SUSHRUTA

PROMOTING PROFESSIONAL EXCELLENCE AND LEADERSHIP

SPECIAL EDITION
ANNUAL CONFERENCE 2014

In this edition...

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The Secretary of State for Health
The Shadow Secretary of State for Health

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Health professionals and immigration change

"BAPIO has done sterling work since its foundation"

- The Rt Hon Jeremy Hunt MP

November 2014
Vol 7 • Issue 1

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281-285 Bedford Road
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Vol 7 • Issue 1 - November 2014

SUSHRUTA

Sushruta Editorial Team

Guest Editor
Dr Kailash Chand OBE

Managing Editor
Buddhdev Pandya MBE

Advisory Editors
Dr JS Bamrah, Dr Joydeep Grover, Dr M Hemadri

Speciality Editorial Advisors:

General Practitioners
Dr Anand Deshpande
Dr Hasmukh Shah

Consultants
Dr Shyam Kumar

SAS
Dr Victor Babu

Young Doctors
Dr Ankur Khandelwal

Women Doctors
Dr Vinita Manjure

Research
Dr Arvind Shah

Regulatory & Standards
Dr Satheesh Mathew

International
Prof Rajan Madhok

Sponsorship

Buddhdev Pandya MBE
Director of Policy and Promotion

Nimish Bhatt
Commercial Director

Design & Printing:

Decipher Graphic Designs Ltd
www.deciphergraphicdesign.co.uk

Proofreading:

ProofScience
www.proofscience.com

Publication Policy Executive

Dr Ramesh Mehta
Dr Parag Singhal
Dr Satheesh Mathew
Mr Buddhdev Pandya MBE

Publishers:

BAPIO Publications Ltd
281-285 Bedford Road
Kempston
Bedford MK42 7DY

Tel: 01234 212879
office@bapio.co.uk

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Dr Kailash Chand OBE
Guest Editor

Buddhdev Pandya MBE
Managing Editor

Dr Joydeep Grover
Editorial Advisor

Dr M Hemadri
Editorial Advisor

Published on behalf of British Association of Physicians of Indian Origin.

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LONDON SW1A 2AA
www.gov.uk/number10

Prime Minister's message for Sushruta magazine

Our National Health Service is one of the most precious institutions we have. We all know it, because we will all have been touched by it at some point in our lives.

This government has increased health spending in real terms every year, and this has only been possible because of difficult decisions taken elsewhere as part of our long term economic plan. We will continue real term increases in health spending in the future to give people security and peace of mind.

I have huge respect and admiration for the doctors and nurses of Indian heritage who serve the National Health Service day in day out with such relentless dedication, skill and care. Doctors from India, Pakistan, Bangladesh, Sri Lanka and Nepal have been here since the very beginning of the NHS and today there are over 40,000 of you helping to deliver a world-class health service for all.

There are deeply personal links between Britain and India and a great friendship which tie our two countries together. The British Association of Physicians of Indian Origin has a vital role in supporting doctors of Indian origin when they come to the UK.

I would like to express my gratitude to you and your colleagues for the outstanding, positive and historic contribution you make to the country and in doing so make our National Health Service the envy of the world.

David Cameron
Prime Minister

Messages from the President of BAPIO

The Annual conference is an opportunity to promote good medical practice, earn CPD points, network and also have some fun. But it is also an opportunity to reflect on the activities of last year.

2014 has been a watershed year in the history of BME doctors and the NHS. Although it has been obvious for years that there is differential attainments of BME doctors in post graduate medical examinations, the establishment seemed to be not bothered. The BAPIO challenge to RCGP and the GMC for the Judicial Review created huge excitement as well as turmoil within the profession. Although BAPIO lost the case, the Judge was complimentary in accepting that BAPIO challenge was in public interest and it was a moral victory for BAPIO. Victory indeed it is turning out to be, as all the establishment suddenly seems have woken up and is trying to resolve the issue. I am pleased to report that BAPIO is in regular discussions with RCGP, Academy of Medical Royal Colleges and the GMC to find a sensible solution to prevent catastrophic effect on some of the doctors. I take this opportunity to thank all who supported the legal challenge. I also thank RCGP, GMC, AoMRC and BMA for their sincere support in looking for solutions.

BAPIO has been active in various other aspects of equality and fairness for BME doctors. We have had very productive meetings with Sir Bruce Keogh, Medical Director, NHS England; Sir Mike Richards, Chair of the CQC and Mr Niall Dickson CEO of the GMC amongst others to further the agenda of differential treatment of BME doctors affecting patient safety.

With the launch of Northern Ireland division now we, BAPIO, has presence all over the United Kingdom.

It is pleasing to see compliments from the Prime Minister and other senior politicians. Dr Kailash Chand as the guest editor has done a superb job of producing this edition of Sushruta.

On behalf of the Executive Committee of BAPIO I thank Dr J S Bamrah and the organising committee for their dedication and hard work in ensuring the success of this conference.

Ramesh Mehta

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Messages from our Editors

Dr Kailash Chand OBE
Guest Editor

It has been an unexpected privilege for me to have been chosen to be the guest Editor of Sushruta, the official magazine of BAPIO. Those who know me will appreciate that I write on various health issues as well as the NHS, so this has offered me the opportunity to bring to BAPIO members direct messages from our national leaders and top politicians.

There can be no-one more significant than the Prime Minister of the United Kingdom, the Rt Honorable Mr David Cameron who has so openly acknowledged the part that doctors and nurses from the Indian subcontinent have played in the NHS, right from its inception. This should be heartening news not just for our members but also other diaspora organisations.

I am privileged also to publish articles by the Secretary of State for Health, the Rt Hon Mr Jeremy Hunt who acknowledges that "BAPIO has done sterling work since its foundation" (a tribute to Ramesh Mehta and his BAPIO team), and on the other side of the political bench we have an equally thought provoking article from the Shadow Secretary of State for Health, the Rt Hon Mr Andy Burnham who has articulated his vision for integrated health and social care. Whilst I am grateful to them all for giving up valuable time at this stage of the forthcoming elections, I am also very grateful to each and every one of the contributors to this edition of Sushruta.

Contributions from Simon Stevens, Terence Stephenson and Niall Dickson are of exceptional quality, with each author acknowledging the place of BAPIO in today's NHS. All the articles published in Sushruta are very topical in the NHS, and though I would have wished to have covered other areas too, it was a case of establishing some priority for what is current and appealing to our readership. So read with interest, and in the future consider making a contribution for forthcoming issues of the journal.

Buddhdev Pandya MBE
Managing Editor

Sushruta is named after the Indian surgeon (700 BC) famous for performing the first plastic surgery, among other procedures. It represents the spirit of innovation and leadership that reflects in the central theme of the British Association of Physician of Indian Origin (BAPIO): to promote professional excellence and leadership.

This publication has given exposure to many experts, not only exclusive to those of Indian origin, to provide much greater knowledge sharing across our readers. Now with The Physician, a peer-reviewed journal of BAPIO, Sushruta will begin to feature content that combines lifestyle, social and areas that impact on these professionals in their careers.

This special edition coincides with the Annual Conference of BAPIO, to be held in Manchester in November 2014. Thus, our main focus surrounds two areas of interest in the medical community: excellence in patient care and Indo–British relations.

In welcoming Dr Kailash Chand OBE as our guest Editor, this adds to the quality of the publication, as he brings a wealth of knowledge and leadership qualities to aid the publication production team. We are grateful to a number of colleagues who have contributed to this special issue, making it more informative and encouraging for the readers.

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Message from the Secretary of State for Health

The Rt Hon Jeremy Hunt MP
Secretary of State for Health

The story of the National Health Service is a long and proud one – one to which people of Indian origin have made a huge contribution. It is absolutely right we recognise and celebrate that. I pay tribute to BAPIO for the excellent work it does to champion international medical graduates as providers of world-class, compassionate care.

Thousands of doctors from India, Pakistan, Bangladesh, Sri Lanka and Nepal have made their presence felt in the UK since the foundation of the NHS. First recruited to fill a post-war staff shortage, their impact has gone way, way beyond that.

Today one-third of NHS workers are not born in the UK, and everyone employed by the NHS deserves the deep gratitude of the rest of us. They also deserve very great respect. NHS staff are not immune to discrimination, and where it exists it must be sought out and dealt with thoroughly and fairly. I am determined that all who work in health and care should feel confident about speaking out when something has gone wrong. We have put new protections in place to make that possible.

It is also absolutely essential that promotions are colour-blind. Diversity is one of the NHS's greatest strengths. The best healthcare service in the world needs to make full use of all its talent.

I am determined that all who work in health and care should feel confident about speaking out when something has gone wrong. We have put new protections in place to make that possible.

NHS services have benefited in many ways from the rich mix of doctors of Indian origin that have come to work in the UK, whether permanently or for a shorter period. Those first trained in the UK often go on to become leading NHS consultants or eminent medical figures in South Asia.

Efforts such as the NHS Employers' "Personal, Fair and Diverse" campaign – which works towards an enduring culture of inclusivity and equality – are vital. So too are historical records such as Nurturing the Nation, which the Department of Health commissioned from the Runnymede Trust in 2010 to document the contribution of Asian staff to the NHS.

