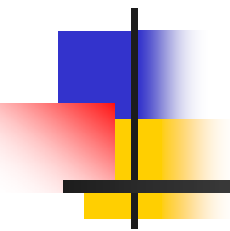


MENTORING, PROFESSIONAL PERFORMANCE, & NEW CONSULTANTS



Dr David Black
Associate Dean
London Deanery



Overview

- Professional performance issues
- Induction for New Consultants
- Mentoring
 - Share my experience
 - Feedback on the current London position

Failure in Standards of Care

NCAA

CHAI

Dysfunctional
Service

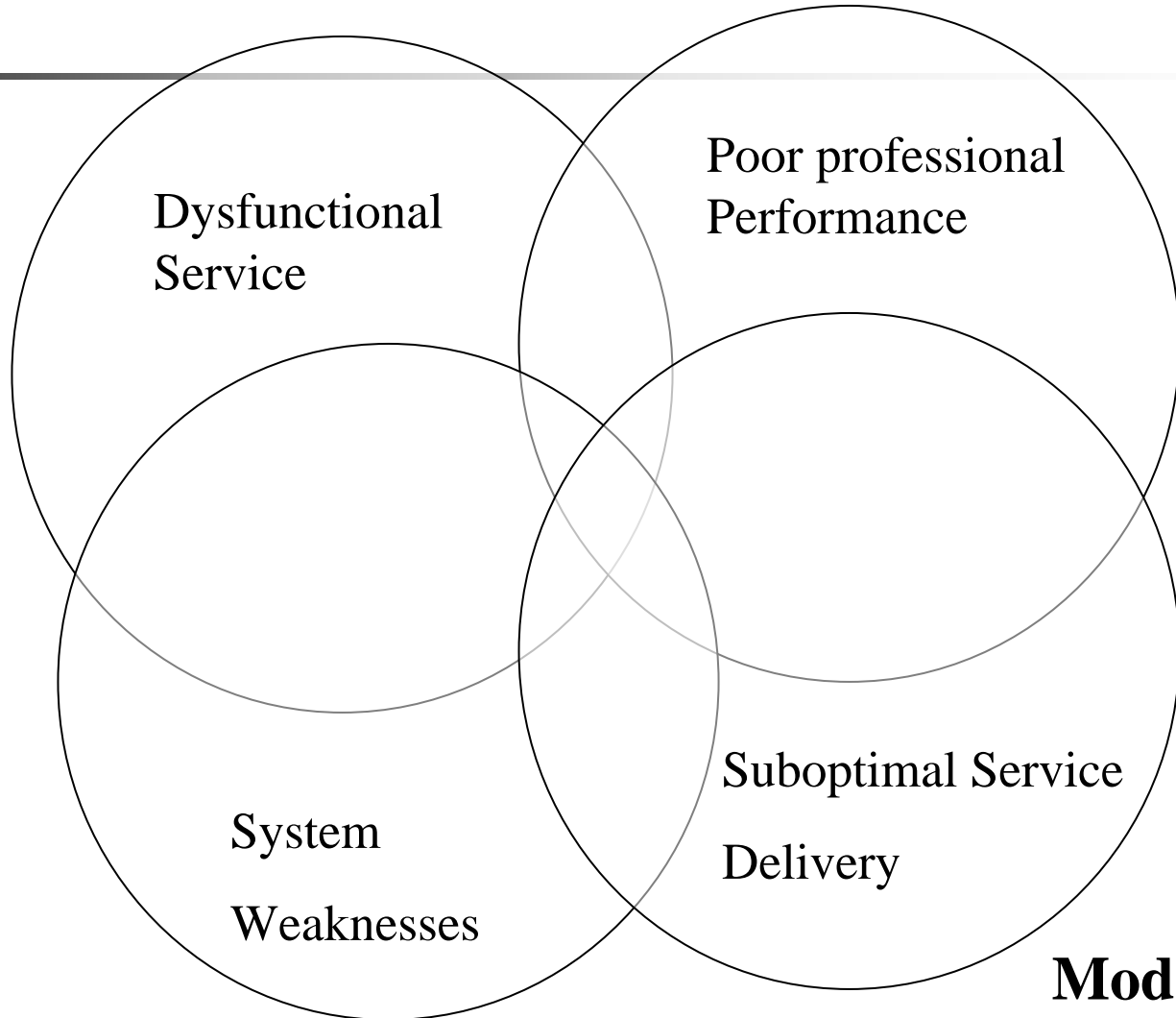
Poor professional
