Support doctors on their path to the CESR, and everyone benefits

by Nitin Shrotri

Enabling more specialist doctors to work independently will be of service to the entire NHS

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I received a very nice letter from the president of the BAUS (British Association of Urological Surgeons) last month

informing me its select committee had decided to award me the association's gold medal for this year.

I am the first IMG (international medical graduate) who will receive this. This was, he said, for all I had done 'to inspire a huge swathe of urologists' in my work in the SAS@BAUS Project which started last year as the country struggled with COVID during the summer of 2020.

This project, which I have mentioned previously, gives support, mentorship and guidance to SAS doctors in their quest for a CESR (certificate of eligibility for specialist registration).

I hope it provides a ray of hope for this group of doctors, mostly IMGs, often from minority ethnic backgrounds. Today, some 18 months later, this project is gaining fruition.

It's early days yet, but I owe a debt of gratitude for its success to my mentor colleagues for all their hard work, enthusiasm and effort.

Many have shown appreciation and support for our work. To them, I say that our project is very simple. All it needs is a certain degree of altruism in those who have fought a lonely journey, eventually reaching the top of their profession and becoming consultants.

A helping hand from these mentors for those embarking on this journey would always be welcome. This group of mentors have given up their personal time to help mentees keen on beginning this journey and help them find a way

along a difficult and unfamiliar path. While this project aims to help the mentees, another significant achievement has been the raising of awareness of this group of doctors often called the ‘Lost Tribe’.

The Baroness Kennedy report was commissioned by the Royal College of Surgeons of England to improve representation of women doctors and doctors from minority ethnic groups, but there is a great deal more than needs doing in the wider profession.

Every medical royal college has schemes which hold webinars, meetings and discussions about how to improve life for this group of doctors but there needs to be coordination of effort and action. Repeated meetings and lip service are pointless, and the cynic in me even makes me suspect that these bodies just wish to demonstrate that ‘something is being done’!

The biggest difference to my project was the support from our president, Tim O’Brien, and the BAUS Trustees. Had they put a lid on it, absolutely nothing would have happened and this project would have gone nowhere. There is nothing to stop every specialty from acting and pursuing this simple pathway.

I see many keen staff, associate specialist and specialty doctors and LED (locally employed doctor) colleagues scattered all over the country in different specialties in many NHS trusts trying to support colleagues in quest of the CESR. But this is not coordinated in any way.

This is an opportunity for every medical royal college and every specialty association to look at our simple plan and use our approach for their specialty. I am certain there will be many altruistic and willing colleagues ready to help.

The specialty advisory committees of the medical royal colleges and specialty associations must work together to use it to speed up the pathway and lessen the burden of unnecessary expenses on immigrant doctors who are often cash-strapped, and come from less well-off countries.

At no stage of course, am I talking about lowering standards and this very simple approach can work wonders for all of us.

Why do I think this is a win-win situation for everyone? The BMA has found that we are at least 50,000 doctors short as a nation this winter. GPs are already being asked to cut down on work that involves routine monitoring. The same apocalypse will soon involve hospital doctors and specialists.

If we have more specialist doctors that can work independently and safely, it will help us all, doctors, patients, nurses and the nation in many ways during these trying and troubled times.

This project will facilitate the journey and speed up the process of SAS, LED doctors and many locum consultants in taking up substantive consultant posts as accredited candidates which will enable them to take full responsibility

for their patients, thereby providing us with a larger pool of consultants.

Would this project threaten existing trainees? I am fairly certain it won't. Most doctors nowadays look for a better work life balance. During my early days in the UK in the late 80s, I worked 120 hours a week and this cannot happen any more for all the right reasons.

More doctors, more consultants and more general practitioners will mean that responsibility and workload will be shared with improved work life balance for everyone.

It will also facilitate the journey, and quality of life for international medical graduates who form 40 per cent of doctors registered with the GMC in the UK. On the whole, a very clever and motivated set of individuals, they will have left their home country for betterment in study, research, economy, or in some cases, simply curiosity. This will only motivate them further.

In summary, to all the medical royal colleges, their specialty advisory committees and the specialty associations I make a plea.

Let's try and facilitate the journey towards CESR and uncover the pool of talent hidden amongst these IMGs. I am sure the GMC, the BMA and the NHS Workforce Race Equality Standard team will be supportive of such an initiative. BAUS have done it! Simply follow their lead! You won't regret it.

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You might also be interested in

The SAS charter

The SAS charter was created by the BMA and NHS employers to help SAS doctors with their development and provide opportunities in their workplace.

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