Portsmouth Hospitals NHS Trust

drparthakar@gmail.com Follow Partha on Twitter: @parthaskar

Cite this as: *BMJ* 2021;374:n2340
http://dx.doi.org/10.1136/bmj.n2340
Published: 28 September 2021

THE BOTTOM LINE

Partha Kar: If you believe you can change it, prove it

Partha Kar *consultant in diabetes and endocrinology*

Data and process are both key. Without outcomes, however, they become yet another paperwork driven exercise with no final product.

Healthcare, especially in the NHS, is blighted by such episodes. Despite having the right intentions, highlighting problems and developing processes, initiatives too often falter at the key bit: implementation to change outcomes. The problem is that, at some point, such repeated episodes culminate in stakeholder apathy and a loss of energy, or indeed a loss of belief among those whose lives you set out to improve.

The reports of the Workforce Race Equality Standard (WRES) have had that sort of feel. There's no doubting the passion behind the initiative, the data, or the process. Yet the implementation of these best laid plans has faltered, raising the question of how much will be achieved by yet another dataset confirming what the system already knows. Where's the desire to actually make the change?

Following it is the Medical Workforce Race Equality Standard (MWRES)—where, once again, the two basics of passion and intention are in place. And yet, as plans are made around the process, there's an understandable sense of déjà vu. There comes a point when you need to stop debating issues, and the broader question is whether the NHS believes that it has a problem.

Let's look at some examples. If you are non-white, you have a higher chance of being referred to the General Medical Council—and this skew exists more widely among employers (NHS trusts and other healthcare bodies) than the general public. This is the same NHS that continually organises conferences and pledges its commitment to a fair system. We're at a point when either the NHS accepts that it has a problem and stops challenging its own data, or we as a system turn around and that say non-white individuals are just not good enough for the doctors' agreed codes, as set by the GMC.

But let's stop saying that there isn't a problem. We have one, and it's a pretty big one. The word—as jolting as it sounds to an NHS that prides itself on its equality and fairness—is racism. And if you can't even be fair to your own staff, what chance does the general public have?

Another example: the chance of you getting a consultant post or senior leadership role is skewed by your ethnicity. Again, either we say that trainees of a particular colour are just not good enough to be consultants or leaders, or we accept that the appointment system is biased (or, to be accurate, racist). One narrative is that "not enough BME folks apply"—but why would they, when they see so few role models? Why, when the system is littered with stories of bias?

So, back to the fundamental question: how do you improve outcomes based on ethnicity divides if you don't trust your own staff to become leaders to make those changes? Let's be brutally honest: in my own specialty of diabetes, a black child has half the chance a white child does of getting a continuous glucose monitor. Yes—half. From the same system, from an NHS that's equal to all yet a bit more to others.

Where do we go from here? Is there the collective will? Are NHS England, NHS Employers, the GMC, the Care Quality Commission, and Health Education England genuine about tackling what the data show, or will we get stuck in the quagmire of process? The bottom line is what future MWRES reports will show. Talk is always cheap, hashtags cost nothing, and documents are dime a dozen.

If the NHS has a collective belief that it can do this, the journey starts with accepting that there's a problem. The journey ends when we shift those markers, when we can give hope to the many who have suffered. And hope is what our lives should be about, irrespective of ethnicity. To the readership and those in a position to make a change: do you believe this can be done? Prove it.

Competing interests: www.bmj.com/about-bmj/freelance-contributors.

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