



Third Joint Conference  
of the  
British HIV Association (BHIVA)  
with the  
British Association for Sexual Health and HIV (BASHH)

**1–4 April 2014**

Arena and Convention Centre · Liverpool

THIRD JOINT CONFERENCE  
OF BHIVA AND BASHH 2014



**Dr Carol Emerson**  
The Royal Hospitals, Belfast

THIRD JOINT CONFERENCE  
OF BHIVA AND BASHH 2014



# Dr Carol Emerson

The Royal Hospitals, Belfast

COMPETING INTEREST OF FINANCIAL VALUE $\geq$ £1,000:	
Speaker Name	Statement
Dr Carol Emerson	none declared
Date	April 2014



# BASHH & BHIVA Mentoring Scheme for New Consultants & SAS doctors

Dr Carol Emerson

Consultant GU/HIV Medicine, Belfast Trust

# Overview

What mentoring is

The BASHH & BHIVA mentoring scheme

Feedback from first wave participants

Future plans for the mentoring scheme

# What is mentoring?

SCOPME 1998

‘A process whereby an experienced, highly regarded, empathic person (the mentor) guides another usually younger individual (the mentee) in the development and re-examination of their own ideas, learning and personal or professional development.

The mentor, who often but not necessarily works in the same organisation or field as the mentee, achieves this by listening or talking in confidence to the mentee’



# What is mentoring?

Department of Health 2000

....helping another person to become what that person aspires to be....





# Mentoring for Doctors

Supported by

- Department of Health NHS Plan 2000
- British International Doctors Association – scheme since 1998
- BMA 2003 – lobbies for government funding to develop mentoring for all doctors
- National Clinical Assessment Authority (NCAS) – encourages mentoring as a development / support tool / intervention for underperforming doctors
- Academy of Medical Sciences
- Royal Colleges
- Royal College Psychiatrists
- Royal College Paediatrics and Child
- Royal College Obstetricians and Gynaecologists
- Royal College Surgeons



# Mentoring and the GMC

## Good Medical Practice 2013

### **Domain 1: Knowledge skills and performances**

Develop and maintain your professional performance

- 10 - 'You should be willing to find and take part in structured support opportunities offered by your employer or contracting body (for example, mentoring). You should do this when you join an organisation and whenever your role changes significantly throughout your career'

### **Domain 3: Communication, partnership and teamwork**

Teaching, training, supporting and assessing

- 42 - You should be willing to take on a mentoring role for more junior doctors and other healthcare professionals

# Models

May be either:

- Mentor / mentee – experienced / junior
- Co-mentoring – similar experience e.g. GPs
- Group mentoring

In general

- Developmental NOT remedial
- Voluntary participation
- Aims to maximise opportunities and overcome difficulties before a situation deteriorates

It is NOT a rescue package

# Mentoring vs Coaching

## MENTORING

Ongoing relationship

May be informal, meetings take place when mentee needs them

Takes a broad view of the mentee

Mentor passes on experience and is normally more senior in organisation

Focus on career and personal development

Agenda is set by the mentee with the mentor providing support and guidance to prepare them for future roles

