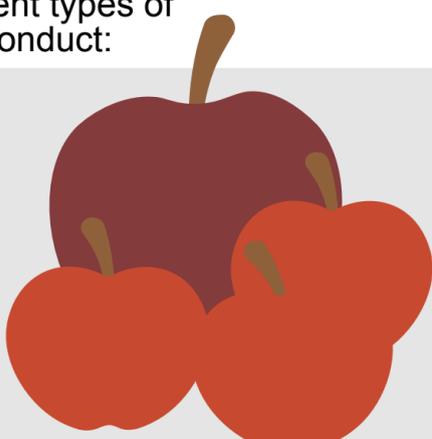


Misconduct amongst health professionals*

New research* led by Professor Rosalind Searle at Coventry University's Centre for Trust, Peace and Social Relations and funded by the Professional Standards Authority analysed thousands of fitness to practise decisions** and identifies three different types of perpetrator committing acts of professional misconduct:

-  the 'bad apple' – the self-serving individual out for personal gain
-  the corrupted barrel – individuals corrupted by the falling standards in their workplace
-  the depleted barrel – individuals struggling to cope with the pressures of working life



Sexual misconduct



265 cases

involving crossing of professional boundaries

Cases analysed were from the: General Medical Council, the Health and Care Professions Council, the Nursing and Midwifery Council

6,714

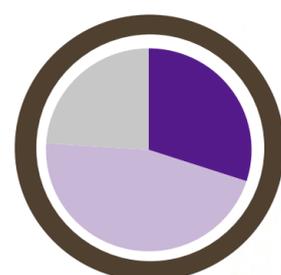
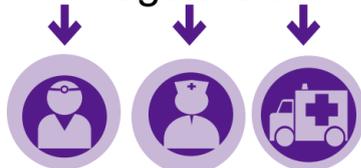
individual fitness to practise (FtP) decisions analysed

265

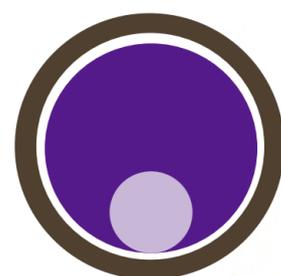


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Regulators



Gender



A higher proportion of incidents were committed by men

Male = 230
Female = 35

Location



Most incidents occurred in the workplace

Workplace = 153
Outside work = 81
Both = 31

Target



Patients were the target in most incidents

Patients = 151
Colleagues = 72
Both = 9
Other = 31

(Also 2 incidents were recorded where a 'colleague & other' were the target)

Breakdown by profession



In nearly all incidents the target was the opposite sex

Colleagues targeted were often subordinates/junior

Incidents of sexual misconduct frequently occurred alongside a charge of 'failure to maintain professional boundaries'

Doctors
Total cases coded:
Female perpetrator: 1
Male perpetrator: 78

Nurses
Total cases coded:
Female perpetrator: 25
Male perpetrator: 96

Allied professionals
Total cases coded:
Female perpetrator: 9
Male perpetrator: 56



**Bad apples? Bad barrels? Or bad cellars? Antecedents and processes of professional misconduct in UK Health and Social Care: Insights into sexual misconduct and dishonesty*

This research was conducted by Professor Rosalind Searle, Dr C Rice, and Dr A A McConnell of the Centre for Trust, Peace and Social Relations, Coventry University with additional input from Professor Jeremy Dawson, University of Sheffield. The research was funded by the Professional Standards Authority.

These statistics quoted are headline/key statistics extracted from the research. For context/more information about research methodology, read the full report.

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**The Professional Standards Authority oversees the nine health and care regulators in the UK. Part of this oversight includes scrutinising final fitness to practise determinations to ensure that they are sufficient to protect the public. These fitness to practise determinations are the summary records of final hearings in fitness to practise cases. Each regulator notifies these decisions to the Professional Standards Authority and this data is contained on a database. The Authority's power to do this comes from the NHS Reform and Health Care Professions Act 2002.

The Health and Care Professions Council is responsible for registering a range of health professionals in the UK, including health professions, radiologists, paramedics, and social workers (in England) and the term 'allied professional' is used throughout the report to refer to the HCPC's registrants.