



Supporting tomorrow's leaders today

The Academy of Medical Sciences' mentoring scheme
for postdoctoral clinical academics



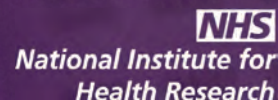
Contents

04	Foreword
07	Author's preface
08	What is mentoring?
10	A focus on future leaders in academic medicine
13	What is the Academy's approach?
14	How does mentoring operate in the Academy scheme?
16	What benefits does mentoring offer?
18	Reflections on the scheme from mentees
20	Reflections on the scheme from mentors
24	But does mentoring work?
28	Which organisations are best placed to coordinate mentoring?
30	Principles to create an environment for effective mentoring
32	Reflections and directions



The Academy of Medical Sciences promotes advances in medical science and campaigns to ensure these are converted into healthcare benefits for society. The Academy seeks to play a pivotal role in determining the future of medical science in the UK and the benefits that society will enjoy in years to come.

We champion the UK's strengths in medical science, promote careers and capacity building, encourage the implementation of new ideas and solutions – often through novel partnerships – and help to remove barriers to progress.



The Academy is grateful to the many Fellows and staff who have helped in the continuing development of the Academy's mentoring scheme. We thank our main supporters, the Department of Health and the National Institute for Health Research, in particular, Professor Dame Sally C. Davies FMedSci for her personal interest.

We also thank organisations in the devolved administrations for their support to date:

- NHS Education for Scotland
- National Institute for Social Care and Health Research (Wales)
- Queen's University Belfast

Foreword

The Academy is passionate about supporting excellent young researchers who are future leaders and innovators in health research. Our one-to-one mentoring scheme provides support to postdoctoral clinical academics on the cusp of an independent research career.

This guide tells the story of our mentoring scheme. It is particularly aimed at anyone considering how to cement the UK's position as a world leader in health research, whether senior academics, funders or civil servants. However, I've no doubt the lessons can be applied internationally. I hope this guide might persuade you to consider mentoring as a vital initiative in supporting clinical academics in training.

So, what would you do if you were given a finite pot of money and tasked with developing an initiative to support the next generation of medical researchers? Around 10 years ago, the Academy wrestled with this question.

Research funders talk about making investments based on three Ps – person, project and place – with the person being the most important. We believe that the very best people need to be trusted and encouraged. However, we recognise that for a clinical academic in training, even with the security of a well-funded fellowship, there are huge challenges: How to navigate the training pathway? How to build productive collaborations? Where to get the best training? How to balance a range of career demands?

The Academy has an unrivalled resource in the expertise of the Fellowship, who cover the whole spectrum of medical science – from universities to the NHS to industry. It became clear that an effective way of supporting excellent, young researchers, at a critical stage in their career, would be to pair them with an Academy Fellow who could offer independent support and advice.

In 2010, we commissioned an external evaluation of the mentoring scheme with very positive results. Given the generosity of the Fellowship, who offer their time for free, and the impacts that mentees are reporting, the mentoring scheme has turned out to provide excellent value for money.

This guide outlines our mentoring experiences so far. It contains personal perspectives from a number of Fellows who have acted as mentors as well as the thoughts of some of the mentees. We conclude with some simple principles on how to lay the groundwork for a mentoring scheme, some of which we learned the hard way! There are also signposts to other, more detailed sources of information on mentoring.

Since our scheme has already begun to catalyse mentoring schemes within other institutions, it seems timely to share our experiences more widely. I commend mentoring to you as an excellent way to build capacity and invest in the next generation of research leaders.

So what will you do next? Perhaps you might want to become a mentor/mentee yourself. Perhaps you could instigate a mentoring scheme for academic trainees in your region or country. I look forward to seeing what develops in the years to come.

Professor Sir John Tooke PMedSci
President, Academy of Medical Sciences



Professor Sir John Tooke PMedSci

How to use this booklet

This booklet is designed to stimulate reflection, so feel free to annotate and circulate it widely. In the back, you will find two case studies of local mentoring schemes established within institutions by Academy Fellows, as well as information directing you to other mentoring resources. You might also want to insert your own notes for future reference. To discuss mentoring or to request multiple copies, please contact Dr Nigel Eady, Programme Manager, T: +44 (0)20 3176 2158 E: nigel.eady@acmedsci.ac.uk

An electronic version of the booklet is also available: www.acmedsci.ac.uk/mentoring-booklet

The Academy's Mentoring Advisory Group

Professor David Adams FMedSci (Chair)

Professor of Hepatology, University of Birmingham

Dr Mark Cobbold

Clinical Senior Lecturer, University of Birmingham

Dr Amy Iversen

Senior Lecturer in Academic Psychiatry,
Institute of Psychiatry, King's College London

Professor B. Paul Morgan FMedSci

Dean of Medicine, University of Cardiff

Professor Charles Pusey FMedSci

Professor of Medicine, Imperial College London

Professor Rosalind Smyth FMedSci

Brough Professor of Paediatric Medicine,
University of Liverpool

Professor Richard Trembath FMedSci

Vice Principal and Executive Dean (Health),
Barts and the London

Professor Angela Vincent FMedSci

Professor of Neuroimmunology, University of Oxford



Professor Roger Jones FMedSci - mentor, Dr Siobhan Burns - mentee and Professor Masud Husain FMedSci - mentor

Author's preface

My interest in mentoring has a personal element – not because I either experienced or benefitted from it, but because I didn't. As a young graduate in zoology with an interest in cell biology, my original aim was to pursue a career in research.

For reasons largely beyond my control I started in an academic surgical unit, then moved to a department of experimental ophthalmology. Both of my immediate superiors were academic clinicians, and neither had much knowledge of, nor interest in, the kind of laboratory science I wanted to do. By the time I had managed to find some informal but very limited sources of advice it was too late. The question of whether I could realistically continue ploughing the furrow I had inadvertently embarked on, or whether it would be more sensible to take a step sideways into some less clinically oriented environment, had become irrelevant. My dissatisfaction and frustration had transformed themselves into a loss of enthusiasm for research – although not for science. I abandoned the laboratory and opted instead for the word processor and the microphone.

Maybe this was all to the good. Or maybe it wasn't. There is no way of knowing. What I do know is that all those years ago I had difficulty finding anyone with whom to discuss my options, and no mechanism for directing me towards such a person. Mentoring schemes of the kind that can introduce young researchers and clinicians to more experienced staff with whom to talk over their dilemmas and weigh up their options did not exist. Now, but still not sufficiently, they do.

My thanks to the mentors and mentees who agreed to speak to me, some mentioned by name, some not. As I discovered when compiling this brief account of the mentoring scheme run by the Academy, the most useful sources of information on mentoring are those with experience of it.

Dr Geoff Watts FMedSci

"If you're a young enthusiastic medic wanting to pursue a research career you need dispassionate advice on how to go about doing it, and on which are good laboratories to go to. Mentoring is an important part of any career. But in the case of science it's particularly critical. It's essential to go to a laboratory which teaches people to ask questions, and how to identify which are the important ones as well as how to tackle them."

Sir Mark Walport FRS FMedSci, Director of the Wellcome Trust

"We must invest significant time in mentoring the next generation of outstanding clinical academics, encouraging and supporting them as they develop a research career. We all have a responsibility in this area and I applaud the Academy's lead."

Professor Dame Sally C. Davies FMedSci, Chief Medical Officer for England and Chief Scientific Adviser for the Department of Health

What is mentoring?

Mentoring, it is increasingly clear, has an important role to play in the NHS and academia. However, although academics are generally meticulous about defining the terms they use, there are a wide range of views and assumptions about what it means to mentor someone and precisely what activities are involved.

In the US, in the 1970s, mentoring emerged as a form of sponsorship in which the mentee came under the protection or patronage of their mentor. For example, a mentee might expect their mentor to provide career opportunities for them and take some responsibility for their career progression. In contrast, the concept of mentoring which has evolved in Europe since the 1980s, commonly referred to as 'developmental mentoring', emphasises the mentor empowering the mentee to take responsibility for their own career development. A typical definition describes developmental mentoring as 'off line help by one person to another in making significant transitions in knowledge, work or thinking' (Megginson and Clutterbuck, 1995). This definition stresses the value of the mentor being outside the mentee's direct line management and the role of mentoring in helping an individual who is going through significant professional and/or personal change.

