

inefficiently and ineffectively and this must be rectified. Thirdly, doctors must provide education in healthier living as this not only influences those receiving it but through them it diffuses out and influences the community; doctors' attitudes and personal example also influence the community. Finally, doctors should be concerned about all those social, economic, environmental and political issues which are the main determinants of the nation's health, for doctors are, or should be, opinion formers and leaders in all matters that influence health.

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# Asian general practitioners and the RCGP

AN open discussion on the future participation of Asian doctors within the Royal College of General Practitioners could be considered as long overdue. The vast majority of general practitioners from overseas working in the United Kingdom are Asian in origin;<sup>1</sup> they comprise about one fifth of all general practitioners in the UK. The difficulties that these doctors encounter are considerable.<sup>2-4</sup> Asian doctors have contributed considerably to the maintenance of British general practice within the National Health Service. It is not surprising that, by carrying a heavy burden for many years, many feel somewhat aggrieved by the attitude of their profession's academic body to their overall situation.

The Leicester faculty presented a discussion document to the RCGP council and this was considered on 23 September 1989. The paper referred to problems faced by Asian doctors with regard to the MRCGP examination, under-representation on committees and in the award of fellowships, and discrimination in the appointment to general practitioner principal posts. The RCGP accordingly convened a working group to ascertain any differences in performance in the MRCGP examination between Asian and non-Asian doctors. The conclusions were that the examination did not systematically discriminate against Asian doctors but the poor performance of some doctors was a cause for serious concern.<sup>5</sup>

Discrimination in medicine against members of ethnic minorities has been suspected for some time.<sup>6</sup> The *British Medical Journal* published an editorial on the disadvantages suffered in the competition for jobs within the NHS.<sup>7</sup> St George's Hospital medical school was found guilty in 1988 of acts of discrimination;<sup>8</sup> the Commission for Racial Equality revealed a selective policy over race and sex in the medical school's admission policy.<sup>9</sup> The position of the RCGP could be described as one of a silent observer of these proceedings.

For Asian doctors the process of alienation continues when applying for a practice partnership. Many resign themselves to having their application classified mainly by the ethnicity of their name, followed by a sifting process based on their country of origin, and only then is there an analysis of the depth and appropriateness of their UK experience. The hidden agenda is the need by the appointing party to find someone with whom they can work

amicably or perhaps even dominate, if that is the plan. McKeigue and colleagues showed that the main block to being appointed as a practice partner for British graduates from ethnic minorities is at the short listing stage and not at interview.<sup>10</sup> This system of medical apartheid forgets that race is a poor discriminating factor in judgements of personality.

Is it possible to lay down guidelines for what constitutes fairness in the mechanism by which practice partners are appointed? Although the RCGP has no prescriptive role regarding guidelines for appointments, it has not voiced any concerns over the denial of fair opportunities. As general practitioners, we may consider ourselves to be independent business units, but our income is derived from the taxpayer, and equal opportunity is not an empty catchphrase.

The present debate on professional competence is central to the beliefs of the RCGP. Sadly, the profession still appears to be struggling to attain a consensus among its peers of what competence actually means and where it should be specifically defined. The Joint Committee on Postgraduate Training for General Practice has deemed that its certification at the end of training is a declaration that a general practitioner is competent. The MRCGP examination tends to favour applicants who are at the endpoint of their training but does not admit to testing the competence of the general practitioner. It is time for all bodies involved in standards to look to the assessment of all general practitioners in training and formulate a satisfactory and acceptable measurement for all doctors, whatever their background.

The MRCGP examination is a barrier which many overseas trained doctors find difficult to cross. The number of Asian born, foreign trained doctors who attempt the examination is low and the percentage pass rate for this group is also low. However, a study has suggested that a general bias against foreign born candidates does not exist.<sup>5</sup>

Anecdotal evidence would suggest that the sense of isolation felt by many Asian doctors leads them to withdraw from mainstream postgraduate educational and medicosocial activities. It is no accident that many mining, inner city and heavy industrial communities are served by Asian doctors. Ironically, they often enjoy a close affinity with the community they serve, a perverse illustration that many graduates of British medical schools are

not culturally particularly well suited to work in these areas of the UK.

Pursuit of high standards remains a central theme of the RCGP. The College needs to reflect the widely varying ethnicity within the profession. The government has already illustrated its willingness to impose solutions in other areas where self regulation is perceived to have failed. Any imposition, notably in the mechanism of selection of new practice partners, will highlight an embarrassing and shameful situation, and indicate a dismal failure by the profession to control its own destiny.

Bhopal writes that discrimination on moral and pragmatic grounds by ethnicity is unacceptable.<sup>11</sup> The medical profession should strive not to mirror society but endeavour to lead it to an ideal.

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