Reverse Mentoring in the RCOphth

January – July 2022

Ms Mousindha Arjunan, Ophthalmology specialist trainee, FRCOphth, HEE Leadership Fellow on differential attainment alumni, PGCert MedEd

Mr Robert Blizzard, Consultant Ophthalmologist, HEE Leadership Fellow on differential attainment alumni, PGCert MedEd

Ms Rahila Zakir, Consultant Vitreoretinal Ophthalmologist and Mentoring Lead at the RCOphth

Ms Fiona Bishop, Consultant Vitreoretinal Ophthalmologist and Deputy Dean of HEE Yorkshire and Humber

Background

Doctors of colour disproportionately face systemic barriers to success in training.[1] A recent article published in "Eye" on the 'Lived experiences of UK Black Ophthalmology Trainees in the NHS', reports on the impact of racism on trainee wellbeing and the trickled down effects onto patient care.[2] Reports published by the GMC have found a statistically significant difference in outcomes based on race with 72% of white UK graduates passing FRCOphth exams on their first attempt compared with 60% of UK Black, Asian or minority ethnic (BAME) graduates. For International BAME graduates, this is only 50% ("GMC Progression report,"). This highlights the systematic differences in outcomes of BAME doctors otherwise known as differential attainment.[3] We felt that a lack of lived experience of the determinants of differential attainment, amongst our educational leaders, might hinder provision of equitable training.

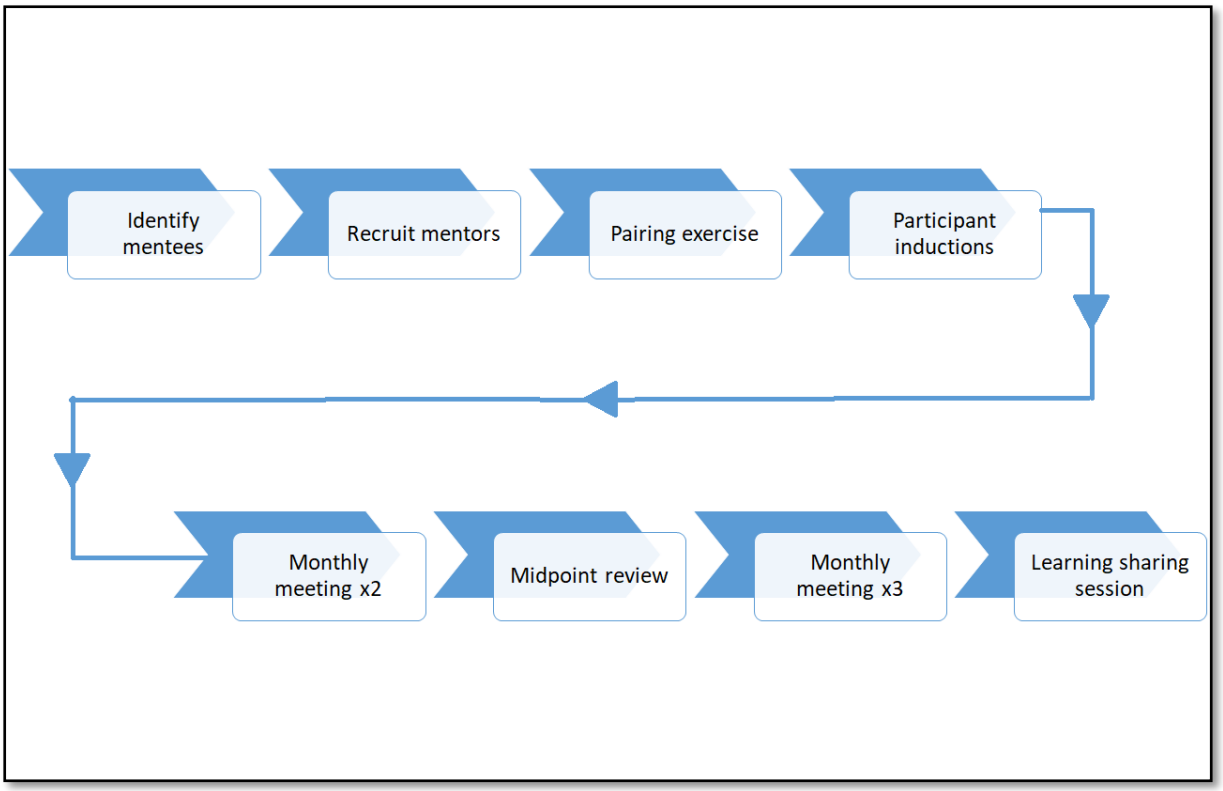
Following a successful pilot of a 'Reverse mentoring program on lived experiences due to race' conducted by Health Education England where trainees were paired with Deans and Heads of School in Yorkshire and Humber, we proposed a similar scheme to the executive committee of the RCOphth. The committee were immediately interested in working towards empowering ethnic minority Ophthalmic colleagues/community to overcome the perceived barriers that contribute towards differential attainment.

