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Portsmouth Hospitals NHS Trust

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

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THE BOTTOM LINE

Partha Kar: Let's avoid the trap of division

Partha Kar *consultant in diabetes and endocrinology*

Last month an outcry erupted over comments by Dido Harding, former head of Test and Trace, who has applied to succeed Simon Stevens as chief executive of NHS England. Harding was quoted in a *Sunday Times* story about her pitch for the role, headlined "Dido Harding: Make NHS less reliant on foreigners."

Gabriel Pogrund, the paper's Whitehall correspondent, wrote: "Baroness Harding of Winscombe has vowed to end England's reliance on foreign doctors and nurses if she becomes the next head of the NHS . . . Harding, 53, would challenge the 'prevailing orthodoxy' in government that it is better to import medical professionals from overseas and benefit from the investment of other countries because of the huge cost of training a doctor."

Putting aside the multiple layers to this story and how it was reported, the underlying issues that any candidate for the role would most likely have to tackle include workforce shortages, the desire to reduce overdependence on other countries' resources, and a drive to have more local graduates available for relevant roles. Aside from the divisive "foreigners" angle, the problem is how difficult it would be to achieve this, as data soon start to show.

The medical fraternity's response to Harding's comments has been interesting—invariably from those who haven't been labelled a "foreigner." It's been surprising to see the lack of empathy or understanding as to why that term has stung. I suspect that this is always a bit tricky when you're not being asked to "go home" or having your clinical skills questioned on the basis of your skin colour or accent.

But the reason for the sting is far more obvious: a basic problem with appreciating colleagues' angst about such issues and how hurtful such throwaway lines can be. At present, when many such "foreigners" have not been able to travel to their home countries—away from their families and friends, hearing about deaths in the family—the term stings even more.

This raises a bigger question as to how much of this—consciously or otherwise—leads to the discrepancies in senior medical roles between people from different ethnic backgrounds, whether consultant roles or management posts such as medical directors. If you view someone as a foreigner, how much do you believe they should be leading the "locals"?

Official data show that 14% of all NHS hospital and community staff have non-UK nationalities, and the proportion among hospital doctors is double that, at 30%. (Outside the NHS things aren't hugely different, as 12% of school staff and 28% of the research workforce are born outside the UK). If 30% of your medical colleagues are "foreigners," you need to appreciate what does indeed touch a nerve and what doesn't.

This debate needs to move away from labelling any such topic or discussion as "woke" or "people being touchy." We need a better narrative. For a start, the term "foreigner" needs to stop having a derogatory overtone. It certainly isn't if you're a Liverpool fan—where would the club currently be without an Egyptian? Yet somehow the term raises divides in an NHS that has always depended, and will continue to depend, on staff born outside the UK, however much it tries to increase local recruitment.

We live in febrile times. The least we can do is look inwards, accept our blind spot, and perhaps inspire the rest of the population too. Having divisive narratives fuels an unnecessary divide—"foreigner" or "local"—when we've always been one NHS family, whether or not a small minority like it. Let's not divide people on the basis of a passport, and let's instead accept them for their skill sets. Many challenges lie ahead; this is one distraction we can avoid.

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