Revolves around developing the mentee professionally

## COACHING

Relationship of short duration

Generally structured with meetings scheduled on a regular basis

Focused on specific development areas

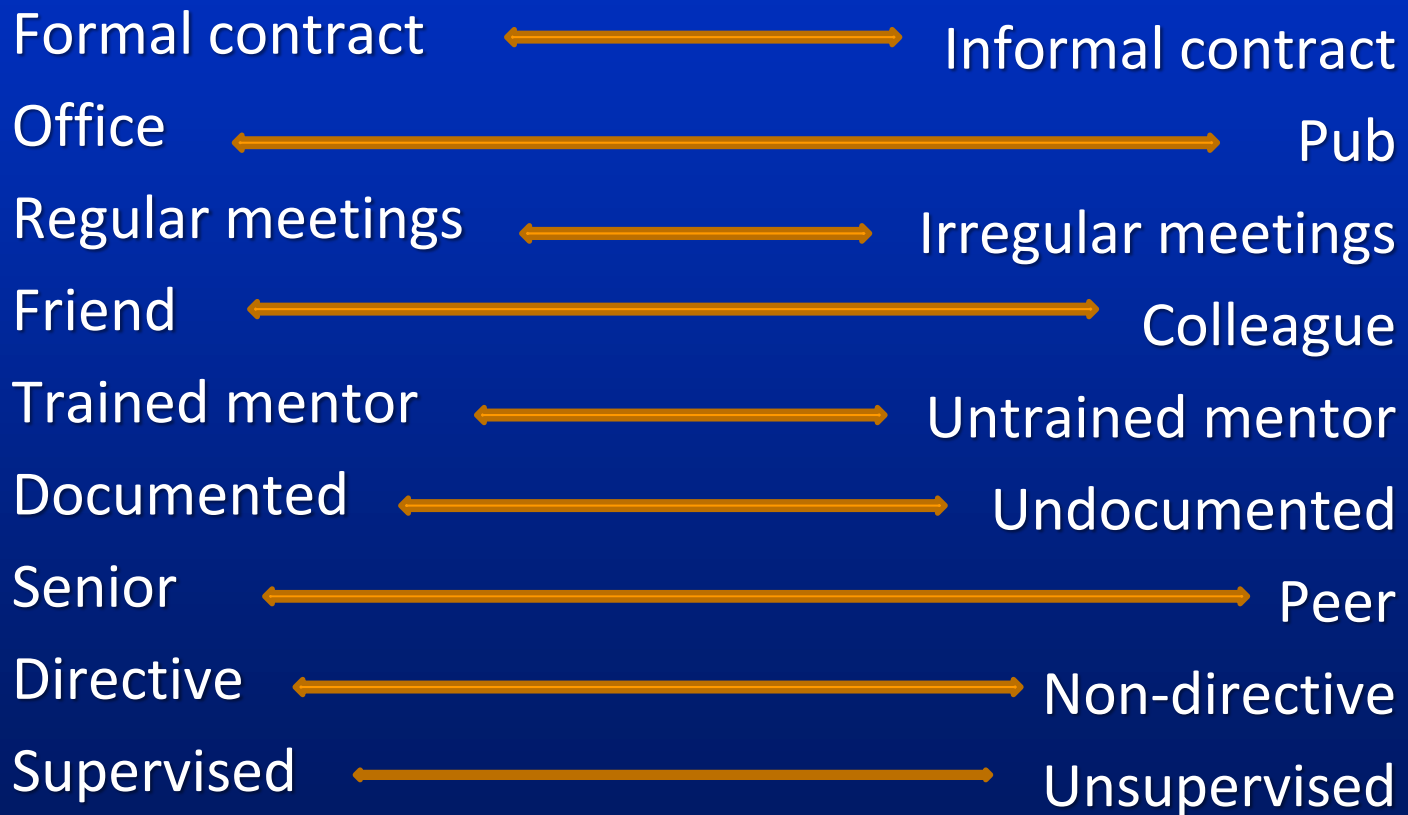
Coach may not need direct experience of mentee's formal occupational role

Focus on development or issues at work

Agenda focused on achieving specific, immediate goals

Revolves around specific development areas

# Mentoring Styles



# What does a mentor do?

- Supports the mentee through period of transition
- Encourages critical reflection and helps mentee find solutions to own problems
- Gives support, has a commitment to facilitating personal and professional development
- Challenges the mentee to move beyond his or her comfort zone
- Helps the mentee develop coping strategies
- Relationship depends on the needs of mentee and can change over time

# Benefit to mentees

- Learn 'unwritten rules of the game'
- Networking
- Negotiation skills
- Conflict management
- Academic writing and presentation skills
- Mutual problem solving
- Collaboration
- Team working skills

# Ten competencies of a mentor

Andrew Gibbons

1. Does not blame - stays neutral
2. Will give honest answers
3. Not intimidating - easy to approach at any time
4. Knows what they are talking about - good at own job
5. Actively questions mentee
6. Enabling, caring, open and facilitative
7. Gives constructive and positive feedback
8. Provides subtle guidance, but ensures mentee makes any decisions
9. Interested in mentee personally, genuine concern
10. Willing to debate, argue, discuss



# Common Problems

- Workload / work-life balance
- Management issues – writing business plans, commissioners, complaints procedures
- Clinical advice (single handed consultants)
- External threats to service
- Negotiating skills
- Relationships with colleagues – obstructive, under-performing, bullying peers
- Ethical problems
- Identifying career goals

