

Sushruta

The newsletter of the British Association of Physicians of Indian Origin



Message from the President

At this momentous occasion of the launch of the BAPIO newsletter, it is appropriate to remember Sushruta, a pioneer in the heyday of the healthcare

system in the Indian subcontinent. Born in the 7th century BC, Sushruta was one of earliest medical practitioners to have successfully developed skills of plastic surgery. We have therefore decided to name the BAPIO newsletter after this pioneering surgeon from India.

Doctors from the Indian subcontinent play a significant role in the delivery of health care worldwide. It is in this spirit of international cultural mutuality that we dedicate this inaugural issue of the newsletter to all these doctors. It ought to be recognised that doctors of Indian origin, through their professionalism and hard work, contribute to the success and international reputation of the National Health Service.

I congratulate the editorial team and the colleagues on the management team of BAPIO for their efforts in developing Sushruta.

Dr Ramesh Mehta

BAPIO COMES TO LONDON

His Excellency, The High Commissioner of India, Shri Kamallesh Sharma is to launch British Association of Physicians of Indian Origin's fifth regional division in London on 4th December 2004 at The Royal College of Surgeons.

"London being the centre of British main political and commercial life, this division is vitally important to BAPIO" said Mr Buddhdev Pandya MBE who is the Honorary Corporate Advisor of BAPIO.

The organising committee is lead by Dr Anand Deshpande, a General Practitioner in South London and Dr Satheesh Mathew, a Consultant Paediatrician from Newham. The committee members include; Mr Rajiv Varma, Dr Jeewan Rawal, Dr Alope Agrawal, Mr Roop Tandon, Dr Satya Hegde, Mr Taleb Jeddy, Dr Kanwal Sabharwal and Dr Gopal Sheshappanayar.

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BAPIO TO HONOUR SERVICES TO DOCTORS OF INDIAN ORIGIN

British Association of Physicians of Indian Origin will be honouring the following people for their contribution to the welfare of overseas doctors in general and doctors of Indian origin in particular.

- Rhona MacDonald, Editor of British Medical Journal Careers for her contribution to education and training of overseas doctors .
- Buddhdev Pandya MBE has been associated with BAPIO since its inception and played a major role in its development.
- Editor of Hospital Doctor, Mike Broad for raising issues affecting doctors of Indian origin.



www.bapio.com

Editorial

Sushruta -- Bringing us together

You are what your deep driving desire is
As your desire is, so is your will
As your will, so is your deed
As your deed is, so is your destiny

Upanishad

This newsletter has come about from the deep desire of all doctors from the Indian subcontinent to come closer. It will provide us with the forum to exchange thoughts, views and ideas. We all have close ties with countries in the Indian subcontinent where we or our parents or their parents grew up. At the same time, we live and work in UK and we need not indulge in dichotomous thought. We can belong to both places and enjoy the richness of both cultures. We can contribute proudly to the health, wealth and upliftment of peoples in both countries. We can teach our children to be proud of their dual inheritance. We are doubly privileged – firstly to be doctors and again to be able to practice our art in a country which believes in providing equity of health care.

As Lord Parekh has put it so eloquently in his speech (page 4), all of us need to work together so that we are more than an organisation for social exchanges and professional networking. The most urgent issue is the fate of thousands of bright doctors who come to the United Kingdom every year to give PLAB in the hope of obtaining excellent training and then find themselves stuck without jobs. There is a serious mismatch of supply and demand. Unfortunately DOH has been unable to establish a clearing system to utilise the pool of talented doctors already in the country. Should the government develop a more active and workable partnership with the voluntary organisations such as BAPIO to find ways of dealing with the problem?

No less urgent is the issue of the SAS doctors, bulk of who are unhappily trapped in dead end jobs. BAPIO is disappointed that the PMETB was unable to go live in October 2004 as planned but hopes this will happen soon and lead to the entry of a large number of well trained and well qualified SAS doctors into the specialist register so that they can fill some of the many consultant vacancies (see article on page 6). Ethnic minority doctors form 30% of the doctor population but are disproportionately represented amongst doctors coming up for disciplinary action. BAPIO will argue for doctors who make mistakes to be treated fairly and at the same time work towards helping all doctors provide the highest quality of clinical care. Last but not least we must work hard to end discrimination that leads limits many of our brightest from taking on leadership roles.

