



DATA, RACE, CHAT....WHAT NEXT?

PARTHA KAR

THE BACK STORY

- Parents –doctors– early 70s in UK
- Returned: 5 years old
- School: Kolkata, India
- College: NRS Medical College,
Kolkata
- PLAB/IELTS
- UK: 1998



2016

NICE guidance
on CGM : None

TA 151 since
2008

CGM uptake- No
data available

2-3% of whole
population
(maybe)

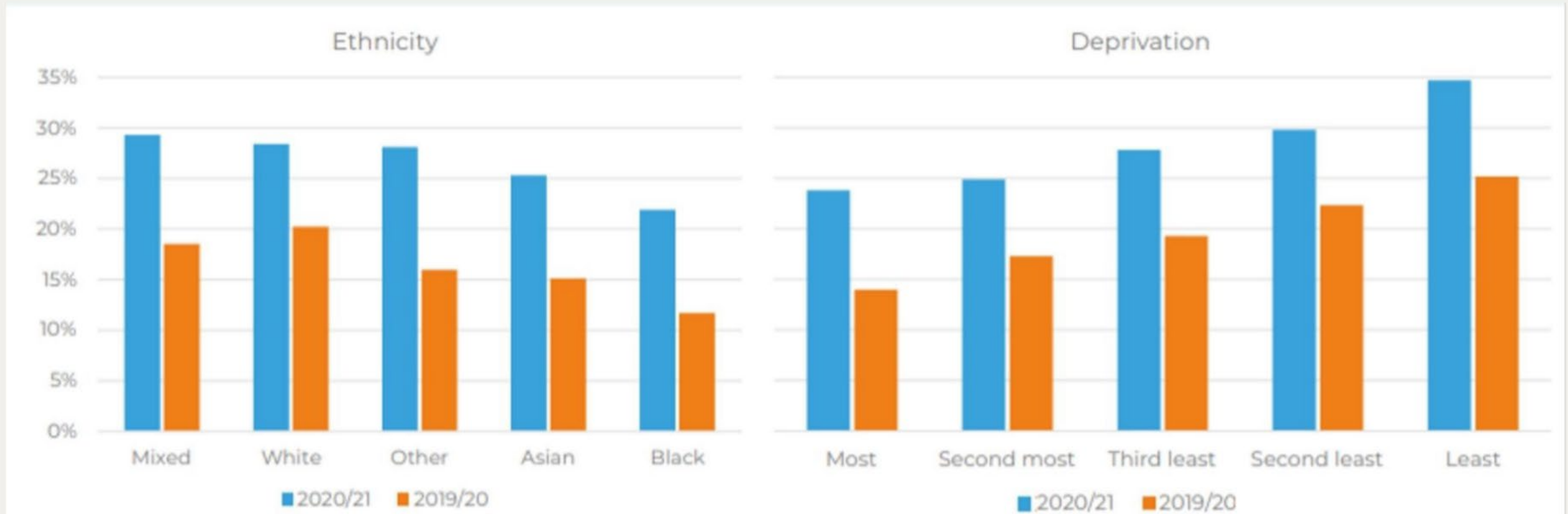
Pump uptake:
28% Paeds; 4-5%
Adults (maybe)