# Process

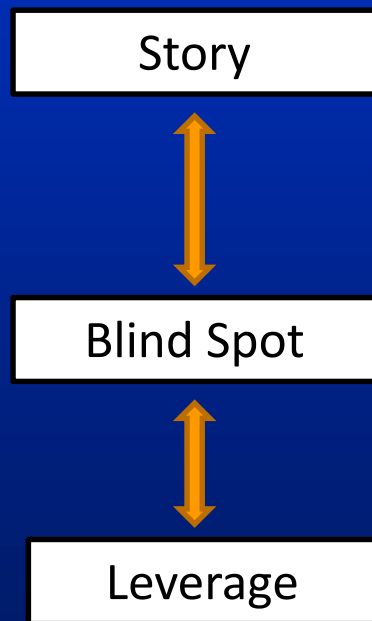
Mentee explores own ideas and feelings in relation to their work and arrive at own conclusions

Mentor facilitates by active listening

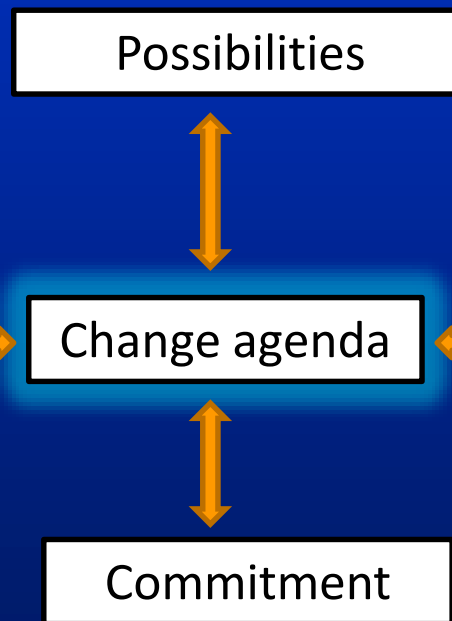
Mentee finds own solutions, mentor gives them confidence

# Egan's Skilled Helper Model

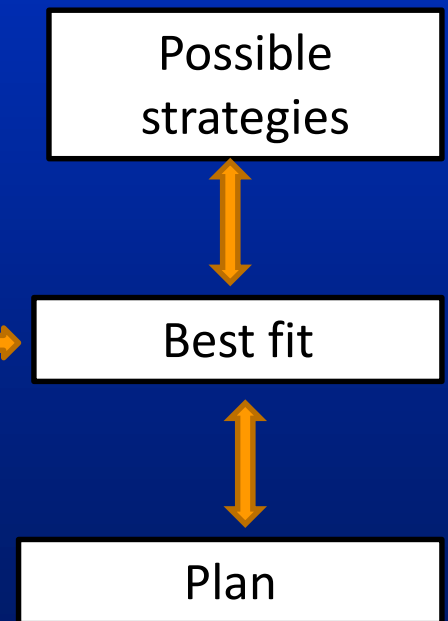
Stage 1:  
What is going on?



Stage 2:  
What do I want  
instead?