We can inch further towards a map of the mentoring landscape by itemising tasks and issues that do not normally lie within its boundaries. First and foremost mentoring is neither the day-by-day management of the mentee's decision-making or career, nor a substitute for training. Mentors do not do work on behalf of their mentees, nor do they take responsibility for what the mentee does. Nor is it a form of therapy. Where issues such as depression arise, dealing with the symptoms themselves is a task for others. Mentoring is not a

synonym for careers advice, although the discussion of career dilemmas and choices may be a key ingredient. Mentoring is not a parental relationship in which one party does all the giving and the other all the taking. It is not about instructing the mentee how to live his or her life.

Some commentators make a distinction between mentoring and coaching. The latter, they argue, is more concerned with an individual's performance than with the individual him or herself. Coaches have a clearly defined agenda focused on improving the recipient's ability to acquire a particular skill or reach a specific goal rather than succeed in life more generally. However, this is not a field in which rigid distinctions make much sense, and some people use the terms almost interchangeably.

So, what is a mentor? Given that a mentee may have various needs, a mentor may adopt a wide range of roles,

from sounding board and role model, through to challenger and critical friend. The result being that the mentee gets to test their assumptions and develop their decision-making processes.

The Academy does not impose a rigid model of mentoring on its mentors and mentees. We recognise that, given their individual characters, situations and needs, different mentoring pairs may need to follow different approaches. We point to a range of definitions, and advise mentors to consider carefully the role they intend to perform. We encourage them to draw on their experience to help their mentees in their professional or personal development. Some people are fortunate enough to have found such developmental relationships informally. However, this is unusual; hence the value of formal mentoring schemes.

Fellows of the Academy of Medical Sciences

The Academy's elected Fellows are the UK's leading medical scientists. Fellows are drawn from laboratory science, clinical academic medicine, veterinary science, dentistry, medical and nursing care and other professions allied to medical science including ethics, social science and the law. Our Fellows are central to all we do. The excellence of their science, their contribution to medicine and society and the range of their achievements are reflected throughout our work. The diversity of talent amongst our Fellows ensures that the Academy is able to deal with complex health issues, which extend beyond the traditional boundaries of medicine. It is their knowledge, influence and resources that are the Academy's most powerful assets.



"I often find that when mentees talk things through the answer becomes obvious to them whilst they're talking."

Academy mentor

Professor David Adams FMedSci – mentor

What is a mentor?

- A professional person who is a wise, experienced, knowledgeable individual who either demands or gently coaxes the most out of the mentee (Caruso, 1992)
- Someone who supports people to manage their own learning in order to maximise their potential, develop their skills, improve their performance, and become the person they want to be (Parsloe, 1992)
- Mentors are people who, through their action and work, help others to achieve their potential (Shea, 1992)
- An experienced, objective sounding-board with the power to influence events (Conway, 1995)

An Academy mentor...

...does:

- Listen and give their time
- Support, encourage and challenge
- Provide a framework to look at options, to understand implications and to plan future action
- Share experiences where relevant
- Signpost, if asked, to information and resources – including people/networks

...doesn't:

- Collaborate on research
- Apply jointly for grant funding
- Get involved in matters relating to status, promotion or payments
- Normally provide references
- Directly act on behalf of a mentee
- Judge the actions the mentee takes

A focus on future leaders in academic medicine

The Academy began its one-to-one mentoring scheme in 2002 with the support of the Department of Health. The scheme was designed to help Clinician Scientists, sometimes called Clinician Scientist Fellows (CSFs), in developing their careers. CSFs are medical graduates embarking on a further period of research training, having already obtained a PhD or MD. The National Clinician Scientist Award scheme had just recently been established following the suggestion of an Academy working group, chaired by Sir John Savill FRSE FMedSci. The scheme, which aimed to tackle perceived disincentives to the choice of a clinical academic career, provided an agreed national standard for Clinician Scientist Awards.

The mentoring scheme aimed to help this cohort of postdoctoral clinicians remain and thrive in academic medicine, having already secured an award which would support them in achieving academic independence. Mentoring was already available to some clinicians in the UK but it was by no means universal and there was still a prevailing attitude that it was only of use to individuals in difficulty. Not long after the Academy's mentoring scheme began, the Department of Health issued guidance on mentoring for doctors, based on commissioned research. The Academy was therefore able to refine its scheme using a growing body of evidence.

The mentoring scheme itself has since undergone two external reviews. The first review, conducted in 2006 by the Department of Health, commended the level of activity and supported its continuation. The Academy's scheme, now funded by the National Institute for Health Research, was subsequently extended to include Clinical Lecturers (CLs) – posts which were formalised, and became more easily accessible, following the Walport Report on Modernising Medical Careers. Like CSFs, CLs are university staff who hold an honorary clinical contract, normally at specialist registrar level. They carry out research and teaching while completing their specialist training.

The second review - a detailed, independent evaluation in 2010 - has provided the evidence base for this guide.

Brief history of AMS mentoring

2000 – Savill Report recommends introduction of a 'new, competitively-entered clinician scientist scheme'.

2001 – Academy launches the National Clinician Scientist Award scheme.

2002 – Academy one-to-one mentoring scheme established with Department of Health funding to support the new cohort of Clinician Scientist Fellows.

2005 – Walport report recommends introduction of clinical academic training pathway.

2006 – Department of Health evaluation of the Academy mentoring scheme. Subsequent expansion to include Clinical Lecturers in one-to-one mentoring, through National Institute for Health Research funding.

2006 – 100th pair matched in September

2010 – 200th pair matched in February

2010 – External evaluation to inform future developments of Academy mentoring.

2011 – 250th pair matched in September



Dr Mark Cobbold - mentee



Dr Veronica Yu - mentee

Academy careers support

Trainees across the career grades have access to a range of activities:

One-to-one mentoring is available to postdoctoral trainees (Clinician Scientist Fellows and Clinical Lecturers). All trainees are also welcome at a range of events and workshops to learn how to get the most out of mentoring and build their own personal support networks. A range of mentoring resources are also available through the Academy's website:

www.acmedsci.ac.uk/mentoring

Regional events and a monthly e-bulletin give trainees access to the latest information about funding and fellowships, provide the chance to network with peers & Academy Fellows, debate issues, learn about policy and hear inspirational talks. A range of schemes also introduce medical students to the possibilities of a research career.

www.acmedsci.ac.uk/events

Niche grant schemes provide access, for example, to funds for Clinical Lecturers to collect preliminary data to be able to apply for longer term fellowships. A small travel bursary scheme enables trainees to gain research skills in the Middle East.

www.acmedsci.ac.uk/grants

“The Academy has been thoughtful and creative about how they’ve designed their mentoring programme.”

Stakeholder

What is the Academy's approach?

Mentoring styles show much variation, and some schemes are highly formalised and rigid in their application. The model adopted by the Academy is deliberately light touch. It was consciously designed in this way to facilitate widespread involvement in the scheme, recognising that mandatory training and assessment would be a strong disincentive to participation.

The Academy scheme aims to provide the mentee with a framework for looking at options, making choices, planning future action, and finding new information and resources including people and networks. The approach is enabling and non-directive, and avoids straying into territory which properly belongs to those responsible for the mentees' educational and research supervision. Mentors do not take charge or try to control their mentees' career choices. Mentor-mentee pairs have the scope to develop the relationship in whatever way works best for them, in recognition of the unique and varied context in which clinical academics work and learn. The Academy office is always available to provide guidance and support should any problems arise.

The Academy organises mentor development workshops to enable mentors to develop their skills and explore issues such as confidentiality, career transitions, and the differing roles of a supervisor as opposed to a mentor. Attendance at such meetings is recommended, but not a condition of being accepted as a mentor. Although run primarily for Academy Fellows, these workshops are also open to other senior clinical academics and the representatives of other institutions' mentoring schemes. Regional mentoring events organised by the Academy or by other institutions are used to ensure that the work gets the widest possible geographical exposure.