No national Type
1 Diabetes audits
in adults

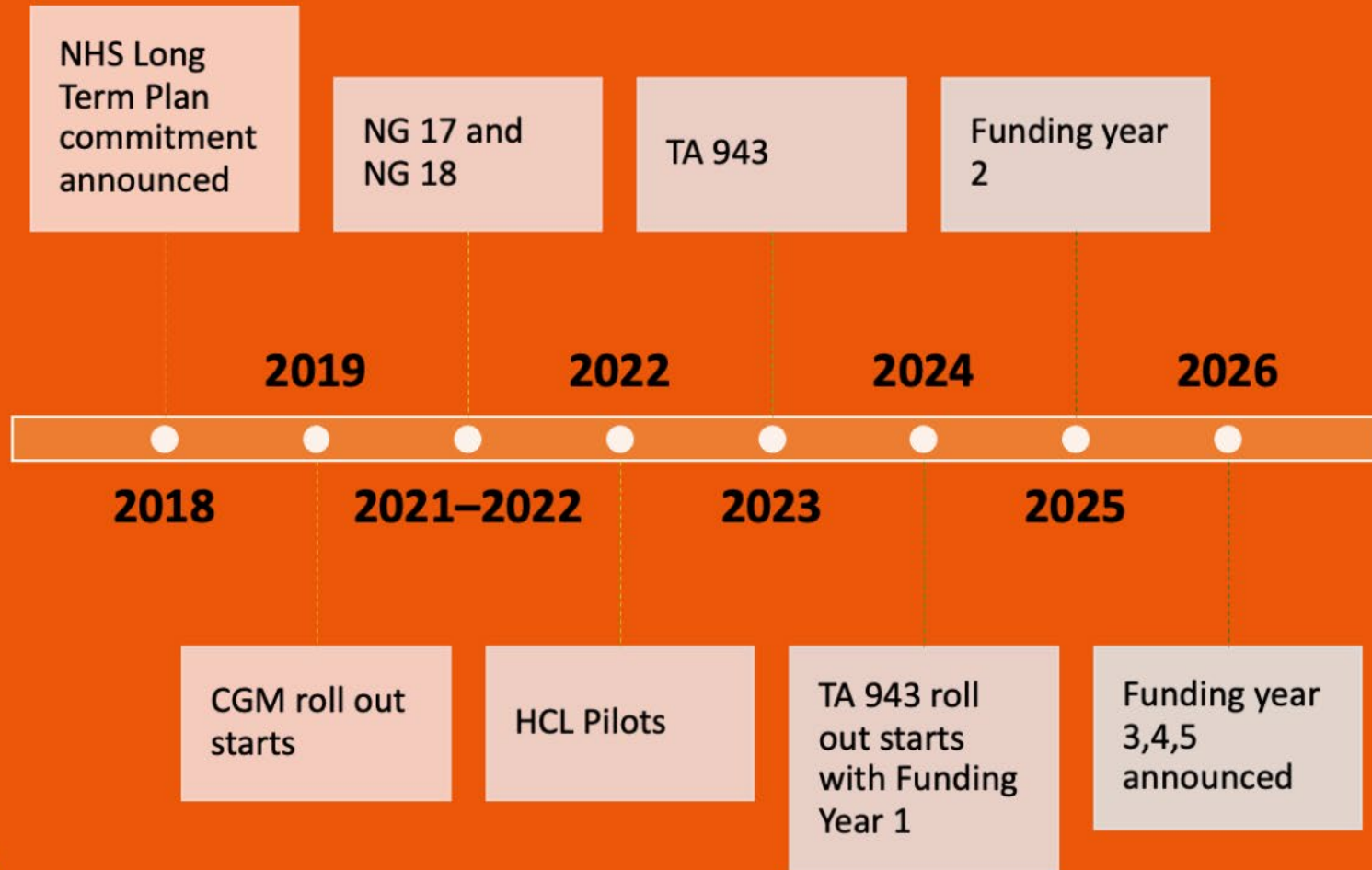
No use in
pregnancy of
technology

Inequity in usage of diabetes treatment technologies - RTCGM

Percentage of children and young people with Type 1 Diabetes using a rtCGM by ethnic group and deprivation quintile, 2019/20 - 2020-21

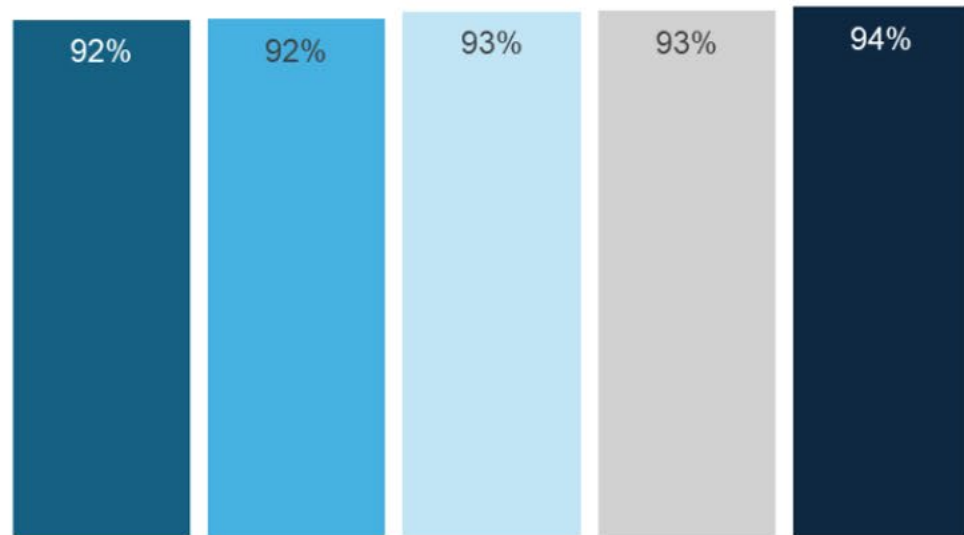


POLICY CHANGES:



INEQUALITIES: CGM USAGE BY 0 TO 18 AGE GROUP OF THE POPULATION

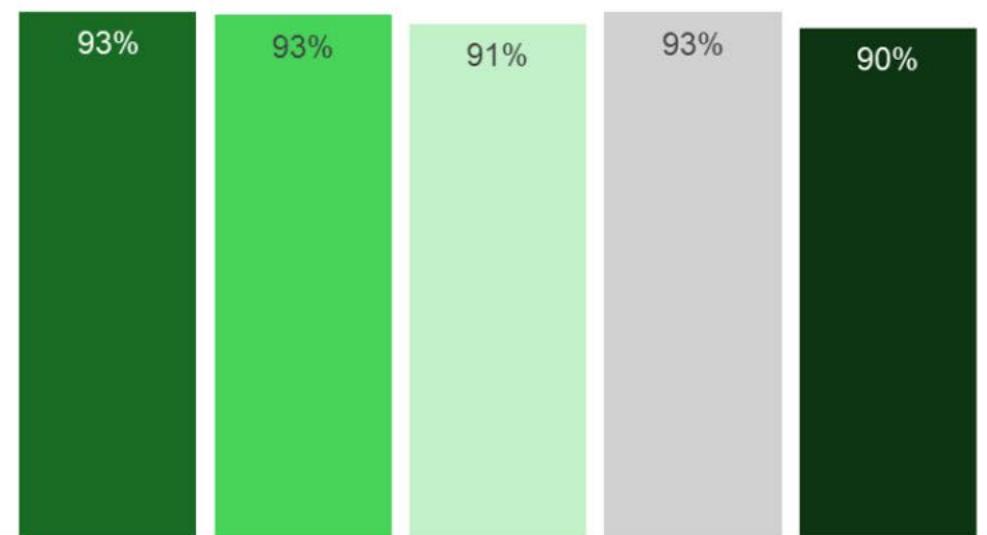
Proportion of population using CGM (including HCL)
by end of 2024/25
Deprivation



0-18
Age group

■ IMD1 (Most deprived) ■ IMD2 ■ IMD3 ■ IMD4 ■ IMD5 (Least deprived)

Proportion of population using CGM (including HCL)
by end of 2024/25
Ethnicity



0-18
Age group

■ White ■ Asian ■ Black ■ Mixed ■ Other

2026

NICE NG 17, NG 18
and TA 943

March 25: CGM
75% across T1D
population; 93% in
ages 0-18

HCL uptake- 4 in 5
in children; 1 in 5
across all ages
(end Dec 25)

Funding worth 450
million £ over 5
years; 350 million
over next 3 years

Best HbA1c in
children and adults
since records
began

Lowest DKA rates
(Indicative);
Pregnancy
outcomes U-turn

Global leaders re
access & outcome

“Sadda haq, aithe rakh”

We live in a world where discussion of race gets caught up in a maze of debates about what’s politically correct, what’s part of “woke” culture, and what’s simply unacceptable in 2020. In this febrile environment, it’s not always easy to be a doctor from an ethnic minority in the NHS.

Whatever your view on Brexit, the 2016 referendum has opened wounds that will take decades to heal. And many doctors from ethnic minorities feel a sense of déjà vu as controversies erupt about immigrants, race, ethnicity, and religion. It’s not easy to say whether the UK is racist—it’s largely more accepting than other countries, but, as a qualifying argument, that holds little leverage for those at the sharp end.

I’ve been part of the NHS for 20 years and continue to work with people who, in the main, accept me for who I am—with strong emphasis on the word “accept.” But is the system or the NHS itself racist? Yes, it is, if you look at any dataset. Top jobs still go largely to people who are white: even in 2020, it’s an occasion to rejoice when someone from an ethnic minority background actually “makes it.”

My struggle to establish myself has been far greater than that of my white peers. Even in a national role, the subtle hints, negativity, or indeed downright racist comments have come from senior people, academics with titles, clinical commissioning group executives, and managers—people who didn’t bat an eyelid, believing it was OK to behave as they had. At other times I’ve heard excuses made in terms of “unconscious bias”: a term I think is used to hide outright racism in a system looking to justify prejudice.

I’m not sure what we can do to change things. From a personal perspective, my approach has fundamentally altered over the past few years: from a position of looking to be embraced, giving everyone the benefit of the doubt and wondering what else could be done, a more clarified and carefree approach has taken hold.

There’s a saying in Punjabi: “Sadda haq, aithe rakh.” Loosely translated, this means, “Give me what’s mine—right now, right here.” As a member of an ethnic minority and contributing as much as anyone else, I no longer need to justify my presence; nor do I hesitate to call out racism, however big the name is. I belong, as much as anyone else, and I’m not looking for anyone’s permission or acceptance.

What would my advice be to any ethnic minority healthcare professional? Do your job, and do your bit to make sure that people from minority backgrounds aren’t deprived of opportunities or access to services. Make sure, especially, that people aren’t being deprived just because a policy has been set by someone with no cultural awareness. Define yourself by your outcomes: people can either accept you or not.

And don’t apologise for being who you are—be proud of what you are and where you come from. The rest will follow.

Partha Kar, consultant in diabetes and endocrinology, Portsmouth Hospitals NHS Trust drparthakar@gmail.com Twitter [@parthaskar](https://twitter.com/parthaskar) Cite this as: *BMJ* 2020;368:m448

Define yourself by your outcomes: people can either accept you or not



Views And Reviews » The Bottom Line

Partha Kar: Covid-19 and ethnicity—why are all our angels white?