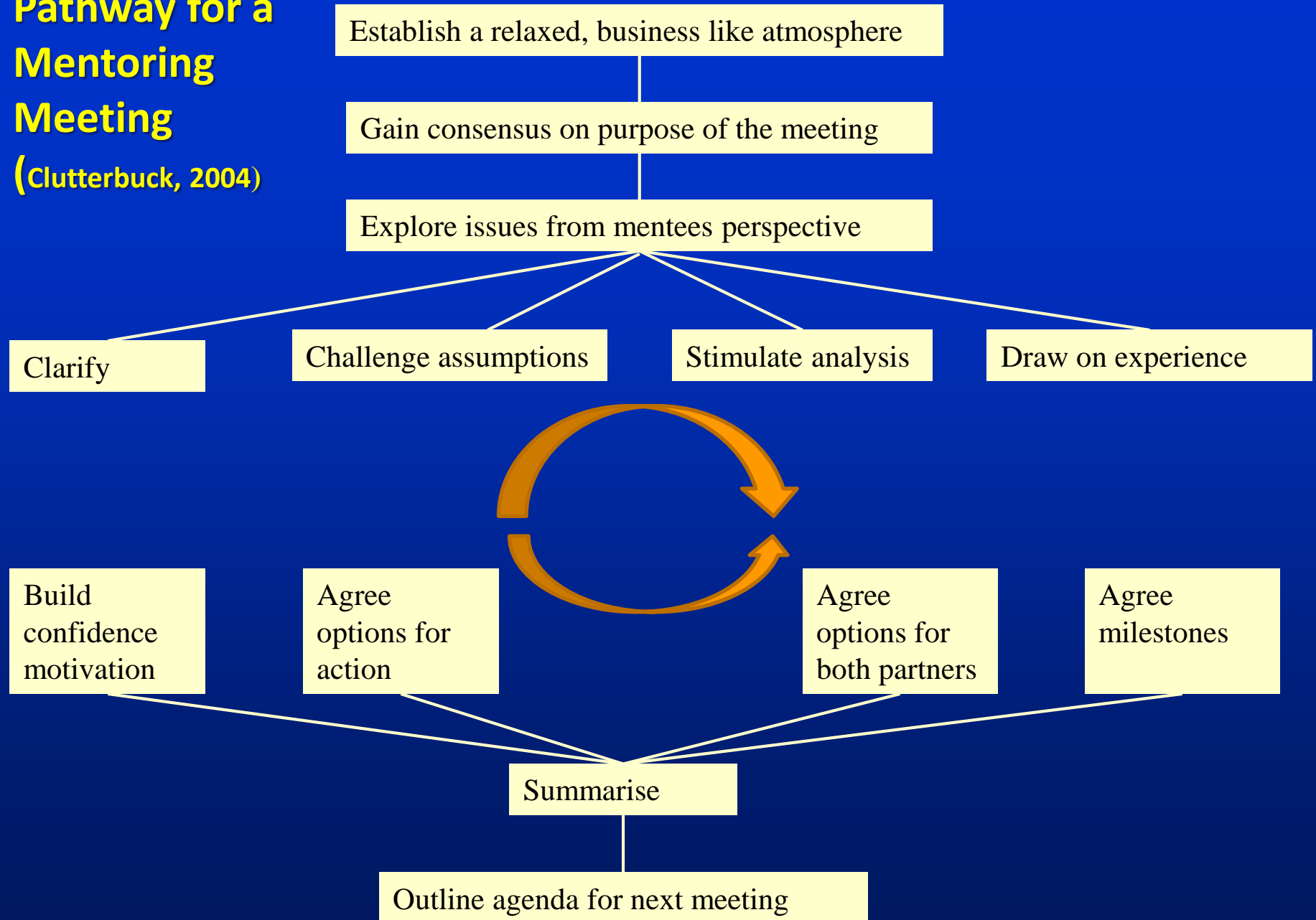
Stage 3:  
How might I get to  
what I want?



How do I make it happen?



# Pathway for a Mentoring Meeting (Clutterbuck, 2004)



# BASHH & BHIVA Mentoring Scheme

- GUM small specialty; @ 135 SpRs and @ 320 consultants
- Mainly outpatient based; larger units have larger proportion of in-patient HIV work
- Can be isolated, single-handed consultants, based in community settings
- Areas of tension
  - 'Austerity' and 'CIP savings'
  - NHS and Social Care Act / Changes in commissioning
  - Tendering to 3<sup>rd</sup> sector / private companies
  - Expanded STI testing in the community and integration with SRH
  - 48 hour access targets with increasing number of attendances
  - Cost of HIV drugs and earlier initiation of therapy

# Mentoring – is there a need?

Clinical Medicine Vol 4 No 6 Nov/Dec 2004

- Questionnaire –  
GUM consultants in post < 5 years and final year SpRs  
n = 30, 20 (67%) response
- Most had sought informal support during their careers
- 80% were interested in a formal mentoring scheme
- 56% would prefer GUM/HIV colleague to be a mentor
- Most preferred to choose own mentor rather than have assigned a mentor

# Mentoring Scheme - Process

- Business case to BASHH for support and funding
- **Identify mentors:** BASHH role
  - Nomination process initiated by Mentoring Group; self or peer
  - Maximum 1-2 mentees at any time
  - January 2009 - 40 identified
- **Training mentors**
  - 1-day workshops November 2009 and October 2010
  - Trust / local course
- **Identify potential mentees** –RCP & BASHH role
  - advertise scheme to those with GUM CCT



# Mentoring Group

**Emma Fox (BASHH Co-Chair)**

**Carol Emerson (BHIVA Co-Chair)**

Charlotte Cohen

Jessica Daniel

Imali Fernando

Jyoti Dhar

Adrain Palfreeman

Sris Allan

Helen Mullan

Luciana Szaniecki

Michael Rayment

# Mentees

- Open to SpRs within 18 months of CCT (January 2009)
- Two meetings with mentee in first year – first face-to-face
- Mentorship period 18 months
- Later – open to others e.g: returning after a career break
- Future – any BASHH member who wants a mentor
- 71 mentors
- 29 mentees went through first wave, and 40 GUM doctors are currently being mentored in second wave