Much has been achieved and there is more to be done. Indi_go (www.health.groups.yahoo.com/group/Indi_go) is the email group set up by BAPIO to meet the needs of all overseas doctors in the UK. This has over 1200 members and is a place of regular and vigorous interaction and plays an important part in preventing professional isolation.

So yes, there are problems, but we have the advantage of a system that will hear, if we make our voice heard and speak clearly. Let us come together through BAPIO and let this newsletter be a mode for the expression of our desires and the fulfilment of our destiny.

Raman Lakshman

Editorial team:

Raman Lakshman

Raj Kathane

Buddhdev Pandya

Rashmin Tahmne

Chandu Prasanan

Sushruta, born in 7th century BC, was a pioneer of health care in Indian Sub Continent.

CHAIRMAN'S MESSAGE

It gives me great pleasure to see the launch of BAPIO's newsletter.



The organisation is young but is well founded and prepared to help all the health-care workers from the Indian sub-continent to achieve their potential.

We have successfully launched the Eastern, North East, North West and Yorkshire divisions. We are about to launch the London division. The regional divisions are doing excellent work by providing mentoring, raising awareness and providing opportunities for networking and professional support.



BAPIO is keen to develop closer professional links amongst doctors from India, Pakistan, Bangladesh, Sri Lanka and Nepal, both in this country and in the host countries. Sushruta will help in achieving this and other aims of the organisation.

Professor Romesh Gupta

Official lunch of BAPIO by the Minister of Health Rt. Hon. Tessa Jowell in 1998



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Challenges Facing Ethnic Minority Doctors

Ethnic minority doctors make up 30% or more of the medical workforce and their contribution to NHS is indispensable. This is likely to continue in the future with 28% of medical students in the UK being from ethnic minority groups.

Historically overseas doctors have struggled throughout their career and a significant number (72%) have ended up in Trust grade or other non-training appointments. Very few doctors who completed their primary qualification overseas get selected for executive positions or make it to positions of responsibility in the Royal Colleges or the GMC. Overseas doctors have often been left out when discretionary points and clinical excellence awards are handed out.

Vast majority care provided by the doctors in the NHS is of very good quality and most doctors work very hard trying to do their best for their patients. Substantial number of overseas doctors have worked as single handed inner city GPs with poor resource and support.

Sadly, medical errors, poor quality care and harm to our patients are the harsh realities of our NHS. A large proportion of doctors who appear in front of the GMC Professional Conduct Committee are from ethnic minorities as are the majority of doctors who are charged with manslaughter.

The challenges then are for overseas doctors to learn to play the ropes and make career progress and for the group to fight to ensure medical errors are judged fairly irrespective of the ethnic origin of the doctor concerned. While recognising the problems with the system and discrimination faced by the overseas doctors BAPIO intends to work towards increasing greater awareness and building effective networks so that these doctors are not professionally isolated.



BAPIO will observe closely the work of the Postgraduate Medical Education and Training Board (PMETB) and ensure that experienced doctors wishing to join the mainstream as consultants are treated fairly. BAPIO will work closely with other organisations and strive to eliminate any form of bias in the NHS, DOH, GMC and Royal Colleges and ensure there are more ethnic minority doctors in leadership positions not by positive discrimination but by positive action.

Dr Umesh Prabhu, Vice Chairman (BAPIO)

PLAB BLUES

True story of a friend. Name has been changed to protect identity.

'I'm serious! I've had enough! I'm leaving for India tomorrow' were the words Aryan was screaming down the phone. I could barely believe what I was hearing. When I first met Aryan 2 years ago, he was the most optimistic, confident and calm person I knew. And now, he was giving up one of his most cherished dreams.

