

#PrimarycareToo

Dr Becky Cox

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GPwER Gynaecology

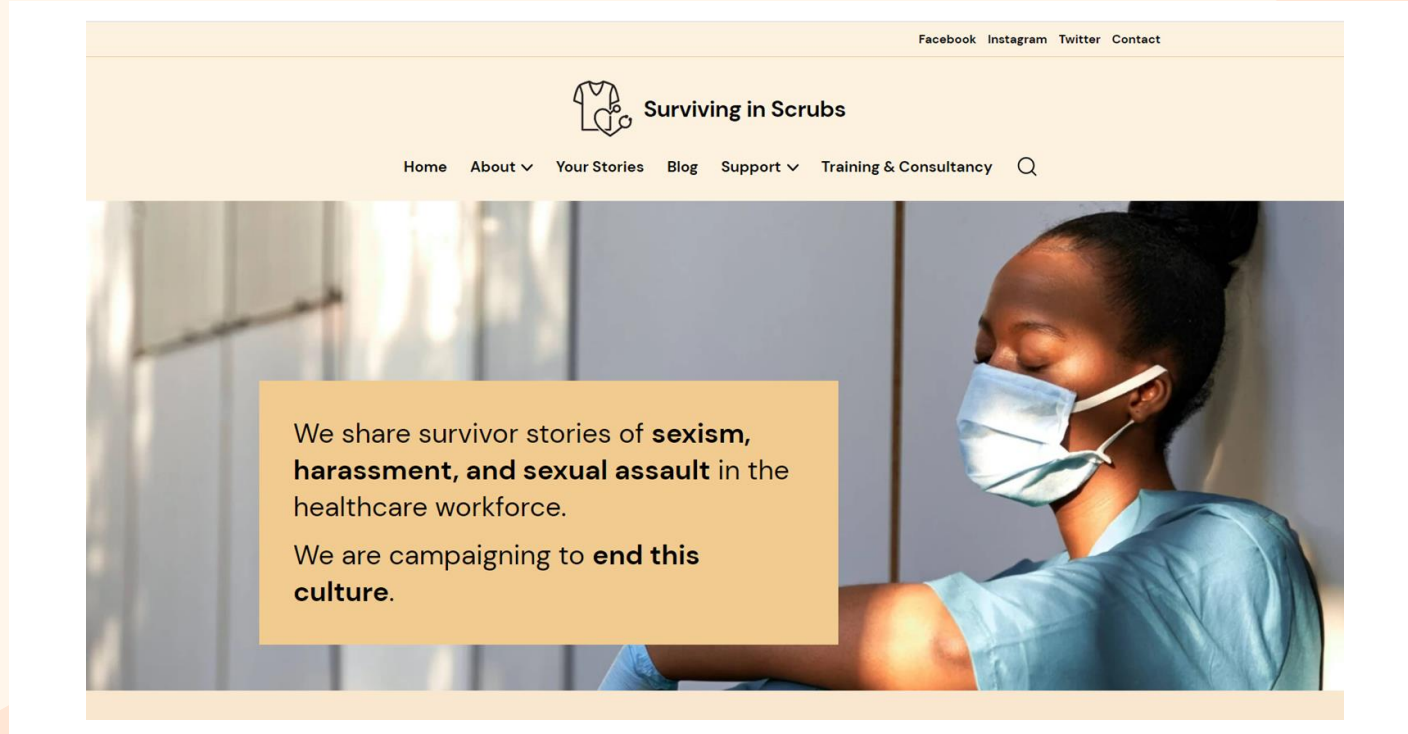
GP Homelessness and Inclusion Health







Surviving in Scrubs



Dr Chelcie Jewitt



Dr Becky Cox



Sexism



Sexism in healthcare DOES EXIST

- 91% of female doctors have experienced sexism¹
- Female hospital doctors earn 18.9% less than men²
- Females are less likely to be appointed to leadership positions in healthcare²



Sexism in primary care **DOES EXIST**

82% of salaried GPs and 74% of GP partners experienced sexism in the last two years.

55% of GPs being women, less than 50% of women GPs are partners vs 80% of men GPs.

Women GP respondents felt less supported to take the parental leave they needed or were entitled to than any other medical specialty.

Women GPs earn on average 15% less than men GPs.



“As a GP trainee I was told almost every week “ we don’t employ women of child bearing age”. The practice is still – 20 years later all male with a token 2.5 day female GP likely to “ deal with the women’s bits”. They are quite well known GPs now. This stayed with me & I locumed for 9 sessions per week up to 39 weeks with my first baby as I felt so unworthy & unjustifiable to have maternity pay & leave – after hearing these comments.”



“When I was an FY1 working in orthopaedics my clinical supervisor told me that I should go into primary care because as a female that was the best career choice for me.”



“GP clinical facilitator on placement asked me (a female medical student on placement) how long my partner and I had been dating and when we were planning on having children and how I would be able to balance having a career/ children; I doubt they would have asked those questions of my partner. Same GP was discussing a patients’ difficulties losing weight and pointedly asked me if ‘I’d ever experienced the same thing’ and looked me up and down.”