Distribution  
of BASHH  
mentors  
2013



# Exit survey results – first wave

November 2012

## RESULTS

- Response from 12/29 (41%) mentees and 16/29 (55%) mentors

## MENTEES

- 10/12 met face-to face between 1-4 times. 5/12 communicated with their mentor by other methods
- 67% mentees had enough contact with their mentor, 25% not enough. None felt they had too much contact
- Of those who did not have enough contact, reasons given were
  - mentee didn't have time 81%
  - geographical distance 36%
  - mentee didn't like to ask for help 27%
  - mentor didn't have time 9 %

None said their mentor was difficult to contact

# Exit survey results – first wave

November 2012

## MENTEES

- Relationship with their mentor was good (33%) or excellent (42% ). None said it was poor
- 10/12 felt the mentoring arrangement met or exceeded their expectations; for one person it fell short of expectations.
- 91% would recommend the scheme to other new consultants.

## MENTORS

- 7/16 (44%) mentors felt they had enough contact with their mentee, 6/16 (38%), not enough contact; no-one said they had too much contact
- Of those who did not have enough contact, reasons given were
  - mentee didn't seek help 75%
  - geographical distance 31%
  - mentee didn't have time 19%

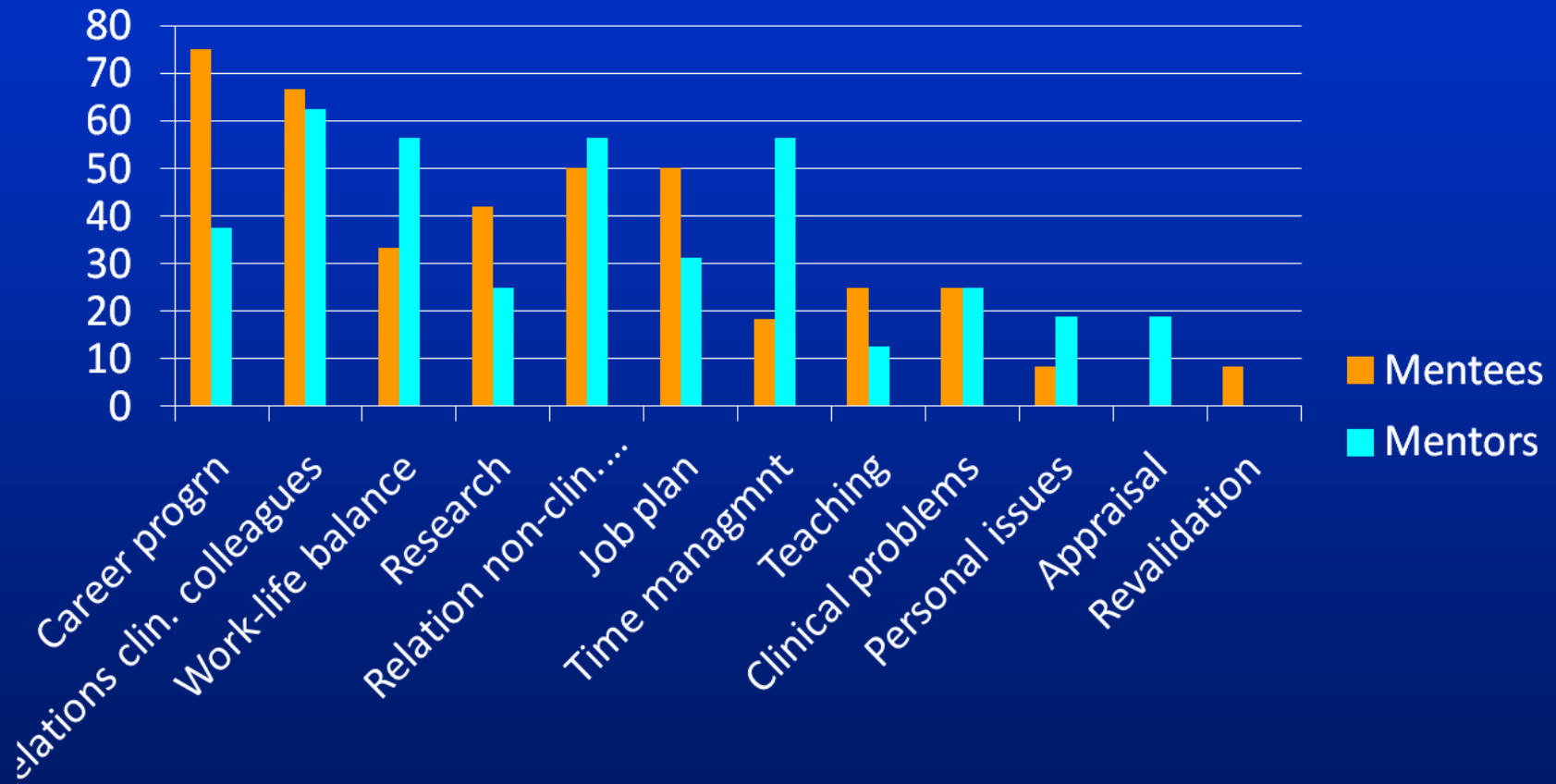
# Exit survey results – first wave

November 2012

## MENTORS

- 13/16 (81%) felt their relationship with their mentee was satisfactory or better (50% good, 19% excellent)
- 9/16 (53%) felt the mentoring arrangement met or exceeded their expectations; for 4/16 (25%) it fell short of expectations
- 81% felt adequately equipped in skills to help their mentee most or all of the time
- Most did not find it onerous (63%), 25% a little onerous, 12% 'don't know'
- 88% would definitely be a mentor again and 12% probably would

# Topics discussed during mentoring





# Comments - mentees

- 'She was very helpful and I took her advice on board and have implemented many of her ideas'
- 'I think it is an extremely useful scheme'
- 'I wonder whether this scheme could actually be expanded to "older" consultants, as the problems can still turn up regardless of time'
- '..... I wasn't sure what to expect from the relationship, it would be useful to see a list of possible areas one might consider discussing with their mentors'
- 'I think that mentors should be trained in mentoring techniques and that there should be regular meetings for supervision as I wonder how much training mentors have had before embarking on this role. I also feel that there should be some financial incentive to become a mentor, as it involves considerable time for the mentor'

# Comments - mentors

## FREQUENCY OF MEETINGS / HOW ONEROUS

- 'It was far less onerous than I expected, I expected to be asked for more help by my mentee'
- 'It was ok but I think we should have been more organised and met more frequently - I was rather passive in the process and led by when she wanted to meet - it might have been more helpful if I'd been a little more active'