A week after Aryan had first arrived to the UK, we moved to Eastham in London where a lot of overseas doctors find cheap accommodation

close to places which run courses for the PLAB exams. We walked to the address given over the phone only to find a house that had no lock on the door! We walked in to see unturned wooden planks, newspapers piled on the corner and a peculiar smell emanating from the house. A short podgy man walked into the hallway where we stood and said in a loud authoritative voice 'ah hello, you want room for 1 week no? No problem...£ 50 up front please.' Aryan thought for a bit and asked 'Is it a single room?' Podgy then volunteered, 'Single? You want single? No problem...only £100 per week.' 'Only?? That's 8000 rupees!!' Aryan thought to himself, but reluctantly gave him the money, opting for the shared room, knowing that this man was his best option. Podgy then led him to a room at the top of the stairs. This room was obviously occupied as there were clothes thrown all over the place and there was one single bed and a bunk bed there. It looked really messy and unkempt, but there really was no choice. With a sigh, Aryan dropped his suitcase and sat on the lower of the bunk bed. That night as Aryan lay in bed trying to sleep over his room-mate's snoring, he heard some noise in the corner of the room. He got up to investigate and saw rats! He was absolutely disgusted! He went back to bed and spent half the night scratching...bed bugs! Well, Aryan thought, at least I won't have to live in such a dump for long.

Aryan chose to ignore the horrible conditions of living and concentrate on the forthcoming exam. The day of Aryan's exam finally came and he went early. He went with confidence, but during the course of the exam, the intense atmosphere scared him and he stammered his way through. He walked out of the exam with a sinking feeling. Aryan failed his exam the first time and was depressed. He knew the next available date for the exam was in August...6 whole months away! He then decided to get a flashing date that appears on the GMC screen when someone cancels their date, but he knew these only stay on for 10 minutes, and one had to keep their credit card details ready. For 3 days, he used to wake up at 8 am to be at the internet café by 9 and used to sit and click on refresh button on the GMC site for PLAB flashing dates. He finally got a date for the first week of April and was excited. He vowed to himself that he would work much harder than he did the last time. By this time, Aryan was down to his last £200. He started borrowing money from people to survive.

On his second attempt at PLAB, he was more prepared and more confident and he went through all the stations well. Aryan was shattered to learn that he had failed a second time. Where had he gone wrong? He then sat on the computer looking for more flashing dates and found one for early July and jumped with joy. Finally at his third attempt, Aryan passed the PLAB.

He worked as a clinical observer and impressed all his consultants who then offered him the post of an honorary Senior House Officer in the Department. He was excited! At long last would he be able to get registered with the GMC and get locums and pay off his debt which now mounted to £2000. He then started contacting locum agencies and informed them that he would be able to work as he had a registration. Locum agencies do not even consider people with no registration, and so Aryan was anticipating some locums. He worked hard as an honorary (unpaid) senior house officer in obstetrics and gynaecology, and waited to do some locums. However such offers never came. He kept applying for jobs and managed to get 2 interviews, but didn't succeed in either one of them. Finally, frustrated, he decided to give up and leave for India. After booking his tickets, he called me and informed me that he was on his way back. When I asked why, 'I'm frustrated! I'm serious! I've had enough! I'm leaving for India tomorrow and there's nothing you can do to stop me!' Aryan left for India with the mind set to never return.

This is Aryan's story, but today in the UK there are many such Aryans. Some are in even worse conditions. The nightmare really only begins after PLAB is completed. Is PLAB really worth all this ?

Deepa Panjwani

"Those who behave like worms should not blame others for trampling"

Lord Parekh, Professor of Philosophy, University of Hull, while lunching the BAPIO Yorkshire division, gave a stimulating and inspiring speech which is being reproduced.

"I am delighted to be associated with the launch of the Yorkshire division of BAPIO. Neonatal mortality of our institutions generally tends to be very high. I therefore earnestly wish that your organisation will survive and flourish for years to come.

In order to survive and flourish an organisation must know what it stands for and have a clear view of its identity. Broadly speaking, organisations of this kind are of three types. First, they become social clubs where members meet, socialise, build up networks and enjoy each other's company. Second, they become professional associations where they exchange their professional experiences, organise seminars and conferences, and build up professionally valuable networks. Third, they act as quasi-political organisations fighting for such causes as discrimination against their members and limited career opportunities, and lobbying members of parliament, ministers and so on with a view to securing equality and justice.

