

Annex B

2. Any reports, summaries, or analyses produced from the survey results.

A Situation, Background, Assessment and Recommendation (SBAR) report was produced following the survey results. The content of this SBAR is detailed below.

SBAR: Sexual Misconduct in Trauma & Orthopaedic Training – West of Scotland

Situation										
<p>A specialty-level survey undertaken by the West of Scotland Trauma & Orthopaedic Specialty Training Committee indicates a concerning prevalence of sexual misconduct and inappropriate behaviour experienced and witnessed by Resident Doctors in Training (RDIT) across multiple Boards in the region.</p> <p>The findings represent a credible signal of risk to trainee wellbeing, psychological safety, and training quality.</p>										
Background										
<ul style="list-style-type: none"> • The survey was prompted by free-text comments in the 2025 GMC national training survey. • The survey was distributed to 74 T&O trainees in the West of Scotland (WoS); 52 responses (70% response rate). • 25% of respondents reported having personally experienced sexual misconduct during their training. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Examples of sexual misconduct experienced</td> </tr> <tr> <td>Sexual gestures</td> </tr> <tr> <td>Leering, staring or suggestive looks</td> </tr> <tr> <td>Sexual 'jokes', innuendos, or suggestive comments</td> </tr> <tr> <td>Unwanted sexual advances or flirting</td> </tr> <tr> <td>Intrusive questions about your personal life or sexual life</td> </tr> <tr> <td>Someone discussing their own sex life</td> </tr> <tr> <td>Spreading sexual rumours</td> </tr> <tr> <td>Unwanted physical contact of a sexual nature</td> </tr> <tr> <td>Sexual comments or noises</td> </tr> </table> <ul style="list-style-type: none"> • 27% of respondents reported having witnessed such behaviour. • Behaviours reported include sexualised language, misogynistic “banter”, boundary violations, abuse of power, and intimidation. • Only 5% of those affected reported incidents formally. • Primary barriers to reporting: fear of repercussions, lack of confidence in outcomes, and uncertainty about reporting routes. <p>The behaviours described span multiple WoS Health Boards and staff groups, and are not confined to a single unit or site.</p>	Examples of sexual misconduct experienced	Sexual gestures	Leering, staring or suggestive looks	Sexual 'jokes', innuendos, or suggestive comments	Unwanted sexual advances or flirting	Intrusive questions about your personal life or sexual life	Someone discussing their own sex life	Spreading sexual rumours	Unwanted physical contact of a sexual nature	Sexual comments or noises
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Assessment

The survey achieved a high response rate and provides sufficient aggregate quantitative and qualitative data to support governance consideration, while recognising its limitations and non investigatory nature.

This represents:

- a training quality and safety issue, not solely an HR or conduct issue
- a multi-Board concern, not owned by a single Health Board
- a systemic cultural risk, particularly affecting female trainees

The absence of reporting reflects low psychological safety, which itself constitutes a quality risk.

The survey findings require formal consideration and proportionate next steps.

Recommendations

1. Governance routing

- The findings will be considered through NES training quality management and the Medical Directorate Quality and Safety Group.
- NES to act in its role as Statutory Education Body to coordinate a response to this notification of concern (NOC).

2. NES actions

- NES to:
 - triangulate with existing training survey data
 - assess whether this constitutes a risk to training approval/quality
 - clarify reporting pathways and trainee support routes
 - consider need for targeted quality interventions or enhanced monitoring at specialty or site level
 - provide support for anyone either witnessing or experiencing sexual misconduct [The Development and Wellbeing Service | Scotland Deanery](#)

3. Specialty Training Committee (STC)

- STC to support NES-led next steps, including engagement and communication with trainees.
- STC to ensure that any further data collection or action is within NES governance routes.

4. Health Board accountability

- Territorial Boards to retain responsibility for:
 - conduct management
 - safe working environments
 - HR / disciplinary processes
- Boards to be formally notified of the intelligence, with expectation of local review.

5. Local Unit

- Local culture
- Raising concerns promptly