- 'I made contact with my mentee saying I would be delighted to meet up if she wished but she did not request any meetings. I saw her from time to time at regional meetings and we had email communication about other things so I hope the lack of meetings was because she did not feel the need for them rather than she did not want to meet with me'
- 'It doesn't happen automatically - need an initial meeting to set 'ground rules' and terms of engagement -its easy for mentoring relationship to lapse if the mentee feels he/she is getting on OK'
- 'It is important it is a voluntary arrangement and whether or not meetings happen should be driven by the mentee not the mentor as long as the mentor has made it clear they are available to be contacted at any time'

## **RELATIONSHIPS MENTOR /MENTEE**

- 'Works well, but probably depends on 'chemistry' between the mentor and mentee. Pairing therefore important.'
- 'that one needs matching first'

## **WHAT MENTORS GOT OUT OF IT**

- 'I enjoyed the contact with a younger colleague and was happy that I had some relevant experience to pass on'
- 'Because it was the first time I felt it was a learning experience for me. Some of the issues I have faced in London were very different than the mentee's out-of-London set up, so I'm not sure how helpful I was'
- 'It was nice to realise that I had some knowledge and experience that someone else might find useful. It was good to get to know someone new'
- 'It was interesting to see how much had changed and how much was the same as when I was a young consultant'

# Suggested improvements - mentors

- 'A slightly more formal arrangement e.g. maybe mentors should be advised to contact mentee every so often, to check they are OK in case the mentee does not like to ask for help'
- 'I'm not sure if the mentees have the opportunity to choose who their mentor is. I think for someone to really use this effectively they have to have some choice'
- 'Some form of matching'
- 'I am not clear whose responsibility it is to arrange contacts. My understanding was that I should wait until my mentee contacted me, but she didn't so I wonder if I should have been more pro-active. Perhaps more guidance on expectations should be provided'

# Summary of study

- Most feedback positive – mentees felt they benefited, rewarding for mentors and not too onerous.
- Mentors feel under-used by mentees
- Understanding of scheme could be improved

## Learning points for the Mentoring scheme

- Improve introductory information for mentors / mentees
- Guidance on meeting / contact
- Better guidance on choosing / accepting mentor/mentee
- Committee members to follow-up mentor/mentee pairs more regularly to sense-check if there are issues

# Suggested Ground Rules

Clutterbuck 2004

- What are our expectations of mentoring?
- What topics will we discuss?
- Who will take responsibility for planning meetings?
- How formal / informal will we be?
- Do we agree on the need for openness and trust?
- Do we agree to give honest and timely feedback?
- Discuss confidentiality and its limits
- When / how do we check the relationship is 'right'?

