

Surviving in scrubs:

sexism, sexual harassment, and assault in the primary care workforce

#METOO IN MEDICINE

In the UK, in response to the #MeToo movement, multiple industries have been opening up and discussing sexism and sexual abuse. In recent years attention has been drawn to the film, legal, charitable, and government sectors as employees have disclosed their experiences. Health care is no exception. In 2021 the British Medical Association's (BMA) *Sexism in Medicine* survey found that 91% of women doctors had experienced sexism at work in the last 2 years.¹ The survey also reported that 31% of women responders experienced unwanted physical conduct in their workplace and 56% of women responders received unwanted verbal conduct related to their sex. Studies have reported issues within specific specialties such as surgery and emergency medicine. In 'Sexual assault in surgery: a painful truth' a hostile culture towards women is described, with issues ranging from sexist microaggressions to serious sexual assault.² Unwanted sexual comments, attention, or advances were experienced by 52.9% of emergency medicine doctors in Lu *et al's* study, with negative effects on self-confidence and career advancement.³ This issue is not isolated to qualified doctors: harassment and discrimination in medical schools were highlighted in a 2014 systematic review.⁴ The implications of this behaviour for victims included guilt, loss of professional identity, and resignation — which will have a significant impact on the future workforce.⁵ From speaking with victims exposed to harassment and assault, the longer-term impact can include significant mental health problems and extended periods of sick leave, with some individuals ultimately leaving medicine.

General practice is often seen as the woman-friendly specialty because of its flexibility, family-friendly working, and high numbers of women GPs. However, on closer analysis, there is evidence of

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disparities between men and women GPs. Despite 55% of GPs being women, less than 50% of women GPs are partners compared with over 80% of men GPs. The *Mend the Gap* report on the gender pay gap in medicine found that, for the adjusted pay gap, women GPs on average earn 15.3% less than men GPs.⁶ Chris Thomas, lead author of the Institute for Public Policy Research analysis *Mind the GP*, stated 'As it stands, the general practice pay gap is the equivalent of a woman GP working for free between the August bank holiday weekend and Christmas.'⁷

The BMA's *Sexism in Medicine* survey found that 82% of salaried GPs and 74% of GP partners had experienced sexism in the last 2 years.¹ GP responders felt less supported to take as much parental leave as they needed or were entitled to than any other medical specialty (37% compared with 25% across other specialties). In addition, 49% of women GPs reported that they had been discouraged from working in other specialties, the highest figure of any group.¹ In a 2019 survey, 6% of GPs had either experienced or witnessed sexual harassment from colleagues.⁸

SURVIVING IN SCRUBS

Following a recent campaign, Surviving in Scrubs, testimonies of lived experience of sexism, sexual harassment, and sexual assault in health care have emerged within the UK's healthcare workforce.⁹ Surviving in Scrubs is a campaign that Becky Cox (academic GP and GP with an extended role in women's health) and Chelcie Jewitt

(emergency medicine trainee, founder of the BMA sexism in medicine project) have founded to raise awareness of the sexist and misogynistic culture within health care. We are two doctors who have both experienced sexism, sexual harassment, and sexual assault from other doctors at work. Surviving in Scrubs was set up as a space where healthcare workers who have experienced sexism and/or sexual misconduct from other healthcare workers can share their stories anonymously. The website has been live since June 2022 and in the first few weeks over 100 stories were submitted. This includes a range of behaviours from abusive language and discrimination up to serious sexual assault and rape.

From the powerful testimonies, one of the commonest specialties for misogynistic behaviour has been general practice. The examples below are from stories submitted to the website based on reports from multiple individuals, suggesting a pattern of misogyny and sexual misconduct in general practice.

Women GP trainees have reported harassment from men GP supervisors about their appearance and weight. There have also been stories from women GPs of sexual assault and repeated sexual abuse from senior men GPs.

Women GPs have been harassed based on their physical appearance, groped, and sexually assaulted by patients both when working in their surgery and on home visits.

From a workforce perspective, men GP partners have been described seeking a 'token ... female GP ... to "deal with the women's bits"';⁹ in reference to recruiting a GP to see patients presenting with gynaecological health problems in their practice. It has also been reported that surgeries have decided not to employ any women of childbearing age.

Pregnant women GPs have received hostile comments from senior GPs about taking maternity leave, feeling pressured

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to work for longer. Those with children have been told that they are not suitable for partnership for the simple fact of having children, and those without children have reported being asked excessively when they are going to have children.

HOW TO TACKLE THIS

Both from the existing literature and the initial findings of *Surviving in Scrubs*, there is evidence of a significant problem of sexist and misogynistic behaviour in general practice. The true extent of this is yet to be realised: under-reporting, lack of recognition, and a lack of studies further compounds the problem. Currently we do not know the true prevalence of this issue within general practice and medicine in the wider context, specifically for sexual assault and abuse. In the UK the longer-term impact for survivors of sexual harassment/assault in health care needs to be researched, alongside the impact on workforce turnover and cost to the NHS. Research also needs to consider the intersectionality of this issue; as more stories emerge we expect to see the impact of race, gender, disability, and sexuality illustrating how misogynistic behaviours impact these individuals.

This problem is not confined to women GPs: nursing and allied healthcare staff are also experiencing these issues. We are seeking more stories from these individuals and research needs to be undertaken to understand the problems that nurses and allied health staff face. For victims there is no defined reporting system outside of their practice, the most likely space within which the sexist behaviour is occurring. A safe and independent reporting system external to GP practices is needed to ensure that women feel able to speak up and that their concerns will be acted on without fear of repercussions.

As the evidence base grows, formal

recognition of this issue is needed from our healthcare institutions including the Royal College of General Practitioners (RCGP). Top-down change is needed from the RCGP to lead by example — to call out this behaviour and set up a taskforce to tackle this issue in primary care. Widespread cultural change is needed, with consequences for perpetrators, education provision, a safe reporting system, and support for survivors.

At *Surviving in Scrubs* we are continuing to push for change, with the ultimate aim for us being to no longer need to exist. We are campaigning for widescale institutional change across health care, asking for formal recognition and action on this issue from healthcare institutions, improved investigation and tribunal outcomes for survivors from the General Medical Council, and the development of safe reporting systems.

If you have a story, we want to hear it. Please submit on www.survivinginscrubs.co.uk.

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