

Quality improvement project

GP trainees 'buddy' scheme – peer mentorship programme for new GP trainees

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1. Introduction: issues, wider context and reason for choice

The NHS has come to welcome a large number of qualified doctors and doctors in training that have completed their medical degrees overseas (IMGs 'international medical graduates') over the last decade and their numbers continue to rise every year. The latest GMC state of the medical workforce and education 2020 report says that there were 10000 IMGs joining the register within the year of the report being published! The number of GP trainees has risen by 8% in that time-frame as well.

The GP training programme proves to be particularly attractive as there is a national initiative in recruiting doctors to this speciality.

From personal experience, transitioning from one country to another is an enormous feat and doctors encounter many obstacles along the way in both professional and personal aspect of their lives.

GP trainees that have recently relocated to the UK and that have little or no NHS experience might find navigating the NHS and their training daunting. Not to mention difficulties in creating and/or maintaining meaningful professional and personal relationships, owing possibly to a combination of culture shock, isolation, misunderstandings, microaggressions and discrimination.

If the NHS wants to continue to pride itself with its workforce some small improvements like this project could help.

2. Aim and proposed outcomes

By starting a 'buddy' scheme (peer mentorship scheme) for GP trainees that have recently joined the UK/NHS, every trainee that is interested in the scheme would 'buddy' themselves up with a fellow GP trainee (ideally already 6 months in the programme). This could be a UK graduate or an IMG depending on the number of interested participants.

The aim would be for this scheme to bridge the knowledge/experience gap in navigating the GP training scheme at the very beginning of their UK journey through a peer based informal approach.

Their buddy would help them learn what is expected from a GP trainee as a junior doctor on the ward/in the GP practice on a day-to day basis as well as help them to understand their training portfolio (learning about various types of assessments and log-entries

required etc.), the GP training programme in general, WPBA and exam requirements amongst other things.

Although this scheme is aimed more at the professional/trainee aspect of a junior doctor's life, their buddy could potentially give them advice on other aspects of UK day-to-day life.

This scheme could potentially provide a platform for cultural exchange and ultimately lasting collegial and/or personal relationships.

The scheme would ideally run from the start of the trainee's GPST1 until around 6 months in training (around the time of their first interim ESR), with the possibility of extending longer depending on needs/wants of individual participants.

The scheme would also be open to other new non-IMG GP trainees as to give equal opportunity in getting the most out of this proposed scheme.

Proposed outcomes of participating in the scheme:

- Increased trainee morale-feeling supported very early on in their career in the UK, feeling included.

- Cultural exchange with the prospects of both sides learning about each other's diversities and how those particular features can make them invaluable as professional within the NHS.

- The 'buddy scheme' would lead to less 'mass' confusion of new (foreign) trainees at the beginning of training and could be used in conjunction with already established introductory meetings/inductions organised by the GP school and various host trust/practices.

- Positive experiences gained from participating in the scheme could lead to trainees formally or informally recommending/recruiting new prospective candidates to join the training programme, highlighting the scheme amongst many benefits.

Evaluated outcomes in this pilot:

- Trainees to find this scheme as a useful and perhaps less formal, but engaging way to be supported early in their trainee journey

- Trainees to find participating in this scheme as satisfactory

- New trainees to gain improved confidence in understanding certain aspects of their GP training (as compared to when they just started their training)

3. Evidence based approach

There is limited research and reports that show IMGs do encounter various difficulties when they start to work and train in the UK.

Literature cites (to name a few): the lack of understanding the NHS system and values (utilizing protocols, guidelines and policies), difficulties integrating in the new work environment, differences in learning (experiential in the UK vs more didactic learning in the country of graduation), difficulties in engaging with and understanding feedback and reflective practice. Mentorship schemes are frequently suggested as a method for improving IMGs' experiences (suggested by IMGs themselves as well).

Some evaluated programmes demonstrate improvements in outcomes such as exams.

Although literature is limited it is suggestive that a mentorship scheme has the potential of positively impacting IMGs experiences early in their work and training.

4. Methodology of implementation and evaluation

The scheme was piloted for the February 2021 intake of new GP trainees in the North West of England deanery.

A questionnaire was sent out to (at the time) current trainees to survey their opinions and experiences on their early training. The same survey was used as a mean to register interest in participating in the scheme as a peer mentor. A similar survey was sent out to the new starters.

The participants were given more information on the project via a brief Zoom meeting and/or telephone call complemented by a project specification document.

The 'buddies' were then paired-up with each other randomly, but taking in consideration their training programme locality (where that was possible). The trainees then commenced to engage with each other establishing contact in various ways and with various frequencies (but at least on a monthly basis).

The topics of conversation were entirely between the two buddies. My initial suggestion was that the first contact is more of a 'get to know each other' contact, and any thereafter focused on areas the mentee highlighted as needing more support with, or answering any question they might have.

The peer mentors did not receive any specific training, but were instructed to help the mentees to their best abilities, and to signpost the mentee if they do not know the answer to their query or are unable to support them with a specific matter. They were also instructed to raise any concerns regarding themselves or their mentee via the usual pathways (by contacting their ES or their own ES to further escalate).

