Mentoring Case Studies

NHS England Workforce Training Education
Directorate: Pharmacy London

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Authored by:
Trishna Patel and Alice Conway. Corresponding author: email: trishna.patel11@nhs.net
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Disclaimer:
This work was initiated as part of the Early Careers programme across London and South East, and concluded as part of the Workforce Development Programme within London. Contact Katie Reygate (Programme Lead) for further details. Katie.reygate@nhs.net

Dedicated to Nina Barnett (1965–2023)

In loving memory of Nina Barnett, we dedicate this mentoring resource to honour her enduring impact and unwavering commitment to the growth and development of others.

Nina was not just a mentor to many but a beacon of inspiration, whose guidance and wisdom continue to resonate in the hearts and minds of those fortunate enough to have crossed paths with her.

As we reflect on the invaluable contributions that Nina has made to the world of mentoring within Pharmacy, we are reminded of Nina's passion for fostering growth, nurturing talent, and imparting knowledge with boundless generosity.

We are forever grateful for the privilege of having known and learnt from Nina.

Background

NHS England Workforce, Training and Education Directorate, formerly known as Health Education England London and South East (HEE LaSE) investigated the provision of mentoring, starting with identifying current mentoring arrangements for the pharmacy workforce within organisations as part of the overall explorative work on the current educational infrastructure project[1].

The work identified;

1. The need to define and clarify the roles of a mentor often referred to as a buddy despite being different roles.
2. There is a lack of awareness within organisations of mentoring.
3. Pharmacy departments have no formal mentoring structure or are at the early stage of developing and formalise this.
4. There is a lack of awareness of resources to support and develop mentoring.
5. This work highlighted the need to create resources and support mentoring guidance and strategies development within Trusts.

Introduction

Mentorship is considered a process where the “mentor, an experienced person, guides the mentee in developing the knowledge and skills required in their professional development”.

Mentoring arrangements within the pharmacy workforce is essential, thus establishing a mentoring strategy and infrastructure will be crucial for the development of the workforce.

Aim and Method

Pharmacists within Primary and Secondary Care were invited to share their current mentoring model structures within their organisations. Semi-structured interviews were conducted, consisting of a set of 5 questions.

1. Describe the mentorship model (s) within your department /organisation that involves pharmacy
2. What have you found that has worked well with this model
3. What challenges have you had with starting and maintaining the mentoring model
4. What advice would you give to a peer starting up a similar model
5. What mentoring resources would you have you found the most useful to support you with the development and maintenance of this model

The main aim is to explore the existing mentoring styles and structures within organisations, and consider the potential to adopt and modify them to suit own organisations.

Mentoring examples

- Trainee Pharmacists
- Newly Qualified Pharmacists
- Designated Supervisors
- Educational Programme Directors
- Independent Prescribers
- Designated Prescribing Practitioners
- Consultant Pharmacist
- Reverse Mentoring
- Group Mentoring
- Primary Care Networks

Case Study with Steven Giddings
Principal Pharmacist - Education & Training & Education Programme Director at Royal Free London NHS Foundation Trust, tell us about mentoring models

1. Describe the mentorship model (s) within your department /organisation that involves pharmacy

i)Trainee Pharmacist (TP) with Band 6 pharmacist mentor

- Each Trainee Pharmacist (TP) is assigned a Designated Supervisor (DS) which tends to be a band 7 or 8a (three years qualified) and a mentor that is a band 6 pharmacist.
- The mentor is available from an informal point of view to help the TP resolve any difficulties with evidences and to bounce ideas off them.
- The mentors are invited to DS/TP meetings on an ad hoc basis to gain exposure to the role of the DS. I confirm with the DS at our 13, 26 and 39 week appraisal meetings that they are still allowing mentors to attend their meetings.
- There is an in-house training event for all mentors and DS' focusing on mentorship skills, expectations of the role and differences between DS and mentor roles. We do ask our mentors and DS' to complete the commissioned Educational Supervisor Training, however often they are unable to do so until they've completed their PGDip +/- IP. The in-house training provides the skills needed until they're able to complete the commissioned course.
- Historically training was for DS and mentors only, however we are now trialling joint training with DS, mentors and mentees.
- The E&T team will then physically meet with the TPs in April during their 4th year of the pharmacy degree course to prepare them for their Foundation Year (FY) and assign them mentors dependent on TP personality. This is in preparation for their arrival in July.

ii) Newly Qualified Pharmacist (NQP) with Band 7 or 8 mentors (senior pharmacists)

- Completed on an informal basis.
- During NQP's Trust induction they are asked if they would like a mentor. If they do, we would plan whom would be their mentor, dependent on personality and their previous experience - we assign a mentor accordingly, this would be a band 7 or 8a\8b.
- We also take into consideration that some members of the pharmacy team are keener to be involved in mentorship and some are not, therefore this is a voluntary opportunity for our senior pharmacists to act as mentors.
- For example: TPs that had a community FY are paired up with a member of staff that has more experience with mentoring. The pharmacy department training leads and three main equivalent clinical leads at each hospital site are involved with matching the NQP/band 6 with their mentor. The same training is offered to mentors if they not already had this previously.

