

Viewpoints



Race and Racism in Primary Care

The *Black Lives Matter* campaign has highlighted issues of race and racism which are present in all parts of our communities and organisations. BJGP Open is inviting Viewpoints to document experiences of racism in primary care as a patient, practitioner, trainee, or researcher.

This initiative sits outside the usual BJGP Open framework for research and commentary, and has been created as a rapid access format for sharing information.

What is your full name?

Dr Aaliya Goyal

What is your role?

GP (experience detailed is as a GP Trainee)

Please describe the experience of race and/or racism that you would like to share

I've had a long and bumpy road to General Practice since qualifying over 20 years ago. I started as another idealistic, naive House Officer. The joy was short-lived. My first consultant's behaviour made me uneasy. "Why me?" I thought. I was a hungry learner with a gold medal from medical school! Surely, I was the junior he wanted? Why couldn't he bring himself to nurture my potential? His behaviour continued. I involved my trade union and hospital management. Justice prevailed but I was wary and soon left medicine.

Fear became the final of many hurdles I overcame when I returned in 2015. And so, it began. Back to square one. A junior staff grade for a year, then finally, finally a "GP Trainee". This time I was older, more vocal, less intimidated. My educators, often younger than me, created a strange dynamic where I had to humble myself and bite my lip often. Have things changed? We have a new term now - "microaggression". Yes, that's what it was back then, too. Racism and misogyny for sure, but unnamed, as the daily drip into my professional life was subtler than the "P***" of youth. This time round, I noticed it was directed at vulnerable patients too. "Those" patients, treated as I had been in the intervening years that I didn't have the "Doctor" status, which made me "one of us". I reflected in my portfolio and presentations. Asian women, slow to be investigated as their suffering is "obviously" in their heads. Asian women who have "HOW many children?". You don't share affectionate stories of your family with "them". Eye rolling reserved for those you deem unworthy. The CSA role play where you thought the patient's Asian name alone meant an "obvious distrust of Western Medicine". Do you see the Asian Trainees in the room or GPs in the NHS? Yet I, I experienced the uncomfortable hush when the problem became **me** for calling it out. Your tick-boxing mandatory yearly module seems meaningless. Know this. I am them, "the other". I see you. I hear you. As do our future GPs.

<https://bigpopen.org>