BMJ 2020 ; 369 doi: <https://doi.org/10.1136/bmj.m1804> (Published 05 May 2020)
Cite this as: *BMJ* 2020;369:m1804

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Views And Reviews » The Bottom Line

Partha Kar: To tackle racism, the NHS needs policies with teeth

BMJ 2020 ; 369 doi: <https://doi.org/10.1136/bmj.m2583> (Published 30 June 2020)
Cite this as: *BMJ* 2020;369:m2583

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DATA. DATA. DATA.

NHS
Equality and
Diversity Council

NHS **WORKFORCE** **RACE EQUALITY** **STANDARD**

2015 DATA ANALYSIS
REPORT FOR NHS TRUSTS



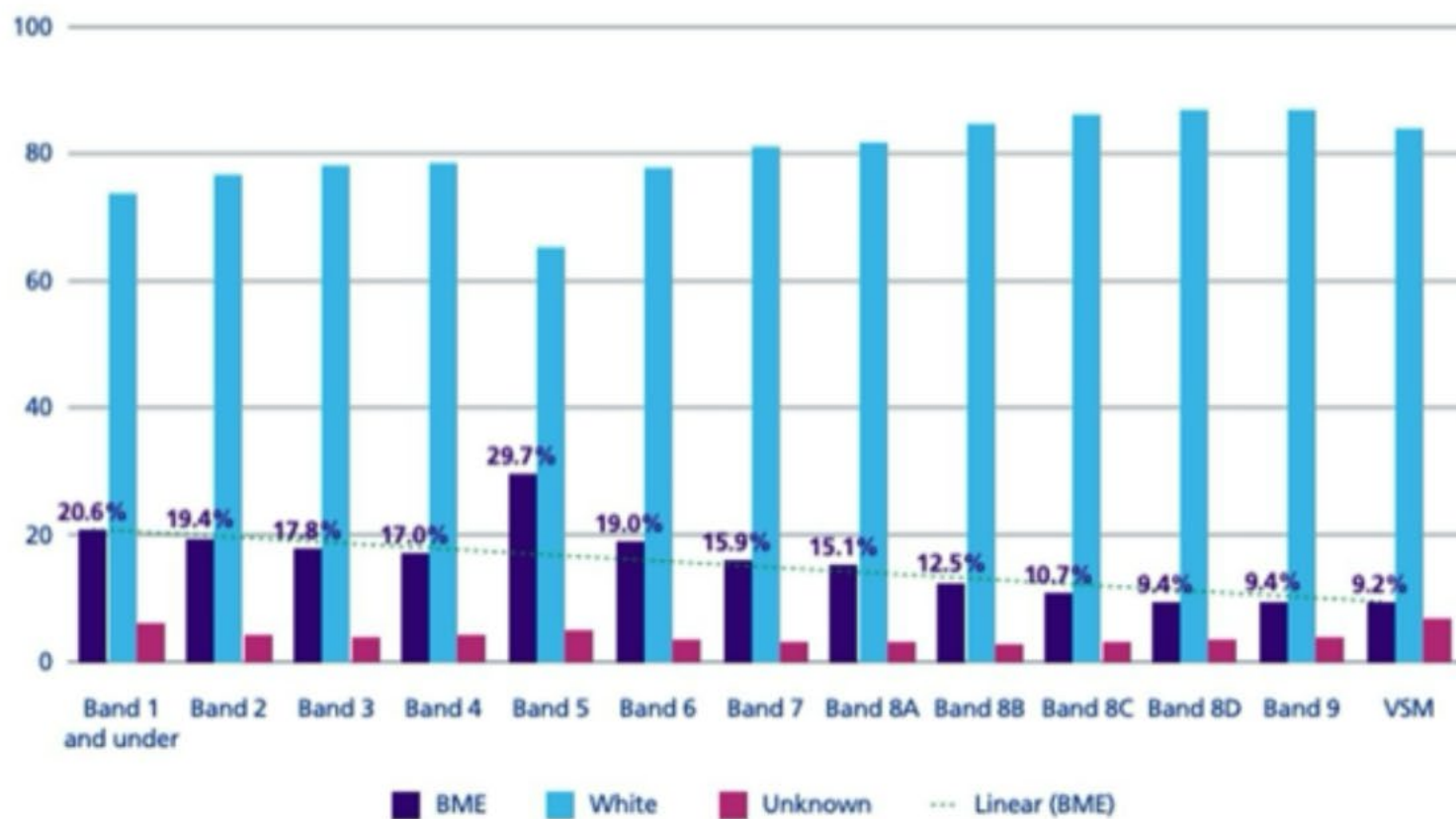
NHS Workforce Race **Equality Standard**

2021 data analysis report for NHS trusts

March 2022

Key supportive data

Fig 5. Percentage of staff by AfC pay band and ethnicity for all NHS trusts: 2021.



