

British Association of Sexual Health and HIV **National Mentoring Programme**

Introducing mentoring in Genitourinary 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.

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 is taking steps to introduce a formal mentoring scheme for GUM. The aim being to offer guidance and support from an experienced regional specialty peer, within the set up of a formal national mentoring scheme.

Who can be a mentor?

Ideally, a mentor must be an experienced clinician in the 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: nurses and health advisors etc.

Nomination forms will be distributed in January 2009 asking for BASHH 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 committee regarding their agreement for inclusion in the BASHH pool of mentors for their region. (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 an annual one-day training session organized by BASHH and the Royal College of Physicians. It is recognized however, that some individuals may already have relevant training or be able to access training elsewhere. It is hoped that mentors will be available to attend a biannual meeting, to enable peer review and support regarding any complex issues and problems. There will also be a confidential discussion board on the BASHH website.

Who can be a mentee?

In the initial phase of the scheme, it will only be newly appointed consultants (having started their post within 18 months of Spring 2009) who will be able to access mentoring. If wishing to participate in the programme, the new consultants will be given the list of potential mentors in their region that they can select from.

However, over time we hope that other groups will also be able to access the mentorship scheme (for example, clinicians returning to post from a period of extended leave). Eventually, it is the aim of this programme to enable any BASHH member, who so desires, to receive mentoring for career development.

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 sessions provided by BASHH 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.

Usually a single mentor would have only one mentee at a time, and never more than two. 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.

The BASHH Mentoring committee:

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References:

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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.