Although the membership of the RCOphth is more diverse than certain other Colleges, there is still work to be done to improve representation within certain groups (eg Black doctors) and integration within the workplace. The latter has to do with inclusion whereby differences are celebrated and there is a culture of all members being valued.[4] This in turn has been shown to lead to better career opportunities, strong psychological safety and in turn, better patient outcomes.[5]

We implemented a *reverse mentoring* pilot scheme lasting six months in early 2022. This paired doctors from an ethnically diverse background with six of our educational leaders (President, Vice president, two executive committee members and two examiners). **Reverse mentoring inverts the classical mentor-mentee hierarchy, with a junior team member supporting the development of their senior colleague within a specific area of expertise**.[6] Both British and International graduates participated as reverse mentors.

Program overview

Diagram 1: Flowchart demonstrating the timeline of the program



Six mentees volunteered to participate in the program, four from the executive committee and two examiners. An email was sent to all members who were not consultants to recruit mentors out of which six were selected and then matched with mentors. After an induction event for all participants, mentoring meetings occurred every 4-6 weeks using a virtual meetings platform. It was encouraged for mentees to reach out to mentors to schedule meetings. We envisage that this important work to improve our organisation will occur during working hours rather than during rest time. There was a small-group midpoint review session allowing mentors to share ideas and to provide a safe space to voice wellbeing concerns and support each other. At the end of the six month reverse mentoring period, the participants attended separate wrap-up meetings. This captured organisational commitments to action resulting from the programme, as well as aspects of the personal learning that had occurred.

During the process each mentor-mentee pair negotiated its own agenda for discussions and focused on various topics. The reverse mentoring allowed for bi-directional learning. Some mentors were interested in future educational leadership. In addition to an empowering leadership opportunity, the mentors had the chance to gain insight into the College's inner workings.

Outcomes

Mentees

Motivations for participating in the program

1. Wanted to understand how others perceive them as leaders and keep up with evolving practices
2. Had an international interest due to lots of trainees coming from outside of the UK to practice Ophthalmology however wanted to ensure they were not making assumptions
3. Wanting to support trainees and colleagues in Ophthalmology

Personal learning outcomes

1. The impact of intersectionality on doctors and not knowing which protected characteristic was causing the issue (eg being woman, religion, ethnicity) and how it can lead to disillusionment.
2. How the College is being perceived as being detached
3. The level to which differential attainment is an important issue to trainees and junior consultants as it was higher than they had expected
4. Surprised by demographic statistics within the College
5. Learning to listen without challenging experiences shared by mentors

Organisational changes

1. The College has the power to drive changes and should use it effectively towards tackling differential attainment
2. Ensure supervisors and educators are aware of the perceived barriers of differential attainment so they can support doctors accordingly. This was done by inviting a mentor in the program to talk at an 'Advanced Train the Trainers day' in November 2022 to talk about their experiences of the program
3. Ensure equal opportunities for trainees. For example, it is easier to ask someone like yourself to work on a project however as trainers we need to make an effort to include diverse doctors such as those who are less than full time rather than only giving certain groups opportunities
4. Develop trainers through teaching them how to be mentors or coaches and make them understand how others perceive them
5. Add resources on the new learning system (INSPIRE) and consider offering courses for new International Medical Graduates similar to what paediatrics have done eg 'Soft landing courses'
6. Need to do more analysis on whether surgical opportunities are equitable and supporting those with poor exam outcomes
7. Everyone needs some level of conscious/unconscious bias training
8. Increase the role of the OTG in tackling differential attainment
9. Make communications from the College more diverse (eg social media/website) so that everyone sees the diversity within the College and how it is open to anyone.

10. One of the mentees had been had put in something in place in the curriculum where research agreements should be put in place between trainers and research leads, so trainees are not omitted from research. This was driven by a mentor in the program.

Quotes from mentees

'There is a prevalence of discrimination where you think that people don't show overt discrimination, … but some things were shocking that were said by my mentor.'

