



SAS workforce and mentorship

SAS doctors/dentists should be offered improved opportunities to act as mentors/mentees

Mentoring supports the personal and professional development of doctors/dentists at all stages of their career. The [SAS doctor development guide](#), [NHS England's SAS induction checklist](#) and [NHS Scotland's SAS induction checklist](#) and most Colleges recommend mentorship for SAS when they are appointed to a new post, but this rarely happens in practice. This statement outlines how opportunities for SAS to be mentored and act as mentors could be improved at national and local level.

Background on mentoring

The General Medical Council's (GMC) [Good Medical Practice](#) guide emphasises the importance of 'structured support opportunities' to help doctors maintain and develop their 'professional performance'. It states that doctors:

'should be willing to find and take part in [such] opportunities offered by [their] 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'.

Mentoring and other forms of structured support offer benefits to doctors (both the mentor and mentee), their employers, the wider NHS and patients. There has been extensive research into the benefits of mentoring, though – within medicine – much of

this has focused on the needs of trainees and consultants.^{1,2,3,4,5} Some of the key findings are set out below:

Benefits of mentoring

Mentee	Mentor	Trust/ Wider NHS	Patients
Better morale and wellbeing		Better staff productivity and performance	Better overall care due to factors listed here, particularly improved communication and problem-solving skills from doctors
Improved job satisfaction		Improved multidisciplinary collaboration and collegiality among staff	
Support during transition periods	Increased knowledge of professional issues and insight into own personal experience and learning	Improved recruitment and retention of staff	
Better professional development and career progression		Improved patient care and satisfaction <i>[this could in turn lead to higher CQC ratings]</i>	
Enhanced problem solving-abilities and improved confidence	Improved communication		

¹ A. Steven, J. Oxley, W.G. Fleming. Mentoring for NHS doctors: perceived benefits across the personal-professional interface. J R Soc Med. 2008 Nov; 101(11):552-7. doi: 10.1258/jrsm.2008.080153. PMID: 19029356; PMCID: PMC2586857.

² R. Ackroyd, K.A. Adamson. Mentoring for new consultants. J R Coll Physicians Edinb. 2015;45(2):143-7.

³ R. McCrossan, L. Swan and N. Redfern. Mentoring for doctors in the UK: what it can do for you, your colleagues, and your patients. BJA Education, 20(12): 404e410 [2020]. DOI:<https://doi.org/10.1016/j.bjae.2020.07.005>.

⁴ R. Ghosh, T.G. Reio. Career benefits associated with mentoring for mentors: a meta-analysis. J Vocat Behav. 2013; 83: 106-116. <https://doi.org/10.1016/j.jvb.2013.03.011>

⁵ R. Harrison, J. Anderson, P.A. Laloë et al. Mentorship for newly appointed consultants: what makes it work? Postgrad Med J. 2014; 90: 439-445. doi: 10.1136/postgradmedj-2013-132333. Epub 2014 Jun 20.

In 2004, the Department of Health published [Mentoring for Doctors](#), a guide which signposted to current practice. This study, commissioned by the Doctors' Forum, found 'the benefits of mentoring can be felt by doctors at all stages in their career; [from] medical students to newly appointed consultants', though SAS doctors were not explicitly mentioned.

Different definitions and models of mentoring have developed over time and are in use across the UK health system. While mentor-type relationships have long been practised in the medical profession, mentoring was popularised in the NHS during the 1990s and 2000s. In 1998, the Standing Committee on Postgraduate Medical and Dental Education described 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, learning, and personal and professional development*'.

Some of the paternalistic language once used to describe mentoring has eroded, and the hierarchical nature that once underpinned the relationship has also shifted. Modern approaches typically emphasise the importance of the mentor being trained and skilled as a mentor, rather than their workplace seniority or experience. This more equal approach to mentoring is also reflected in the rising popularity of near-peer support and reverse mentoring schemes, whereby doctors guide and support those at a similar or more advanced career stage. There are also support relationships more distinct from mentoring, such as coaching, which is typically focused on career goals.

Mentoring is now generally accepted as referring to a supportive relationship involving a trained mentor working to an agreed framework. Though the value of formal mentoring is more widely recognised, much of the mentoring that takes place within the NHS is informal in nature. Some of the typical distinctions between these models are as follows:

Formal mentoring	Informal mentoring
Arranged through a mentoring programme	Develops organically
More structured and has a time limit	Less structured and over a longer time frame
Set up to meet organisational and personal needs	Set up to meet personal needs
Formal support for mentors	Variable support for mentors
Resource intensive	Resource-light

What unites both types of mentoring is that these relationships are professional, supportive and voluntarily entered into and sustained by both parties. Both models should also be treated as distinct from other aspects of professional development and oversight such as assessment, supervision, appraisal and revalidation. Mentoring should provide a 'psychologically safe, confidential space'.⁶

The form that the mentoring takes will depend on personal preferences and organisational resources. Establishing what is possible and expected from both mentee and mentor needs to be defined at the outset so both parties are aware what their roles are in the partnership and how/when to contact each other if the situation changes between scheduled meetings.