To ensure that the scheme continues to be relevant and fit for purpose, the Academy periodically liaises with experts in the wider mentoring field. The Academy's own expertise is increasingly acknowledged, and in April 2009 the Academy was selected to report on its scheme at the European Mentoring and Coaching Council (EMCC) UK's 3rd Annual Conference. All such activities are overseen by the Academy's Mentoring Advisory Group (see acknowledgements).

"I think that a more rigid scheme with extra training would detract from the pleasantly informal nature of the relationship. In addition, I suspect that a need for training courses would discourage future mentors - it would discourage me!"

Academy mentor

How does mentoring operate in the Academy scheme?

All Fellows of the Academy are eligible to act as mentors to younger clinical scientists seeking help. However, the Academy recognises that while the availability of many hundreds of the UK's most pre-eminent clinicians and medical scientists is a great resource, the sheer scale of the choice for mentees can be daunting. Potential mentees are therefore advised to contact the Academy office to discuss the matching process. The 2010 evaluation found that the three most common reasons for the eventual choice of mentor were that the individual concerned was: a leader in that particular research field, already admired by the mentee, or recommended as having mentoring skills.

Experience shows that nine out of ten Academy mentors asked to take on the mentoring role agree to do so, and most refusals are on account of practical reasons such as a lack of time. If the initial pairing does not work out, for whatever reason, Academy staff will try to find an alternative mentor.

Mentors and mentees are offered a guideline mentoring contract (available from the Academy website) which specifies the purpose of the relationship, its potential content and the practical arrangements required to implement it. Pairs are encouraged to discuss this contract in their first meeting, to ensure the relationship grows from solid foundations.

Matching process for Academy mentoring

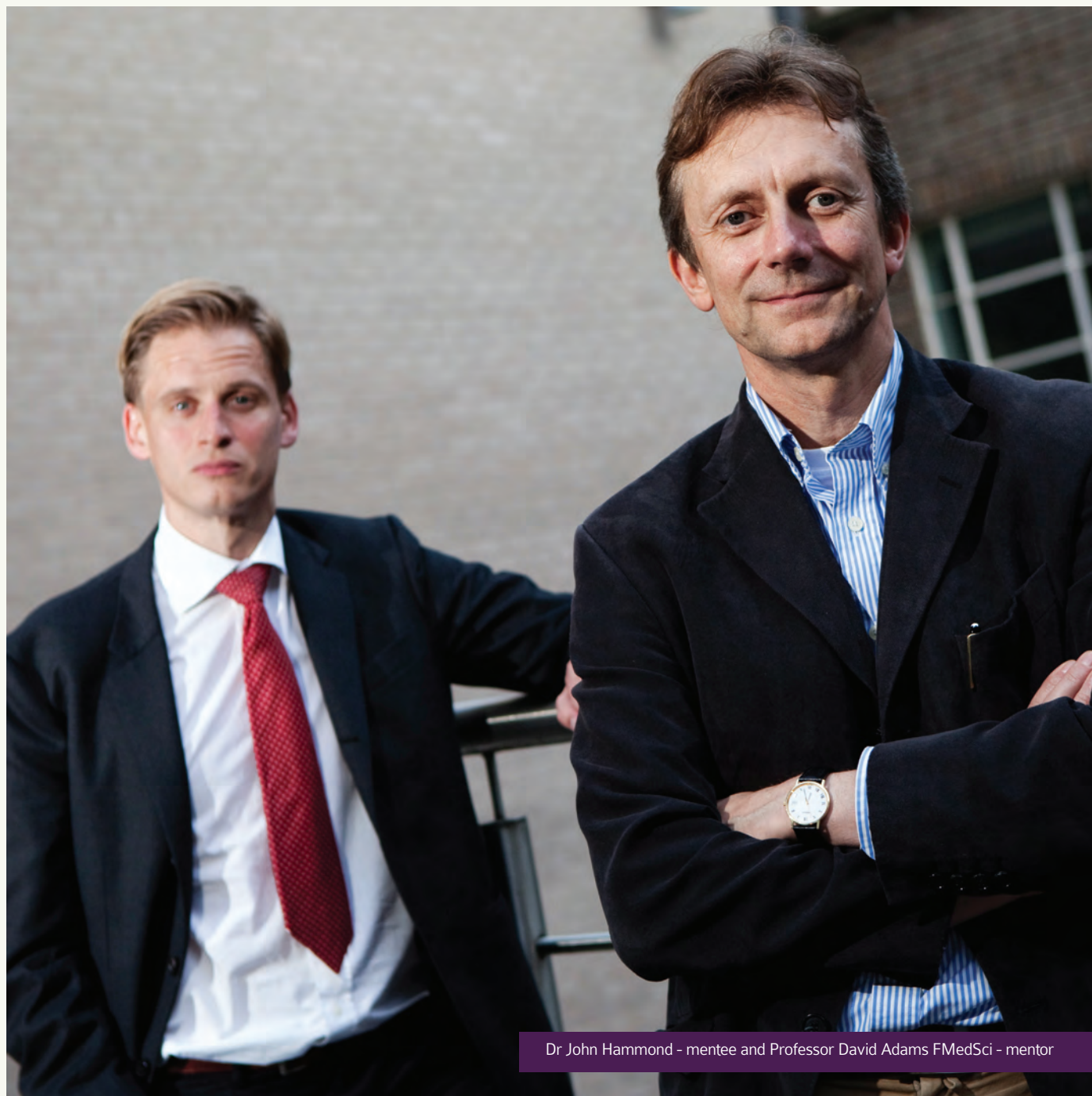
Potential mentees are encouraged to:

- Contact the Academy office for details about the scheme.
- Consider the issues a mentor might help them think through.
- Ask their supervisor and colleagues for suggestions of possible mentors.
- Browse the online Fellows' directory – is there anyone they know, admire, have heard speak?
- Do some research on Fellows, look at their research group webpages.
- Discuss their ideas with the Academy mentoring team.
- Perhaps arrange to meet one or two possible mentors informally to see if they are likely to get on well.
- Fill in the mentor nomination form.
- Approach Fellows directly or through the Academy.
- Arrange the first meeting.

See www.acmedsci.ac.uk/mentoring for further details and guidance.

The 2010 evaluation revealed a spread of patterns in frequency and mode of contact – whether face-to-face, by phone or by email. Most pairs meet face-to-face one to three times a year. Most mentors are not based at the same institution as their mentees; this allows the pair to talk more freely and makes it easier to offer objective advice. Most mentors take on just one mentee at a time (but a few have two or more) and typically work in a similar specialty. A majority of the Academy's mentoring relationships appear to last between two and five years - but some continue well beyond that period.

The practicalities of the mentoring relationship will be guided by the particular needs of the mentee. But however frequent the meetings, or whatever form these take, the detailed content of the discussions remains confidential.



Dr John Hammond - mentee and Professor David Adams FMedSci - mentor

What benefits does mentoring offer?

As the Academy's scheme is intended to help individuals to realise their full potential, the immediate beneficiaries are, of course, clinical scientists trying to build careers in academic medicine. Success in this endeavour does not depend solely on having a good track record in research and clinical work, but on knowing when and how to acquire the additional skills and expertise that are needed to climb the ladder.

Mentors should be in a position to offer insights and share their experiences on matters such as career planning and job applications, on establishing networks and collaborations with other scientists and clinicians, and on the management of students and staff.

They should be able to give guidance on personal development, on leadership, on managing change and on achieving the right balance between research and clinical work, and between work and the rest of life. They can act as a sounding board for whatever ideas or plans mentees may have, and help them think through the pros and cons of whatever they are contemplating. Experience shows that they can be particularly valuable in helping mentees through significant transitions such as choosing and taking up a new job. And, more generally, they can offer support and encouragement.

'Trainees won't necessarily know the path to follow, and they won't necessarily know the pitfalls,' says Professor Charles Pusey FMedSci, Head of Postgraduate Medicine at Imperial College London. 'They may have too short term a view of what job to do next. They may even have been advised not to go on to an academic career because of its high risk and low pay!' Dispelling misconceptions, he adds, is part of a mentor's job.



