My time on BMA council

by Nitin Shrotri

Standing up for patients, colleagues and inclusion – and trying to make sure everyone has a voice in the NHS

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I was invited to join council in January 2020 when one of the UK council members from the south-east dropped out for personal reasons.

As runner-up, I was the next choice to be inducted into council. It has been a great two-and-a-half years. Completely naïve in terms of political astuteness, I simply spoke up about issues from the bottom of my heart. Here, I was among a group of many who were lifelong politicians staying on council for years for several reasons.

Of course, all of them were passionate about their profession and keen on making a difference. In the beginning I found that I kept quiet and did not say much and was simply

grateful for being there. Indeed, at my first face-to-face council meeting in March 2020 I found many members who were kind to me.

I have already told them about this because I believe kindness isn't appreciated enough. There was the odd one who did not interact much and just looked you up and down and decided that you were not important enough for them to talk to. It is interesting to see a huge range of emotions and age range among council members with every generation, with each member bringing their own flavours.

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The main reason for accepting the role was hope, owing to the presence of Chaand Nagpaul as council chair. Having spent a decade of what I believe to be discrimination in the NHS, this reveals the importance of how visual role models offer hope.

I have brought this point up in my many interactions with important bodies such as my NHS organisation, the medical royal colleges and the GMC. Dr Nagpaul has been brilliant in his enthusiasm, support and encouragement for new council members. In return I worked very hard to justify my place and I hope I have made a difference.

I took up the cause of patients by joining the BMA patient liaison group and joined the finance committee as it gave excellent insight into the financial running of the organisation.

The national BAME forum, now known as BMA FREE (forum for racial and ethnic equality) in its first year and the IMG (international medical graduate) steering group were the other two groups I joined.

There were other perhaps far more important positions which were for the politically astute. I certainly wasn't one of them as I did not have the connections, or the nous or indeed the capacity to go begging for votes, in other words – canvassing. Perhaps it was the impostor syndrome of being on council.

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The PLG was a fascinating group of passionate patients who were keen on making a difference and offered council the patient viewpoint. There were some interesting moments especially within the first few days, but it all eased down, and we were chaired by one of the kindest persons I have ever known. The patient liaison group did their best to bring to the attention of council issues about the treatment received by patients across the country.

The finance committee taught you about the financial management of the BMA which was a first for me. It gave me a good idea of how large historical institutions are run, including an insight into the charity arm of the BMA.

The BAME forum and the IMG steering group were doctor Nagpaul's babies, and they were the ones that gave me the most to think about. They were mainly about the ethnic minorities

and IMGs feeling rejected and not feeling included in the NHS family and community. They remain fringe groups in the BMA.

I learned a lot from my colleagues on the committee about similar problems across the four nations. But it was the IMG steering group which caught my passion and I found out that nearly 40% of doctors in the NHS were from international education backgrounds. Many of them were also from ethnic minorities and they did not have a voice.

There are many problems faced by IMGs and many parts of the NHS are affected by cronyism, nepotism and racism. A nudge, a wink, a nod, a tap on the shoulder, a discrete telephone call, is how business has been run over the years. It matters who you know! If you are one of the blue-eyed boys, you can get away with so-called murder!

In addition, 'speaking up' has always been a problem, and if you are a dark-skinned foreigner who spoke up, God forbid! You can kiss goodbye to your career as you simply get side-lined and marginalised, completely ignored by those in power.

Occasionally, you are referred to the GMC, while others sit back and relish seeing you squirm in your distress! Since retribution of any sort has never been used against those in power, they carry on with blatant disregard.

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In certain trusts, no IMG from an ethnic minority has won a national award in over a decade. It affects pay and pensions in the long term, and leads to much angst, let alone lack of career progression. But who cares? No one! On being questioned, those at the top of associated NHS organisations close ranks, offering mumbled excuses and patronising placatory responses which you know are a complete load of codswallop. But they expect you to swallow it.

Too much time and energy are wasted by highly talented and clever individuals fighting what has now been fashionably labelled differential attainment. We don't need more data, more excuses and more lame answers. We need apologies, action and redress for those who have lost out, and some form of penalties for repeat offenders responsible for their discriminatory behaviour.

These two years in council have given me a chance to speak up for IMGs who have never really had a voice. They stand out differently from those ethnic minority doctors who have been born, brought up and educated in the UK. I have also enjoyed interacting with colleagues from the GMC, the medical royal colleges, the Academy of Medical Royal Colleges, HEE (Health Education England) directly and through social media.

Perhaps, almost certainly the most important activity that took place just over two years ago was that I laid the foundations of the SAS@BAUS project with BAUS (British Association of Urological Surgeons), which has shown fruition two years on.

It has also improved and increased the profile of staff, associate specialist and specialty and locally employed doctors nationally. This project has now caught the eye of other surgical specialty associations, medical royal colleges and HEE and other national bodies which look after IMGs.

Two sessions at the annual BAUS conference last week with the GMC and the Medical Practitioners Tribunal Service regarding fitness-to-practise issues gave me a chance to interact with members of these bodies and I hope we can have further constructive sessions and improvement in the treatment of IMGs.

My time at BMA council has been fruitful, and a steep learning experience. To those coming new to council in the next few days, I thoroughly recommend it. Just put your patients' and colleagues' welfare at the heart of what you do, genuinely, and I can promise you it will be a positive experience.

Nitin Shrotri is a consultant urologist and BMA UK council member

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