

# *A College mentoring scheme: If not, then what?*

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# *A College Mentoring Scheme – – – Oh no, not another one!*

In the College's recent history, the term 'mentor' has had more the connotation of an educational role:

- Mentoring a routine form of professional support for participants in the College's Family Medicine Programme (1974-1993)
- RACGP Vocational Training Program (1993-2001) the 'mentor term' = what we now call 'subsequent time' (second 12 months of GP training)
- In the early 2000s, the National Rural Faculty developed the role of 'educational mentor' ~ educational support for Grad Dip Rural (now FARGP) candidates compiling learning portfolio for assessment
- A 2009 IMG Mentoring Program by the NRF – by FRACGP IMGs (66 trained nationwide), Commonwealth-funded – more mentoring > educational

In this proposal, the term 'mentoring' is used with a quite specific meaning that does not confuse it with a teaching or training role. Its intent is to provide **professional support and career advice** where sought.



# *No, not another one*

## **Proposal**

That the College establish a mentoring scheme as a member benefit for registrars who join the RACGP upon enrolling in GP training, to support them in the preparation for admission to the professional specialty of general practice, Fellowship of the RACGP.

This would be a volunteer role whereby Fellows of the College who are also members can support the future of the profession.

## **Rationale**

College members who have experienced a role-model-based relationship with a more experienced GP on behalf of the College for the years up to achieving their FRACGP are more likely to view the College as a collegiate resource to which they wish to belong, and contribute, for the rest of their general practice career.



# *How is it different?*

Currently the College:

- depends for membership on a reputation and the delivery of services, leaving nurturing of interest in GP to the individual to find for themselves, or to source from role models in those agencies delivering direct training/other support.
- lacks a personal 'thru-line' for medical students that encourages them and supports them individually in pursuing their interest in general practice through registrarship to entry into the specialty

This scheme:

- Is about career advice and professional support
- Not about performance management, coaching, or teaching
- No payment for mentors – a service to the College and profession
- Will have mutual learning benefits for mentor and mentee
- Designed to complement and not duplicate:
  - RTP support (ECTVs, MEs, Training Advisers, GP Supervisors)
  - GPRA support



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# *What would it involve?*

- Faculties, and the National Office, developing and promoting the scheme to members and calling for volunteers
- Fellows of the College committing to initiating and maintaining a mentoring relationship with a registrar from enrolment with the College to the point of graduation as a Fellow – a 3-4 year commitment
- The provision of training for College Mentor volunteers
- The delivery of a registrar-mentor matching scheme by faculties which involved a networking scheme for mentors and a transfer process for protégé mismatch or moving interstate
- A recognition scheme for College Mentors eg. a QA Program ALM and a Certificate of Appointment
- Human resourcing and data management implications for the College



# *Do we know it would work?*

Literature search by the John Murtagh Library of PubMed (inc. Informat and Proquest) and ERIC databases 2005-2010 yielded:

- 42 journal articles, of which
- 34 involve a qualitative study, a formal evaluation process, quasi-experimental research, or meta-analysis of systematic literature search.
- 22 detail studies that demonstrate the benefits of mentoring.
- 6 focus solely on mentoring in medical practice
- 3 focus other clinical practice, notably nursing

The remainder are in academic practice, research, multi-professional practice, or business/corporate

# *Do we know it would work?*

- A number of the studies reveal, like the use of mentoring in the RACGP training program, a tendency to conflate the roles of mentor and educator or teacher.
- Others conceptualise mentoring as an instrumental role in generating product or tasks
- A number of the academic studies highlight the research or academic capacity-building function a mentoring program can fulfil.
- None of these serves as a model for the proposed College Scheme because:
  - An educational mentoring scheme may be seen by RTPs as a duplication of a function they already provide
  - An instrumental- or production-oriented use is too similar to performance management to be useful in the provision of professional career support for fellow professionals-in-training
  - A capacity-building aim risks a "deficit model" that assumes the values of the mentor are superior to those of the mentee



# *So what would work?*

A foundation concept is probably best found in an attempt to review standards and curriculum for professionalism in medical education by Schwartz *et al* [\[1\]](#). The authors find that a formal mentoring system can be an effective mechanism to develop role models for an environment that fosters professionalism.

Placing the fostering of professionalism at the heart of a College Mentoring Scheme may be a useful starting point for the mentors involved; for this topic is not systematically dealt with by any other specific strategy in the GP training program. Moreover, since the profession is at the heart of the College's academic *raison d'être*, so should professionalism be at the centre of the culture of collegiality mentors in the scheme seek to extend to participants.

