I fear that overseas doctors coming to this country today will end up facing the same obstacles as in the past

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The Black Lives Matter movement has over recent years in the UK and United States revealed the tragic and harrowing experiences of intense prejudice and discrimination against people of Black origin. There has been much reflection on the history of the Black British community, the British Empire’s role in the slave trade, and the injustice suffered by the Windrush generation and the impact that this continues to have on people’s lives today. There is an equally powerful narrative that needs to be told about the South Asian experience in the UK. Doctors from the Indian subcontinent who arrived in this country have experienced institutional discrimination on a large scale as I know from my own experiences and that of colleagues.

Many South Asian doctors arrived in the UK from the mid-1950s, mostly to obtain postgraduate qualifications. Within a decade, South Asian doctors like myself were working in the NHS, often in district hospitals in provincial towns. Although these doctors were classified as trainees, this was a misnomer as, in practice, they received little teaching or training except on ward rounds, swimming against a tide of mounting work, long hours, and unreasonable on-call responsibilities. Any attempts to speak up against such systemic problems were thwarted by threats of a poor reference to halt progress in their careers. Unsurprisingly virtually all stayed quiet. With less training or teaching, many Asian doctors were unable to achieve higher qualifications. Some ended up stuck in a vicious circle as junior doctors, repeating and failing the same examinations in a system biased against them. Despite many preferring a career path in hospital medicine, overseas doctors found this path closed off to them and felt forced into general practice. A select few remained in hospital medicine as medical assistants (currently known as associate specialists). This pattern continues to this day, when many Asian doctors do not obtain registrar or consultant posts.1

Many South Asian doctors started in general practice by setting up single-handed practices in areas where Asian migrants lived. Starting out in general practice in deprived areas without support from their family practitioner committees and with neighbouring practices considering them to be a threat, these doctors had a hard life. These new practices had to work all day and night with neighbouring practices unwilling to share on-call responsibilities. These doctors provided a 24/7 service, often at great inconvenience to their family lives, struggling with a low income while their practices grew.

Additional income for doctors who could do additional work for these organisations. As a result, most out of hours services were staffed by overseas doctors, who worked during unsocial hours, weekends, and most public holidays.

Despite all the hard work put in, it was exceedingly rare to hear a South Asian voice discussing the provision of primary care at local committee or organisational levels. The prevailing view among the medical community was that the concerns of South Asian doctors were irrelevant, even though they comprised over 30% of the workforce. It felt like medicine as a “caring profession” only applied when reaching out to patients, not to colleagues working under considerable pressure in deprived parts of the country.

Because of the heavy workload they undertook and the types of communities they worked in, South Asian general practitioners received more complaints. I wish I could say that such racism is a thing of the past, but, sadly, nothing has changed. It does not require a detailed review of GMC misconduct hearings to uncover a pattern of ingrained racism, demonstrative of a prejudiced attitude to overseas doctors.2 These doctors received harsher penalties compared to their white colleagues for the same complaints.

Post-Brexit, the Department of Health and Social Care is again looking to the Commonwealth for doctors and nursing staff. I have lived the journey described above—joining the NHS in the mid-1970s and working in district hospitals in and around northern mill towns before becoming a general practitioner.3 I fear that overseas doctors coming to this country today will end up facing the same obstacles as me because there are insufficient safeguards in place to prevent a recurrence.

My cohort of doctors from the Indian subcontinent had no recourse but to suffer in silence. Now the picture is different: you can call out injustice and you are more likely to be listened to. Nevertheless, the answer should be a structured appeal system with culturally sensitive educational and career leads dovetailing with the British Association of Physicians of Indian Origin (BAPIO), British International Doctors Association (BIDA), and BMA. As for the GMC, as other commentators have said, a root and branch overhaul is long overdue.

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4. Nagpaul C. An independent, root and branch review and reform of GMC processes is needed to ensure fairness in medical regulation. BMJ 2022;377. doi: 10.1136/bmj.o1346 pmid: 35623632