My personal experience is not unique. Over the years, I have come across many similar stories. Many deserving candidates have lost out for reasons often difficult to fathom. The NHS loses out if the best candidate does not get the job.

As I travel to Cardiff for the BAPIO Annual Meeting, I am very excited at the prospect of visiting the hospitals where I worked more than two decades ago. I spent some of the best times of my professional life in Cardiff, and some of the most bitter too. I had completed my basic cardiac surgical training in Southampton and Manchester when I arrived as a trainee in Cardiff.

As a trainee the hours were long, but the benefits were immense. There was a lot of theatre time and within a couple of years I became an independent operator. As fate would have it just after getting my CCST, a locum position opened up in the same unit which I was offered. For almost two years, I had some of the best times as a professional. I was able to develop my special interests in off-pump coronary surgery and arterial revascularisation.

But it was all fine as long as I was a locum. When the substantive post came up, it was not for me. Not because I had any less clinical experience, not because I had a less accomplished CV, and definitely not because there was anything lacking clinically during my time as a locum. (on the contrary, it was the other way round). Rather, my belief is that the substantive post was not for me for completely different reasons. Reasons that I have never been able to fathom. In my search for a substantive post, I attended many interviews. The feedback was always predictable. When I had less operative experience, it was "someone else had more experience”, when I had more operative experience, it was "someone else had more research experience". And when I had more operative and research experience, it would be something else. The goalposts were never clearly defined for me. The feedback I received when applying for the Cardiff job was perhaps the most memorable: “Research and clinical experience are important, but we also look at potential”. Well, no one can argue against that. This can be a very valid reason, but it requires those in positions of power to have unblinker glasses. When there is subconscious bias, this type of excuse becomes a rubber-stamp for legitimising their racist opinions. Fate took to me to Edinburgh, where I found excellent and supportive colleagues and the opportunities to develop professionally. The bitterness of the Cardiff experience quickly diluted over time. Sometime later when a colleague from Cardiff called to say that there was talk of a surgeon (who had been appointed there) being asked to stop operating independently or to go elsewhere for re-training, the bitterness did not resurface. Nor was there an element of schadenfreude. All that I found in myself were feelings of indifference. How did I cope? My experience of attending more than 20 interviews and getting feedback (which in many cases I sincerely found difficult to believe) made me determined to just be a bit better next time. Those fateful years taught me to be more resilient. They also made me intensely determined to just get a little bit better for “tomorrow”. I did consider complaining.

After one particular rejection, I sought the help of the BMA. I was advised (quite rightly) that the cardiac surgical community is a very small one, and that I should not be in the limelight for the wrong reasons, I must definitely not rock the boat.

What is the purpose of writing this story today? This experience of mine could very well stay in the cobwebs of my personal diaries. The major players from more than 20 years ago have either retired or passed on, others would not care less. But I wanted this story to be heard. I wanted to write so that this experience of mine would be on record. Race equality in the NHS has come a long way in the last two decades. The overt racism of yesteryears has almost but disappeared. But still the unconscious bias that is deeply embedded in society needs to change. There is scope for progress to an equal, fair and just society for all. And for those still facing discrimination, it is important to talk and to seek help.

We invited Lailah Peel, a junior doctor in Scotland, to write for this issue of the Physician. She reflects on her heritage and I was sorry to read that at times she feels not part of the Indian diaspora. This just is not true. The Indian umbrella includes all those who have lived or been part of the Indian canvas at any time in the past. Rishi Sunak has just been sworn in as the UK Prime Minister. This is huge news. No doubt he was the best candidate amongst all those vying for the top job.

He has broken many barriers. I feel immensely proud to be British today, a country where anything is possible for everyone.