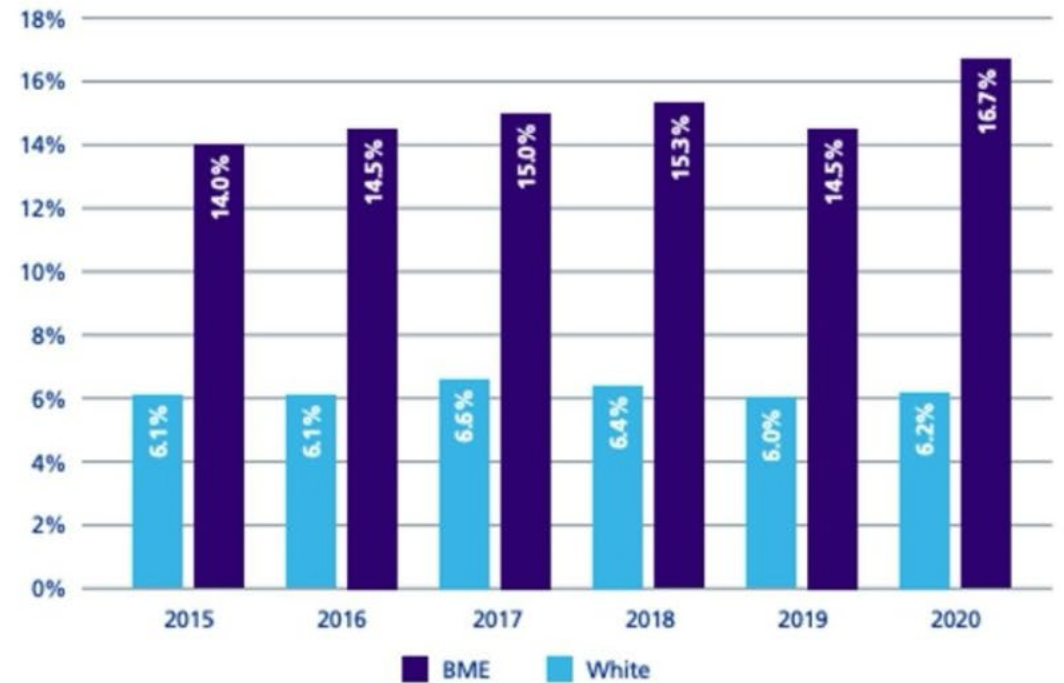
A PATTERN

Fig 16: Percentage of staff believing that their trust provides equal opportunities for career progression or promotion: 2015 – 2020

For 98.6% of trusts, a lower proportion of BME staff believed that their trust provides equal opportunities for career progression or promotion compared to white staff



Fig 19: Percentage of staff that personally experienced discrimination at work from a manager, team leader or other colleagues: 2015 – 2020





Medical Workforce Race Equality Standard (MWRES)

WRES indicators for the medical workforce 2020

July 2021

- INDICATOR 1
- INDICATOR 2
- INDICATOR 3
- INDICATOR 4
- INDICATOR 5
- INDICATOR 6
- INDICATOR 7
- INDICATOR 8
- INDICATOR 9
- INDICATOR 10

TOP HEADLINES

- GMC REFERRALS
- SENIOR LEADERSHIP POSTS
- CONSULTANT POSTS
- TRAINEE PROGRESSION
- BULLIED AND HARASSED
- FEELING VALUED





DOMAIN 1

DOMAIN 2

DOMAIN 3

DOMAIN 4

DOMAIN 5



Medical Workforce Race Equality Standard (MWRES)

A commitment to collaborate
The First Five

February 2023





MWRES next steps

The publication of the MWRES report in 2021 identified the racial disparity experienced by BME doctors in terms of recruitment, promotion, pay, experience of bullying and harassment, and representation in senior positions. This was especially evident for international medical graduates and specialty and associate specialist (SAS) doctors.

The focus will be on five domains:

1

To reduce disproportionality of entry into local disciplinary processes and referrals to the GMC for BME and international medical graduate (IMG) doctors.

2

To improve diversity in senior medical leadership appointments.

3

To increase BME representation amongst the Councils of Royal Colleges to proportionately reflect their memberships.

4

To ensure there are meaningful local arrangements for initial and ongoing support for IMG doctors.

5

To support SAS doctors to make progress in leadership roles and by review of the contract.

All the above will need commitment from all stakeholders at all levels including medical directors and directors of HR/OD. The national WRES function will support outcomes monitoring, identification of best practice and engagement with regulatory partners.