In my experience organisations such as yours need to pursue all three objectives. Being a mere social club or a mere professional organisation is never enough. Our doctors face all kinds of problems at all levels and it is about time organisations such as yours fought for them. I therefore very much hope that while socialising and holding seminars of the kind you have done today, you will not forget the wider political objective. One of the acute problems facing our people has to do with the staff grade and associate special-ists. They are caught up in a cul-de-sac and do not have any clear-cut career path. I raised this question at some length in an important debate in the House of Lords, along with merit awards for consultants and disciplinary actions against ethnic minority doctors. The minister's reply was interesting but not terribly supportive. I

take it that your office bearers are following important parliamentary debates on issues related to the NHS and ethnic minority doctors in the columns of Hansard.

It is a common tendency among our people to hope that somebody else would do the fighting for them. This is most unfortunate. In this connection I am reminded of Mahatma Gandhi. When he went to South Africa, Indians complained that they were discriminated against, but were prepared to do nothing. Gandhiji told them 'to rebel against ourselves'. He went on to remark that 'those who behave like worms should not blame others for trampling on them'. These two remarks have a lot of resonance even today and I hope that your members and officers will bear them in mind.



When Mahatma Gandhi went to South Africa, Indians complained that they were discriminated against, but were prepared to do nothing. Gandhiji told them 'to rebel against ourselves'

There is a general tendency among doctors to hope that their children would also be doctors. As a professor I was myself anxious that my sons should become

academics, and I am glad that two of them are. However we must accept the fact that the new generation has new interests and wishes to follow new careers. In this connection I am particularly delighted that our young people are moving into three areas, which will increase our visibility, power and presence in this society. These are English literature, journalism, and public life. As you know, many of the top prizes in English literature from Nobel Prize onwards during last ten years have gone to our people. This has naturally excited the imagination of young Indians. I hope that they will in years to come write wonderful novels, poetry and so on, and become a significant influence on the life of this society. While they may not be all doctors, they will nevertheless be extremely influential members of this society. I would say the same about journalism and public life in which more and more of our people are to be found. If this trend continues, our future will be bright."

Launches of previous divisions



North East Division
By Prof. Raj Bhopal



Yorkshire Division
By Lord Parekh



North West Division
By Mr Chaudhary

NHS TAKES UP THE RACE CHALLENGE

The ten-point Race Action Plan launched in February 2004 by NHS Chief Executive Sir Nigel Crisp set the NHS on a path towards greater equality. The plan came about as a direct result of feedback from senior black and Asian NHS staff on what it is like to work for one of the biggest employers in the world. The plan has been given even greater gravitas in recent weeks with the appointment of Surinder Sharma as the new Director of Equality and Human Rights – reporting directly into Sir Nigel.

The facts and figures reveal something of why this is an issue that trusts cannot ignore. The percentage of black and minority ethnic doctors in a workforce of over 200,000 is roughly 30% - the vast majority of these being Asian or Asian British.

NHS Employers view their role in this work as one of supporting and facilitating the coming together of stakeholders into partnership. These parties include the General Medical Council,

British Medical Association, royal colleges, medical schools and postgraduate deaneries – as well organisations representing special interest groups including the British International Doctors Association (BIDA) and British Association of Physicians of Indian Origin (BAPIO). This partnership has formed itself into a steering group and over the last year has identified the key challenges for the NHS to be the provision of fair and equitable access to medical training and employment and promotion opportunities for all. It also wants to promote fair, open and transparent disciplinary and management processes for all



Sir Nigel, NHS chief executive



Surinder Sharma, Director- Equality/Human Rights

"The good thing is that there has already been some progress in this area. There is a wide range of understanding out there, a lot of goodwill and some very good practice going on within trusts and deaneries" says Paul Deemer, Equality and Diversity Manager at NHS Employers. He points in particular to the mentoring and coaching schemes, which many deaneries have put in place for overseas doctors as part of the international recruitment programmes. "Mentoring and coaching are extremely beneficial personal development tools for any individual within the workforce. But for individuals and groups who feel marginalized or isolated, like overseas doctors, they are invaluable."

