



BASHH/BHIVA/FSRH Mentoring Scheme

Introducing mentoring in Sexual Health / HIV Medicine

Over the past decade interest has arisen in the NHS regarding the concept of 'mentoring' within clinical medicine. Experience in the UK so far demonstrates that physicians with mentors reap substantial benefits.¹

Many definitions have been advanced for the term 'mentoring'. One of the most comprehensive proposed by the Standing Committee on Postgraduate Medical and Dental Education defined mentoring as: *'The process whereby an experienced, highly regarded, empathic person (the mentor) guides another individual (the mentee) in the development and re-examination of their own ideas'*.²

Mentoring is not a means of addressing first aid to failing clinicians, but rather a process by which mentees can identify and address career dilemmas early on, and proactively engage in career advancement. Participation in this process, by both the mentors and mentees, should be entirely voluntary. Additionally, it is important that 'the process of mentoring (should) be kept separate from, and not form any part of, the systems that assess performance'.³

Thus, the receipt of mentoring would be of particular benefit for clinicians embarking on new roles and responsibilities (e.g. consultants taking up a first post), but could also be of advantage to any clinician wishing for objective guidance in their careers, or who has returned to work from an extended period of leave.

Genitourinary Medicine (GUM) as a specialty is particularly suited for the introduction of a mentoring scheme. GUM units are often situated separate to other hospital departments and practitioners can work in single-handed or small departments. The issues such practitioners need to face can frequently be complex, and not commonly encountered in other specialties. These factors often combine to have the potential to make GUM clinicians feel isolated and unsupported. When formally surveyed, a majority of new consultants in GUM had sought some form of informal support and welcomed the introduction of a national mentoring scheme.⁴

Responding to this, BASHH took steps to introduce a formal mentoring scheme for new GUM consultants. The aim is to offer guidance and support from an experienced regional specialty peer, within the setup of a formal programme.

Since this time the scheme has expanded to encompass doctors working in community sexual and reproductive health (SRH) and HIV medicine.

Who can be a mentor?

Ideally, a mentor must be an experienced clinician in their specialty (preferably with at least 5 years of experience), enthusiastic, approachable and willing to

guide the mentee in career development. Mentors are NOT required to be physicians alone, and it is hoped that the final national pool of mentors will include senior clinicians of various disciplines including nurses and health advisers.

Nomination forms will be distributed regularly for BASHH / BHIVA /FSRH members to nominate two clinicians of their choice as mentors. There will be a separate section for self-nomination. Nominated clinicians will then be approached by the mentoring group regarding their agreement for inclusion in the pool of mentors for their region. Of note, the ranking and score of any individual clinician will not be made public.

Clinicians who agree to act as mentors will be able to attend a one-day training course jointly organised by BASHH/BHIVA/FSRH. It is recognised however, that some individuals may already have relevant training or be able to access training elsewhere.

Who can be a mentee?

Currently consultants (including locum consultants) and SAS doctors at any stage of their career can access mentoring. This includes clinicians returning to post from a period of extended leave e.g. maternity leave

If wishing to participate in the scheme, the mentee will be given a list of potential mentors in their region by the relevant coordinator in the mentoring group. They can then select their choice, and the coordinator arranges the pairing. The coordinator will ask the mentee/mentor pair to complete an interim anonymous questionnaire midway through the mentorship, and at the end of the 18 months.

What does mentoring entail?

Mentors are required to responsibly and empathically guide their mentee in career development. Examples of where their guidance and advice may be required ranges from dealing with colleagues, coping with departmental/ hospital politics and negotiating with management, to helping the mentee select and achieve specific short-term and long-term career objectives and goals. While the mentee may on occasion require clinical advice, this should not be the main part of the support provided by the mentoring process. Equally, mentees' personal and social problems would not usually be considered matters to be addressed in mentoring. The training provided will help guide potential mentors regarding the boundaries of their role.

In practice, the mentor should schedule at least two meetings with their mentee per year. It is expected that at least the first of these meetings should be face to face. The other can be face to face, via email or by telephone contact. Depending on circumstances, additional meetings may occasionally be required.

As a general rule, a clinician who agrees to act as a mentor would not be expected to support more than a single mentee at a time. The period of mentorship is usually up to 18 months, but can be suspended at any point prior to that if either the mentor or mentee feels matters are not progressing

satisfactorily. Rarely, the mentorship may be extended beyond 18 months, on the wishes of the mentee and with the agreement of the mentor.

References:

1. Macdonald R. Mentoring for doctors. *BMJ Careers* 2004; 328: 179.
2. Standing Committee on Postgraduate Medical and Dental Education. Supporting doctors and dentists at work: an inquiry into mentoring. London: SCOPME. 1998.
3. Coyne KM, Maw R, Rooney G, et al. Mentoring in genitourinary medicine. *Int J STD AIDS* 2006; 17: 795-798.
4. Cohen C, Rooney G, Maw R, et al. Mentoring. *Clinical Medicine* 2004; 4(6): 584-586.