To Contact Steven: steven.giddings@nhs.net

Principal Pharmacist - Education & Training & Education Programme Director at Royal Free London NHS Foundation Trust, tell us about mentoring models

2. What have you found that has worked well with this model?

- The nature of the model is informal and not actively policed. We do not chase mentees to have regular meetings with their mentors. However, we do check in at existing meetings i.e. weekly TP meetings or B6/7 pharmacist forums that both mentors and mentees are happy and to flag any problems if not.
- For those wanting to set up similar models, the model works well without having to put a lot of work apart from the initial mentoring training. The model is self-sufficient. The main benefits that we're seeing is that this model does engage a lot the mentors to be future DS' because they've had that exposure, understand what the role entails and how it supports their development and career progression.

3. What challenges have you had with starting and maintaining these mentoring models

Turnover with NQP/band 6 which may result in a TP having to wait a few weeks for their mentor to be replaced. If interim support is required, they're advised to speak with the E&T team while we wait for a new mentor.

There may be be occasions where some mentors are parachuted in when needed and I might not always have been able to train them up beforehand. However, we do put on multiple training sessions throughout the year and as the team is growing, we can increase the frequency of training provided.

These mentorship models have been in place for several years across the sites at Royal Free London NHS Foundation Trust. The senior management team are very supportive to get these models off the ground and keep them running. There's always been an expectation that if someone is a mentor that they are allowed time for the mentor and mentee meetings. Mentoring has been built into our department culture over the years.

4. What advice would you give to a peer starting up a similar models

- Sell the vision and benefits to the department and embed into job plans where possible.
- Get junior pharmacists on board by explaining how the soft skills developed by mentoring and becoming a DS support career progression.
- Mentoring models are a useful way for staff to develop their communication skills in the workplace but its importance to do this at rate that's manageable.

5. What mentoring resources would you have you found the most useful to support you with the development and maintenance of this model

- London Pharmacy Education and Development Train the Trainer course
- E&T module in MSc in Advanced Pharmacy Practice
- CPPE Leadership for Change and RPS resources.

To Contact Steven: steven.giddings@nhs.net

Case Study with Dr Dereck Gondongwe
Lead Pharmacist – Education at University College Hospitals (UCLH) NHS Foundation Trust tell us about mentoring models within UCLH.

i)Prospective Designated Supervisor (DS) mentored by current Designated Supervisor

1. Describe the mentorship model (s) within your department /organisation that involves pharmacy

- When a band 7 pharmacist has finished their diploma and has 3 years of practice, they become eligible to be a DS. They are not allowed to supervise Trainee Pharmacists (TPs) independently in the first year of their eligibility to be a DS and therefore are mentored by another TP DS.
- The mentor is someone who has been a TP DS for at least three years. The pharmacist new to the DS role would be expected to undertake the Regional DS training (Propharmace®) in the background to form the theory part while practically they will be meeting with a TP and an experienced DS.
- This process starts around May time when we decide who our DS are going to be for the incoming TPs and that point, we ask our band 7s who wants to train to be a DS.
- The trainee DS and experienced DS meet the TP together for the first time when the TPs start in July, enabling the TP to be aware that one is a trainee DS and the other is a very experienced DS.
- The TP gets to some extent shape how the trainee DS supervises as they are seeing to different types of supervision styles. That relationship continues for the whole year. Once the trainee DS has finished the year then they get setup independent as a DS, but they still have access to their previous experienced DS which is where the mentoring really starts after the initial period of role modelling.
- This mentor model came about after we had new DS who only undertook remote learning for this role. We found they struggled, and they said “the online learning was all very theoretical as until you have someone in front of you, you have no idea what you are doing”.
- As we have a department of over 120 pharmacists, we have the environment where I can pair up every single aspiring DS who wants to train up as a DS/Educational Supervisor (ES) with an experienced DS/ES. We try and maintain a 50:50 expert to novice DS in our Local Faculty Group (LFG) and this model supports local succession planning for DS.
- There is no line management with the experienced and less experienced DS. Typically I pair up across teams and try and think about personality types. For example, I may pair an experienced 8a critical care Pharmacist with a band 7 in haematology. I do this deliberately to take away the conflict of interest with line management relationships, there is also a practical reason for the pairing strategy. There are certain teams where every team member is an ES, and other teams with very few team members are ES. I try and deliberately pair up a person who wants to be a new ES/DS in a team where there are very few members with an experienced ES/DS. The trainee ES/DS gets to see how people whom are able to be ES/DS manage their time and fit this in with their clinical role. For example having a regular slot in their work calendar for learner and DS/ES meetings.