There are mentoring courses that can be taken by those wanting to improve their skills and such training should be essential for anyone offering formal mentoring sessions as part of their job plan.

SAS as mentees

SAS career progression does not follow a set pathway. Given there are multiple routes one might take, a mentoring relationship could help the doctor/dentist make more thoughtfully considered decisions about their career path.

SAS doctors/dentists will benefit from mentorship throughout their careers, but there are three key transition points in SAS careers when mentoring can be of particular benefit:

- Early career - those first stepping into a Specialty Doctor/Dentist role, particularly if they are new to the UK and/or the NHS;
- Later career - senior SAS taking up their first Specialist Doctor/Dentist posts, with mentoring needs similar to those of a newly appointed consultant;
- Return from a break.

Greater understanding of these transition points at local level will help bring about a culture change which recognises the development and support needs of SAS colleagues. SAS Tutors and SAS Advocates can help raise awareness of the SAS career trajectory.

Early career mentees

The mentoring needs of a doctor/dentist are particularly important if they have trained outside the UK, or are taking on a role in a new department or at a higher level, as

⁶ R. McCrossan, L. Swan and N. Redfern, Mentoring for doctors in the UK: what it can do for you, your colleagues, and your patients. *BJA Education*, 20(12): 404e410 (2020). DOI:<https://doi.org/10.1016/j.bjae.2020.07.005>

noted in the GMC’s [Leadership and management for all doctors](#) guidance. The [GMC survey of SAS and locally employed doctors \(LEDs\)](#) published in 2020 showed that 70% of SAS doctors obtained their primary qualification from outside the UK (59.8% IMG and 10.2% EEA). The mentoring needs of a doctor/dentist who has trained outside the UK and is taking up their first SAS post will be very different from the doctor/dentist who has trained in the UK and is taking up their first SAS post, even if they have similar clinical experience.

While personal experiences will differ, some broad reasons for this distinction are set out below:

	UK graduate SAS	Non-UK graduate SAS
Culture of NHS	Highly familiar	Variable understanding
Structure of delivery of care by NHS	Highly familiar	Variable understanding
Professional networks	Well developed	Rare
Informal mentorship	Easily accessible	Rare

UK graduates may unconsciously benefit, throughout their careers, from ‘social capital’ that overseas colleagues do not have. Even if the employing Trust follows national induction lists, there will still be many areas where mentoring – by providing opportunities to ask questions, explore issues, and receive specific signposting – will be of benefit in reducing the stresses associated with changes in culture, working practices and potentially different expectations of UK colleagues and patients.

Having access to such mentoring early in a SAS career may help prevent potential misunderstandings, manage realistic career expectations, improve multi-disciplinary team-working and personal wellbeing and/or resilience and could potentially also reduce the incidence of situations resulting in GMC referral. The GMC-commissioned [Fair to refer? report](#) (2019) noted that SAS and BAME doctors in particular were at risk of isolated or segregated working, which contributed disproportionately to fitness to practise referrals. Support structures (or lack of) should be considered by those making referrals to tackle a culture of blame and to promote shared learning and development.

Mentors should be allocated and introduced as early as possible after appointment to a new SAS post. This could be on a formal or informal basis.

Ideally the SAS mentor would be a clinician who:

- has worked in the same Trust (but not necessarily within the same department or specialty) for some time and is not their line manager;
- would provide an independent experienced ‘sounding board’ on generic work issues for the new recruit, over and above any clinical or educational specialty-specific supervision they have been allocated;
- has experience of SAS posts and careers;
- is familiar with local support networks for staff in minority groups (where appropriate) as well as how to signpost to help with information on SAS careers, ePortfolios, appraisal, revalidation, SAS networks and other potential sources of information and support locally, regionally and nationally.

Later career mentees

Unlike the old national Associate Specialist posts (closed in 2008), the new Specialist Doctor/Dentist posts in England, Wales and Northern Ireland (introduced in April 2021) are advertised externally and appointed to in open competition. In this respect they resemble new consultant posts, and the successful candidates may be starting a post in a Trust they have never worked in previously and therefore would benefit from the experience, learning and wisdom of a clinician who has worked autonomously in such a role previously. This is different to the role of a supervisor required at earlier stages in a doctor/dentist’s career and is more about dealing with some of the personal challenges of stepping into a senior and responsible role in a new department or Trust. Schemes for supporting new consultants are recognised as helpful and provided by some Colleges as well as most individual NHS Trusts, but provision of similar support for the similar needs of new Specialist Doctor/Dentist roles is not yet always recognised or provided, although recommended by some Colleges, as in the [RCP Guidance for approving specialty doctor posts](#).