The National Health Service and the United Kingdom alike have been enriched by welcoming talented immigrants. We continue to benefit from our relationships with other countries and other health systems, as indeed they do in return. For example, doctors who take part in the Medical Training Initiative take back knowledge of practice, procedure, networks and UK expertise that later deliver tangible benefits to the UK economy.

The NHS is the largest employer in the UK, and so it should be an example to the rest of the country. I want it to continue to be a place where people are proud to work and which attracts the best and brightest from across the globe to build their careers.

BAPIO has done sterling work since its foundation. I wish you very well indeed for your National Conference and Awards Dinner. In the meantime, thank you very much for your dedication to improving people's lives.

Jeremy Hunt

Jeremy is a Member of Parliament for South West Surrey. He graduated in Politics, Philosophy and Economics from Oxford University. In 2005 he was appointed as the Shadow Minister for Disabled People and in 2007, joined the Shadow Cabinet as Shadow Secretary of State for Culture, Media and Sport, later becoming the Secretary of State for Culture, Olympics, Media and Sport. In 2012, the Prime Minister of the new coalition government made him the Secretary of State for Health.

Message from Rt Honourable Andy Burnham MP for BAPIO

Rt Honourable Andy Burnham
Shadow Secretary of State for Health

"I would like to congratulate BAPIO for its enormous contribution to the NHS. This conference marks the achievements of BAPIO and shows how well integrated it is within all levels of the NHS. Indian doctors have been crucial to the NHS and will remain so – thousands left their own country and made the UK their home. It is through associations like BAPIO that they can get the right support and encouragement, and it is gratifying to see that many will showcase their achievements at the National Conference. I wish them the very best for the future."

My vision of the NHS

As we approach the end of this Parliament, the Opposition is leading the wider debate about the future of health and care. By endorsing full integration of the NHS and social care, Labour has opened up an enticing possibility: a single service for the whole person, meeting all of their needs – physical, mental and social.

With 'whole person care', we can start where people and their families want to be – in their own homes – and build out from there. This is a big change from the 20th century when we thought of health in terms of buildings and institutions. In the 21st century, the home and not the hospital should be the default setting for care. Wherever possible, people should be supported by a single team providing high-quality, personalised care with the aim of helping them get the most out of life. It will finally make a preventative service a reality.

In September, Ed Miliband announced Labour's commitment to a £2.5 billion Time to Care fund to fund 20,000 more nurses and 8,000 more GPs. They will be the new workforce behind this vision and I am confident that Indian and BME physicians will continue to play a key part, like they have been crucial to building and sustaining the NHS to this point.

Yet, this new service is some way from where we are today. England has a fragmented health and care system, where physical, mental and social needs are met through separate, disjointed services. This disempowers people and is wasteful of resources.

People's common experience is of a series of disconnected encounters with professionals, and the frustration of telling the same story to every person who comes through the door. As no one is accountable for the totality of one person's care, people fall between the gaps and true accountability is hard to achieve.

A single service for the whole person opens up the possibility of a simple, but revolutionary, answer to this common problem: a single named contact for the co-ordination of all care needs. It is also one easy way to explain the difference that 'whole person care' could make: for the increasing number of people in their 40s, 50s or 60s who live away from their parents and face the anxiety of making multiple phone calls to arrange their care, it will make a great deal of sense.

We need to look at powerful rights for individuals to pull the system towards a person-centred service, with more options for care in the home; with carers supported not ignored; and with equal value placed on mental and physical health.

The NHS Constitution already affords people some limited rights on waiting times and treatments. Various ideas have been suggested for how it could be updated, for example: the right to a single named contact for the co-ordination of all care; the right to an individual, integrated care plan agreed jointly between individuals, their families and professionals; the right for your carers to receive an assessment of their needs and to have respite care; and the right to give birth or to end life at home.

These ideas begin to illustrate the kind of changes that 'whole person care' could make possible, and what that might look and feel like to the public. And it also gets Labour's focus where it needs to be: on services not structures. We don't need new organisations; we simply need them to work together in a new way.

People will rightly question whether a system offering this degree of personalisation can be afforded. My response is that it is the status quo which can no longer be afforded. Today's silo-based approach to the provision of public services is a luxury we can no longer sustain. The simple premise behind 'whole person care', and full personalisation, is that the more we give people the support they are asking for – when and where they need it – the more likely it is to work and, therefore, be better value for money. It is providing care in an uncoordinated way that is so wasteful of public resources and is leaving increasing numbers of elderly people trapped in expensive hospital beds.

The biggest barrier standing in the way of Labour's vision of a public, integrated health and care service is the 2012 Health and Social Care Act. When the future demands integration, the Government has placed the NHS on a path towards fragmentation and privatisation.

The NHS is approaching a fork in the road. It either continues to embrace marketisation and fragmentation, with all the threats that entails, or it goes in the opposite direction and becomes more collaborative and integrated, so it can meet the challenges of the 21st century. The next election will decide which path it takes, and the decision will have irreversible consequences.

BMA support for BME/IMG doctors

Dr Kailash Chand
Deputy Chair of BMA Council

The BMA is committed to breaking down barriers for all doctors. Fairness, dignity and respect must be at the heart of healthcare. Black and minority ethnic (BME) and international medical graduate (IMG) doctors are vital to the NHS.

Following a pledge made in August 2013 by the BMA and other influential organisations, including NHS Employers and BIDA, to support the career progression of BME doctors, the BMA now holds biannual "Diversity in Leadership" seminars. These seminars provide doctors with specific knowledge and practical advice on how they can develop themselves for leadership positions. They are free of charge, open to all doctors, whether BMA members or not, and are Continuing Professional Development (CPD) accredited.

Further, the BMA's Leadership Programme, launched in July 2014, aims to identify future leaders of the BMA, and helps to support their development in a medico-political environment, providing transferrable skills for use in the clinical setting.

The BMA's Equality and Diversity Committee publication "Career barriers in medicine" is being updated and will explore the issues that BME and other groups of doctors currently face through a range of case studies, and seeks solutions to overcome these. The Committee is also currently developing a resource profiling a number of IMG doctors from around the world, sharing their experiences and celebrating their contributions to the NHS. We aim to launch this at an event at BMA House in 2015. In addition, the BMA's International Department, in collaboration with the British Medical Journal (BMJ), have developed a resource providing key information about immigration rules, registering with the GMC and working in the NHS. This is freely available as a BMJ learning module.

Recent changes to immigration rules have led to more complex visa processes. To ensure that doctors do not experience disruption to their career progression, particularly during speciality training, the BMA's Immigration Advice Service provides direct support to IMGs and overseas nationals who graduate from UK medical schools. Given that the immigration rules are subject to frequent change, a free "visa alert" service for members and non-members is available, as well as user friendly information on the website.

The BMA lobbies for changes to the rules on behalf of IMGs and UK graduates, such as pressing for change on the immigration rules affecting those who wish to bring adult dependant relatives to the UK from overseas.

In addition to these services, resources and training, the BMA is committed to ensuring that all trainee doctors are treated fairly and have real equity of opportunity during their training and assessment. In November we are hosting a high-level symposium to discuss recent concerns regarding differential attainment of BME and IMG doctors in medical examinations. This symposium will bring together experts and interested parties (including representatives from BAPIO and BIDA) to explore the evidence for current practice in clinical training and assessment, and identify barriers and solutions, with the outcome of achieving consensus on a list of actions. We plan to review progress against actions with a follow-up conference in 2015.

Internally we monitor how representative BMA committees are, identifying under-represented groups of doctors and potential barriers for engagement with the BMA, with the aim to remove any unfairness or disadvantage.

The BMA will continue to develop strong collaborative relationships with other organisations, develop novel initiatives and resources, and conduct research into issues that BME and IMG doctors face in the NHS. Our focus is to guarantee that all doctors have the opportunity and support to progress with equity throughout their careers.

According to the General Medical Council (GMC) 29% of registered doctors are BME, while 26% are IMGs.
The BMA will continue to enhance its support and services for BME and IMG doctors.
The BMA has regular engagement, led by Dr Mark Porter, Chair of the BMA Council, with organisations such as the British Association of Doctors of Indian Origin (BAPIO) and the British International Doctors Association (BIDA), and through this we identify areas for collaborative working and initiatives to better aid these doctors.

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Message from Mr Niall Dickson

Mr Niall Dickson
Chief Executive and Registrar of the General Medical Council

The GMC's ambition is to be able to say that every doctor practising in the UK is part of a system designed to ensure all licenced doctors are competent and up-to-date, and able to perform the duties they undertake well.

We also want to be able to say that any assessment a doctor faces is fair. They should be confident that all parts of the system – employer, commissioner, educator or regulator – will treat them fairly irrespective of their background or where they qualified.

Medicine is a global business and doctors a global workforce. Britain has long benefited from this and today a third of the GMC register is made up of doctors who trained outside of the UK. But, if we are honest, the healthcare system – employers, educators, commissioners, governments and regulators – have not always understood or supported those doctors.

We must have an open and honest conversation about the challenges facing doctors who come to work here from overseas, and the different but sometimes overlapping issue of discrimination.