Professor Christopher Day FMedSci - mentor

‘It’s not always easy when you’re in a junior position to go to senior people and ask for help,’ says Professor David Adams FMedSci, Professor of Hepatology at the University of Birmingham. ‘A formal mentoring programme gives you the perfect vehicle to do that.’

The benefits of mentoring are not confined to the recipient. ‘It’s a pleasurable experience,’ according to Professor Pusey. Many mentors report having found a satisfaction and value in the relationship. Indeed, ‘I enjoy supporting younger colleagues’ was the reason most frequently cited by mentors when asked why they had agreed to undertake the task. Besides the inherent pleasure of being able to help someone else, mentors sometimes find that reflective discussion gives them new perspectives and fresh insights into their own thinking and their own work relationships and problems. ‘With a couple of my mentees I feel I’ve gained almost as much as they have,’ says Professor Adams. ‘Work-life balance, the pressures of clinical as opposed to research work – they’re things that still apply to me, so it’s quite good to talk about them and bounce things both ways. It’s not just me handing out pearls of wisdom. We’re both benefitting from a constructive discussion.’

“I think being a mentor has kept me more in touch with the realities and challenges for junior academics in navigating their way through a clinical academic career and highlighted the need to press for more resources to support career pathways in academic medicine.”

Academy mentor

Although any responsible profession will wish to promote the well-being and success of its individual members, and the fulfilment of their ambitions, at an institutional level too the returns are not solely in one direction. As Professor Pusey points out, ‘At the earlier stages in someone’s career we can’t assume that their ideas about the career pathway are either fully formed or necessarily correct. They might not, for example, appreciate the importance of doing certain types of research if they’re planning a certain type of career. The mentor has no axe to grind and is able to give impartial advice.’ By guiding and encouraging a new generation of medical academics, mentors are not only helping to create more harmonious working relationships but also, in the long term, nurturing their own successors, ensuring that in due course there is a new cohort ready and confident to assume

the leadership of the profession, a central aim of the Academy’s scheme. Professor Pusey certainly takes that view: ‘I see it as a responsibility to make sure that academic renal medicine continues to develop. I have an interest in furthering research in my own specialty and encouraging people to enter it. We don’t have enough clinical academics. It can be quite tough, and there are all sorts of pressures on them to do something else.’

Professor Adams chairs the Academy’s Mentoring Advisory Group. He sees the mentoring scheme as good for the Academy itself. ‘It helps to bind the Academy. It helps to introduce it to a younger group of trainees who might otherwise be less aware of it.’



Reflections on the scheme from **mentees**

For the purposes of this guide, a number of mentees agreed to reflect on their experience of Academy mentoring and its merits. In line with regular evaluations there is no doubt that overall they found the Academy's scheme helpful.

Peter Hutchinson, Academy of Medical Sciences/ TheHealth Foundation Senior Surgical Scientist at the University of Cambridge, put it even more forcefully. **'Helpful isn't a strong enough word. It's been extremely important in terms of advice about my personal development and future directions, both in terms of research and career.'** I have a hugely supportive mentor in Cambridge, but the value of being able to talk to someone who's outside your own institution cannot be overemphasised.' Mark Cobbold, Clinical Senior Lecturer at the University of Birmingham, agreed. 'I think mentoring is vital. It can be career-defining. It helps you make decisions which are vitally important. I'm sure I'll look back on it and see how mentoring influenced my choices in the best way. We have a lot of informal mentoring, but by formalising it the Academy is able to help people match themselves to very high calibre people.'

Personal support networks

For most medical researchers, a mentoring scheme will be one element in a diverse portfolio of support:

- **Formal mentoring** – available through the Academy but also through some deaneries, funders and universities.
- **Informal mentoring** – support and advice, typically delivered on an *ad hoc* basis, perhaps over a long period of time, by colleagues, supervisors or other contacts.
- **'Spot' mentoring** – one-off conversations, probably with senior academics, perhaps at an Academy event.
- **Peer mentoring** – a small group of individuals at a similar career stage, meeting regularly to support one another. To be most effective, clear agreement is required on the aims and limits of the process.

See insert in back cover for mentoring resources.

Dr Alex Shortt - mentee

Mentoring is particularly important in academic medicine, he said. 'Not all that many doctors go into it, and you can feel quite isolated.'

Lorna Marson is a Senior Lecturer and transplant surgeon at Edinburgh's Royal Infirmary. 'It's a good system,' she said, 'because it allowed someone like me, who was relatively junior, to develop a relationship with a senior academic in my own field.' As Amy Iversen, Senior Clinical Lecturer at the Institute of Psychiatry, pointed out, **'One of the unique features of the Academy scheme is the scientific calibre of the people it offers as mentors.'**

Typical of the issues discussed with mentors was Mark Cobbold's concern over job offers. 'These can pose particular dilemmas in the early years of a career,' he said. 'You might have a tempting offer from another university, but not one which is advantageous in every respect. You might, for example, be balancing academic calibre against a practicality such as more immediate access to a large pool of potential research subjects.' Choices of this kind may be troublesome. Lorna Marson's dilemma was another common one. **'During the early years I had some difficult decisions to make about the balance of clinical work and the research I was doing. My mentor helped significantly in those decisions.'** Another mentee described the difficulty he was having in deciding on the direction in which to take his research. 'I bounced my ideas off my mentor, and he suggested where I should focus. And he was right. I guess sometimes you just need someone to give you confidence about the way you're going.'

Amy Iversen's problem was more exceptional. She now specialises in medical education – which was precisely what she had long wanted to do. Her problem had been how to, as she put it, 'break into a new market'. Her mentor played an important part in the trajectory of her career. 'The mentor I chose is somebody who's been working in the field of medical education for 30 years. You might imagine that what you'd get from someone like that is networking opportunities or introductions.' But that is not how it turned out; what he provided instead was a forum in which to discuss ideas. 'There was no-one else in my own institution who was reading the literature in medical education or who knew what the key developments were. My mentor had an amazing oversight, and we would have fascinating debates and conversations and bat ideas around. I'd never met a scientist who was interested in these areas.' Part of his value to Amy Iversen lay in

the simple reassurance that the direction in which she wanted to go was perfectly feasible. Her confidence was boosted. 'He taught me to think about the big ideas and design studies to answer those.'

Their general satisfaction with the Academy's mentoring scheme did not prevent some mentees from suggesting elements in it that could be improved. Principal among these was the initial choice of mentor. For some it was simply an embarrassment of riches: how to choose one from among so many? And as Anna Gilmore, Professor of Public Health at the University of Bath, pointed out, **academic excellence is only one of the criteria required of a mentor. And, depending on circumstances, excellence may not always be the most important.** 'When you request a mentor you need to have an understanding of what a mentor can do,' she said. 'It can be a really useful relationship, but you don't necessarily want the top person in your immediate field. You might do better with someone who's already coped with a situation like yours. Someone who's had to work through the same process and learned from it.' The top person in the field may actually be less useful than someone slightly lower in the pecking order, but whose experiences and problems are more directly relevant.

Close attention to the choice of mentor is clearly important – though the more emphasis is placed, not only on academic excellence, but on personality and experience (bad as well as good) the harder the choice becomes. Short of having a personal biography of every Fellow listing their career vicissitudes as well as successes, it is difficult to see how this issue can be resolved.

Amy Iversen flagged up one aspect of mentoring in which mentees themselves can make a difference. 'Mentors clearly need to know what mentoring is all about, but it's also helpful for mentees to know as well. Then they can get the help they want.' She herself was already familiar with the process of mentoring and is certain that this helped her to get more out of it.

"I have had great guidance on topics such as how to be a woman in academic medicine, how to handle my pregnancy mid-fellowship, how to plan for intermediate fellowship with a young family and how to deal with difficult colleagues. Very valuable."