Paul acknowledges though that the NHS has a long way to go to overcome some of the institutionalised attitudes and systems within the profession. "We hear regular reports of unfair and discriminatory behaviour against doctors and between doctors. This is not acceptable to us and we are determined to root out any racism, sexism, homophobia or other prejudices which have no place in a modern working environment."

"We hear regular reports of unfair and discriminatory behaviour against doctors and between doctors. This is not acceptable to us and we are determined to root out any racism, sexism, homophobia or other prejudices which have no place in a modern working environment."

- Paul Deemer

Paul is determined that the work will succeed. His big challenge is getting others to believe it as well. NHS

Employers plan to issue a Partnership Action Plan in early 2005 once it has consulted with its key stakeholders. This will build on the good work already done and use the impetus given by the appointment of people like Surinder Sharma in the DH to move this debate to the top of the agenda.

Launch of London division

The launch is to follow a seminar during the day. Dr Rahman Khan, Consultant Physician and Vice-Chairman of BAPIO described it as an excellent programme with a galaxy of speakers.

The speakers include Professor Sir Alan Craft, Chairman of Academy of Royal Colleges and President of Royal College of Paediatrics & Child Health, Sir Donald Irvine, Past President GMC, Ms Susan Williams, Chief Executive National Patient Safety Agency, Dr Umesh Prabhu, NCAA Advisor, Dr Sam Everington, Deputy Chairman of BMA, Professor Carol Black, President Royal College of Physicians and chaired by Mr Gautam Bodiwala Consultant A&E, Leicester Royal Infirmary.





Are SAS Doctors Ready for PMETB?

BAPIO looks forward to the Postgraduate Medical Education Training Board (PMETB) going live with the expectation that this should allow a significant number of SAS doctors to enter the specialist register. Dr Finlay Scott, Chief Executive of the GMC gave a talk on 'How to get on to the Specialist Register' at the BAPIO symposium in Barnsley. A summary based on his talk is presented below.

The Postgraduate Medical Education and Training Board (PMETB) was established by the General and Specialist Medical Practice (Education Training and Qualifications) Order approved by parliament in April 2003. It was formed to act independently of government as a professional UK competent authority to supervise postgraduate medical education and training.

When it takes up its full statutory responsibilities PMETB will replace the Specialist Training Authority (STA) and the Joint Committee on Postgraduate Training for General Practice (JCPTGP). Articles 11 and 14 of the Order establishing PMETB, also give the Board responsibility to assess the post graduate training of doctors with both part and full training undertaken elsewhere and who do not satisfy EEA requirements for mutual recognition of qualifications.

In a significant departure from the past, the order allows any combination of qualifications, training and experience gained anywhere in the world to be evaluated as part of an application for entry to the GMC Specialist Register. The Board will be able to permit these doctors access to the Specialist or General Practitioners Register (the GPs Register is a new register established by the PMETB Order and

to be set up by the GMC in the next few years) if their training, qualifications or experience meet UK standards or, if not, to require them to undertake additional training and assessment either in the UK or elsewhere.

This will mean that experienced doctors who have all the skills to work at consultant level but are stuck in non-consultant career grade jobs can expect to get onto the register provided they can prove to the PMETB that they perform at the standard of a consultant in the NHS. Doctors who want to take advantage of this change will have to produce documentation to support their claim and it is expected that the PMETB will produce robust and transparent mechanisms to review the evidence and make decisions about the suitability of the applicant to enter the register. Documentation such as annual appraisals, log of experience, complimentary letters from patients and evidence of continuing medical education are all likely to be of importance. It is possible that tests of knowledge and skills will also be part of the assessment in some cases.