The GMC's ambition is to be able to say that every doctor practising in the UK is part of a system designed to ensure all licenced doctors are competent and up-to-date, and able to perform the duties they undertake well.

We also want to be able to say that any assessment a doctor faces is fair. They should be confident that all parts of the system – employer, commissioner, educator or regulator – will treat them fairly irrespective of their background or where they qualified. It is well known that outcomes for some international medical graduates and some black and minority ethnic (BME) doctors do not always mirror those of their white counterparts – well known, but not well understood.

The differences in attainment on examinations and assessments in medical education and training between overseas trained and UK graduates are considerable. Equally concerning, though the differences are much smaller, is the disparity of outcome between UK-trained BME doctors and their white counterparts. We are collecting data on progress through training from the medical royal colleges to help understand the scale of these issues, and why some doctors leave training programmes without completing them.

There is also disproportionate representation of overseas doctors in fitness to practise referrals. As we reported in The state of medical education and practice, they are more likely to be referred by employers and, because of the nature of those referrals, any sanction is likely to be more stringent. We will continue to work closely with NHS trusts and health boards, to gain a better understanding of the triggers for referrals.

There is more that can be done to support doctors who are new to the UK – and while we should not be the main player in this, we are determined to play our part. We are rolling out our Welcome to UK practice programme to provide them with an introduction to the cultures and practical aspects of working within the UK healthcare systems.

While we should do all we can to support doctors from overseas, we also need to be honest in saying that UK medical practice is not for everyone. Patient care must come first, and we will do everything we can to set the right level for those who wish to practise here. That is why we are taking steps to strengthen the Professional & Linguistics Assessment Board (PLAB) exams to ensure that doctors who join the register have the skills and attitudes to practise safely and effectively in the UK. The GMC can only ever be part of the solution. These are complex matters and they will need collaboration and co-operation from us all if we are to have a chance of tackling them effectively.

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Personal Message to BAPIO from Simon Stevens

Mr Simon Stevens
Chief Executive, NHS England

Since the day the NHS was founded, international medical graduates have been the trusted and caring partners to families and communities the length and breadth of this country. Down the years, your service and dedication has been the bedrock of care for hundreds of thousands of our patients.

In turn, the NHS has – at its best – provided professional opportunities and rewarding careers for many thousands of doctors and other health professionals who see the NHS as the health care system most worthy of their support.

To the many many GPs and hospital specialists working in the NHS who that accolade amply describes, we all join together to say thank you!

One of the side benefits of this has been the creation of a deep relationship between health practitioners in India and England. Speaking personally, I've been fortunate in my own recent career to have worked with health services and doctors in India on a wide range of initiatives – from public health, to diabetes prevention, to specialist hospital care – and have in every case been deeply impressed by the innovation and energy of the professionals it's been my privilege to work with.

The name of this journal pays homage to the Sushruta Samhita. Allow me instead to mention a passage from the Caraka Samhita, of similarly long historical origins.

It praises the virtuous healer: "who is courteous, wise, self-disciplined, and a master of his subject. He is like a guru, a master of life itself". To the many many GPs and hospital specialists working in the NHS who that accolade amply describes, we all join together to say: thank you!

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Towards a safe patient service

Professor Terence Stephenson
Chair of the Academy of Medical Royal Colleges

As chair of the Academy of Medical Royal Colleges, I want to congratulate BAPIO on putting together a wonderful conference programme. With eminent speakers from organisations as diverse as the House of Commons, the House of Lords, NHS England, the BMA, the GMC, HEE, RCPsych, RCP and many others, it should be a fascinating three days.

Bsc, DM, FRCPCH, FRCP, FRACP, FRCPI, FRCS, FHKAP. Nuffield Professor of Child Health, Institute of Child Health, UCL. Chair, UK Academy of Medical Royal Colleges 2012-2015. Chair Elect, General Medical Council (UK) 2015-2018. Chair, Scientific Committee of the European Paediatric Association 2013-15. Past President, Royal College of Paediatrics and Child Health 2009-2012

A safe patient service

Health in the UK continues to face huge challenges. This winter we will see major pressure on urgent and emergency care services, in primary care and in A&E departments. The medical profession is now committed, in principle, to an urgent and emergency service offering the same level of care across all 7 days of the week. But this will not be possible without major service re-design, put on hold by the 2010-12 re-organisation of the NHS, to deliver a 24/7 emergency service. This re-design will have to encompass not only the acute sector but also primary care, pharmacy, community nursing and social care. The BMA consultant contract negotiations have apparently broken down partly around the issue of the resources necessary, not just medical and not just clinical, to provide a safe, quality service 7 days a week without undermining the current weekday provision.

The Future Hospital Commission has flagged the increasing complexity of hospital admissions, older patients with an average of 3 comorbidities, the rising number of admissions and the risk of 'revolving door medicine' without adequate provision of care in the community. The reports by Dilnot, Oldham and Barker have all alluded to the need for more joined up working between health, free at the point of delivery, and social care which is means tested, rather than the current silos.

Resources

The financial pressures on the NHS can be approached by greater efficiency, reduced demand and less waste. I have written about the need for an iNHS to deliver smarter, time efficient working with an electronic patient record and e-prescribing with computerised decision support, both available in general practice for 20 years, the minimum for hospitals.

Prevention is always better than cure. Obesity, alcohol and tobacco remain the major public health hazards and the publication of the "Forward View" by NHS England gives a welcome emphasis to the need for Public Health England to reduce demand on the NHS by preventative policies. The medical Royal Colleges have all been unanimous in their support for "Measuring Up', the Academy's suggestions for tackling obesity, and for minimum unit pricing of alcohol and plain packaging on cigarettes.

The Academy's recent publication on 'Waste' in the NHS identified a potential for £2 bn savings from smarter working and evidence based medicine and we are exploring launching a 'Choosing Wisely' campaign with NHS England – empowering patients and clinicians to avoid tests and treatments without an evidence base. It is estimated that another £2 bn could be saved by pooling procurement across the NHS.

Transparency

Revalidation has begun and should serve to reassure the public that the doctors they see have demonstrated their fitness and competence to practice by a process of continual peer and patient review. Published outcomes have been embraced by surgeons who have led the way but are likely to become the norm for all doctors. The trajectory from Bristol through to Mid-Staffs and beyond should be one of increasing openness regarding data and increasing candour when things go wrong.

Training

Finally, we must continue to train doctors of the highest caliber, something the UK has a long tradition of and is rightly proud of. For the moment, the "Shape of Training" report continues to have wide support from across the profession. The desire to train doctors who, at least in the early part of their career, are generalists who are comfortable to manage acutely ill patients holistically makes sense and is what the NHS will need given the demographic drift alluded to above.

There are 12,000 centenarians in the UK today. With current life expectancy, by 2080 there will be 600,000 centenarians. There is also broad agreement that the historical boundary between primary and secondary occur needs to 'blur' – general practitioners have much to offer managing long term conditions close to home and at the 'front door' of the acute hospital; hospital specialists can help avoid unnecessary hospital attendances and admissions by extending their work into the community.

Many of these issues will be discussed in greater detail over the 3 days of the BAPIO conference and I look forward to participating. BME doctors, especially those from the Indian sub-continent, have been at the heart of supporting the NHS over its first 65 years.

They make huge contributions particularly to inner city general practice and to hard pressed and sometimes less popular hospital specialties. For that selfless endeavor, we should all be grateful.

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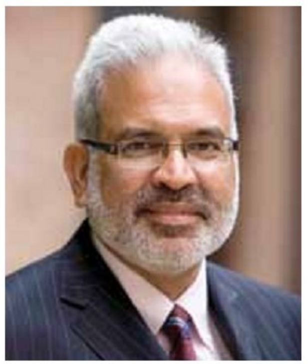
Welcome to the BAPIO Conference 2014



Professor Rajan Madhok
Chairman, BAPIO

BME staff are not just the backbone, but also the defenders of this 'greatest creation of the 20th century'; they are the custodians and natural 'carriers' of the fundamental values of the NHS, and as such should be cherished.

Welcome to the 2014 BAPIO annual conference. It has been another tumultuous year for black and minority ethnic (BME) clinicians in the NHS, and I continue to be saddened (and amazed) at the extent of the problems and inconsistencies in how the NHS deals with its discriminatory practices. So, BAPIO had the judicial review against the GMC and RCGP, with Judge Mitting noting, among other things, that the medical authorities had received reports showing that there was a possibility of subjective bias by examiners in the RCGP CSA exam, and that the time to act has either arrived or will do so very soon, concluding: "The claim has served a useful purpose and achieved not a legal victory, but a moral success".

How is it that despite recognising the problem the law did not support our case, and indeed, how come we can be morally right yet legally lose? In addition, we had, yet again, a clear demonstration of the discrimination in senior appointments, with Roger Kline's Snowy Peaks report – nothing new in terms of findings as others have already reported, many times, but still no action. And to top it all, I went to India to help recruit doctors for our understaffed and stretched accident and emergency departments, despite reservations that the NHS is notorious for 'mistreating' foreign doctors, and so why would we want them to come and work here, to be insulted and penalised?