# New directions for the BASHH & BHIVA Mentoring scheme





# Specialty & Associate Specialist (SAS) doctors

- Questionnaire at SAS Annual Conference 2010
  - 62/90 (69%) interested in being mentored
  - 55/90 (61%) interested in becoming a mentor
- SAS doctors did not wish to mentor consultants nor did they wish to be mentored by consultants
- Currently inviting SAS doctors to be mentors so scheme can be launched for them
- BASHH/RCP training course for SAS doctors - December 2012

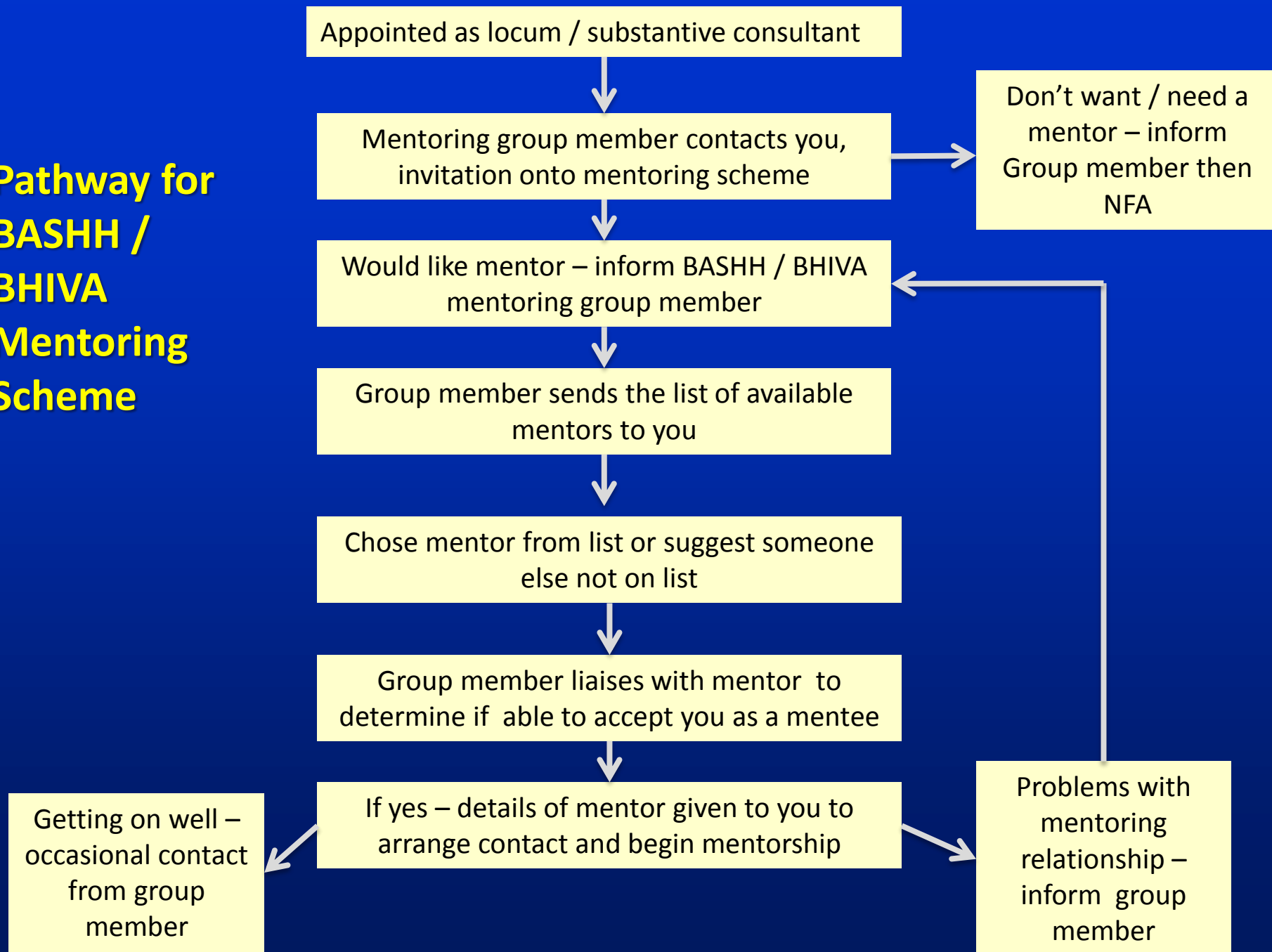
# Collaboration with BHIVA

- In early 2012 approached by BHIVA about merging to become a joint BASHH & BHIVA Mentoring Group
- TOR drafted – approved by the BHIVA executive in November 2012
- Will mean expanded expertise of mentors - wider selection for our mentees
- Appointed BHIVA representatives

