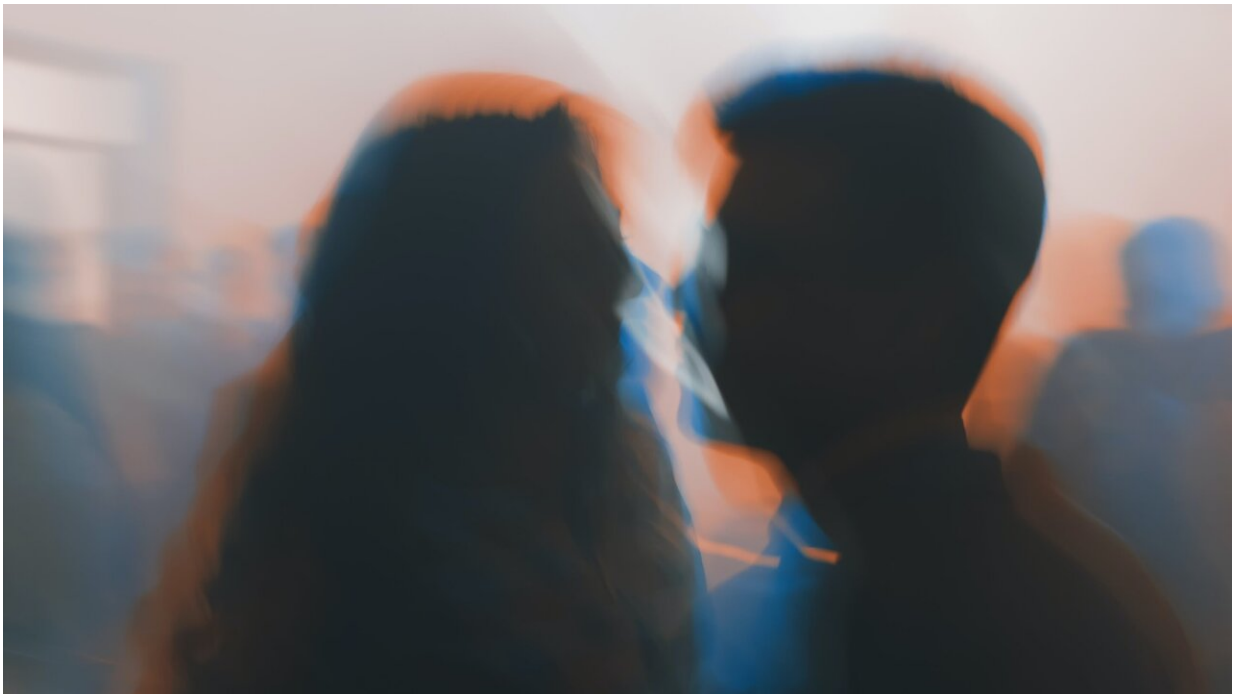


1 in 5 medics reported for sexual misconduct have multiple complaints against them

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A landmark study of sexual misconduct notifications to health regulators against health professionals shows that around one in five notified practitioners were the subject of more than one complaint.

The study, published online today by the *Medical Journal of Australia*, found that regulators received 1,507 sexual [misconduct](#) notifications for

1167 of 724,649 registered health practitioners (0.2%) during 2011-2016, including 208 practitioners (18%) who were the subjects of more than one report; 381 notifications (25%) alleged sexual relationships, 1,126 (75%) alleged sexual harassment or assault.

Lead author of the study, Associate Professor Marie Bismark, professor of Public Health Law at the Melbourne School of Population and Global Health, said in an exclusive podcast that the multiple complaints against some individual practitioners begged the question of whether sexual misconduct could be remediated or whether those practitioners needed to be removed from the profession.

"We do need to assess which interventions are effective, which group of practitioners can be remediated and which groups of practitioners are likely to continue engaging in this conduct," Associate Professor Bismark said.

"That's an incredibly important question. You sometimes hear about regulators imposing conditions like requiring a [practitioner](#) to attend an ethics course. I'm not sure of any good evidence that forcing somebody to attend an ethics course against their will has ever really changed their practice."

Bismark and colleagues analyzed data from the Australian Health Practitioner Regulation Agency and NSW Health Professional Councils Authority on notifications of sexual misconduct during 2011–2016.

They found that:

- notifications regarding [sexual relationships](#) were more frequent for psychiatrists (15.2 notifications per 10,000 practitioner-years), psychologists (5.0 per 10,000 practitioner-years), and general practitioners (6.4 per 10,000 practitioner-years);

- the rate was higher for regional/rural than metropolitan practitioners;
- notifications of sexual harassment or assault more frequently named male than female practitioners—male practitioners were 37 times more likely to sexually harass or sexually assault a patient than a female colleague;
- a larger proportion of notifications of sexual misconduct than of other forms of misconduct led to regulatory sanctions (242 of 709 closed cases [34%] v 5,727 of 23,855 [24%]).

Bismark and colleagues highlighted three areas that need further investigation.

"First, we need strategies for reducing barriers to notifying regulators of sexual misconduct," they wrote. "The Medical Board of Australia has recently established a national committee for responding to sexual misconduct notifications and has trained investigators with specialist expertise. Second, the connection between sexual misconduct and [sexual harassment](#) of colleagues should be investigated, with the twin goals of training practitioners to practice ethically and professionally and providing trustworthy processes for reporting and investigating unacceptable behavior in the health professions. Finally, we need robust information about the effectiveness of regulatory interventions for preventing recurrent sexual misconduct. Patients, health care practitioners, and the public deserve focused efforts to prevent sexual misconduct in [health](#) care, fair and thorough investigation of allegations of [sexual misconduct](#), and prompt and consistent action by regulators when allegations are confirmed."

More information: Marie M Bismark et al. Sexual misconduct by health professionals in Australia, 2011–2016: a retrospective analysis of notifications to health regulators, *Medical Journal of Australia* (2020). [DOI: 10.5694/mja2.50706](https://doi.org/10.5694/mja2.50706)

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