But yet here we stay, challenging discrimination, and promoting the NHS simply because fundamentally we believe in it; we are not only Indian doctors, we are NHS doctors and proud of it. Many of us chose to work in the NHS because of its design principles, and its values of fairness and equality. I personally am a great supporter of the NHS, and that is why I recently participated in the 300 mile Jarrow March. BME staff are not just the backbone, but also the defenders of this 'greatest creation of the 20th century'; they are the custodians and natural 'carriers' of the fundamental values of the NHS, and as such should be cherished. They should be cherished because not only do they support the NHS here, but they also want to promote and replicate the NHS overseas, and in their 'home' countries.

It is with this last point in mind that BAPIO is supporting the work of Indo: UK Collaboration for Health – an initiative to create an alliance of the northwest NHS and educational institutes for mutual benefits. In the global village we are all interconnected, and we need staff and training here in the NHS as much as India needs this – meanwhile both the NHS and the Indian health system have 'assets' which can be usefully deployed to create a win: win situation. I am glad that BAPIO will play its part in developing systematic programmes of educational placements and courses for all clinicians, and contribute to the emerging programme of the Global Health Exchange (North West).

I am particularly delighted that the Indo: UK Conference is happening in Manchester as part of the national annual BAPIO conference, as India and the northwest of England are closely linked historically, especially with the cotton trade connection. And as it happens, it is also my base (although I live in Salford!), and it will be my last conference as the BAPIO Chairman – after two terms I plan to step down, and to finish in my 'home' town seems right. I still remember the conversation with Ramesh Mehta when he asked me to consider the appointment and told me that it was both an honour (which it is, and given that I took over from Raman Bedi), ceremonial, and that I would only be needed 2-3 times a year – which clearly was not quite accurate! Anyone who knows Ramesh will know how charming and persuasive he can be, but it has been great fun. I once joked that BAPIO stood for the Bedford Association of Physicians of Indian Origin or the British Association of Paediatricians of Indian Origin, and it is a great privilege to see how far the Association has come in the last few years. BAPIO is now firmly established as the champion of race equality and recognised for promoting excellence in the NHS. So, thank you for the journey and the honour, and looking forward to another great (the greatest yet – thanks to the local organising committee) conference.

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YO BAPIO - What is that moral victory thing? - Dr M Hemadri

Dr M Hemadri

It is now very well known that BAPIO filed for a judicial review of the MRCGP examination, especially with regards to the CSA component; well there is no point beating about the bush, BAPIO lost the case.

That means that the MRCGP was ruled to be a fair examination, by indirect inference it may be assumed that other examinations were also likely to be fair. BAPIO members, BME doctors, IMGs can be reassured that things are rosy and live in joy. I was just about to do that when I found that Prof Rajan Madhok, Chairman, BAPIO tweeted 'JR judge says: moral success but not legal victory! So our laws go against our morals? Crazy!' It is true. The judge said BAPIO had a moral victory.

So what is that moral victory thing? It is just a judge being polite?

Pause. Reflect.

To understand this, we have to go back to 7 June 1893. One Mr MK Gandhi who had a first-class ticket and was travelling in a first-class rail compartment was thrown off the train. He had a legal right to be on that train but he still lost his seat in the train; Gandhiji had a moral victory. The rest was history and what a history it was.

The judicial review has set off a number of changes which we are beginning to hear about. The GMC is now considering seriously introducing a common licensing examination for UK graduates and IMGs (similar the concept of USMLE). The GMC is introducing English language competency tests for EU doctors (where there is cause for concern). The time allowed for the AKT MCQ examination of the MRCGP is being increased. There could be changes to the way CSA is conducted and assessed. There are numerous other changes and many Royal Colleges and medical educational establishments are engaging with BAPIO and its partners.

The RCGP and GMC activities considered in the Judicial Review were ruled legal. Yet they and other institutions are making changes that further the cause of equality. BAPIO contends that these changes would not have happened at this juncture and at this pace, without the Judicial Review. Are we beginning to understand the concept of a legal loss and a moral victory?

By the way, Gandhiji protested and was allowed to travel the next day by first class. In the continuation of the same journey he was beaten by a driver, banned from hotels and subjected to other forms of abuse.

BAPIO should be under no illusion that things are or soon will be rosy. The path is strewn with thorns and BAPIO should be prepared for its skin to be pricked in this journey. What does BAPIO want? BAPIO wants, what you have always wanted. A level playing field, no bias, high standards, fair assessment and equal opportunity to progress.

There are many more ideas that will benefit the system. If BAPIO decides to ask for these and more, you can be assured BAPIO will be vilified and denounced. The hope is, after the abuse is done, the changes would happen, even if they were slow.

A couple of thousand of years before Gandhi, we hear of one Jesus Christ, who lost a legal case and was crucified; he seemed to have won the moral case quite convincingly. Time will tell, but BAPIO's moral victory may turn out to be a very strong force for change.

Here are some suggestions on the specifics that BAPIO should be asking for:

1. Real patients rather than role players
2. Increased number of BME/IMG examiners
3. Two examiners on each station
4. Video recording of the session
5. Improved training of the candidates.
6. Improved training of the trainers and holding to account of trainers with poor record of success of their trainees
7. Feedback and mentoring for those who fail
8. Removal of hawk examiners/trainers (especially those who have negative impact on BME/IMG doctors)
9. Removal of dove examiners/trainers (especially those who have a negative impact on BME/IMG doctors)
10. Testing and continued monitoring of sub-conscious bias in examiners/trainers
11. Examiners with extreme bias not to be selected, examiners with non-extreme bias to be provided training followed by monitoring
12. Pass-fail threshold and other standard setting (such as ARCP/RITA progress) should be tested for impact on various populations with protected characteristics and where there is no evidence of impact on patient outcomes the thresholds should be adjusted to reduce any possible negative impact on doctors with protected characteristics
13. Objective assessments/examinations for summative, pass-fail, highstakes situations/ examinations/assessments (with any subjective assessments reserved for formative processes)

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BAPIO endorses NHS values

Buddhdev Pandya MBE
Director of Policy & Promotion of BAPIO

This year a group known as 'Darlo-Mums' initiated a march to express their anger over the current state of the National Health Service (NHS). In August, the protesters took the route that replicated the 1936 Jarrow Crusade ending in the rally in London on 6 September, 2014.

It is fair to suggest that there is a sizable opinion amongst NHS professionals that the NHS is gradually embracing the private sector and that this may eventually prove detrimental to the extent of services and quality of patient care. The NHS has always remained one of the most politically sensitive area with individuals taking sides - for or against, dependent upon their political leanings. However, in general the NHS has retained a huge loyalty among its staff dedicated to provide their best for the patients they serve.

The NHS has been a beacon - a role model for showing the responsibility of government to plan and provide better health care for its citizens; a service available to all at the point of need regardless of their ability to pay. The modern times demand has shifted the rules allowing more services to be 'contracted out', giving rise to a culture of competition.

As the nation gears up for the General Election in 2015, the debate on the 'welfare rights' is most likely to hot up with the political parties issuing new assurances to claim that the NHS will be safer in their hands. The Shadow Health Secretary, Mr Andy Burnham MP, in his address to the rally stop-over in Bedford made it explicitly clear that his Labour Party will repeal Cameron's Health Act, remove market forces and restore the right values to the heart of the NHS: compassion over competition; people before profits.

The track record of the engagement with the privatisation has been interesting. Without being party political, the Labour Party too had maintained the same course of direction that was preferred by the Thatcher government which introduced the 'internal markets' in the late 1980s.

Professor Madhok during the People's March

Prof Rajan Madhok, Chairman of BAPIO who in his private capacity had walked alongside the protesters from Jarrow said, "In fact, political parties so far have tended to abuse the NHS when in power and use it in opposition." He said that we need to put a stop to it- for our sake and the sake of future generations.

There is general acceptance that the current state of economy requires reforms to balance the books. However, the NHS has seen many reforms, mostly skirting around 'making savings' in the name of improving efficiency and the active introduction of initiatives such as PFI to defray state costs, but overall such reforms have tipped the balance in favour of the private sector.

There are many, like Prof Madhok who feel that despite mounting evidence of prevailing culture of abuse of power, loss of direction and accountability this situation is being tolerated, and that it is nothing but an affront to the values of dignity, respect and fairness that we all hold dear. These highly trained professionals have expressed their feeling of being insecure and demoralised over and over, in the recent years. The marchers had called it 'the 999 Call for the NHS'. It is time for the medical professions to say, "We are the NHS, and let us fix what needs mending".

NOTE: Rajan Madhok's observations from the March are available at http://leadershipforhealth.com/999forthenhs/

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Psychiatry – Rising demand, facing the challenge

Dr JS Bamrah, Medical Director, Manchester Mental Health and Social Care Trust*

Psychiatry, more than any other speciality, faces some tough challenges in the coming years as a result of the demands of austerity which disproportionately affect all mental health services in England and Wales.

The growing demand and a potential problem in recruitment might appear to make this an unattractive speciality; however, as medics we do not shirk from challenges, and in my thirty years in the NHS I have seen many changes in the delivery and provision of mental health services, most of them for the better. The many facets of our speciality and the experience of seeing patients improve or stabilise is both rewarding and satisfying.