'Its about making people feel welcome.'

'There is also a small group that as a result of the disadvantage haul themselves through it and are overachievers, but that is brought at a high cost such as personal life and personalities…we need to ensure we do not build toxic organisations'

'The NHS needs more open discussions.'

'Surprised to hear that female ophthalmology trainees are being told that certain subspecialities are not good career options for women, especially mothers'

Mentors

Expectations at the end of the program

1. Felt strongly the program should continue although in some instances it was just about starting conversations and they recognise that change is going to be a continuous process
2. It was beneficial to let the executive members become aware of the daily issues minority doctors face on the ground floor as they have a responsibility to put actions into place by wearing their Equality, Diversity and Inclusion thinking hat when making decisions
3. Recognise that is difficult to know whether concrete changes were made at a higher level but only time would tell

Quotes

'I can see that the college is thinking about it (DA), it is not something ignored by the college, and hopefully the college is aware of it and it will take time to get better.'

'For a long time I had not spoken about it (DA) … I wanted things to change at a bigger level, not situational…I was suddenly scratching into 10 years worth of experiences.'

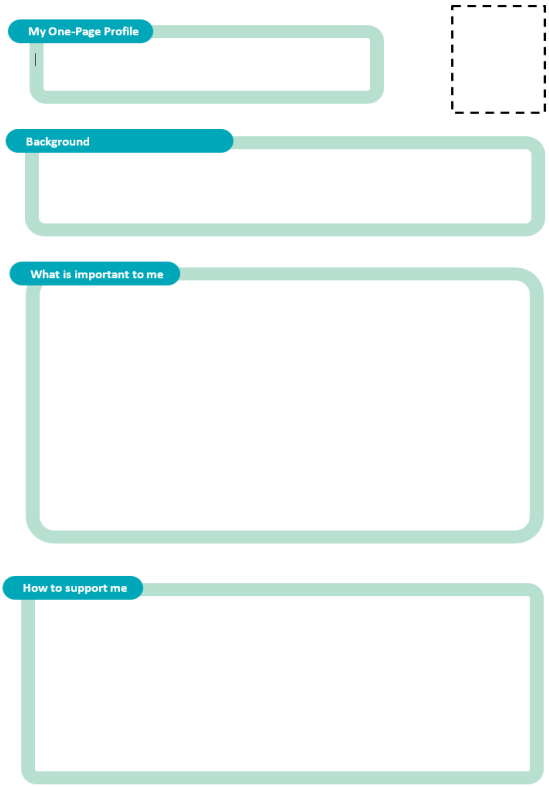
'My mentee was flexible and gave time towards the end, especially at coming up with suggestions on how to improve things which was encouraging.'

Recommendations moving forward

1. Improve evaluation of the program by requesting mentors and mentees to do short reflections before and after their meetings
2. Hold a mid point meeting for mentees as well as mentors
3. Organise a wrap up meeting with both mentors and mentees in the same present simultaneously (not possible this time due to logistical issues)
4. Encourage a face to face meeting if possible
5. Pair mentor and mentees according to availability and timing for meetings
6. Continue enrolling the program to College Tutors/Heads of Schools/Training Program Directors and ultimately cascade down to Clinical and Educational supervisors. Will work with the EDI committee to find representatives to take on the role of continuing enrolling the program
7. Actively encourage leadership roles for mentors during the program
8. Create a handbook for mentors with various resources and supporting material