SAS SIX

Every early career SAS doctor should have access to an **educational supervisor**



All **LE doctors** employed for more than two years should be offered a SAS contract



Senior SAS doctors should be offered the opportunity to be **educators at every level**



All SAS doctors should have equity of access to **professional development opportunities**



All extended roles in **leadership and management** should be open to SAS doctors



All Specialty Doctors who meet the specifications should have the **opportunity to become Specialists**



#SASsix

ALL CHANGE

- HEE AMALGAMATES INTO NHS ENGLAND
- RACISM NO LONGER A PRIME FOCUS
- NO WRES LEAD OR MWRES LEAD
- EVERYTHING UNDER “EDI”

NHS

NHS equality,
diversity, and inclusion
improvement plan



**ROYAL COLLEGE
OF PHYSICIANS**



Educational and career support

for locally employed
doctors (LEDs) and
international medical
graduates (IMGs)

**Guidance for doctors
and employers**

August 2024



Educational and career support

for specialist,
associate specialist
and specialty (SAS)
doctors

**Guidance for doctors
and employers**

June 2024

GENERAL MEDICAL COUNCIL



General
Medical
Council

Dear Colleague

As you'll be aware, international medical graduates (IMGs) account for a substantial proportion of the NHS workforce. Improving how we support and retain IMGs to work in the NHS is critical to delivering good patient care.

In 2018, we helped to develop [Welcoming and Valuing IMGs](#), a comprehensive IMG induction programme for NHS trusts to adopt across their service. We are now looking to support ICSs/trusts to ensure they've got strong induction programmes in place and appropriate support for IMGs, many of whom are Locally Employed doctors.

We would like to arrange an informal visit with you to discuss opportunities to work on this. By drawing on our respective data and listening to doctors, we can help you identify areas of good practice as well as any gaps.

We want IMGs to feel they've joined a workforce where they can thrive, work collaboratively with colleagues, and do their very best for patients - in whatever role they work. They shouldn't feel isolated or fear referral to the GMC because they've not been adequately supported to adapt to UK standards of practice. If we work together, we can improve the wellbeing, confidence and commitment of IMGs - it's the right thing to do for them and for patients.

We hope you'll take the opportunity for an initial visit. We look forward to your response.

Professor Mala Rao

Clinical Adviser, IMG, GMC

Professor Partha Kar

Clinical Adviser, IMG, GMC

Ms Tista Chakravarty-Gannon

Head of Outreach Operations, GMC



The Medical Workforce Race Equality Standard Five Years On



NIHR | Applied Research Collaboration
Northwest London

IMPERIAL

SOME SUCCESS VIA GMC

From the initial benchmark (2016–2020), the percentage of Designated Bodies (DB) with disproportionality in their referrals dropped by 43 %

The referral rate difference between either ethnic minority and white doctors or UK and non-UK graduated, dropped by 54 and 62 % respectively.

SOME STARK FACTS

The BMA sent a Freedom of Information (FOI) request to 235 national health trusts in the UK (and healthcare boards in Scotland).

149 trusts responded to a question about SAS doctors in leadership or extended roles.

33% of respondents confirming that not a single SAS doctor held a leadership or extended role within their trust.

Amongst the different roles, only 0.1% of SAS doctors were medical directors,; 0.2% clinical governance leads, and 4.5% educational supervisors.

PURPOSE OF DATA



**SHOW A
PROBLEM**



**CONSOLIDATE
THE ABOVE**



**CONVINCE
OTHERS THERE
NEEDS TO BE A
SOLUTION**



**TRACK
PROGRESS**

DATA (VIA GMC)

Figure 2: Licensed doctors on neither register and not in training working in England and Wales by NHS contract job role, 2014–2023