Mental illness is everywhere. At the present time it is estimated that one in four adults and one in ten children between the ages of 5 and 16 will suffer a mental health problem in their lifetime, so that by 2030 an estimated 2 million more adults will suffer from mental health problems in the UK than today.[1] In England, the proportion of adults aged 16 to 64 years with one common mental health disorder rose from 15.5 per cent to 17.6 per cent in 15 years.

[2] The most common mental health disorders are anxiety, depression, stress-related disorders, dementia and disorders related to alcohol and substance misuse. Mental illness affects people in every sphere of their lives when it occurs: in their jobs, relationships, their physical health, and their social status. Poor mental health costs the UK £70 billion a year through productivity losses, higher benefit payments and cost to the NHS.[3] Other key issues concerning mental health are that:

1. between 4,000 and 4,500 people commit suicide in England each year;[4]
2. patients with schizophrenia die on average 20 years earlier than healthy individuals;[5]
3. in 2012 there were 800,000 people in the UK with dementia, which is projected to rise to 1 million by 2021;[6]
4. people with a mental illness are almost twice as likely to die from coronary artery disease, and four times as likely to die of respiratory disease than the general population;[7,8] and
5. 70% of prisoners have a mental health problem.[9]

So in the face of these alarming statistics, it is incumbent on us as medical professionals and allied professionals to improve the outcomes for patients with mental illness. There are not many virtues within the Health and Social Care Act (2012), but the one major change in the law is that there has to be parity of esteem in physical and mental health.

There has been much work done to promote this aspect of the Act, but the stigma of mental illness cuts across all spectrums of life, from the man in the street to affluent societies. It is an appalling statistic that one survey in 2012 showed that 18% of the general population believed that anyone with mental problems should be excluded from public office.[10]

There is no doubt that modern day psychiatry has seen major advances in the treatment of mental disorders through effective medications, psychological therapies, and social interventions.

A career in psychiatry is rewarding because of the real difference we can make to patients, many of whom have very debilitating illnesses. Over time, more patients are treated in the community and not in hospitals, and the sight of serious drug-induced side effects has all but been relegated to text books. But there is much to be done to achieve that parity with medicine and that is what makes psychiatry a speciality for the future. As the President of the Royal College of Psychiatrists, Professor Sir Simon Wessely says: "Psychiatry is at the heart of medicine.

Our goal, in collaboration with our colleagues, patients and carers, is to relieve the suffering caused by mental disorders. To be a psychiatrist is a privilege – it is demanding, exciting, challenging, rewarding, but never dull". The diverse aspects of psychiatry offer us the opportunity to achieve self-fulfilment while making a real difference to patients' lives.

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BAPIO concerned over muzzling of staff during CQC inspections!

BAPIO has written to some trusts expressing concerns that some of them are known to have been discouraging their staff from meeting the Care Quality Commission (CQC) inspectors unaccompanied during inspection visits.

BAPIO recognises the role of the CQC as an independent regulator of health and adult social care in England. Its letter says that the professionals in hospitals are committed to providing services for patients in a safer environment with high-quality care. Therefore, BAPIO views it to be paramount for management of all the agencies, including the NHS trusts, to value such professionals' experiences and encourage their engagement in providing feedback that is free of fear or undue influence.

The President of BAPIO, Dr Ramesh Mehta said: "Given that now there is a large workforce representing professionals of ethnic minority background in the NHS, their feedback in all aspects of the activities to the CQC inspectors is paramount, if the services are to be improved". Adding that it is critical for the NHS to tip the balance in favour of the CQC inspection by giving due regards to having best practices in areas of equality that relate to the ethnic minority workforce of the NHS trusts that they visit.

Many professionals feel that given the nature of the culture of management, the general experience shows that any prohibitive actions to deter an individual from approaching the inspectors to provide feedback is both counterproductive and contradicts the purpose of having the inspection.

In a message to BAPIO, the Secretary of State for Health, the Rt Hon Jeremy Hunt said: "I am determined that all who work in health and care should feel confident about speaking out when something has gone wrong. We have put new protections in place to make that possible".

BAPIO has welcomed this commitment and wants the independent inspector and regulators of services – the inspectors – to evaluate the fundamental standards that guide the model of proactive culture for tackling discrimination along with other unfairness.

The BAPIO Policy Team says that they would like to encourage every NHS trust to endeavour to empower individual professionals in the workforce to be able to highlight their views and concerns to the CQC inspector without fear of backlash or undue pressure from their supervisors.

IndiaUK Forum

IndiaUK Forum was launched two years ago with the aim of providing a platform where likeminded individuals join forces and bring together their valuable experience & expertise to collaborate and improve services in India, in the field of Medicine, Management Training and Research Opportunities.

The 'not for profit' was initiated by Dr Parveen Kumar CBE, Dr Satya Sharma MBE,DL, Prof Pawan Budhwar, Dr Kailash Chand OBE, Dr JS Bamrah, Dr Ranjit Sumra, Dr KK Srivastava, DR Kumar Kotegaonkar MBE. Recently Dr Mala Rao OBE and Mr B Sethia have joined the executive.

Mission: "Serve India in a selfless way and to provide a range of skills and expertise without material gain".

Aims:

- Improving governance and regulation of medical professionals and standards.
- Promoting training and research opportunities based on the successful/best practice models available in the UK.
- Promoting Indo-UK corridor for specific fields such as medicine, management of education and research

Membership fee: £20. For more information, please visit the website www.indiaukforum.com

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Submission to the inquiry into creating an open and honest culture in the NHS

The British Association of Physicians of Indian Origin (BAPIO) welcomes the independent review into Creating an Open and Honest Culture in the NHS. BAPIO is committed to quality of patient care and safety in all aspects of the services that we provide in our National Health Service.

1. The professionals, both the administrative workforce as well as the clinicians, have been engaged in many identifying 'good practices' and opportunities to improve the services for better outcomes for the patients. Equally, many are conscious of the need to maintain emphasis on preventing any self-inflicted loss of any resource for the NHS while the country is recovering from the global economic crisis. We in BAPIO prefer the ethos: Zero Waste, Zero Harm.

2. The NHS has been going through progressive restructuring for quite some time. The review is at an opportune time since the integration of public and private sector partnership of service delivery agencies are interacting within the state structures.

3. We believe that the current atmosphere sustains a huge gap between the policies and practices, i.e. to allow genuine concerns to surface without an individual risking becoming 'the victimised'. Due to the system managed by professionals in management roles, both the clinicians and the managers tend to trigger a defensive mechanism rather than learning lessons. Instead of identifying the wrongdoings and weaknesses in performance of the individuals concerned, or the system failures, the response tends to be more towards ensuring compliance with the compliance without adopting steps to implement changes.

4. It is an undeniable fact that the changes in the NHS, compounded by the impact of austerity finance control measures, have added a state of insecurity and uncertainty in the midst of those people working in the services. In review of the aspects of the limitations of creating a culture of openness and expectations, efforts should be made to remedy shortcomings of individuals, a team or the stem at the root of the cause. It would also be a subject for identifying the dynamics of greater integration of the private sector with the public sector responsibilities, which may play a subtle role in openly accepting the failures of any mistakes or practices that may prove detrimental to patient safety.

5. We would say that it is clear that a large section of the professionals from ethnic backgrounds are experiencing a culture of bullying and subtle trends of racial disadvantages. The morale amongst these doctors is low, and fear of their own career safety often leads to them tolerating injustices or behaving as a bystander when they see that policies and practices in their own workplace are not conducive to excellent patient care or safety.

6. Many who have taken the decision to expose their allegations of potential or real patient harm conditions have paid a much higher price in being singled out for punishment. The reality is that the real issues that trigger the rise of concerns are pushed through hoops of meetings and inquiries to become diluted irrelevant matter. In many incidences the conduct of those entrusted to 'get to the bottom' of the concerns virtually undermines the central ethos for nurturing a culture of creating an open and honest NHS with the imposing top-down response.

7. There is often a huge anomaly in the ways many cases are investigated, and evidence is obtained and used, all seemingly stacked against the complainant. The influence of the behaviour of the institution is perhaps twofold: the individuals feel under pressure to preserve the interests of their employers to achieve good rating standards, and most importantly, there are no 'sanctions' against the failure of the employers of the Public Sector Service Contract managers for quality compliance. While the cost of any legal or other cost for the trust or the agency in most cases is absorbed by the NHS, the individuals find themselves totally distracted by becoming victims fighting for the survival of their careers. Paying from their own pockets, the individuals eventually find themselves exhausted and either give up, or in the worst case scenario simply choosing to end their lives if engulfed by serious mental health problems.

8. Too often, those in the managerial position entrusted to provide fair and creditable inquiry fail to do so. There are no effective mechanisms to prevent such individuals from holding such important positions or removing them as unfit to practice at the same level of responsibilities.

9. The Department of Health needs to consider establishing an independent 'inquiry body' to receive complaints and examine the processes adopted by the relevant panel or committees within the hospital or other related agencies, and if necessary, evidence considered to ensure that the process has been within the ethos for promoting an open and honest culture in the NHS. Their findings should be included in the assessment of their ratings for quality of service.

10. To the extreme, such a committee or inquiry should be empowered to name the chair, chief executive and the medical director as defendants, in addition to the trust, corporate body or an individual department.