Buddy group member



Professor Moira Whyte FMedSci - mentor

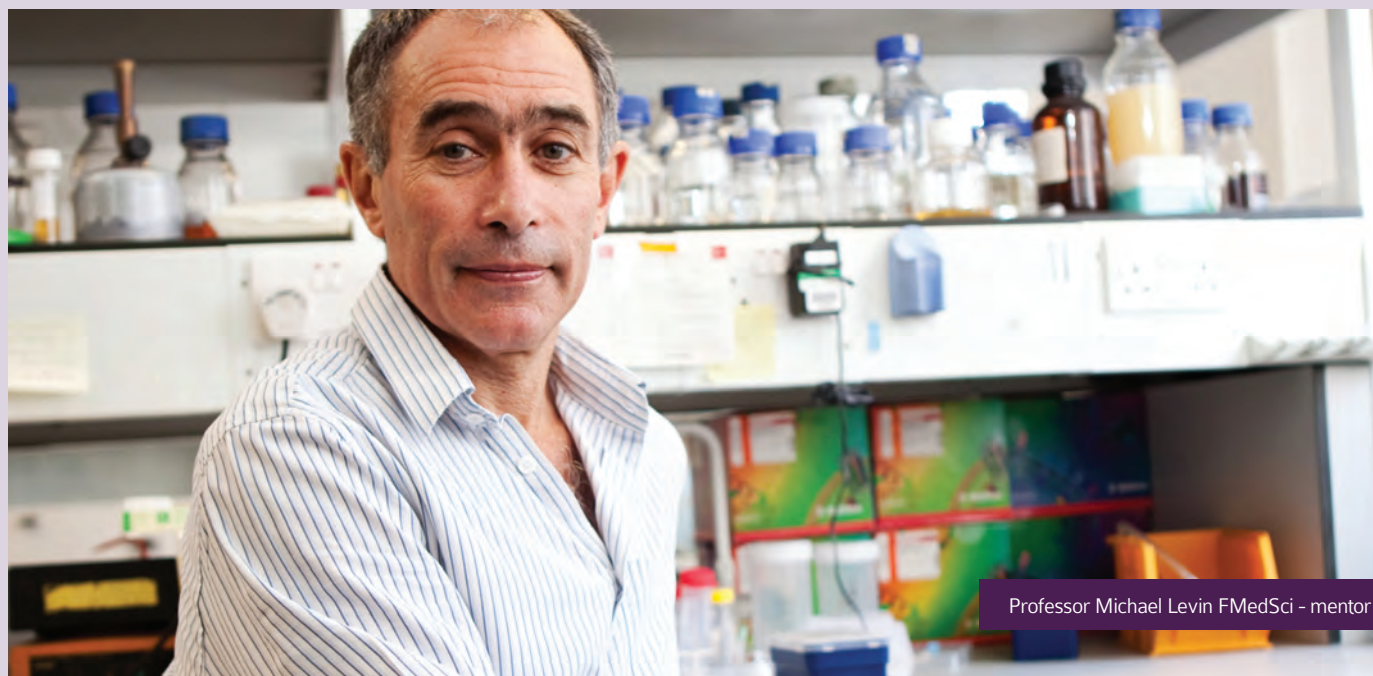
Reflections on the scheme from **mentors**

Mentors, too, were prepared to talk about their personal experiences. By and large they find the most obvious question - 'Did it help the mentee?' - the hardest to answer. Other than the assurance of the mentees themselves, the evidence of success is usually indirect. Professor Moira Whyte FMedSci, Professor of Respiratory Medicine at the University of Sheffield, was fairly certain she had been able to help her first two mentees. Both now have permanent academic jobs, and she's still in touch with them. 'With people of this calibre and at this stage of their academic career, what you're trying to do is see how they can put themselves in the best possible position internationally as well as nationally.'

Sometimes they need to discuss if, for example, they should stay working where they are. This is what everyone they see every day is probably telling them. But what are the pros and cons? These things are difficult to discuss with your current boss, because they're likely to feel conflicted. And even if he or she is giving the best advice, the trainee wants to be absolutely certain that it is the best advice. They need to hear it from someone who's independent and can talk through all the issues confidentially.'

Whatever the difficulties of knowing for certain that you're making a difference, the mentors' support not just for mentoring in principle but for the Academy scheme in particular was wholehearted. 'I'm very enthusiastic about mentoring,' said Professor John Iredale FMedSci, Dean of Clinical Medicine at the University of Edinburgh. 'I consider it was essential in my own career at an early stage.'

Looking back on his career, Professor Patrick Maxwell FMedSci, Dean of the Faculty of Medical Sciences at UCL, recalled that as a junior he had found it hard to ask for advice because he didn't like to bother people with his problems. 'One of the things I've realised is that people in senior posts are, on the whole, very happy to be approached for advice. **Most of those in my position regard giving advice as very much part of the job.** In fact advising talented young people is one of the most enjoyable things I do! I am sure that most individuals early in their careers don't realise this. I certainly didn't.'



Professor Michael Levin FMedSci - mentor

The existence of the mentoring scheme makes it explicitly clear that senior academics do expect to be asked to give advice. And even at his level in the profession Professor Maxwell felt that more recent career decisions he'd had to make, which have turned out well, would nonetheless have been safer if he had talked about them with someone else. In that sense it might be said that mentoring, albeit beyond the scope of the Academy scheme, need never end.

It was also clear that mentors had found satisfaction in what they'd done. 'I'm very committed to helping young people to pursue their careers,' said Professor Rosalind Smyth FMedSci of Liverpool University's Institute of Translational Medicine. 'So I get a great deal of satisfaction from that.' Some mentors, including Professor Whyte, felt that they themselves had acquired new and personal

insights. **'I learned some things that may affect the way I handle my own trainees. You do get a bit of self-knowledge through these sessions. It's a learning experience for me as well.'** Professor Iredale agreed, 'Talking to people who have a problem that you haven't personally experienced pitches you into being both reflective and analytic - that's quite valuable.'

'One of the things I like about the Academy scheme,' said Professor Maxwell, 'is that it's light touch. Once the introduction has been made it's for the mentee to drive the process.' Academy mentors are encouraged to be non-directional. For some this is a challenge. Professor Smyth admitted having to curb a natural tendency to make overly directive suggestions. Instead she often talks about predicaments in which she or other people have found themselves. 'I've tried to approach

mentoring, I suppose, by telling stories and saying this is how someone else tackled the problem. I often finish by saying that it seems to me you have three options, and option one means x, y and z, and so on, and you have to decide what matters most to you. **I often find that when mentees talk things through the answer becomes obvious to them while they're talking.'**

By no means least of the benefits of mentoring is the sheer pleasure in it. 'I love talking to these young, exciting go-ahead people,' said Professor Iredale. 'Overall very enjoyable,' added Professor Whyte. 'I was at a meeting yesterday and I heard of a success, hot off the press, that one of my mentees had had. I felt really pleased.'



“Mentoring can cover all sorts of topics but looking back I would say that my Academy mentor particularly helped me to clarify my thinking when it has come to questions about the direction of my career. My mentor has helped me to work out for myself what I need to do to get to where I want to be.”

Academy mentee

“My mentor is a very eminent academic. I realised pretty quickly that to get the most out of our meetings I needed to have a clear idea of the issues and questions I wanted to discuss. A few minutes preparation before we meet makes a huge difference to how productive our sessions are.”

Academy mentee

“As a clinical academic trainee, I feel more closely affiliated to the Academy than to any other organisation.”

Trainee at Academy mentoring event



Dr Paul Elkington - mentee

But does mentoring work?

As a body of people who place much emphasis on the evidence underpinning what they do, for the Academy not to ask this question would be odd indeed. But given that mentoring in academic medicine is relatively new, that the numbers involved are quite small, that there is no set of strict or universal rules by which mentors operate, and that desired outcomes may be difficult to define and measure, it comes as no surprise to learn that evidence of the kind routinely collected to back a new drug treatment is not available.

The authors of what they believe to be the first systematic review of the enterprise ('Mentoring in academic medicine', Dario Sambunjak *et al*, JAMA, 296 (9), 1103-5) published in 2006 identified 142 articles on the topic of which 42 were suitable for their study. They found that, 'Mentorship was reported to have an important influence on personal development, career guidance, career choice, and research productivity, including publication and grant success.' However, they also noted that the severe limitations of many of the studies made it impossible to identify any particular mentoring strategy that could be labelled the best. Indeed they suggested that rigorous evaluation of mentoring should be encouraged, citing (perhaps ambitiously) the sort of evaluation that might be expected of a drug therapy as an appropriate standard to aim for.