Performance

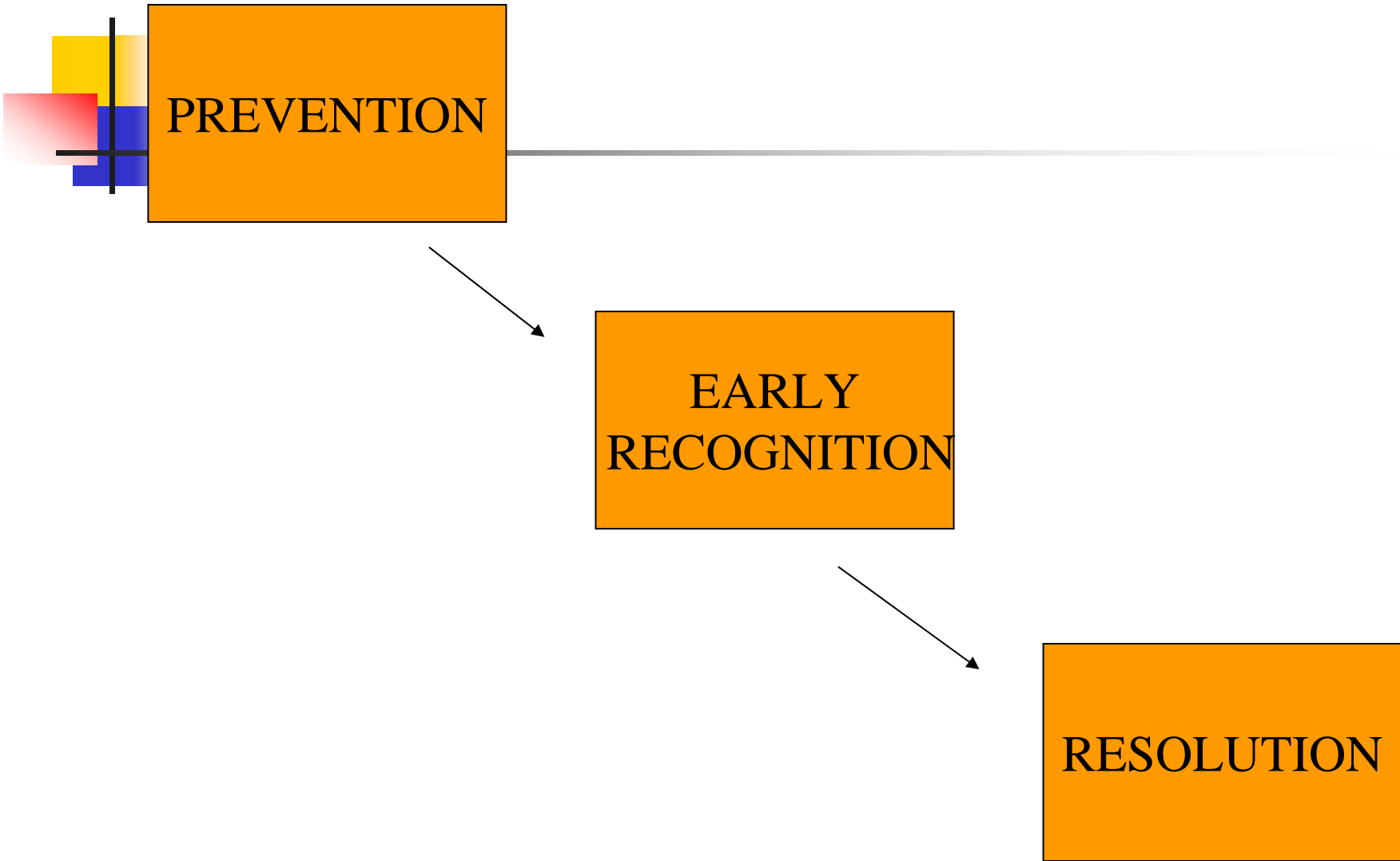
NPSA

System
Weaknesses

Suboptimal Service
Delivery

**Modernisation
Agency**







NEW CONSULTANTS



London Deanery Worries

- CCST holders not taking up jobs
- Length of Training
- Stories of Problems



Replacement Post

- Get the work done
- Maintain or improve team working
- Change the ethos of system
- Meet the targets
- Attitudes & Values
- Developmental agenda