11. There should be an obligatory requirement to monitor individual cases and the pattern where individual doctors are referred to the GMC for being unfit to practice, to prevent unnecessary loss of working hours and NHS resources being used to settle cases in outside settlements, or being faced with awards for breaches of good employment practices.

12. The Department of Health would then be able to identify the failures and good practices in managing promotion of many aspects of 'whistle blowing' that would be helpful for patent safety and preventing abuses out of spite or jealousy.

I am determined that all who work in health and care should feel confident about speaking out when something has gone wrong. We have put new protections in place to make that possible.

- The. Rt. Hon. Jeremy Hunt MP

BAPIO leader scoops BME pioneers award

The BME pioneers List of health service journal, notes some of the best of the medical community of Indian origin. Among this was the President of BAPIO who was recognised the second time running.

HSJ BME Pioneers list identified individuals from BME backgrounds making outstanding contributions to healthcare. It celebrates people working within healthcare and from BME backgrounds who, through exceptional leadership abilities or their day-to-day example, are inspiring others and helping to shape and deliver excellent care for all. The others included the Vice Chairman of BMA Dr JS Bamrah, Chair of BAPIO Conference Committee and the Vice Chairman of BIDA, Dr Umesh Prabhu.

DR JS BAMRAH
Medical Director, Manchester Mental Health and Social Care Trust

DR KAILASH CHAND
Deputy Chair of the British Medical Association Council

DR PARUL DESAI
Consultant in Ophthalmology and Public Health at Moorfields Eye Hospital Foundation Trust

PROFESSOR ANEEZ ESMAIL
Professor of General Practice at Manchester University

DR SHREELATA DATTA
Consultant Obstetrician and Gynaecologist at King's College Hospital

PROFESSOR ANIL JAIN
Consultant Radiologist at the University Hospital of South Manchester Foundation Trust

PROFESSOR PARVEEN KUMAR
Consultant Gastroenterologist and Professor of Medicine and Education, Barts and the London School of Medicine and Dentistry

DR ASEEM MALHOTRA
Honorary Consultant Cardiologist at Frimley Park Hospital Foundation Trust and member of the Academy of Medical Royal Colleges

DR CHAAND NAGPAUL
GP in North London and Chair, British Medical Association of GPs committee

DR RAMESH MEHTA
Principal Regional Examiner, South Asia, at the Royal College of Paediatrics and Child Health & President of the British Association of Indian Origin

DR KIRAN PATEL
Consultant Cardiologist and Associate Medical Director at the Good Hope Hospital, Heart of England Foundation Trust

DR UMESH PRABHU
Medical Director at Wrightington, Wigan and Leigh Foundation Trust

PROFESSOR MALA RAO
Professor of International Health, Institute for Health and Human Development, University of East London

PROFESSOR PINKI SAHOTA
Professor of Nutrition and Childhood Obesity at Leeds Beckett University

Rt. Hon Carwyn Jones AM
The First Minister of Wales

Dr Parag Singal
Hon Secretary BAPIO

Dr Ramesh Mehta
President of BAPIO

BAPIO Annual Awards 2014

DR VIRANDER PAUL
Professional Excellence Award

DR KAILASH CHAND OBE
Professional Excellence Award

DR MICHEAL BANNON
Professional Excellence Award

PROFESSOR JANE DACRE
Professional Excellence Award

DR UMESH PRABHU
Excellence in Leadership Award

DR KRISHNA KORLIPARA
Life Achievements Award for services to BME doctors

DR SHUBNUM SINGH
Contribution to Indo British Collaboration

DR BIPIN BATRA
Contribution to Medical Education in India

DR JS BAMRAH
Outstanding Contribution to the cause of BAPIO

DR ARVIND SHAH
Mead Johnson Award for Excellence in Paediatrics

MR SHYAM KUMAR
Imran Yousaf Memorial Award

DR ASEEM MALHOTRA
Henry Schein Leadership Award for Young Doctors

CATEGORIES: Professional Excellence (Service and Academia): For demonstrating consistent achievements in their field of practice – either in service or academia - over a prolonged period • Leadership: For undertaking a significant level of activities to develop and support leadership and be recognised as a role model for leadership. • Outstanding Contribution to the cause of BAPIO: For efforts for provided practical and strategic contribution to benefit BAPIO • Special award for dedication to BAPIO Regions and Forums: For sustained efforts to promoting activities and awareness of the organisation amongst the peer group members and the relevant institutions in the regions • Imran Yousaf Memorial Award: Special award for contributing significantly towards supporting doctors in difficulties • Mead Johnson Award for Excellence in Paediatrics: Special Award for achieving excellence Paediatrics • Henry Schein Leadership award for young Doctors: Special Award for physicians in mid-career having already made significant contributions and have the potential to become a national leader • Life Achievements Award in recognition of services to BME doctors • Contribution to Medical Education in India • Contribution to Indo British Collaboration.

AWARDS JUDGES PANEL: Professor Rajan Madhok (Chair), Dr Ramesh Mehta, Professor Davinder Sandhu, Dr M Hemadri, Dr Mina Virdi, Professor Bhupinder Sandhu and supported by Buddhdev Pandya MBE Director of Policy and Promotion of BAPIO.

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Health professionals and immigration changes

The Government has been accused this year of endangering the UK's economy by making immigration difficult for skilled migrants from outside the EU, while current immigration policy continues to cause more skills shortages in the UK.

Medical professionals remain highly skilled migrants, but face increasing hurdles to gaining full status and parity.

The Government / the new UK Visas and Immigration and Immigration Enforcement Unit has already:

- Abolished the Tier 1 (Post Study Work) visa. This allowed foreign graduates of UK universities to stay in the UK and work for two years after graduation for any employer (including self-employment).
- Abolished the Tier 1 (General) visa, which allowed 'highly skilled people' (mainly graduates) from around the world to live and work in the UK. They were able to work for any employer (including self-employme nt).
- Introduced a cap of 20,700 for the Tier 2 (General) visa for skilled workers. Skilled workers can, however, continue to be sponsored by an employer with a Tier 2 Sponsorship licence if the contract already involves a Tier 2 visa, Tier 1 (Post Study Work) visa or a Tier 4 (Student) visa. Tier 4 entrants can work as postgraduate doctors or dentists on a recognised Foundation Programme.
- Removed the licences from 700 colleges which effectively prevents them from sponsoring foreign students from outside the EU for Tier 4 student visas.
- Prevented UK citizens and permanent residents who earn less than £18,600 a year from bringing foreign born spouses or partners to live with them in the UK.
- Restricted entry of elderly dependants of primary migrant doctors/ health staff. They are generally required to apply from the home country and demonstrate that, as a result of age, illness or disability, they require a level of long-term personal care that can only be provided in the UK by their relative here and without recourse to public funds.

'Immigration Health Surcharge'

The Immigration Act 2014 contains provisions for NHS cost recovery.

The Department of Health has now published an implementation plan to cover the phased roll-out of an NHS cost recovery scheme for all non-settled migrants, including EU and non- EU nationals. Secondary legislation will be passed later this year to pave the way for the anticipated roll-out from April 2015 of the 'immigration health surcharge'.

All migrants applying for a visa of more than six months' duration will be required to pay the surcharge with their visa application fee. This will impact on skilled workers from outside the EEA, including doctors and other healthcare professionals, who may differ in time taken to achieve Indefinite Leave to Remain.

Additional Time for Indefinite Leave to Remain

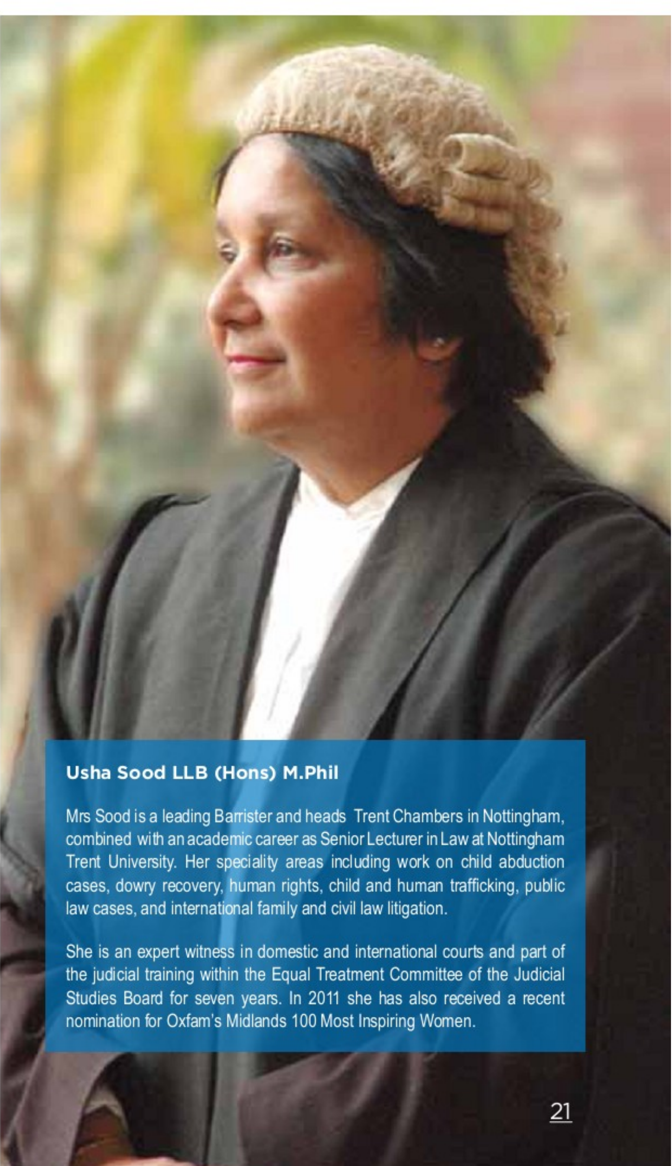
Lobbying has resulted in some respite, so that with effect from 6 November 2014, any Tier 1 (General) migrant applying to extend their visa before the 6 April 2015 cut-off will be granted either three years (as at present) or the balance an applicant needs to take their time in the category to five years – whichever is longer. This will allow applicants to accrue five years in the category and then apply for indefinite leave to remain before the indefinite leave to remain cut-off date of 5 April 2018.