But even in the absence of rigorous proof, mentoring continues – for the twin reasons that it fulfils a clear demand, and seems to meet with approval from many of the individuals whose views are most important: the mentees themselves.

Evaluation

The Academy's mentoring scheme has been subject to periodic external examination and assessment. The first review, carried out in 2006, was encouraging. 86% of the 49 mentees who responded reported that the mentoring they had received had been of benefit; 97% felt they had developed good relationships with their mentors; and 95% believed that their mentor had the necessary skills.

In 2010, the Academy commissioned a more detailed evaluation of the programme. When asked about their overall assessment of the scheme, 82% of mentees said they were satisfied and 81% that what they had got out of it justified the time and effort put into it. An overwhelming majority of mentors (95%) said they felt that it was a worthwhile task, and that they would be willing to mentor again. 69% of mentors felt they had benefitted to some extent from the Academy's mentoring scheme.

The evaluation found that more than half of the mentees (59%) felt that the experience had had a positive impact on their career progression and that one in five mentees felt the impact had been very positive, citing a range of impacts. Over half the mentees (53%) believed Academy mentoring had helped them to stay in academic medicine, rather than returning to clinical work alone.

It is very encouraging that a significant proportion of mentees reported such impacts, especially given that some of the mentees had not been part of the Academy scheme for long when the survey was conducted. Moreover, it may only be in the long term that the full effects of an intervention like mentoring are realised. Clearly a range of factors will influence, for example, an individual's desire to stay in academic medicine; yet mentees are identifying Academy mentoring as a key factor in their decision-making.

“Having had the experience of successfully navigating through clinical medicine and science, my mentor has been instrumental in helping me structure my career when I hit a road-block.”

Academy mentee



Dr Helen Petersen - mentee



Dr Charlotte Westbury - mentee

Impacts of mentoring on Academy mentees (2010 evaluation)

82% of mentees were satisfied with the scheme

81% felt that the outcomes justified the time and effort invested

95% of mentors felt it was a worthwhile task and would be willing to act as mentors again

69% of mentors felt they had benefitted from the scheme

As a result of Academy mentoring:

60% of mentees believe they have become more independent in their research career

59% believe they have more confidence in their own abilities

57% believe they have achieved specific career changes and goals

54% believe they have developed more academic collaborations

53% agree that Academy mentoring has helped them to stay in academic medicine

50% believe they have developed networking skills

The evaluation identified a range of factors that may result in mentees being more likely to report that mentoring had had an impact on their career progression. These included the development of a good personal relationship between the mentee and mentor. For example:

- The mentee setting the agenda for meetings.
- The mentee joining the scheme to find support regarding career options or because they are impressed by the mentors.
- The mentee being able to spend sufficient time with the mentor – usually two or three times a year for one to two hours.
- The mentor taking some responsibility for initiating contact.
- The mentor giving quality feedback to the mentee.

The evaluation highlighted the importance of continuing to improve the matching process and ensuring that the mentor-mentee relationship gets off to a good start. Whilst the Academy's scheme remains deliberately 'light touch', with processes kept as simple as possible, the evaluation also emphasised the importance of high quality guidance materials for both mentors and mentees. The Academy office therefore regularly assesses and updates the information available to mentors and mentees on the Academy's website, focusing in particular on the role and expectations of both parties. Online mentoring resources are also frequently refreshed and supplemented. Academy staff are always pleased to discuss any mentoring issues with current and prospective mentors and mentees.

Contact details can be found on the back of the booklet.



“Peer support has been invaluable in the process of obtaining funding for a PhD. We appraised each other's funding applications and held mock interviews.”

Buddy group member

Dr Alex Shortt - mentee and Dr Barry Seemungal - mentee

Peer mentoring experiences

This guide is principally concerned with the Academy's one-to-one mentoring scheme. However, in 2008 the Academy started some peer development or 'buddy' groups to cater for the many trainees being awarded new posts created during the establishment of the Integrated Academic Training Pathway recommended by Sir Mark Walport FRS FMedSci. In the first few years of this new scheme, trainees experienced a range of 'teething' problems, due in part to the partnerships required between universities, deaneries and primary care trusts. The buddy groups were piloted as one way of supporting trainees during this transition period. The buddy groups provide mentoring for clinical academic trainees who have yet to acquire a PhD, typically Academic Clinical Fellows or Clinical Training

Fellows. Each group is an informal cluster of three to six predoctoral trainees from within a particular region and/or specialty. Led by a postdoctoral trainee, their purpose is to discuss career development, share ideas, experiences and contacts and help reduce the isolation felt by some trainees. Buddy groups seem to have focused their discussions on academic career progression & development and research funding as well as the balance between academic and clinical work. Successful groups appear to share the following characteristics:

- Group members who are motivated and located in close geographical proximity.
- Group leaders who are experienced and skilful.
- Access to some level of 'support', e.g. a free room in which to meet.



Which organisations are best placed to coordinate mentoring?

The unique selling point of the Academy's one-to-one mentoring scheme is that it offers impartial support on the part of an unrivalled pool of the very best medical researchers (i.e. Academy Fellows) to postdoctoral researchers on the cusp of an independent research career.

The Academy views coordinating the mentoring scheme as one of its core activities and will continue to do so. However, it also recognises that there are many other individuals looking to develop research careers. The Academy does not have the resources to provide individual support to trainees during the early stages of their research careers; indeed the Academy's Fellows, given their seniority, would probably not be the best people to provide the sort of support required. For these individuals, Higher Education Institutions are better placed to develop support mechanisms. The Academy is certainly

keen to see other bodies setting up schemes of their own. Some have already done so, including Imperial College Faculty of Medicine and the University of Manchester (see case studies in back cover).

The person largely responsible for creating the Imperial scheme was Professor Charles Pusey FMedSci, Head of Postgraduate Medicine. Mentoring did not arrive in the medical school overnight, Professor Pusey emphasises. Like many academics he himself had for many years been informally mentoring trainees - between a dozen and 20 individuals, he guesses - who had been through his laboratory or were in clinical training with him. He had also arranged mentoring by other staff. However, the idea of setting up a formal programme emerged when Imperial was considering how to develop a core programme for the Integrated Academic Training Pathway. Imperial found itself with a large number of Academic Clinical Fellows (ACFs) as well as CLs, and



Professor Pusey wanted to give them something over and above a period spent doing laboratory research.

Finding suitable mentors has not proved a problem. 'I have a Postgraduate Clinical Academic Training Committee comprising education leads in all the different specialties. They advise on appropriate choices. The concept is of an independent mentor who is chosen by the mentee, but the earlier trainees need help in making that choice. The further along the pathway they get, the more easily they can choose for themselves.'

Professor David Adams FMedSci, Chair of the Academy's Mentoring Advisory Group, sees no reason why schemes shouldn't be organised by specialty as well as by institution. 'My specialty is liver disease, and one of the societies I'm involved with is the British Society of Gastroenterology. I'm in the process of setting up a mentoring system for academic gastroenterologists.' The scheme itself is based broadly on the Academy's model.

Where then should the balance lie between institutions as opposed to specialty organisations in arranging mentoring? 'I think there's something good about having a mentor outside your institution,'

says Professor Adams. 'Imperial College is big enough to have a scheme whereby trainees can be mentored by people who are in effect external because you seldom see them or come across them. But a place like Birmingham is a bit smaller, and it's difficult to get that real independence internally. The other thing that's good about doing it through a professional body is that if specific training issues are brought to light through mentoring, then as well as helping, experts in that specialty from around the country can be made aware of the issues, which might be of importance to their specialty.'

The two models are not, of course, mutually exclusive. Some would-be mentees might prefer a mentor from their chosen specialty, others might not. Or one could imagine large institutions making their own arrangements, with smaller ones either linking up with other institutions in their region to draw on a larger pool of potential mentors, or relying on schemes run by professional bodies. Whatever the approach, the Academy believes that mentoring is most effective when the mentor has no line management relationship with the mentee and confidentiality is maintained within the ethical boundaries that have been made explicit and agreed by both parties.