Appendices

1. Profile template used to match mentors and mentees



2. Mentor induction agenda example

9am	Welcome, introductions. Getting to know the mentor faculty – speed dating x5, plus pairs and introduce back to pairs of 2. Wed your voice. Your input is crucial for this to work – we will be asking for your thoughts and opinions and also for the group to generate some helpful docs re language, expectations, etc Ground rules for this session (respect, confidentiality, non-interruption)
9.10	Aims of this workstream – background of reverse mentoring Hopes for this programme and where our focus is .Scene setting – understanding RCOphth and senior educator roles and Review of data on differential attainment
9:30am	Reflection in small groups on data: Q to discuss **What are your aims for the program?** Nominate a spokesperson and be prepared to feedback onto padlet. Co set an agenda with mentee- mutual agreement eventually.
9:45am	Agreeing appropriate language – breakout rooms to discuss and gain consensus on what is and isn't ok. Guidance to feedback to mentees on ways to talk about ethnicity from this group. Reduces the chance of focussing on the terms. Maybe start this at your first meeting- up to the individual ultimately. Fear of saying something wrong don't say something.
10 am	Break
10:15	What skills or attitudes do you think a reverse mentor needs to bring? Open discussion. GROW model – include an example.
10:40	What are your apprehensions? What are your concerns about mentoring a senior?
10:55	Co-produce an expectations document to share with mentees – workshop this and encourage participants to offer contributions so we have something concrete and helpful to go out to mentees. This is partly to give the mentors confidence to define their own expectations and articulate them to their mentee, and partly to have a useful 'roadmap' for all. What would your request be for an effective mentee (behaviours and attitudes). Think about leadership opportunities.
11:20	Break
11:40	Co-producing a draft agenda for your 6 meetings. What would you like to achieve. First one is relationship building. Subsequent meetings – ask groups to discuss themes and create a menu of riskier/safer topics. Use padlet to capture ideas.
12:00	Q&A Thanks to all for contributions and engagement; update on practical next steps so everyone is aware; point of contact for queries as this rolls out Note about evaluation, ongoing comms, any probs REMIND THEM THAT THEY ARE THE EXPERTS. Send resources eg podcasts etc Sources of wellbeing and support and contacts. Whatsapp/Email/both? practical and emotional support. (mid point, eachother, RCOphth eg out of Rcophth Consider doing a multi-booking for subsequent dates. *Consider setting a date for mid-point review meeting.*

3. Mentee induction agenda

16:00	Welcome, introductions Thank for participation –acknowledge that it is brave to sign up Thanks for your honesty and curiosity Your input is crucial for this to work – we will be asking for your thoughts and opinions and also for the group to generate some helpful docs re language, expectations, etc Ground rules for this session (respect, confidentiality, non-interruption) Dean or previous mentee talk about their experience
16:15	Logistics of how it will run- mentees send invites Talk about the expectations by mentors for mentees
16:45	Q&A Thanks to all for contributions and engagement; Update on practical next steps so everyone is aware; point of contact for queries as this rolls out- Note about evaluation, ongoing comms, any probs

4. Wrap up meeting agenda

Timings	Who
First hour	Mentees (consultants) Was there something you learnt that you didn't know about? What did you find challenging about it? Any pre-misconceptions or the process? Was it worth participating? Would you like to see this extended to other protected characteristics and supervisors? Did you find the induction prepared you for the process and did you feel supported? What are you going to take away from this program?
Second hour	Both mentors and mentees Break out rooms- mentees and mentors – what did you learn from each other and share with the group. Round of appreciation.
Last 1.5 hours	Mentors (trainees) Did you find the program beneficial in addressing or raising issues? What barriers did you face? What worked well for you? Would you participate in the program again? Were your expectations met?

References

1. Roe, V., Patterson, F., Kerrin, M., & Edwards, H. (2019). What supported your success in training? *A qualitative exploration of the factors associated with an absence of an ethnic attainment gap in post-graduate specialty training. General Medical Council*.

2. Annoh, R., & Mensah, E. (2021). Lived experiences of UK Black Ophthalmology Trainees in the NHS. *Eye (London), 35*(7), 1811-1814. doi:10.1038/s41433-021-01473-6

3. GMC Progression report. *Speciality exam pass rates for candidates in Ophthalmology for PMQ and ethnicity* Retrieved from https://reports.gmc-uk.org/analytics/saw.dll?Dashboard&PortalPath=%2Fshared%2FNTS_LTD%2F_portal%2FNTS&Page=Specialty%20examinations%20(postgraduate)&P1=dashboard&Action=Navigate&ViewState=3gr9sekj0lq4hcqds9q2b9sgv6&P16=NavRuleDefault&NavFromViewID=d%3Adashboard~p%3Anbhqrdud9kq3bse4

4. Workman-Stark, A.L. (2017). The Inclusive Police Organization and a Process for Change. In: Inclusive Policing from the Inside Out. Advanced Sciences and Technologies for Security Applications. Springer, Cham. https://doi.org/10.1007/978-3-319-53309-4_6

5. West, M. and Dawson, J. (2012) Employee Engagement and NHS Performance. King's Fund, London.

6. Clarke, A. J., Burgess, A., Van Diggele, C., & Mellis, C. (2019). The role of reverse mentoring in medical education: current insights. *Advances in medical education and practice*, *Volume 10*, 693-701. https://doi.org/10.2147/amep.s179303