To Contact Dereck: dereck.gondongwe@nhs.net

Dr Dereck Gondongwe: Lead Pharmacist for Education at University College Hospitals NHS Foundation Trust, continues the discussion on mentoring models..

ii) Prospective Consultant Pharmacist mentoring

1. Describe the mentorship model (s) within your department /organisation that involves pharmacy (Include details of staff group involved in the mentoring model).

- When the new Royal Pharmaceutical Society (RPS) Consultant pharmacist curriculum came out I was aware the Clinical domain was easy to demonstrate by practitioners but the Leadership, Research and Education domains were more challenging and varied across the department based on where people worked.
- For example within our Medicines Information department within our organisation, they have extensive experience with publications, and do a lot of research and leadership. I wanted to emulate this module across other departments.
- I approached several pharmacists who were practising at consultant level but did not have the consultant accreditation. After asking why they haven't gone down the consultant credential route it was identified which of the domains they were struggling with. Armed with the knowledge that the RPS expected prospective consultant pharmacists to have mentors for each domain i.e. a research mentor, education mentor I thought about people within my organisation that could be a research/ leadership/education mentor and I went to them and said there is a whole group of people within pharmacy whom need research mentor or education mentor or leadership mentor .
- Once I had established several people whom were very supportive to mentor pharmacists within the department I shared this list with pharmacists whom had asked for mentors and said please go and approach them to be your mentor in the area you need or I can or I can approach them for you on your behalf and set up some introductory conversations.

2. What advice would you give to a peer starting up a similar model

- Support from the Senior Pharmacy Management Team and investigate what already happens within your organisation to supporting mentoring. In my organisation we have a trust education governance committee where initiatives like coaching and mentoring are discussed and commissioned for all staff groups.

3. What mentoring resources would you have you found the most useful to support you with the development and maintenance of this model

- Trust resources from the Trust Coaching and Mentoring service

RPS Consultant Pharmacist framework

Dr Dereck Gondongwe: Lead Pharmacist – Education at University College Hospitals NHS Foundation Trust, continues the discussion on mentoring models..

4. What have you found that has worked well with these model

- Both models are supported and agreed by the Pharmacy Senior Leadership Team and many of the Pharmacy Senior Management Team have taken on the role of mentors
- For the DS /ES role there was an understanding that everyone needs to be trained up to take on this role. The notion of a member of staff saying they could not do this is largely discouraged. The role of DS/ES is already in staffs job descriptions. The next step is to include this is in the job plan.
- We have also developed Group mentoring with one mentor meeting more than one mentees.at the same time. Distinct questions are asked by the mentor and then we all then discuss them and have the added benefit of learning from each other as week as the mentor.
- The Head of Pharmacy was very supportive for the Consultant Pharmacist model and advised we expand this model further outside the Trust and tap into his network for mentors including Chief Pharmacist and other senior leaders across the Integrated Care Systems (ICS). We are now developing this pool of mentors that was initially local but now it is ICS wide
- We have a Trust Coaching and Mentoring service which I am linked in with and done both their training for both Coaching and Mentoring and promoting other to this as well as using their resources and either applying or modifying this to fit our Pharmacy model. A representative from the Trust Coaching and Mentoring service comes to our Local Faculty Group annually to talks to our DSs and Trainee representatives , what they do and encourage them to sign up

5. What challenges have you had with starting and maintaining the mentoring models

- It is time consuming process: finding the right people to volunteer to be mentors and then do connections with the mentor and mentee. Time is needed for me to meet up with the mentee and identify exactly what type off mentor they are looking for and time to also meet up with potential mentors so they are aware of what their role would be. I have been very fortunate with people signposting me to possible mentors. Within my organisation my focus is Advanced Practice rather than TPs with other EPDs focussing on Foundation Training hence I am able to do this. Other organisations may not have this Education and Development resource for Advanced Practice as I am aware traditionally the resources within the Education and Development workforce are directed to Foundation Training.