Principles to create an environment for effective mentoring

A wide range of factors can influence the success or failure of a mentoring scheme. The Academy's experience is that the following factors have played an important part in ensuring the positive impact and longevity of its own mentoring scheme.

Top level support

A mentoring scheme that lacks high level support is unlikely to survive in the long term. A clear explanation to senior management of the benefits of mentoring is therefore vital. There needs to be an understanding of how the scheme will help to fulfil organisational goals and objectives. Case studies and testimonies can be invaluable in making the 'business case' for mentoring. The benefits of mentoring also extend beyond mentors and mentees by helping to create a positive learning culture within an organisation. Finding or nominating an advocate for mentoring at senior management level is an invaluable support for those running a scheme day-to-day.

Long term commitment of appropriate resources

Mentoring provides significant value for money both in the short and long term, especially given its relatively modest direct costs. However, it is generally a long-term endeavour. It needs an ongoing commitment to offer maximum benefit: years rather than months. Direct costs such as marketing, resources and training need not be huge. The most important expenditure is on staff to support and coordinate the scheme.

Excellent mentoring is built on high quality relationships, so the mentoring scheme coordinator is a key individual. His or her role as the first point of contact for mentors and mentees is especially important, whether in explaining how the scheme functions, advising on eligibility or dealing with problems that arise in an individual mentoring relationship. The commitment required depends on the size of the scheme and may not necessarily be a full-time role. However, day to day person is the 'face'

Designing a mentoring scheme

Careful design of a scheme is vital to engage the audiences whose needs you are trying to meet; the intervention should be proportionate to the problem. The characteristics of your potential mentors/mentees and what you are trying to achieve will significantly influence the answers to the following questions:

Mentors/mentees

- Who will be the mentors and mentees on the scheme? Are there any particular characteristics that might affect the relationship, e.g. geographical distance?
- What should be the career 'gap' between the mentor and mentee?
- Will mentoring be optional?
- What training, if any, will mentors/mentees be able to access? What other resources will be available?
- What support/reward will mentors receive?

The mentoring relationship

- What will be the time commitment for mentors/mentees?
- How often should mentors/mentees meet?
- How will mentors/mentees interact – face-to-face, telephone, email?
- When will mentoring relationships end? And how?

Pairing

- How will the mentor/mentee pairs be matched? Will the process be guided?
- What level of confidentiality will be expected?
- Will there be a 'no blame' divorce clause, such that either mentor or mentee can end the relationship at any point if it is not working?

Scheme coordination

- What communications will people receive? By what means?
- How much follow up/reporting/support will be expected?
- What level of administration will be necessary?
- What problems may be encountered?
- How will the scheme be evaluated? Will it be piloted?
- Where will funding for the scheme come from? What will the costs be?
- What other mentoring schemes or communities might provide useful models?

of the mentoring scheme and we strongly advise enshrining this responsibility within a job description or stated objectives and providing protected time in which to pursue it.

Thoughtful design

A range of questions should be asked before a scheme is set up. The answers will define the scale, scope and character of the process. The first and most important questions are: Why do we need a mentoring scheme? What are our aims and goals? And is one-to-one mentoring the best way to achieve these aims? Once this basic territory has been mapped out, more detailed questions can be asked (see adjacent box). Every mentoring scheme should be proportionate to the challenges it aims to address and tailored to its particular context. Mentoring is not a 'magic bullet' to solve every problem an institution or organisation faces. Most individuals will, wisely, draw on a variety of support measures during their careers.

Clear communication

Clear communication with potential mentors/mentees is vital. Ensuring the following information is easily accessible can be the making of a scheme:

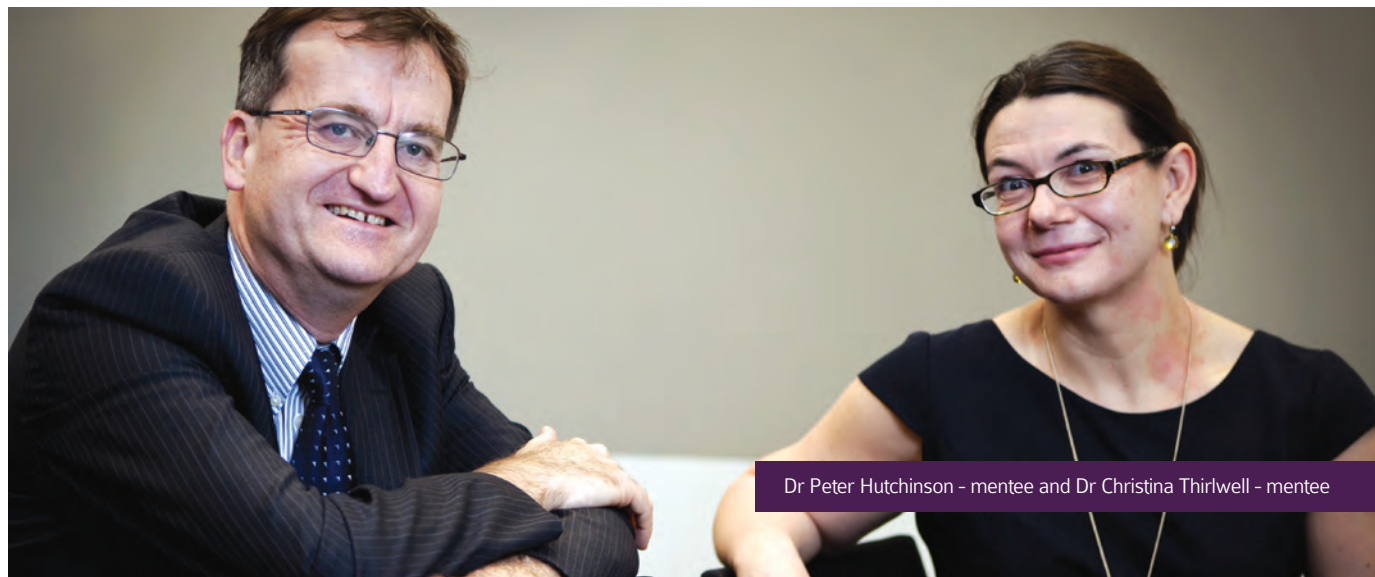
- Benefits to mentors/mentees – What will they get out of it?
- Clarity about aims/expectations – What will it do for each participant? What will be expected of them?
- Training – Is training provided for mentors/mentees? Is it compulsory?

Piloting and evaluation

We strongly recommend the piloting of all mentoring schemes, to avoid wasting time and resources. As well as providing 'proof of concept' this information is invaluable for marketing the scheme and reporting on it to management and funders. The programme can then be scaled up with confidence. Ongoing monitoring and evaluation are also important. Regular monitoring helps to ensure that best practice is being followed and that a good quality of service is being offered. Evaluation provides longer term information on impact and benefits, ensuring developments are based on good evidence.

Focus on productive relationships

The impact of mentoring is almost entirely attributable to the quality of the relationship between the mentoring pair. The early stages of a mentoring relationship in particular have a significant impact on its long term success. An unsatisfactory first couple of meetings can be very hard to recover from! The provision of information to aid pairs as they get started is particularly important for schemes that do not follow a highly structured or 'hands on' approach. Both mentors and mentees must clearly understand their roles and responsibilities – a range of approaches can be employed to convey this information, adapted for the sorts of individuals involved. Guiding mentees so that they can make a well informed choice of mentor is also extremely beneficial.



Reflections and directions

Mentoring has always been a part of academic life. Most senior academics can point to a number of individuals who have inspired and advised them as their careers have developed. For most academics, supporting junior colleagues is part of the job. But formal mentoring schemes offer additional benefits.

