

Barriers to reporting misconduct: exploring support and reporting systems in surgical training

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In September 2023, Begeny *et al* reported on the troubling prevalence of sexual harassment, assault and rape in the UK's surgical workforce.¹ While their findings were disheartening, they were not surprising given the longstanding challenges faced by surgeons in training. Despite ongoing evidence that highlights the negative experiences of these individuals, progress remains limited.² We propose that a key barrier to change lies in the failure to recognise these incidents as part of a broader, systemic issue, one that is documented annually in the General Medical Council's national training survey (NTS)³ but that remains insufficiently recognised, discussed or addressed.

In order to further explore this issue, we re-analysed our own data to investigate the relationship between the experiences of surgeons in training, as reflected in the NTS, and the environments in which they work.⁴ Specifically, we focused on scores from the 'supportive environment' and 'reporting systems' domains, hypothesising that surgeons in training (who may feel less supported and less confident in raising concerns) experience

greater barriers to reporting misconduct. Consequently, we examined whether these domains have consistently lower scores in surgical specialties than in their non-surgical counterparts.

We conducted a linear mixed-methods regression analysis to compare the NTS scores in the 'supportive environment'

of 2.63 points ($p<0.001$) and 2.03 points ($p<0.001$) between surgical and non-surgical specialties in the 'supportive environment' and 'reporting systems' domains, respectively. While the absolute score differences are modest, their statistical significance and consistency over time highlight meaningful disparities in the training environment.

Our findings indicate that surgeons in training are less likely to feel supported or confident in reporting systems, which would be expected to lead to under-reporting of misconduct, including sexual harassment

and 'reporting systems' domains between surgical and non-surgical specialties in 2022, accounting for clustering within the 120 English hospital trusts analysed.³ We found statistically significant differences

Furthermore, surgical specialties reported a significantly lower score in both domains than non-surgical specialties in each year since these questions were introduced in 2015.

Although these findings may suggest relatively minor differences in NTS scores between the two groups, we believe that the consistency of these differences and the degree of statistical significance of these results is noteworthy. We also argue that these seemingly small differences can have a substantial impact on the experiences of those in training. Illustrating this, a previous study has demonstrated a consistent year-on-year decline in NTS scores among surgeons in training, including those in the ‘supportive environment’ and ‘reporting systems’ domains.⁵ Once again, this decline was characterised by a relatively small but highly significant difference in NTS scores. These observations underscore two important points: first, even small but statistically significant variations in NTS scores shed light on critical aspects of the training experience, and second, the declining trend in NTS scores among those in training is a concerning development that warrants attention.

Our findings indicate that surgeons in training are less likely to feel supported or confident in reporting systems, which would be expected to lead to under-reporting of misconduct, including sexual harassment. The lack of strong support systems and ineffective reporting mechanisms, coupled

with the hierarchical nature of surgical training, creates a power dynamic where individuals may fear repercussions for raising concerns. This structural issue allows inappropriate behaviours to persist unchecked. Although cultural factors or personal attitudes may also play a role, our analysis focuses on systemic barriers to reporting rather than the causes of the behaviour itself.

Future research should investigate the emotional and professional challenges that discourage reporting, assess the effectiveness of current reporting systems, and explore how gender dynamics and power structures affect under-reporting. Suggested interventions include implementing anonymous reporting systems, conducting culture audits, establishing independent support bodies, creating mentorship programmes and providing anti-harassment training. These measures aim to address the systemic barriers identified, fostering a safer and more supportive environment in surgical training programmes.

Conflict of interest

None of the authors have any relevant conflicts of interest to declare.

Funding

This work received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

Data availability

All data used in this study is publicly available.

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