Returnee mentees

Mentoring can be useful to support SAS doctors/dentists returning after taking time out of work for illness, parental leave, a career break etc.

SAS as mentors

All SAS can/should be encouraged to offer ‘peer-to-peer’ support to SAS colleagues joining their Trust whom they meet via local SAS networking opportunities such as SAS forums or development days or whom they are introduced to via their SAS Tutor (or equivalent) and/or SAS Advocate.

The GMC survey showed that 62.8% of SAS doctors had more than 15 years’ experience, 29.7% of SAS doctors worked autonomously without supervision and 58.3% of SAS

doctors worked autonomously with some supervision, and, as such, they have a wealth of experience to offer newer SAS recruits. Acquisition of formal mentoring skills could be a welcome development at a later stage in a SAS doctor's career, improving their own job satisfaction by helping them use their own experience for the benefit of more junior SAS staff, a 'win-win' for both SAS doctors/dentists and the employing Trust. Compared with having a consultant as a mentor, a SAS mentor may have more valuable insights into the needs and development opportunities of a SAS mentee.

Mentors should be careful not to bring assumptions about the needs and concerns of their mentee to the relationship. For instance, consultants may not recognise the barriers and challenges facing SAS doctors, while UK medical graduates may not appreciate some of the hurdles for their IMG colleagues. All mentors – whatever their background – should ensure they promote a healthy mentor-mentee relationship and avoid negative or toxic behaviours. These might include a lack of listening skills, an overly didactic approach to mentoring, and/or a failure to observe boundaries and treat their mentee with compassion and/or respect. This [guide](#) from the Royal College of Obstetricians and Gynaecologists includes advice for both mentors and mentees.

There may also be a role for reverse mentoring where newly appointed consultants are mentored by senior SAS (who are mostly from a BAME background). This practice has the capacity to challenge hierarchical NHS cultures and can foster understanding between and appreciation of those from diverse cultural backgrounds. It therefore helps break down barriers and promote inclusivity. Ideally the mentoring provision would form part of additional SPA time for the mentor, in the same way as appraiser work does.

Conclusion

Mentoring has been demonstrated to be of value to the mentee and the mentor and has the potential to improve patient care and reduce complaints and GMC referrals. Much work to date has been targeted at trainees and new consultants, but there are ample opportunities to improve the opportunities for SAS doctors/dentists to act as mentors and mentees. The British Association of Urological Surgeons has recently set up a [SAS doctors mentoring project](#), which is currently in its pilot stage and will gather feedback. More SAS-specific and SAS-inclusive mentoring and support schemes should be introduced and expanded at both local and national level to deliver benefits across the system.

Recommendations

Colleges/ Faculties

- Colleges' mentoring provision (where it exists) should be inclusive of SAS doctors/dentists.
- Colleges' SAS webpages should have information and appropriate links for mentoring.
- When reviewing the Specialist doctor/dentist posts submitted by NHS Trusts, Colleges should recommend the provision of mentoring.
- College assessors should advocate mentors for newly appointed Specialist doctors/dentists during the appointment process.

GMC/GDC

- GMC/GDC should educate the wider NHS about the needs of medical staff new to the UK and provide/signpost to resources including mentoring for these doctors/dentists.
- GMC/GDC should consider support structures (including mentorship) for all doctors/dentists (including SAS) when they receive referrals from Trusts.

Statutory education bodies

- SAS development funding should be utilised by SAS Associate Deans/SAS Tutors (or equivalent) to develop SAS as mentors.

NHS Trusts/ Boards

- NHS Trusts' mentoring programmes for new consultants should be inclusive of newly appointed SAS doctors/dentists. These programmes should be integrated with staff wellbeing strategies.
- NHS Trusts should help establish and then support SAS forums which can provide near-peer support to SAS doctors/dentists.
- NHS Trusts should offer mentorship training to SAS doctors/dentists who wish to pursue such opportunities within the Trust and support SAS doctors/dentists who become mentors by providing protected SPA time for this. Being a mentor should be considered an extended role just like being an appraiser.
- NHS Trusts should facilitate opportunities for mentoring by providing SAS doctors/dentists with access to appropriate office space and IT equipment for virtual confidential sessions when needed.

All stakeholders

- Medical mentorship training should include education about SAS doctors/dentists' needs, concerns and career pathways.
- All stakeholders should work together to ensure that mentoring provision is standard for all doctors/dentists starting in SAS positions and available should a SAS doctor/dentist need it at any stage in their career.

SAS Doctors/ Dentists

- Proactively seek opportunities to mentor or be mentored at local and national level. Make enquiries of employers and professional bodies regarding whether these opportunities exist and, if not, how they could be introduced. [See our [Engaging and empowering the SAS workforce](#) statement for more details.]

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