Towards the end of a 4-5 month period (approaching the new trainee's first interim ESR) a feedback survey was sent out to all participants. Participants who completed the feedback survey were sent out a letter to thank them for participating. All participants were invited to reflect on the experience and include their reflection as an entry to their portfolios.

The buddies were left with the option to keep in touch even after the period of evaluation if either the peer mentor or mentee felt that they needed more ongoing support or simply because they developed a friendly/collegial relationship.

I also personally participated as one of the peer mentors as to actively participate in piloting this scheme.

All participants were free to contact me at any point if they required any help.

5. Results

Initial survey of current trainees:

The initial survey for current trainees (at the time of Dec 2020) had 197 respondents which is 11.06% of all trainees in the NW at that time (1780); 42.6%(84) of respondents were

IMGs. The majority of IMGs 13.2%(26) joined the UK healthcare system in the last 1 to 2 years.

80.7%(159) of respondents thought that it would be useful to introduce a mentorship scheme for new trainees. The respondents cited understanding the training portfolio, WPBA and exam requirements, and the training curriculum as the main areas that the new trainees would benefit from the scheme.

48.2% (95) of respondents answered 'Yes', and 43.7%(86) answered 'Maybe' when asked if they think their early stage training would have been easier if they had a peer mentor.

51.27%(101) of respondents actually signed-up as volunteer peer mentors for the scheme.

Initial survey of new starters:

The initial survey for new starters had 28 respondents which was 30.77%(91) of new starters for February 2021 in the North West Deanery; 78.6%(22) of which were IMGs.

25%(7) reported that their GP training post would have been their first UK job, while another 42.9%(12) started working in the UK in the last 2 years.

78.6%(22) answered 'Yes' and 21.4%(6) answered 'Maybe' when asked if they think their early stage of training would be easier if they had a peer mentor.

96.4%(27) wanted to participate in the mentorship scheme.

On a 1 to 5 self-rated confidence scale (where 1 was 'Not at all confident' and 5 was 'Very confident') the majority of respondents 57.1%(16) rated themselves as a 4 when asked about their confidence level in starting their GP training journey.

The majority of respondents 57.1%(16) rated themselves at a 3 when asked about their confidence level in understanding their GP training curriculum and individual training programme; 42.9%(12) rated themselves at a 3 when asked about confidence around the training portfolio, and again, 42.9%(12) rated themselves at a 2 when asked about confidence around understanding the WPBA and exam requirements.

53.57%(15) of the total number of respondents from the new starter group actually ended up signing-up for the mentorship scheme.

At the end of a 4-5 month period(towards the new starters' first interim ESR) responses from a feedback survey was collected.

Feedback survey for peer mentors:

The mentors' survey had a 100%(15) response rate(including myself). 60%(9) of the peer mentors that were paired up with their mentees were IMGs themselves.

All of the respondents rated their experience of participating in the scheme as peer mentors at a 4 (33.3%(5)) or 5 (66.7%(10)) on a self-rated scale from 1 to 5(where 1 was 'Not at all satisfied' and 5 was 'Very satisfied').

The mentors reported making the most contact with their 'buddy' via: texts (46.7%(7)), phone calls (20%(3)), e-mails and video calls(including Zoom, Skype etc.) (both 13.3%(2)). 46.7%(7) mentors reported making at least one face-to-face virtual or actual contact with their 'buddy'. Mentors reported making contact with their mentee: about once a month (80%(12)) and about every couple of weeks (20%(3)).

When asked what particular aspects of their buddy's job/training they think they helped them out with, the respondents' 3 most selected answers were: 'Understanding the training curriculum'(60%(9)), 'Understanding their portfolio'(100%(15)), 'Understanding the WPBA and exam requirements'(73.3%(11)).

When asked what skills do the peer mentors think they developed or improved while participating in the scheme, the respondents' 3 most selected answers were: 'Leadership'(73.3%(11)), '(Professional) Communication'(93.3%(14)) and 'Teaching'(66.7%(10)).

Overall the peer mentors rated the usefulness of the scheme for new starters(on a scale from 1 to 5 where 1 was 'Not at all' and 5 was 'Very') as a 4(20%(3)) and 5(80%(12)). 100%(15) of peer mentor participants would participate in the scheme again.

Feedback survey for mentees:

The feedback survey for mentees had a 93.3%(14) response rate. The respondents rated their experience of participating in the scheme as mentees at a 3 (7.1%(1)), 4 (21.4%(3)) and 5 (71.4%(10)) on a self-rated scale from 1 to 5(where 1 was 'Not at all satisfied' and 5 was 'Very satisfied').

Mentees reported making contact with their mentors: about once a month (42.9%(6)), about every couple of weeks (35.7%(5)), initially every couple of weeks and then once a month thereafter (7.1%(1)) and less frequently (14.1%(2)).