Challenging the Immigration Rules for Dependant Parents

Finally, the over-restrictive Immigration Rules for Elderly Dependant Parents who wish to enter or remain have been tested successfully on appeal, but lobbying will still assist in producing a humane and non-discriminatory change on a permanent basis.

Usha Sood, Barrister and Head of Trent Chambers, Nottingham

Web: www.trentchambers.co.uk | Email: clerks@trentchambers.co.uk



Usha Sood LLB (Hons) M.Phil

Mrs Sood is a leading Barrister and heads Trent Chambers in Nottingham, combined with an academic career as Senior Lecturer in Law at Nottingham Trent University. Her speciality areas including work on child abduction cases, dowry recovery, human rights, child and human trafficking, public law cases, and international family and civil law litigation.

She is an expert witness in domestic and international courts and part of the judicial training within the Equal Treatment Committee of the Judicial Studies Board for seven years. In 2011 she has also received a recent nomination for Oxfam's Midlands 100 Most Inspiring Women.

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SUSHRUTA - Vol 7, Issue 1

Promoting awareness in obesity in schools

BAPIO will be launching a campaign to increase awareness of obesity among the parents and children across many counties in the country.

Dr Ramesh Mehta, a Consultant Paediatrician who leads the campaign said, "In line with our social responsibility, we in BAPIO have now developed a school-based childhood obesity awareness programme: Fighting Fit". The programme is to be delivered in schools, free of charge. The purpose is to raise the profile of obesity by offering a programme that provides information and support to schools, parents and pupils.

The increase in childhood obesity is now seen as one of the most serious public health challenges of the 21st century. Over the past three decades, the prevalence of overweight and obesity has increased substantially. Current figures show that c. 60% of adults and c. 30% of children (aged 2–15 years) are classified as overweight or obese in England, with the prediction that this will rise to two-thirds by 2025.

This has serious health consequences: being overweight or obese is a major risk factor for diseases such as cardiovascular disease and T2DM; and many cancers such as lung, breast, kidney, colorectal and oesophageal. These diseases, often referred to as non-communicable diseases, or NCDs, not only cause premature mortality, but also long-term morbidity. Not only do they pose severe consequences for people's health and quality of life, up to £17.9 billion a year is spent on conditions related to lifestyle and the cost of treating long-term conditions is estimated to increase by over £4.0 billion by 2016.

A recent review of research has found that young children who are overweight or obese already have raised blood pressure, cholesterol and other factors that can increase their risk of having a stroke or heart attack by up to 40%.

Overweight and obesity in children are also associated with significant reductions in quality of life, and a greater risk of teasing, bullying and social isolation, all of which are contributory factors to the onset of depression.

The good news is that these trends can be reversed primarily by good dietary habits and maintaining a healthy weight through the addition of regular physical activity; the challenge, however, is that reversing these trends will require behaviour change in millions of people, who need to make healthier choices every day.

Any programme which seeks to address the issue will, however, be of limited value unless it explores the broader context within which healthy living can be established and supported.

Schools are in a very unique position whereby they can assist greatly in working to achieve this objective; they are often seen as a 'central hub' within the community, and existing frameworks and relationships can be utilised to deliver programmes and information.

Furthermore, we have a duty to give our children the best possible start in life. This means providing them with the skills and knowledge they need to make healthy choices, today, tomorrow and for life.

This BAPIO workshop, in association with Green Apple Lifestyle, aims to raise and promote awareness of the current obesity epidemic and the serious associated risks to health and wellbeing.

Offering solutions through collaboration and partnership with schools and communities enables capacity building, through which parents and children are empowered to become better able to manage their lifestyle behaviours, and ultimately prevent the onset of obesity and its associated diseases and premature mortality.

That is why BAPIO have developed their childhood obesity programme Fighting Fit. The purpose of the programme is to equip children and young people with the knowledge, skills and confidence they need to make healthy choices.

As part of the programme, the children will have body measurements taken to allow us to ascertain a clear picture not only of their health, but also an overall picture of the health of the school population. Not only will this allow us to ensure that the parents are aware of any potential health issues regarding their children, it will also give the school a clear indication of whether any policy changes may be required to help improve pupil health.

This information will not be shared with any third party; it will be disclosed to parents/guardians only, and if there are any causes for concern, the initiative will offer support by way of signposting to local health services who can assist the family further.

The child will have data collected using a TANITA BC 418 MA body composition analyser. This equipment is validated for medical use, and provides accurate readings for whole body data. In addition to this, the child's waist circumference and blood pressure will be measured.

The programme will be delivered in schools in the form of an interactive workshop from qualified health education consultants lasting for half a day. The workshop will include information on nutrition, physical activity, the components of fitness, and behaviour/decision making. The children will be encouraged to play an active role in the workshop to make it as fun and inclusive as possible. BAPIO hope to enlist the support of schools and parents in various schools for the initiative to offer children this opportunity to enhance their health and wellbeing knowledge and develop new, important skills.

The British Association of Physicians of Indian Origin has been active in various health care areas including influencing policy, education and skills development of health professionals and charity work.
BAPIO is represented in all the regions of England as well as in Scotland, Wales and Northern Ireland.

It's time to bust the myth of physical inactivity and obesity – you can't outrun a bad diet

A GP friend of mine recently asked me whether regular physical activity mitigated the harms of sugary treats, as his seven year old son and fellow pupils were regularly given a chocolate bar and sweetened drink in a doggy bag after playing football for the school team. He was horrified when I told him that just one Mars bar contains 8 teaspoons of added sugar, almost triple the daily limit recommended by the United States' Department of Health guidelines for a 4 to 8 year old child. He was even more surprised when I told him that recent scientific studies have revealed that consuming excess sugar can still increase the risk of type 2 diabetes, even if you undertake regular exercise.

But who can blame him or any of us in not succumbing to this belief? Studies reveal that even most doctors' understanding of nutrition and lifestyle comes from TV and magazines. I was recently surprised to discover that there was no scientific basis to the heavily promoted claims made on behalf of a well-known sports drink that I had been taking on my daily visits to the gym – that it has performance-enhancing qualities. Instead of wasting £7,000 over the past 15 years buying a product loaded with sugar, I would have been better off drinking tap water instead. Earlier this year the Advertising Standards Authority banned an advert that claimed "Lucozade hydrates you better than water". The truth is that the body doesn't actually need any carbohydrate from added sugar.

With over 60% of the adult UK population now overweight or obese, and with one in three children in the same category by the time they leave primary school it is absolutely right to question misleading claims on food and drink. The sale of many cereals and "low fat" foods that are in fact loaded with staggering levels of sugar has proven to be extremely lucrative for the food industry, who promote such foods as healthy as the population gets fatter and sicker. The food industry's classic response when questioned on this is to say that the ingredients are listed on the label, knowing very well that most consumers will purchase a food item based upon the way it's promoted, not its nutritional content. But the biggest con of all that deflects blame away from the food industry's culpability in the obesity epidemic and back onto the individual is the belief that obesity is caused by lack of exercise. Don't get me wrong. No one can deny that taking regular exercise has a multitude of benefits on health, but independent scientific evidence reveals that its contribution to preventing weight gain is virtually non-existent. Contrary to popular belief, the average population's physical levels have actually increased in the past 30 years as obesity has rocketed, placing the blame almost entirely on the type of calories consumed. One recent study also revealed that the energy expenditure of the modern day equivalent of the hunter gatherer tribe in sub-Saharan Africa was identical to the average westerner.

But it is this very misplaced belief that has proven to be the lottery winner for the food industry, who have even successfully associated junk food with sport, increasing its acceptability and driving consumption. It was obscene that we allowed companies such as McDonalds and Coca Cola to sponsor the Olympic Games, allowing them to promote processed foods high in sugar, salt and fat using the most effective marketing platform in the world reaching out to billions worldwide. One would have to run half a marathon to burn off the calories from eating a burger and chips washed down with a sugary drink. I also believe it is naive, ignorant and wrong for sporting role models to endorse junk foods such as sugary drinks, chocolate and crisps. Having Mars as the official sponsor of the England Football team doesn't help. Of particular concern is the negative impact this has on children. A survey by the Children's Food Trust of more than 1,000 parents with at least one child aged between 3 and 15 revealed that the majority believe advertising had an effect on what their children asked for. Some 72% said they had bought fast food or other unhealthy products as a result of pestering by their child.

