Acknowledgement and action: race issues in the NHS

by Nitin Shrotri

A joined-up approach to improving the outlook for BAME doctors is needed, one which the BMA can pioneer

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The Black Lives Matter movement and COVID-19 have brought stark issues about race and poverty, which affect health outcomes, to the forefront of society. This is

therefore a good time to address longstanding race issues in the NHS.

Following the Race Relations Acts 1965, 1976, the Equality Act 2010, and the well-known report by Roger Kline on the snowy white peaks of the NHS in 2014, this issue has been acknowledged by many organisations.

The President of Royal College of Physicians and Surgeons of Glasgow, in her November 2020 newsletter, published the findings of the Annual Physicians Census. One of the points they made was that consultants of BAME (Black Asian and minority ethnic) origin were twice as likely to experience discrimination as white consultants.

The Royal College of Physicians analysed data from eight years of annual surveys which they published in October 2020. They found consistent evidence of trainees from BAME backgrounds being less successful at consultant interview.

National WRES (Workplace Race Equality Standard) data has been available for the last five years and has possibly shown some improvements, but there are many NHS trusts where there is no change in career progression and disproportionate disciplinaries for black and minority ethnic groups.

Professor Colin Melville, medical director at the GMC, wrote in June 2020 about encouraging greater BAME representation in medical teaching and training. The NHS Race and Health observatory (of which BMA council chair

Chaand Nagpaul is a board member) has been recently set up to identify and tackle the specific health challenges facing people from BAME backgrounds.

But do these studies and discussion reassure an ethnic-minority nurse or doctor, workers who have served us and the NHS so well during the last 12 months? In truth, as they always have since it was established in 1948. Many have laid down their lives in the line of duty. Invariably as a person from an ethnic minority background who has recently left the NHS, I am not so sure.

So, is there a solution? Looking around us, it appears that all august bodies are ‘working hard’ to show an improvement in their results in this area. Some are really making an effort, some perhaps simply to demonstrate the act of making an effort, often miniscule, while others carry on unperturbed, not even willing to acknowledge the fact that there is actually a problem.

The BMA have done some work in this area, especially some splendid work recently, under the leadership of Dr Nagpaul. The setting up of the BMA IMG (International Medical Graduate) project (with its IMG champion members) and the launch of the national BAME member forum is set to address issues faced by these groups of doctors, many of who identify as being from BAME groups.

The COVID-19 pandemic has only shown that the need for this is urgent. People from BAME backgrounds form nearly a third of the NHS medical workforce. My idea, the Project SAS, recently launched by the British Association of

Urological Surgeons, with superb support from president Tim O'Brien and other colleagues, has a similar aim in mind.

This is a project that I chair, where we offer to support, encourage and mentor staff, associate specialist and specialty and locally employed doctors in urology who wish to progress their careers and learn new skills, or work towards obtaining the certificate of eligibility for specialist registration. Senior urologists will mentor junior ones. These are mainly international medical graduates, many of them of BAME origin.

But more needs to be done and on a wider and more coordinated scale. I am certain there are many good people around, aiming to do a lot of good to serve society. But their methods and efforts are fragmented. We need to bring about cohesion, a joined-up approach. This is where the BMA can take the lead.

The first action required, is acknowledgement. This is difficult, but a much needed starting point. It would be very helpful if all the key stakeholders, the GMC, the Academy of Medical Royal Colleges and their colleges, NHSE&I, NHS Employers and Health Education England came together to work with the BMA and the Government to actually make a statement stating that they would address this problem.

Not in bits, not spasmodically, but in leaps and bounds. Perhaps they are, but as an average international medical graduate working in the country, I am not aware of this and if this is the case then better communication is essential,

with some recognition of how much of our time and energy is spent keeping this pressured health service going.

Ask me also, why now, and why so urgently. Well the simple reason is this. The backlog of millions of patients who have been left high and dry because of the scourge of COVID-19 with the urgent need for investigations and treatment for life threatening conditions must be dealt with, and quickly.

For this, we need an inspired and motivated work force. A joint statement from the Government and these bodies together stating how they plan to address this issue of structural and systemic racism, the pandemic that will remain when COVID-19 is gone would be a much needed shot in the arm for the many faceless immigrant doctors and nurses that make up the NHS. I don't think we are asking for much! Please Sir, may I have some more?

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