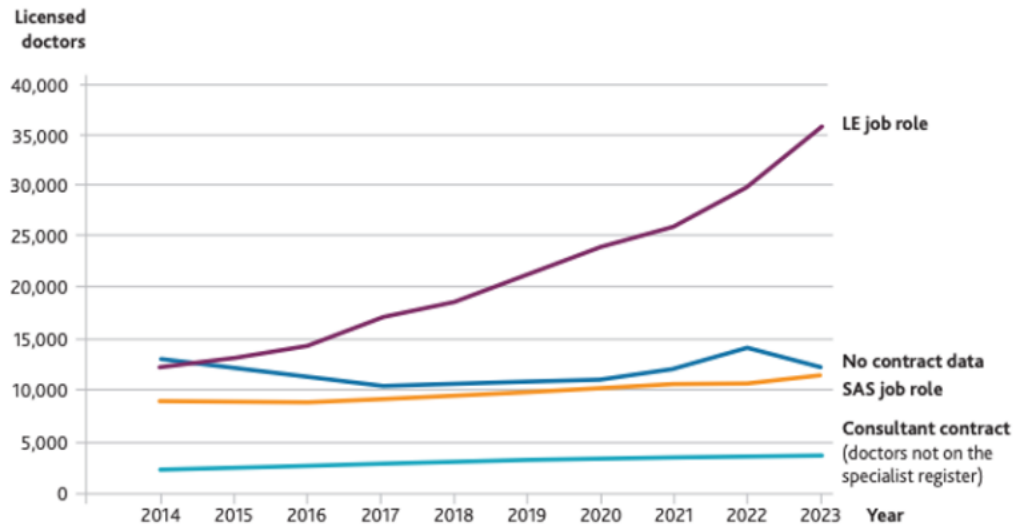
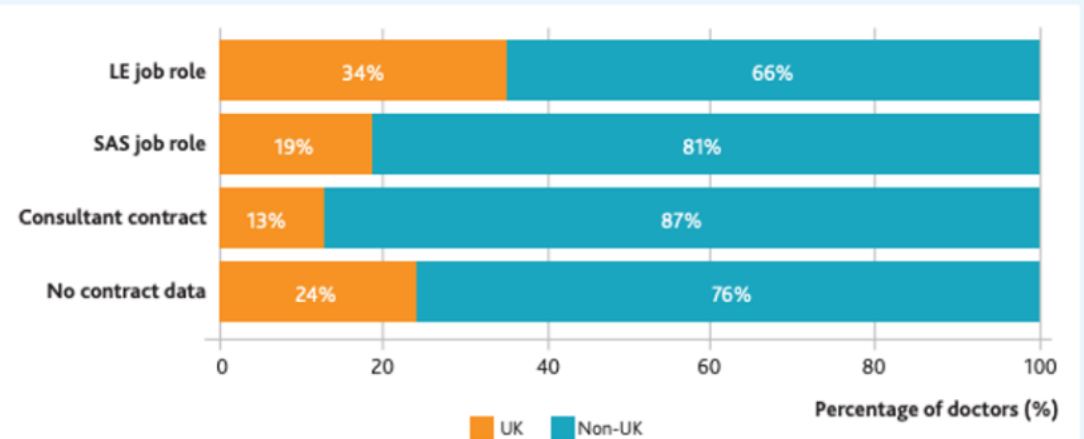
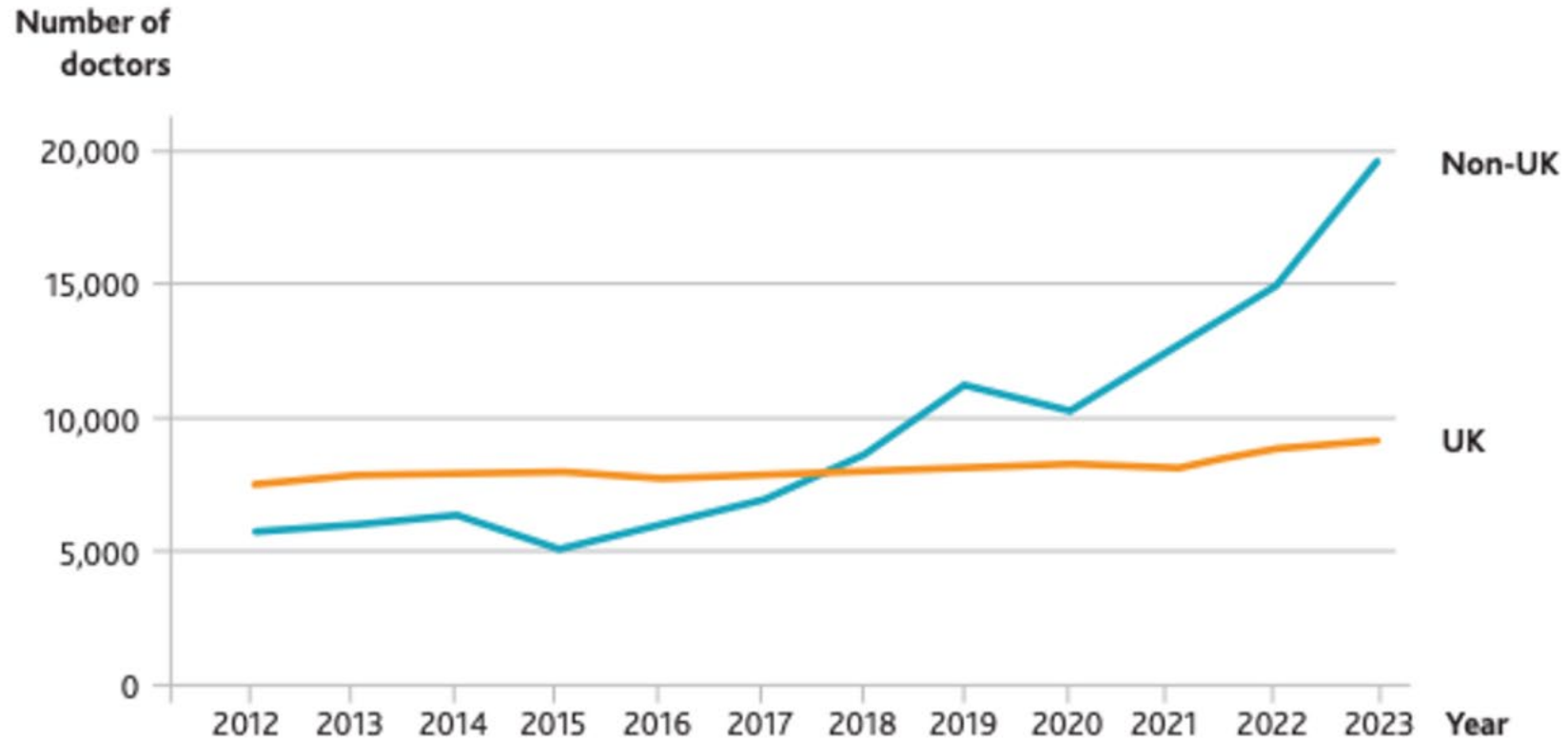