When asked what particular aspects of their job/training they think their peer mentor helped them out with, the respondents' 3 most selected answers were: 'Understanding the training curriculum'(50%(7)), 'Understanding my portfolio'(92.9%(13)), 'Understanding the WPBA and exam requirements'(50%(7)).

When asked about the level of confidence now, about understanding the GP training curriculum and training programme in comparison to when they started their training, on a self-rated scale from 1 to 5 (where 1 was 'Not at all' and 5 was 'Very') the respondents rated themselves at 3 (7.1%(1)), 4 (50%(7)) and 5 (42.9%(6)).

When asked about the level of confidence now, about using the training portfolio (including collecting evidence, writing reflective log-entries etc.) in comparison to when they started their training, on a self-rated scale from 1 to 5 (where 1 was 'Not at all' and 5 was 'Very') the respondents rated themselves at 3 (7.1%(1)), 4 (50%(7)) and 5 (42.9%(6)).

When asked about the level of confidence now, about understanding the WPBA and exam requirements in comparison to when they started their training, on a self-rated scale from 1 to 5 (where 1 was 'Not at all' and 5 was 'Very') the respondents rated themselves at 4 (57.1%(8)) and 5 (42.9%(6)).

Overall the mentees rated the usefulness of the scheme (on a scale from 1 to 5 where 1 was 'Not at all' and 5 was 'Very') as a 3(7.1%(1)), 4(14.3%(2)) and 5(78.6%(11)).

100%(14) of mentees would participate in the scheme again if they were new trainees all over again.

71.4%(10) answered 'Yes' and 21.4%(3) answered 'Maybe' when asked if they would be interested in participating as peer mentors in the future.

6. Discussion of evaluation (including limitations and difficulties)

Before implementing the pilot scheme it was necessary to gauge the trainees' opinions on early training and general interest for this scheme. The results show that the surveyed trainees think it would be useful for the new starters to have a mentorship scheme to participate in, along with the general opinion that should have a mentorship scheme existed before, it would have been useful for their training as well.

Similarly to the current trainees, the vast majority of the new starters surveyed felt it would be useful for their early training journey if a mentorship scheme would be implemented.

There was a good ratio of peer mentors being IMGs themselves and being able to share valuable insights to the new trainees about the difficulties they might have encountered in their NHS training journey.

Due to the ongoing COVID-19 pandemic the 'buddies' had limited if no opportunities to meet physically face to face. Almost half of the 'buddies' met face to face virtually, while others remained in more of a 'pen pal' relationship or talked over the phone. Trainees cited scheduling and personal preference as reasons for this.

The 'buddies' managed to stay in touch at least once a month if not more often which was the original expectation. Some of the 'buddies' reduced or increased the frequency of their contacts as they went along, depending on the level of support the mentee required.

The mentors felt that they developed or further improved their communication, leadership and teaching skills. Mentors were asked to reflect on the participation in the scheme and to link it to appropriate professional capabilities within the GP training curriculum.

The peer mentors reported being satisfied with participating in the scheme and thought the scheme to be useful for new trainees.

Mentees' report a similar level of satisfaction with the scheme and generally thought the scheme was useful for them. The general comparison of confidence levels with understanding the training programme, portfolio and WPBA/exam requirements, between when the mentees just started their training and when the mentees were about 4-5 months in training (whilst participating in the scheme), showed improvements for the majority of participants. Mentees reported being interested themselves in mentoring a prospective new trainee in the future.

The evaluation had some limitations as it is difficult to accurately measure levels of confidence as is it subjective. There is also a possible confounder as the confidence level might have changed purely because of GP training itself (teaching groups, self-research etc.), not just participating in the scheme.

Some difficulties encountered were: engaging participants with the whole process, logistical demands for correspondence (multiple calls, texts, emails with both mentors and mentees) and encouraging participants to provide feedback.

7. Conclusions and suggestions

Considering the feedback received, the scheme seems to have been both useful and enjoyable for both parties, making it a successful pilot. It is good to see that trainees seem

to enjoy this type of informal contact platform. This could continue to be a successful aid for new trainees (particularly IMGs) to overcome some difficulties when starting their training journey in the NHS.

For future rounds of this scheme it could be useful to encourage peer mentors to read or complete some basic training for mentoring.

If the scheme is to go forward and with easing of COVID-19 restrictions it will be interesting to see if the type of contacts between the 'buddies' would change.

It would also be useful to find more colleague volunteers to aid with the logistics of pairing the trainees up and/or providing support to both parties (answering queries etc.).

8. Reflection

As a member of the HEE NW EDI strategy group I was encouraged and supported to develop and implement this project. I was personally motivated to develop this project as I myself being an IMG have encountered various difficulties when I first started my UK journey back in 2019. It was quite difficult to engage with my training portfolio and to learn what it means to be a reflective practitioner. I owe a lot of gratitude to a fellow colleague who was an F1 at the time. She showed me all the ropes of a junior doctor and made my life much easier. I wanted to have this scheme as a mean for other trainees to have the same support as I had. I was pleased that both mentors and mentees were happy that I came up with this project. I am also grateful for the exchange of ideas and experiences through the EDI network.

9. References

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