are seen to be so, and that we are open to informed scrutiny in this regard.

"Our tribunals operate according to the law and the relevant guidance at each stage of the process."

As concerns about misconduct hearings cross the remit of both the MPTS and the GMC, *The BMJ* also put the criticisms of the process to the GMC. A GMC spokesperson said the council took a zero tolerance and proactive approach to all forms of sexual misconduct, and at the heart of its efforts was the support it provided to victims and survivors. "This includes resources to help raise concerns about sexual misconduct by a doctor, as well as the development of training and guidance for our investigators and decision makers. We've strengthened our guidance for doctors in the GMC's Good Medical Practice, ensuring that the definition of sexual misconduct is clear—along with the duty of doctors to address this unacceptable behaviour.

"We are actively listening and continuously seeking opportunities to play our part in ensuring that victims and survivors are supported and heard, and that cases of sexual misconduct are handled appropriately, with care and compassion."

So what needs to change? First, MPTS panels need to be upskilled, advised Dixon. "Sexual misconduct is a special area, so tribunal

panels need specialist training. They also need improved sanctions guidance so that they don't add too much weight to those mitigating factors and they need to add in the missing aggravating factors.

"Second, we also need to see victim support," she added. "That means improving their access to both legal advice and support which recognises they are already vulnerable and at risk of secondary harm."

Lastly, she said the system needs to recognise the negative and wider impacts of the status quo. "There must be recognition that any inconsistency and leniency of sanctions have knock-on effects—on individuals and on the (reduced) likelihood of others reporting sexual misconduct incidents. There are also wider implications in terms of public perception and confidence in the medical profession as well as the threat of staff feeling betrayed and no longer able to trust the system, ultimately enabling and facilitating more of this type of behaviour."

Nortley added, "We'd like to see sanctions that reflect the values of our society. I think the general public thinks that if someone is a rapist, they should not be a doctor."

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