

Mentoring – an underappreciated entity?

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In an ever changing world of diminished financial resources in the health service, an ageing population with increasingly complex comorbidities, increasingly complex treatments, a reduced bed base, a reduction in social and community care services, increased patient expectation and knowledge, a depletion of personal support staff (shared typing pools and open plan shared office space becoming the norm), there has arguably been no greater time of need for new consultants to have a mentor to adjust to the transition, especially in the first five years. The paper by Ackroyd et al.¹ overviews the importance and potential value of mentoring for new consultants, the benefits and challenges of the process and what is happening nationally.

It is important to differentiate mentoring from life coaching. Coaching is usually a short-term, performance-related, task-oriented process requiring input from the immediate manager. Mentoring is a longer term, development-related, relationship-centred process, where the immediate manager only has an indirect role. In addition, mentoring usually requires design, whereas coaching does not but it does require the critical input of the immediate manager.

So what are the key challenges in mentoring? Having agreed it is a good thing, with an increasing evidence base regarding its benefits, it is important that employers allow mentors time in their supporting professional activities (SPAs) during job planning to deliver this activity. Well mentored new consultants will be more effective in their organisation in the longer term so the health economics would be in favour of the 'cost' of mentoring in a 'spend to save' approach. Often, however, employers may not see this and it is not uncommon for SPA time to be taken up with other competing activities. Further economic evidence of the benefits of mentoring therefore would be welcome to underpin job planning discussions.

There is no necessity for a formal matching scheme as informal mentors can be as effective (unpublished observations). The key is a mentor with the desirable attributes as listed by Ackroyd et al.¹ and ideally someone from a different department to remove any intra-departmental political agendas from the interaction. Cohesive personalities between mentor and mentee are essential to make it work. The mentor must not direct the process but allow the mentee time to reflect and come to their own view on how the journey should unfold. In this author's experience, both as a mentee and mentor, it is important that one of the parties keeps some form of record and arrange meetings 3–4 times a year for the first five years.

The benefits of mentoring for the mentee have been outlined^{1,2,3} and are protean with a high demand.⁴ Are there any benefits for the mentor? There are at least five benefits commonly reported (unpublished observations). First, there is the vicarious altruistic pleasure of seeing the mentee develop within their role over time and perhaps become a mentor to someone else; much as the teacher derives pleasure from the student who graduates and is a success. Second, there is the benefit to the organisation of a more effective and organised mentee carrying out their journey of aims and aspirations. Third, with time, the process can become more symbiotic. The mentee may experience a challenge not encountered by the mentor and thus can provide useful information on how this challenge was overcome. This can then be of subsequent benefit to the mentor should they encounter the same problem or, alternatively, a different solution to a similar problem that worked for the mentee not yet considered by the mentor. Fourth, understanding and solving shared issues in different departments can benefit the mentor in having a more global perspective of their organisation. Finally, it is not uncommon for successful mentoring to lead to a more fulfilling friendship between colleagues that can be beneficial socially and in future working relationships and referral pathways.

In summary, mentoring is an underappreciated entity much akin to the medical secretary^{5,6} (conspicuous by being unnoticed when effective but when absent or dysfunctional, problems become visible). It is imperative that organisations cherish and support mentors in their activities that will help keep an effective and satisfied new consultant workforce with secondary benefits for the health service. In particular, employers need to allow

mentors time in their SPAs in job planning to support this. It is also important to consider other groups who are also likely to benefit,⁴ (e.g. Associate Specialists and trainees). Mentoring does not need to be formal as informal mentoring can be just as effective. Extending beyond five years may also be of further benefit, and should be the subject of further study.

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