Figure 12: Licensed doctors on neither register and not in training in England and Wales in 2023, by contract type and PMQ



BALANCE OR IMBALANCE?

Figure 21: Doctors joining the workforce, by primary medical qualification region, 2012–2023



THE ASK TO NHSE LEADERSHIP

- DON'T FORGET THE IMGS IN YOUR DRIVE TO 'LESSEN FOREIGN DEPENDANCE'
- BIGGER STORM COMING
- SAS INTO LEADERSHIP ROLES- TRACK THE OUTCOMES
- LED WITH SUPERVISION – TRACK THE OUTCOMES
- DOCUMENTS AND WARM WORDS? ENOUGH OF THAT



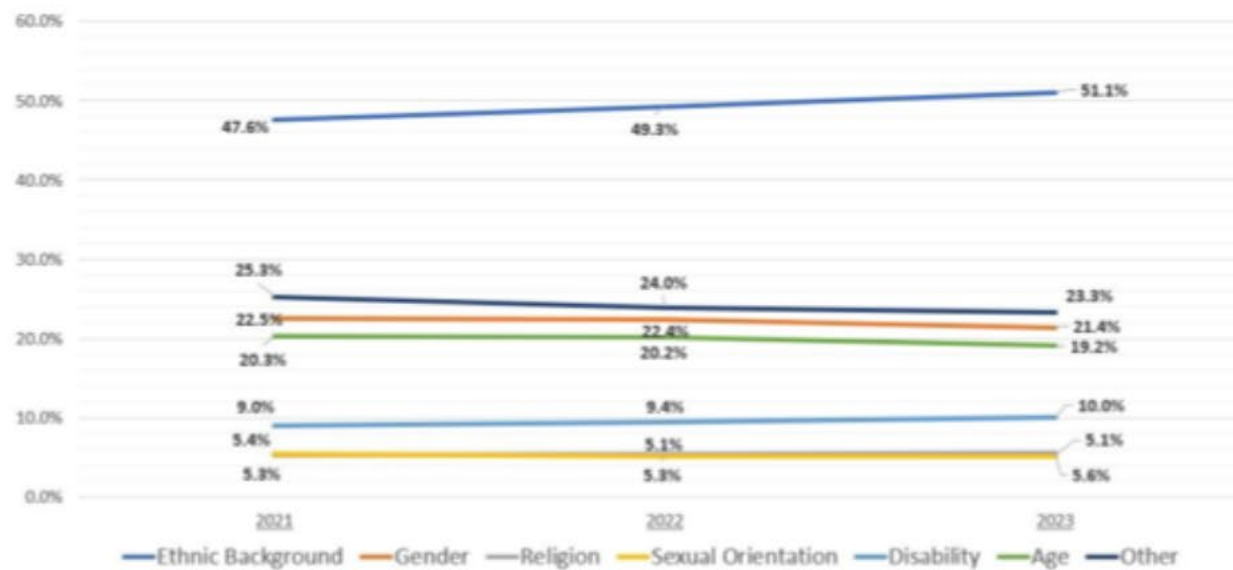
What is institutional racism?

"The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantage minority ethnic people."

The Macpherson report

OUTCOMES DEFINE LEADERSHIP

2023 NHS Staff Survey findings: Discrimination reported by type - National



Source: NHS National Staff Survey findings 2024 (www.nhsstaffsurveys.com) Q16c: In the last 12 months have you personally experienced discrimination at

4 GROUPS

- I am in
- Convince me, I am in
- Too tired, what do you want me to do
- There isn't a problem

**AND
FINALLY...**

- Remember the Four Groups
- And your strategy for each of them
- Its not easy...but its not supposed to be
- You will fail
- You will, also, win

The image features a dark, textured background with a subtle geometric pattern. Two pieces of bright red, crumpled paper tape are placed horizontally, one above and one below the central text. The text is in a bold, white, sans-serif font, centered on the page.

**ACCOUNTABILITY IS
THE GLUE THAT TIES
COMMITMENT TO
RESULT**