[\[1\]](#) Schwartz AC, Kotwicki RJ, McDonald, WM 2009



# *A potential range of skills*

- Setting aside one's own agenda
- Developing trust
- Facilitating insight
- Protégé-centred
- Supporting the protégé's emotions, values, fears, hopes, options, career development
- Role model – acting as
- Advising only when sought
- Supporting an interest in the professional and professionalism
- Focusing the whole-of-life context for the protégé
- Advocating on behalf of the protégé professionally
- A reciprocal 'learning' relationship
- Setting goals and structuring contact
- Negotiating the arrangement over time

- Anderson EM, Shannon AL. Towards a conceptualization of mentoring. *Journal of Teacher Education* Jan-Feb 1988: 38-42;  
- Freeman R. Towards effective mentoring in general practice. *British Journal of General Practice* 47:457-460, 1997.



# *The response from the Faculties*

## **Positives**

- Overall the response was positive - many felt this was something the College has needed for a long time
- the College has a moral responsibility to support the mentor and any student who expresses an interest in being mentored
- a particularly important issue for IMGs - some have up to a 3 year period before they sit the Fellowship Exam and a mentor for these people could be very beneficial; currently being addressed by the National Rural Faculty mentoring program.
- Opportunities to:
  - grow as a mentor network of senior teachers in the discipline linked to universities and other education and training organisations
  - develop a College electronic national register of Mentors
  - a good opportunity for students to connect with GPs. Maybe it would be beneficial to have this for students rather than registrars.
  - support for the Victorian New Fellows Committee to develop a six month pilot of a mentoring program in the first half of 2011 to get mentoring happening across all sectors of GP eg. older GPs mentoring New Fellows, New Fellows mentoring registrars
  - leverage off the NRF mentorship program



# *The response from the Faculties*

## **Considerations**

- would need to be very separate and distinct from the mentoring relationships that exist within the RTP (these are generally more educationally orientated)
  - Medical Educators already fulfill a part of this role for some registrars.
  - GP Supervisors also play this role for some, however when the registrar moves onto a new placement that contact can be lost.
  - it needs to be established exactly what the registrars would want out of such a scheme. If it doesn't meet an existing need then they won't sign up
  - Approach GPRA
  - Approach the RTPs
- consider how to get the right mix - in terms of the mentor/registrar chemistry
- no need for the introduction of a mentoring scheme in Tasmania - does not have the same issues as some other states; tend to stay connected and in touch with the registrar cohort
- is this a role for the Corlis Fellow?
- the list of skills of a mentor doesn't really convey in practical terms what issues the mentor should advise on and which problems they should direct elsewhere.
- the NSW&ACT Faculty paper is a valuable resource in and of itself and consideration should be given to having it on the website



# *The response from the Faculties*

## **Logistics**

- a robust system/framework on paper of how mentoring will happen needed eg. advise on career development, consultation and communication skills, connect the registrar with clinical information sources and provide supportive counselling, but refer issues around training requirements and terms and conditions to the RTP and GPRA.
- terms of reference need to be established before marketing to GPs - unlikely to sign up until they know what will be required of them.
- some benchmark should be set about how much contact is expected eg. monthly contact (email/phone/face to face), with more frequent contact in the short term if required
- a pilot program would need additional resources to cover staff time in managing any initiative
- pilot in Victoria proposed for 2011 – 2 groups: New Fellows to Registrars/PGPPP and Older GPs to New Fellows
- the college could introduce registrars wanting a mentor to a group of willing GP's, and allow the relationship to form itself
- consult with registrars about their needs
- introduce mentor in subsequent year



# *The response from the Faculties*

## **Logistics cont'd**

- identify potential peer mentors - target ex supervisors & profession 'experts' in areas such as ME, Academia, research, supervision, politics, IR etc
- push for further funding for NRF IMG mentor scheme to be continued
- this proposal could be considered and planned for in the longer term once current embryonic projects (specialist pathway, NRF mentor scheme etc) are established and the resourcing implications have become apparent

## **Risks**

- the College should be wary of promising what it may not be able to deliver due to a lack of volunteers or enthusiastic registrars, as well as financial resourcing
  - endeavours to allocate everyone a mentor could overload the organisation
  - registrars have their own supervisors and training advisers as well as peer support - where do we fit in?
- this is a very personal and at times difficult role, becoming a mentor is an altruistic act, GPs will become disenchanted if they are asked to give large amounts of clinical and personal time to this – expectations need to be managed realistically
- the most effective mentor relationships develop naturally and formal programs do not always yield the most effective outcomes



*Over To You!*



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