Useful Links: -

www.publications.doh.gov.uk/medicaltrainingintheuk/msebconsultation/index.htm

www.doh.gov.uk/policyandguidance/humanresourcesandtraining/modernisingprofessionalregulation/Postgraduatemedicaltrainingboard

<http://www.bma.org.uk/ap.nsf/content/pmetb+faqs>



Dr Lakhani Elected Chairman of Council, RCGP

Dr Mayur Lakhani is the first GP of Indian origin to be elected Chairman of Council of the Royal College of General Practitioners. He was interviewed by Dr Jayaprakash Gosalakkal. Consultant Paediatric Neurologist, University Hospital, Leicester.

1) What were your feelings when you were appointed to the current job?

I felt very honoured as the youngest person appointed to this important position. I am also proud to be the first ethnic minority doctor to be elected to this post. I was especially pleased because I took over the position on the 13th of October the day of Diwali. I must admit this was tinged with a little apprehension because of the responsibilities of the position

2) Could you give us an outline as to how you achieved your current position?

I was elected as the chairman of the Royal College of general practitioners this March. I have previously been a vice chairman of this august body. I was born in Uganda. My parents are from Gujarat. We migrated to the UK in 1972. I went to school at Leicester and medical school in Scotland.

3) Has the fact that you are an ethnic minority doctor affected your progress in any way?

I think the Royal College of General Practitioners is a good place to work. I have not solely defined myself as an Asian doctor though I am very proud of my background. I have not suffered any personal discrimination but am aware of the difficulties faced by minority physicians in the NHS. I feel I was elected for my ideas, achievement and work in the college. I do think the NHS is now more committed to improving equality.

4) Did you get the support of your colleagues in your career progression?

Generally people have been kind and encouraging. I especially value my early years in Scotland when I got a lot of support. You must remember that in the seventies and eighties the opportunities were much less and the training was not so structured. I always felt that patients valued the Asian doctors. I was very grateful for the support I got in my SHO years. I was attracted to general practice because of the holistic approach of the speciality. I did my MRCP in general medicine.

5) Are you familiar with the current situation with post PLAB doctors and what are your views about it?

I am aware of it and am looking for ways in which the college may be able to help. These doctors should be proud of their background and training, which is inferior to none. International medical graduates have a lot of skill and training and without them the NHS would collapse. We should do a better job of matching doctors to where there is shortage.

6) Has there been an improvement in the status and opportunities for Ethnic minority doctors?

There certainly has been! However as Nigel Crisp himself has acknowledged there is a long way to go. There are still very few ethnic minority doctors at the top though there has been a significant increase at the middle level. This is not always proportionate to the affection with which patients talk about Asian doctors. I can vividly recall the words of a terminally ill patient I had once served. She said before her death "I was delivered by an Asian doctor who was very kind to me. You are making my last days comfortable". I am proud of Asian doctors. Patients have rated satisfaction with their GP at 92% and you must remember most of them were Asian doctors.



7) What advice would you give to a new doctor who has just arrived in this country?

Be confident about your identity and ability. Maintain standards of excellence. Have awareness of the difference in cultures and adapt

“Be confident about your identity and ability. Maintain standards of excellence. Have awareness of the difference in cultures and adapt to it”.

to it. To see the enthusiasm on the faces of these young doctors is uplifting. I sincerely hope they have better opportunities. Many in the previous generation had to work in difficult locations and in specialities,

which the local populations did not want to work in. You must also understand the importance of team working here. There are still opportunities for those who work hard

8) How do you propose to use your position to help ethnic minority doctors?

My main role is to improve teaching for all doctors. I would like to support overseas doctors in anyway I can. I would like to make them trained better and support them to take up jobs as general practitioners.

9) How do you plan to contribute to the GP education and EMD education?

My aims are to support education and training opportunities. I would like to liaise with other organizations like the other royal colleges, BMA etc. I cannot do this alone. I need your support and suggestions to make progress. Another area in which I have an interest is fairness in assessment. This may have a direct effect on the ethnic minority doctors

10) Do you have any message for BAPIO?

I am proud of the work you are doing as well as the work all Asian and other ethnic minority doctors are doing. People do appreciate your work. Be confident. Pursue your dreams and agenda. That is the way forward. Let me also wish you all a happy Diwali

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