



VIEWS AND REVIEWS

TAKING STOCK

Rammya Mathew: Racism in medicine—migrant doctors aren't here just to “fill a gap”

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Even at its inception, it was clear that the NHS could not be fully staffed by “homegrown” doctors.¹ Because of this, doctors and other healthcare workers historically bypassed immigration laws, and the 1960s and '70s saw a surge in the number of doctors migrating from the Indian subcontinent to work in the NHS. This included my parents.

Working abroad was revered, and the NHS in particular was a beacon of opportunity. Nevertheless, my parents' decision to relocate to the UK was riddled with risk and uncertainty. Neither of them came from an affluent family, so they had just one chance to make it. While jumping through the hoops required for General Medical Council registration, my father did many low paid jobs just to earn his keep. He still reminisces about how he walked out of his Professional and Linguistic Assessments Board (PLAB) exam in tears, thinking that he'd have to return home without a penny to his name—only to later discover that he'd passed.

Their early years were tough. They moved around the country, sometimes every few weeks, to wherever work was available. This meant constantly uprooting themselves and their young family. At that time it was a given, and largely seen as acceptable, that if a white doctor applied for a job, ethnic minority immigrants such as my parents wouldn't even be considered for shortlisting.²

Later, after my father acquired Fellowship of the Royal College of Surgeons (FRCS), he was told by colleagues that he'd never make it as a consultant here and that it would be best for him to return “home” with his FRCS. But by then my parents had built their lives in the UK, and it too had become “home.” Despite the discouragement my father completed the article 14 (CESR) process and took a consultant job over 100 miles away, commuting back and forth for more than 15 years.

It wasn't practical for both parents to be commuting across the country, so my mother had to forgo her dream of being a consultant. But to say that she's had a fulfilling career is an

understatement: she pioneered one of the country's first multidisciplinary Parkinson's disease units, and in 2013 she was recognised in the Queen's birthday honours.

This is the bare bones version of my parents' story, but it also embodies the courage and determination of so many migrant doctors who gave their lives to the NHS, even when it didn't feel like a welcoming place. But this isn't just a history lesson—the NHS continues to depend heavily on the contribution of migrant doctors. Last year 28.4% of doctors working in hospitals and community services in England reported a non-British nationality.³ Similarly, 20.1% of GPs in England qualified outside the UK.³

Reflecting on the stories of early migrant doctors is essential to understanding how we can make the NHS a more welcoming place for modern day international medical graduates. I'm hopeful that this will challenge the damaging view that migrant doctors are here just to fill a gap and then return “home.” Instead, it should encourage us to recognise and respect their aspirations and make a genuine commitment to getting the very best from this crucial part of our NHS workforce.

Competing interests: I co-lead Islington GP Federation's Quality Improvement Team.

Provenance and peer review: Commissioned; not externally peer reviewed.

For more articles in *The BMJ's* Racism in Medicine special issue see <https://www.bmj.com/racism-in-medicine>

- 1 Esmail A. Asian doctors in the NHS: service and betrayal. *Br J Gen Pract* 2007;57:827-34. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2151817/17925142>
- 2 Esmail A, Everington S. Racial discrimination against doctors from ethnic minorities. *BMJ* 1993;306:691-2. 10.1136/bmj.306.6879.691 8471921
- 3 Alderwick H, Allen L. Immigration and the NHS: the evidence—general election 2019. Health Foundation. 19 Nov 2019. <https://www.health.org.uk/news-and-comment/blogs/immigration-and-the-nhs-the-evidence>.

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