

Apologies:

[REDACTED] [REDACTED]
[REDACTED] [REDACTED]
[REDACTED] [REDACTED]
[REDACTED] [REDACTED]

In attendance:

[REDACTED]

Item	Item name	Discussion	Agreed/Action
2.	Minutes of last meeting – 14 th May 2025	The minutes were accepted.	
7.	Advancing Equity in Medical Education	<p>[REDACTED] - Equality and Diversity Lead Introduced herself and explained her EDI roles within [REDACTED]. She recognises from national publications that Trauma and Orthopaedic Surgery still has headway to make in lots of areas, and our region could lead the way in some respects.</p> <p>The GMC survey (free text) threw up some worrying comments about unwanted sexual advances. There have been rumours circulating for a long time about potential inappropriate behaviour, without any substance. More information would be required in order to deal effectively with issues with culture within the workplace, if they exist and if they are widespread.</p> <p>Referencing the Working Party on Sexual Misconduct in Surgery (WPSMS) within the Royal College of Surgeons of England, [REDACTED] [REDACTED] opened discussion about the role of a regional survey to</p>	

[REDACTED]

Apologies:

[REDACTED]

In attendance:

[REDACTED]

Item	Item name	Discussion	Agreed/Action
2.	Minutes of last meeting – 1 st October 2025	The minutes were accepted.	

3.	Matters arising (if not covered under main agenda)		
4.	Quality Management	<p>Sexual Misconduct Survey</p> <p>A Sexual misconduct was discussed in October following a worrying comment in the GMC trainee survey about a unit in the region.</p> <p>██████████ explained that the survey was issued to all trainees in West of Scotland. There was an excellent response rate of 70% with male and female respondents. The subsequent results were not anticipated. They have already been shared with the trainees at their regional teaching day. ██████████ apologised for the delays in reporting and the less than ideal manner in which they have been shared up to this point. She emphasised that this was requested by NES due to sensitivities around the data and because the NES governance routes were not followed, but it does not negate the alarming results.</p> <p>Key findings from the survey include:</p> <ul style="list-style-type: none"> • 25% of respondents reported personally experiencing sexual misconduct. • 27% of respondents had witnessed sexual misconduct. • Only 5% of incidents were formally reported, with respondents citing fear of repercussions and concerns about career impact as major barriers. <p>Every unit in West of Scotland is implicated except for 2. As a result of free text comments (which cannot be shared due to risk of identification of trainees), notifications of concern had</p>	

		<p>to be submitted to NES and all the west of Scotland MDs of these boards have been informed (although the detail of information shared is unknown)</p> <p>The most common sexual misconduct reported (according to the descriptors included in the survey taken from NES information on the subject) were sexual comments, innuendo and jokes.</p> <p>The second most common issues were people talking about their own sexual experiences and asking about the sexual experiences of others.</p> <p>It is important to acknowledge that this behaviour is spread across multiple staff groups.</p> <p>In response to the results, NES has developed an SBAR which will be circulated to the STC with the minutes of this meeting. A programme visit is being considered and we will get more information on next steps at the next meeting with NES in February.</p> <p>██████████ suggested that the survey could be repeated next year to see if we can document a change in culture. ██████████ explained that it would be too soon to see true change and in fact the STC are not allowed to repeat it, so it would have to be performed by NES if they so wish.</p> <p>Behaviours other than sexual misconduct were also unfortunately identified within the free text comments in the survey – bullying, misogyny, racism.</p>	
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		<p>Any future surveys must go through the correct channels at NES (or as suggested by trainee reps, be arranged nationally via BOTA.)</p> <p>Each STC member was encouraged to bring the findings back to their own department for discussion.</p> <p>██████████ offered to visit units to present the data if members feel unable to do so.</p> <p>Please note that this is sensitive information and so if anyone is approached by the press, they should pass the contact to the NES Comms department immediately.</p> <p>██████████ requested to see the questions included in the original survey. ██████████ agreed that this would be helpful but explained that they have shared everything they can share at the moment, as per NES. ██████████ asked if there has been any police involvement as a direct result of the survey and was assured this was not the case.</p> <p>There followed a discussion about anonymous reporting in the future but if truly anonymous it is difficult to take any action and so this would not seem appropriate.</p> <p>A lengthy discussion followed and as a result this INITIAL action plan has been suggested</p> <p>STC Action Plan:</p> <ol style="list-style-type: none">1. Code of Conduct Develop a regional code of conduct that explicitly outlines	
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		<p>the expected standard of behaviour. [REDACTED] ([REDACTED]) and [REDACTED] [REDACTED] have already commenced work on this.</p> <p>2. Bystander Training Strongly encourage all STC members to attend bystander training.</p> <ul style="list-style-type: none"> ○ Explore integrating bystander training into the regional teaching programme. ○ <p>3. Escalation of Concerns</p> <ul style="list-style-type: none"> ○ Each STC committee member should serve as pastoral leads within their respective departments but can also act as a point of contact for trainees who do not feel comfortable raising concerns within their own department. The names of committee members will be distributed to trainees during departmental inductions. ○ A trainee representative raised the possibility of anonymous reporting, though challenges around implementation were noted. ○ Trainees will be encouraged to raise concerns, even if they do not wish to file a formal complaint, as they may still require pastoral support. ○ The committee will liaise with the TDWS (Trainee Doctor Wellbeing Service) to better understand the support they offer in relation to sexual misconduct. ○ <p>4. Social Exclusion A trainee representative raised a concern that certain</p>	
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		<p>groups of trainees may now be socially excluded in order to prevent others being accused of “saying the wrong thing”. It was emphasised that both male and female trainees highlighted issues of sexual misconduct, indicating that this is not an issue exclusive to one gender and the aim is to stamp out all comments that make anyone feel unsafe/uncomfortable.</p> <p>With changeover day fast approaching, the pastoral leads for each unit should make themselves known and a full list of the membership of the STC should be distributed/circulated to all trainees in case there are barriers to reporting locally.</p> <p>All agreed that it has been a challenging time. Due to the need to ensure appropriate governance and protect anonymity it took several months to release the results. There was frustration expressed with the time the process has taken. .</p> <p>██████████ is going to share the SBAR with the other Scotland Deanery TPDs (acknowledging that any future surveys on this topic in any region would be co-ordinated centrally through NES).</p> <p>██████████ asked for it to be put on record that all trainees should be thanked for engaging with the process and for showing bravery in their responses.</p>	

