Why international medical graduates matter even more today

by Nitin Shrotri

The medical profession needs to move past the accents of immigrants which appear to be a barrier to career progression

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Sometimes, only sometimes, I wish I had emigrated to the USA instead of coming to England. Let me explain, in a roundabout sort of way.

The American accent is much easier to imitate. I have around 50 medical school classmates who emigrated to the USA from India after graduation, while I and a couple of others came here. They copied the American way of speaking and found themselves as successful as their American colleagues, if not more. Those of us who came here have been OK...ish.

The British accent is far more difficult to imitate and, for reasons beyond me, it seems important that those who live in Britain speak with a British accent.

I say this from experience. Many times have I noticed in my 30 years here, that people do not object to my colour. It's often when I start speaking, that their expressions change imperceptibly, but obviously, and they realise that I wasn't born and brought up here. I am a first generation immigrant.

As the discussion regarding race and colour increases in intensity, I find that people are more accepting of different races and different colours. The next hurdle we must jump is the foreign accent and its acceptance. I say this because as a doctor we come across situations where an accent makes a difference.

Sometimes people do not understand what we say and at other times they are fine. Sometimes they find our accent off putting for no reason at all.

Why am I bringing this discussion up now? It's because I want to raise the profile of international medical graduates who often find it difficult to make inroads into the hierarchy within the NHS in the UK. This group are often used as middle grade, locum, gap filling doctors towards whom no one feels a sense of responsibility or duty.

What this does is that it breeds a second tier of doctors, an underclass, who can potentially be misused, mistreated and sometimes abused, and certainly under appreciated. As new immigrants, they are often less aware of the laws that can protect them, or even their rights.

While I accept and understand that traditional behaviour and appearances matter as they maintain the original culture of a country, I find Britain unique. This is because Britain has been all over the world in the last 400 years and raked in trillions of pounds worth of gold, jewellery, all sorts of treasures and resources.

For that same reason, Britain has also been faced with immigration, initially for menial or unpopular work. The children of those immigrants are now knocking on all sorts of doors, perhaps even prime minister, and rightly so, as long as their loyalty is undivided (except cricket, of course).

Having said that many of these who have apparently progressed are token ethnic minority members in large panels, their contributions effectively over-ridden or ignored.

Let’s get back to the original point. And the crux of the matter is that 39 per cent of doctors registered with the GMC are international medical graduates. But according to WRES (workforce race equality standard) data, and more recently MWRES (medical workforce race equality standard) data, less than half this number find themselves in the higher echelons of the NHS.

Many of these will look to emigrate on a permanent basis to Britain for a number of reasons, but the path they take is often complex and treacherous. Like most people, once they settle in Britain they look to progress normally just like any other medical colleague. Therein lies the problem.

For a number of reasons, too complex to delve into, they are held back from going up the professional ladder. Is it because of their foreign accent, their colour or because they qualified from distant shores? It is impossible to become part of the key groups that rule the health service, the traditional powerhouse establishments that run the UK, like the medical royal colleges and other august bodies?

In the NHS, this leads to many doctors remaining in staff, associate specialist and specialty doctor and locally employed doctors posts with poor prospects of career progression. Some spend their entire lives as locums, who have no one to look up to as mentor.

In their first few years these doctors are happy in their ignorance, and accepting, but as they raise their heads and look around them they realise the differential treatment. No one likes to be made a fool out of and these immigrants are

generally very gritty individuals, who have made it through only because they are determined passionate and clever people, and often stubborn.

This leads to a sense of despondency among them, but even more importantly, these doctors will waste untold amounts of time and energy in their fight for a better life. This is where the NHS loses out and one needs to just think about the amount of time money and effort that these doctors spend in the effort to better their lives.

Just imagine if this energy was not wasted in these efforts, and those in the silos and ivory towers of the NHS listened to what many of these doctors had to say. We would have a flurry of excellent ideas leading to so much more progress in Britain.

That is one reason why the Americans are better at this than we are. They appear to accept any foreigner as long as he has their accent which is much easier to copy than the British accent. I would like those in positions of power (and therefore responsibility) to give this some thought.

Please do not listen to what someone saying, but go further. Do not listen to just the words they use and do not think about their accent or tone. But do try and get the crux of what they are trying to say and we will be a much richer and better nation.

To those that are worried and concerned about losing their identity, traditional ways and methods I would like to reassure them that they will all be looked after. Being

steeped in tradition is good in some ways, but those same attitudes hold back useful progress.

Kindness and caring are big buzz words today, but we cannot make a difference unless we follow them up by effective listening and action. So, for the betterment of our nation, and our NHS, let’s try and listen to what those ‘foreigners' around us are trying to tell us. Let’s put our kindness into action.

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