# Specialist Registrars

- SAC approved incorporation of “mentoring module” into Medical Leadership component of the GUM/HIV curriculum
- Voluntary inclusion into mentoring scheme at PYA – allows Specialist Trainees access to BASHH/BHIVA mentor before consultant appointment
- SpR could mentor a peer (eg: 1<sup>st</sup>/2<sup>nd</sup> year SpR) – clinical supervisor to seek feedback from mentee – and feedback to the SpR

## Pathway for BASHH / BHIVA Mentoring Scheme



# Tips for Mentees

- Accept challenge willingly
- Share with your mentor how you feel about the way the relationship is working
- Maintain a positive view of yourself
- Be active in your own development
- Trust in your mentor
- Be willing to discuss issues openly
- Take a few risks in order to progress
- Think about other ways to develop yourself outside of your mentoring relationship
- Don't expect too much of your mentor
- Talk about the end of your relationship when the time comes

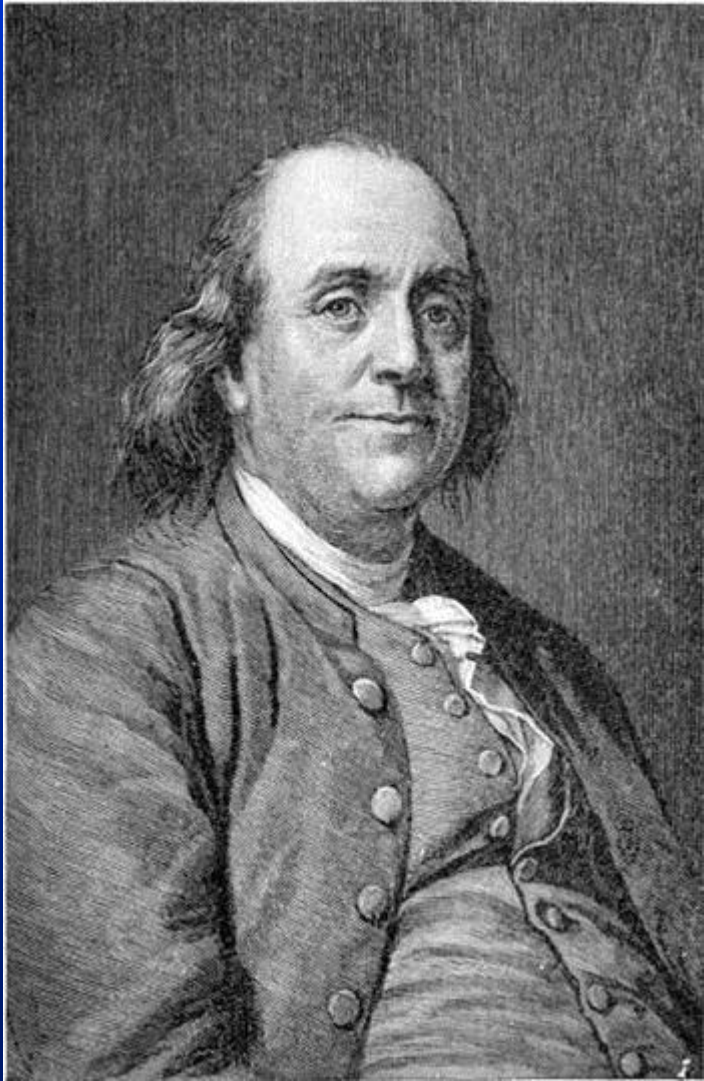




# What's next



- Improve access/awareness of the mentoring program
  - on both websites
  - Among trainees
  - Among established consultants
- Expansion of mentoring (not-so-new)
  - return to work
  - Particular issue/difficulty



‘Tell me and I forget, teach me and  
I may remember, involve me and I  
learn’

— Benjamin Franklin



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