Another tactic successfully deployed by the food industry is the outdated concept that all calories are the same. On BBC Newsnight recently the president of Coca Cola Europe compared his company's 9 sugar-lump laden drink to having the same amount of calories as half a croissant or a cappuccino. Coca Cola says that it's ok to consume their 'happy' calories as long as you exercise, but this is not in keeping with independent scientific evidence. A massive 175 country study conducted by researchers at Stanford University last year revealed that for every excess 150 sugar calories one consumed – typical of a can of coke – in comparison to 150 calories from another source, there was an eleven-fold increase in the prevalence of type 2 diabetes independent of body weight and physical activity, suggesting that we are all vulnerable. And this is true as 40% of normal weight people will develop the diseases associated with the metabolic syndrome, linked to the over consumption of added sugars which may manifest as high blood pressure, type 2 diabetes, fatty liver, heart disease, cancer and dementia. According to the Lancet's Global Burden of Disease Studies, poor diet is responsible for more disease than physical inactivity, alcohol and smoking combined.

So what's my advice for good health? Eat more whole fruit and vegetables, and good fats found in oily fish, extra virgin olive oil, and nuts (specifically walnuts, hazelnuts and almonds). Of course there's nothing wrong with the occasional treat, but we need to significantly cut down on the amount of fast food and refined carbohydrate that we're eating which includes sugar, white bread, chips and white pasta. And you don't need to spend lots of money joining a gym. Incorporating a 20 minute brisk walk daily combined with such a diet will do wonders for your health, even within the space of a few weeks. It's time to stop counting calories, eat real food and bust the myth of physical inactivity and obesity that has been perpetuated by a food industry that are only interested in making profit, and not your health.

Dr Aseem Malhotra MBChB, MRCP
Honorary Consultant Cardiologist
Frimley Park Hospital
Consultant Clinical Associate to the Academy of Medical Royal Colleges
Science Director- Action on Sugar
British Heart Foundation
Chain of Survival Steering Group Member

Individual Honours

Dr Mukesh Haikerwal

India-born doctor, Mukesh Haikerwal, receives top Australian honour

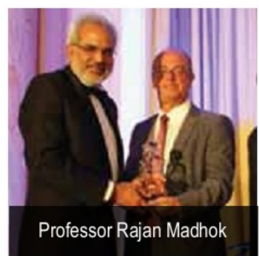
"A prominent India-born doctor based in Australia has been conferred with a prestigious award by a top medical body here in recognition of his outstanding service to the medical profession and the community," said the Australian Medical Association (AMA). Dr Mukesh Haikerwal, a general practitioner and former AMA president, was presented the AMA Gold Medal, the association's highest honour, at the AMA National Conference Gala Dinner earlier this month.

Dr Manoj Kumar

The Royal College of Psychiatrists awards Dr Manoj Kumar the prestigious Volunteer of the Year Award

The Royal College of Psychiatry has awarded Dr Manoj Kumar the prestigious Volunteer of the Year Award. The award is given in recognition of his exemplary work among the poor, mentally ill patients of Kerala.

Dr Kumar worked as a consultant in Leeds General Infirmary until 2008, when he returned to India to set up MHAT (Mental Health Action Trust). MHAT runs 37 clinics and treats over 3,000 patients through a community-based system run by volunteers. In presenting the award, the President of the Royal College of Psychiatrists spoke about the importance of this innovative model of delivery and of Dr Manoj Kumar's contributions to the field. In his acceptance speech, Dr Kumar said that the real winners were the volunteers, the 20 or so staff members, the patients and their family members.


Professor Rajan Madhok

For what it is worth: A compendium of reflective writing during a career in the NHS

Professor Rajan Madhok, who received the "Outstanding contribution to health services in the NHS and abroad" award at the BAPIO's Annual Conference last year in Cardiff, has put together a compendium as a service to BAPIO members.

Dr Mairi Scott, reader and Director of the Professional Development Agency in Dundee says in her opening comments in the Compendium: "And finally I want to express how much I've enjoyed reading Rajan's compendium. Not just because the stories are well told and the academic articles are of a high level, but also because it demonstrates in an open, honest and skilful way what 'reflective practice' is all about".

The compendium is a collection of his writings on various aspects of health services since he started working in public health in 1988, and he has added additional commentary as further explanations. It is now available for download:
http://www.cln.nhs.uk/document_uploads/CLN-Team/RajanMadhokCompendium.pdf

Professor Davinder Sandhu

Professor Davinder Sandhu awarded the Bruce Medal

Postgraduate Dean of Severn Postgraduate Medical Education, Professor Davinder Sandhu was awarded the Bruce Medal in recognition of the contribution he has made in the advancement of surgical education by The Royal College of Surgeons of Edinburgh (RCSEd). The Medal was established by RCSEd in 1966.

Awards in the Queen's Birthday Honours List

- OBE: Ms Sharmila Nebhrajani, Chief Executive, Association of Medical Research Charities – For services to Medical Research.
- MBE: Anjan Kumar Banerjee, Deputy Managing Director, Pope Woodhead Associates, and Honorary Consultant Surgeon, Bedford Hospital, NHS Trust – For services to Patient Safety (Peterborough, Cambridgeshire).
- MBE: Dr Mohammed Jiva, General Practitioner, Rochdale – For services to General Practice (Bacup, Lancashire).
- MBE: Dr Jitendra Chottabhai Patel, Cardiologist, Aberdeen Royal Infirmary – For services to Healthcare (Banchory, Aber).

Highlights from past conferences

Weston Area Health NHS
NHS Trust

- **Weston Area Health NHS Trust may be one of the smallest District General Hospitals in the UK but we are very committed to delivering the right care in the right place at the right time.**
- **We pride ourselves in being a small, friendly hospital, with real drive to improve both patient care and the working environment for our staff.**

The town of Weston Super Mare is one of the fastest growing towns in the South West and we are looking to increase our medical workforce to meet the needs of the local community.

Weston Super Mare is part of a rural area in North Somerset situated in an area of countryside with easy access to Bristol and Bristol International Airport. Weston is a major tourist destination with numerous festival activities nearby. Nearby Bristol and Bath offer the full range of cultural background.

VACANCIES

We have vacancies at different levels and specialties listed below and are offering competitive salaries plus relocation packages will be considered.

Trust Doctors in Emergency Medicine

To provide direct care to patients presenting to the Emergency Department and supervision and hands on training to juniors doctors and other emergency staff.
There are opportunities to attend Regional training as the Trust is fully supportive towards educational development and FCEM/ MCEM preparation.

Clinical Fellow junior doctors in General Surgery, Urology or Trauma / Orthopedics.

Surgical specialties are upper GI, Colorectal and Urology and the hospital admits trauma 24 / 24 hours. Attendance to the emergency deptartent when on call, to help manage admissions will be expected. A full range of orthopedic cases are managed at Weston in the clinics and theatres.
On call is 1 in 9 shared with gynecology, surgery and orthopedics at nights and weekends. Full training will be given for this.

Consultant in Upper Gastrointestinal Surgery

Supporting elective and emergency surgical service with the majority of elective work focused on Upper GI surgery and Upper GI endoscopy. Clinical duties include outpatient consultations, upper GI and lower GI, if appropriate. Endoscopy and elective operating together with an on-call of 1 in 7 will form part of the role.

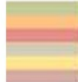
Consultants specialising in either Gastroenterology, Respiratory or Acute Medicine

Each medical consultant will join a team of ten other physicians within the Medicine Department to provide continuous cover through the specialties working a 1 in 11 medical on call.
Respiratory work includes outpatient clinics, bronchoscopies, and inpatient respiratory referrals. Weston has a small Cardio Respiratory Lab for lung function testing, overnight oximetry screening for sleep disordered breathing and a well-equipped Endoscopy Unit with bronchoscopes.
Gastroenterology work will assist with the developments in gastroenterology and endoscopy in the Trust. Demand for our services has expanded significantly in recent years, especially colonoscopy. We do not have bowel cancer screening colonoscopy but are developing a screening flexible sigmoidoscopy service in cooperation with the Bristol screening hubs. Participation in the 1 in 11 acute upper GI bleeding will be a requirement.
The acute medicine team supports both the Medical Admissions Unit and short stay ward with concentration of gastroenterology in-patients in a sub-speciality ward. There is daily specialist input into the acute care of gastrointestinal disease.

Full job descriptions are available, together with the application process on NHS jobs http://www.jobs.nhs.uk/ but if you have any queries please contact the Staff Services team by email wnt-tr.recruitment@nhs.net and we will ensure that a member of the medical team contact you as appropriate.

Fortis Healthcare Limited is a leading integrated healthcare delivery service provider in India. The verticals of the company primarily comprise hospitals, diagnostics and day care specialities. Currently, the company operates in India, Singapore, Dubai, Mauritius and Sri Lanka with 65 healthcare facilities (including projects under development), over 10,000 potential beds, over 240 diagnostic centres and a team strength of more than 17,000 people.

www.fortishealthcare.com



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