These include:

- **Quality** – Formal mentoring schemes provide practical support for mentors/mentees. This may include training courses and other learning materials to guide mentors/mentees, as well as a dedicated coordinator with whom to discuss questions and problems. This helps mentees derive the maximum benefit from mentoring.
- **Inclusion** – Formal mentoring gives opportunity to all, rather than leaving it to chance whether individuals find someone able to help them navigate the career ladder. It also has the potential to reduce the isolation some people experience when following an unusual career pathway.
- **Independence** – With informal mentoring, most individuals tend to rely on advice from people within their day-to-day experience. Formal schemes can provide introductions to broader networks and help mentees to think more strategically. Also, informal mentors may have vested interests.
- **Critical mass** – Over time, formal mentoring schemes can contribute to a supportive 'mentoring culture' that helps people to understand their needs and to build their own development networks. Over the long term, mentoring scheme alumni serve to build this capacity in the community.

Researchers, and clinical academics in particular, need an increasingly diverse set of skills to operate effectively and competitively. Mentoring is one tool to help junior scientists make good decisions about their careers.

The Academy has deliberately focused its mentoring scheme on postdoctoral clinical academics. In the Academy's Fellowship we have a pool of potential mentors on which to draw. However there are large numbers of predoctoral and doctoral trainees who also need support. As institutions such as Imperial and Manchester are demonstrating, effective solutions may also be found at local level.

The UK has for many years been a world leader in medical research, punching well above its weight. Developing a 'mentoring culture' within academic medicine is one way for the UK to maintain this position. The clinical academic community should continue to reflect on the support and training it currently provides. Effective mentoring schemes have an important role to play.



Professor Simon Wessely FMedSci - mentor



"I found it a bit daunting at first to wade through the list of Academy Fellows and find one to be my mentor. However, reflecting on the advice given at Academy events and chatting with Academy staff, I quickly decided who I wanted."

Academy mentee

Professor Jayne Franklyn FMedSci

Mentoring resources

The following suggestions are not intended to be exhaustive but are a useful starting point for anyone interested in learning more about mentoring.

Online resources

The following websites provide access to a wealth of information on mentoring, including free resources.

- Clutterbuck Associates www.clutterbuckassociates.co.uk
- Triple Creek – mentoring with confidence www.3creek.com/index.php?/resources.html
- Mentoring for Global Health Researchers www.ccghr.ca/default.cfm?content=mentorship_modules
- Exemplas www.mentorsforum.co.uk
- The Coaching and Mentoring Network www.coachingnetwork.org.uk
- European Mentoring and Coaching Council www.emccouncil.org

Books

- Brockbank A and McGill I (2006). *Facilitating reflective learning through mentoring and coaching*. Kogan Page. London.
- Clutterbuck D (2004). *Everyone needs a mentor*. CIPD. London.
- Garvey R, Stokes P & Megginson D (2009). *Coaching and mentoring: theory and practice*. SAGE. London.
- Klasen N & Clutterbuck D (2001) *Implementing mentoring schemes: A practical guide to successful programmes*. Butterworth-Heinemann. Oxford

Other mentoring schemes

There are numerous mentoring schemes running in the NHS and Higher Education Institutions.

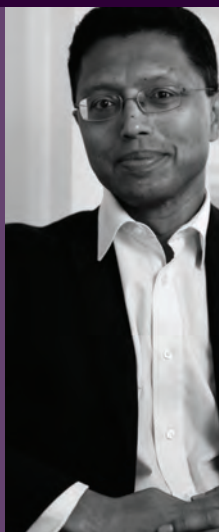
The following are some of the best resourced.

Deaneries

- London Deanery mentoring.londondeanery.ac.uk
- Northern Deanery mypimd.ncl.ac.uk/PIMDDDev/pimd-home/education-development/mentoring-list
- South West Peninsula Deanery www.peninsuladeanery.nhs.uk/mentoring
- Kent, Surrey and Sussex Deanery kssdeanery.org/general-practice/c-p-d-gps/gp-mentoring-programme

Higher Education Institutions

- Imperial College London www.imperial.ac.uk/medicine/mentoring
- University of Manchester www.medicine.manchester.ac.uk/academicclinicians/mentoringprogramme



The Academy of Medical Sciences
41 Portland Place
London W1B 1QH

Academy mentoring team
+44 (0)20 3176 2158
mentoring@acmedsci.ac.uk
www.acmedsci.ac.uk/mentoring

Registered Charity No. 1070618
Registered Company No. 3520281

Case study

Mentoring at Imperial College London, Faculty of Medicine

The mentoring scheme is overseen by the Postgraduate Clinical Academic Training Committee, chaired by Professor Charles Pusey FMedSci. Initially the scheme was focused on Academic Clinical Fellows and Clinical Lecturers but has since been extended to all academic trainees. Academic Foundation doctors have a group scheme and clinical PhD students have individual mentoring arranged by the Graduate School.

www.imperial.ac.uk/medicine/about/pgclinical/mentoring

Who are the mentors/mentees?

All ACFs and CLs can choose a mentor. The aim is to select someone independent of line management. At the pre-doctoral stage, the mentor is often someone from within Imperial but working in a different lab. During the doctoral and postdoctoral period mentors come from a different department or even a different institution.

How is the matching done?

Trainees choose their mentor with assistance from the Specialty Clinical Academic Training Leads.

How long is the relationship?

Duration of the training post, but can be extended by mutual agreement.

What is the primary aim?

To help trainees to make good decisions about their career trajectory and provide independent support and advice on any difficulties.

Is training provided?

Not formally, but guidance is available. Mentoring is covered in a core programme of courses.

How is the scheme funded?

As part of postgraduate training, but all mentors are volunteers.

Who administers the scheme?

Postgraduate Clinical Academic Training Committee

Has any evaluation been done?

Yes, as part of the annual survey of ACFs and CLs.

What advice would you give someone wanting to start a similar scheme?

Obtain support from Specialty Leads and establish a committee to oversee the scheme. It has not been difficult to find mentors – most colleagues are happy to help.

What has been really important?

Strong advocacy for the benefits of mentoring and clear guidelines as to how the scheme should operate.

What has not worked well?

Surveys have shown that not all trainees have developed successful mentoring partnerships for various reasons.

Case study

Mentoring at the University of Manchester and North West Deanery

The Clinical Academic Mentoring programme at the University of Manchester was developed by Professor David Thompson FMedSci in cooperation with the North West Deanery and the University's Staff Training and Development Unit and the Careers and Employability Division. The aim of the programme is to support the large number of Academic Clinical Fellows and Clinical Lecturers that enrolled at the University after the Integrated Academic Training Programme was implemented in 2007. Professor Gillian Wallis has recently taken on the role of overseeing the programme. www.medicine.manchester.ac.uk/academicclinicians/mentoringprogramme

Who are the mentors/mentees?	Mentors are usually Professors at the University of Manchester. There is a set of criteria that mentors must meet in order to participate. Mentees are Academic Clinical Fellows and Clinical Lecturers at the University of Manchester.
How is the matching done?	Trainees choose their mentor with assistance as appropriate from the IAT ACF Lead (Professor John McLaughlin) or the IAT CL Lead (Professor Peter Clayton).
How long is the relationship?	Duration of training post.
What is the primary aim?	The programme's overall aim is to assist clinical academics in training to achieve personal and professional growth leading to academic success and ultimately the development of academic leadership.
Is training provided?	Optional 'Mentors Forum' focuses on 1-2-1 mentoring skills, action learning and peer support. Ongoing support for mentors is also available. Scheme introduction is mandatory for mentees and includes information on action learning. Ongoing support for mentees is also available.
How is the scheme funded?	Faculty of Medical and Human Sciences
Who administers the scheme?	Mrs Sarah Williams, MAHSC ICAT Administration (sarah.williams@manchester.ac.uk)
Has any evaluation been done?	Mentoring pairs are evaluated at key stages. A comprehensive review of the scheme is carried out every 2-3 years.
What advice would you give someone wanting to start a similar scheme?	Start with a pilot of the scheme in order to iron out any teething problems.
What has been really important?	A mentee-centred approach. Mentees select from a list of trained mentors and are given the opportunity to meet one or more of them prior to selection.
What has not worked well?	A minority of fellows have not taken up the offer of mentoring. Others have failed to understand the difference between coaching and mentoring.