Sexual Harassment and Assault



Harassment and assault **ARE COMMON**

56% females have experienced unwanted verbal conduct.

6% of GPs had experienced or witnessed sexual harassment from colleagues.

31% females have experienced unwanted physical conduct .



“When I joined the practice, one of the partners would regularly invite me into his room to talk about my career. He put his hand on my knee and said it would be in my interests to keep someone like him happy. He was in his 50s. We would regularly have sex in his room, his car or at his house. He met my partner several times and would make jokes about me in front of him.”



“Being a newer member, I’d always get the home visits. During a home visit, an older man complimented me on my figure, my bum and cleavage. Further visits, he was bolder and would start to grope me after I examined him. Starting with my bum and then my breasts; he’d always do it as I was leaving for the door. He asked me to examine his penis once and was completely erect during the examination. He threatened to tell everyone I had assaulted him unless we started a sexual relationship. I agreed to it. Eventually I left and went to another practice.”



Not Just Doctors



Nurses and Allied Health Professionals Too

- Nursing Times survey 60% nursing staff said they had experienced sexual harassment at work:
 - 56% verbal harassment.
 - 37% physical harassment.
 - 6% cyber harassment.
- UNISON survey 8% allied HCPs had been sexually harassed in the last year:
 - Remarks, 'banter' or 'jokes' 64%.
 - Invasion of personal space 53%.
 - Unwanted or derogatory comments 49%.
 - Leering and suggestive gestures (48%)
 - Sexual assault including kissing, stroking, touching, or hugging 22%.



The Consequences



Impact on Staff

35% affected their mental health, with some experiencing suicidal ideation and self-harm.

45% low work productivity, with 7% resigning from work.

Impact on career

Fear of repercussions

Guilt, shame, not being believed, loss of professional identity, and humiliation

Difficulty reporting

58% experienced anxiety, 24% depression, 66% PTSD symptoms.



Interventions



The PhD Application

Background

Women working in primary care have reported that they experience sexism, sexual harassment, and sexual assault from colleagues. Despite this, the behaviours often remain unrecognised or hidden away with survivors describing the impact on their wellbeing, mental health, and careers. Research spanning women doctors in the UK found that 91% of women had experienced sexism and 31% had experienced unwanted physical contact. This is an issue that affects all clinical professionals, not just doctors. The impacts on the individual and workforce in primary care remain unknown.

Aims

To assess the experiences and impact of sexism, sexual harassment, and sexual assault in the primary care workforce and to develop a co-produced intervention to tackle this issue in primary care.

Research questions:

- What are experiences and impact of sexism, sexual harassment, and sexual assault on survivors and the wider primary care workforce?
- What are the components and features of an intervention co-designed with survivors to tackle sexism, sexual harassment, and sexual assault in the primary care workforce?

Methods

This PhD will have three phases, supported by the experience and expertise of the co-production group:

Phase I- I will develop a validated questionnaire to distribute to healthcare professionals working in primary care seeking to identify these behaviours, understand the impact on survivors and the workforce, and existing support and reporting systems used by survivors.

Phase II- I will perform 15 in depth interviews with around 10-15 survivors of these behaviours to explore their experiences, the personal and professional impact, and whether they accessed support or reporting systems.

Phase III- From the phase I and II data, alongside the co-production group I will develop an intervention considering the aims of the intervention, target recipients, components, delivery, barriers and success criteria. The type of intervention may include a support intervention, education, or a reporting system.

Dissemination

The findings from each phase will be published in peer reviewed journals, presented at conferences and to key stakeholders.



Surviving in Scrubs' Work





Royal College of
Obstetricians &
Gynaecologists



Ambulance Voices



**WELSH
AMBULANCE
SERVICE**

General
Medical
Council

Regulating doctors
Ensuring good medical practice



RCEM
Royal College
of Emergency
Medicine



WPSMS
we want surgery to be a safe place to work.



ROYAL
COLLEGE of
PHYSICIANS of
EDINBURGH

NHS
England

RCoA
Royal College of Anaesthetists



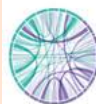
NHS
Education
for
Scotland



WGH
WOMEN IN GLOBAL HEALTH



Royal College of
General Practitioners



MSC Medical
Schools
Council



Fix the problem

1. Inform and educate.
2. Research.
3. Independent inquiry.
4. Improve support for survivors.
5. Trusts to review current practice and improve internal processes.
6. Independent anonymous reporting system.
- 7. Reform from healthcare regulators.**
8. Culture change- working with trusts, royal colleges, NHS England.



What Survivors Tell Us about Regulators

1. Survivors fear the regulators.
2. Cases are not passed from employer to regulators.
3. Cases are too frequently dropped at triage.
4. No support through process.
5. Investigations & tribunals are unsafe for witnesses.
6. Feel failed by the regulator.



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Any questions?

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