New Post

- PCT agenda
- Specific new roles, based on NSF's etc
- Different ways of working
- Different support

Main challenges for new consultants

(Houghton bmj 2003)

- Surviving and self doubt
- Handling new management responsibilities
- Unexpected power
- “the buck stops here”
- Increase in workload
- Saying no
- Understanding the organisation
- Isolation



Specific difficulties

(Houghton bmj 2003)

- Writing business case
- Responsibility for policy decisions
- Giving feedback to underperforming juniors
- Dealing with difficult colleagues
- Interviews for new staff
- Negotiating change
- Getting things done

INDUCTION FOR NEWLY APPOINTED CONSULTANTS

(Queen Mary's, Sidcup)

- Meet the MD (first day)
- Meetings with Relevant Colleagues
- Job plan review and first appraisal
- In house Mentoring
- 18 month 10 day CPD program



1. Meeting with MD

- How to integrate
- Holidays, CME, CPD
- Private Practice
- Sickness and Disciplinary
- Sign for GMC issues
- Meetings
- Certificate in Teaching



2. Booked Meetings

- Medical staffing (sickness, disciplinary procedures)
- Assoc Med Director of Care Group
- Chair of MSC
- Consultants in relevant specialities, Chair of ITU
- AMD Clinical Governance
- Directors of Audit, Clinical Effectiveness, R&D, Medical Education
- Librarian, Informatics officer, E-mail & Internet training
- Fire officer



3. Job plan review and appraisal

- With MD, CEO and AMD or Chair of Dept
- Set job plan
- Discuss issues of resources
- Set in place first years PDP
- Show commitment to the new Consultant



4. In house mentoring



5. 18th Month CPD Program

- Appraisal and development
- Recruitment and equal opportunities
- Communication: (good listener, breaking bad news)
- Communication: (running meetings, presentations)
- Effective Teamwork (team types & partnerships)
- NHS structure
- Business planning



Evaluation (3)

| Induction aspect | Appropriate? | Usefull? |
|-----------------------------|--------------|----------|
| Meet MD | 4.1 | 3.9 |
| Meetings with Colleagues | 4.1 | 4.2 |
| Job Plan | 3.7 | 3.8 |
| Mentoring | 3.8 | 3.2 |
| CPD program | 3.5 | 2.9 |

MENTORING

'allowing others hindsight to become your foresight'





Evidence in medicine

- enhance professional satisfaction
- enhance career progress (promotion, research etc)
- act as antidote to stress

Most common model = 'a critical friend'



Success factors

- support from senior figures
- voluntary participation
- formally planned but conducted informally
- mentee choice the mentor
- training & support provided



Recognised problems

- Time
- opportunity and training costs for employers
- counselling if relationship becomes dysfunctional



Is it needed for consultants?

- RCP report from NW England
- SCOPME research
- DOH Doctor's forum



DOH Doctors Forum Report- benefits

- Good experience for mentor & mentee
- time for reflection
- being listened to
- risk free environment
- dealing with real problems
- value of another point of view



DOH Doctors Forum Report- specifics

- Regaining confidence
- help with relationships & team working
- problem solving
- 'leadership' = increased creativity and confidence
- mentor collegiality



Queen Marys Experience (1)

- Offered to 25 consultants
- 23 had at least a conversation
- At one year 1-4 meetings, most not at QM

Issues: relationships with colleagues
who to take problems to
hospital politics



Queen Marys Experience (2)

- mentors be proactive
- training
- choice
- meet away from hospital environment
- outcome ?



SE Thames Geriatrics mentoring

- trained 13 mentors
- 14 new consultants offered
- 2 declined
- 6/12 met formally
- all those very positive
- travel a real problem



Current position in London 2004

An audit of 34/39 secondary care providers

- 35% currently have trained mentors
- 50% internally 50% externally funded
- 35% now offer mentors routinely to new consultants
- uptake varies from 10-100%
- almost all Trusts want more trained



Summary

- New consultants need better induction
- Mentoring is one part of that induction
- Mentoring schemes are still small and patchy
- Uptake when offered is very variable



For Discussion

1. Do others recognise the problems of new consultants?
2. Is mentoring a real help?
3. How do we get more to take it up?
4. Other examples of effective induction