- For the Consultant Pharmacist model the initial challenge was for people to identify whom could be their mentor. They knew they needed a mentor but were not sure how to find one and also how to approach them to ask them be a mentor. I have bridged this gap by asking people what type of mentor they are looking for to ensure the emotional and respect elements of a mentor are met, and have a list of senior or very senior leaders that have already agreed to be mentors to help create mentor and mentee relationships

To Contact Dereck: dereck.gondongwe@nhs.net

Case Study with Simon Harris
Head of Education, Leadership & Coaching and Foundation Training Lead at Green Light Pharmacy, tells us about mentoring models between:
Trainee and Post-Registration Pharmacists

1. Describe the mentorship model within your organisation that involves pharmacy (include details of staff group involved in the mentoring model).

- Our mentorship model has been running for over 5 years. Trainee Pharmacists (TPs) all have a Designated Supervisor (DS), and at Green Light they also have a separate pharmacist mentor.

- Our mentors are pharmacists who completed their Foundation Training Year (FTY) at Green Light and are now 1-3 years post-registration. Each mentor is assigned between 1-3 TPs to support each year.

- I try to pair our TPs with mentors who originally completed their own FTY at the same pharmacy location as the mentee, or at least on the same programme, such as a split community pharmacy and general practice programme.

- The structure of the mentoring sessions is flexible with the frequency of sessions led by the TP as and when they would like to discuss something with their mentor. The mentoring sessions take place over the phone, by video call, or in person, depending on the agreement made between TP and mentor.
- TPs typically use their mentors for career advice, guidance on CV writing, and managing full time work alongside studying for the registration assessment.
- I have created two templates to support the mentoring arrangements. One for the TPs to complete prior to their mentoring session to allow them to think about what they want to discuss, and the other for the mentor to help them structure the conversation.
- The mentor meets with each TP on a 1:1 basis. We explain to mentees at their FTY induction what a mentor is and how to make the most of them. We support our mentors to check their understanding of mentorship and signpost to RPS resources.
- Mentoring sessions are generally within work hours, although this may vary depending on individual arrangements made between TP and mentor. The mentors have ongoing support from our FTY team with any queries or challenges they may face.

To Contact Simon: simon@greenlightpharmacy.com

Simon Harris: Head of Education, Leadership & Coaching and Foundation Training Lead at Green Light Pharmacy continues to tell us about mentoring models between **Trainee and Post-Registration Pharmacists**

2. What have you found that has worked well with this model

- Low maintenance and straight forward model
- The flexibility
- TPs can arrange to meet they mentors as and when they need, rather than at fixed times throughout the year.

3. What challenges have you had with starting and maintaining the mentoring model

- With increasing numbers of trainees at GL, finding enough mentors!
- I would like to offer further training for our new mentors to support them in their role.

4. What advice would you give to a peer starting up a similar model

- Ensure the TP understands what it means to have a mentor, what their role is, and to set clear expectations and boundaries.
- Explain the difference between coaching, mentoring, counselling and buddying.
- Ask mentors for feedback: what's going well, and what are the challenges?
- Keep paperwork to a minimum to reduce burden on both mentor and mentee.
- Key message: Keep it simple to keep it sustainable!

5. What mentoring resources would you have you found the most useful to support you with the development and maintenance of this model

- In-house resources designed by Green Light Pharmacy
- Signpost to RPS

To Contact Simon: simon@greenlightpharmacy.com

Case Study with Caroline Chileshe
Deputy Chief Pharmacist at South East Coast Ambulance Service (SECAmb) NHS Foundation Trust, tell us about:
Group mentoring for Newly Qualified Prescribers (NQP) or new pharmacist members with Professional Lead

1.Describe the mentorship model (s) within your department /organisation that involves pharmacy (Include details of staff group involved in the mentoring model)

- The mentoring model, also known as a professional support model, is currently for newly qualified prescribing pharmacists or those new to the pharmacy SECAmb team who have extended gaps in their practice.
- We have a monthly informal group "check in", with 4 mentees and myself as the mentor and pharmacy professional lead. We discuss cases or prescribing queries and address any needs that may have been discovered including any system queries.
- The frequency of the meetings gradually moves to every three months, but mentees can contact myself and instigate meetings whenever needed. Over time, I have heard and seen participants confidence grow through these meetings with typical queries including "can I run this by you" or "what would you have done?"

2. What have you found that has worked well with this model

- There is a clear distinction between line management and mentors as I am not their line manager but their professional lead.
- This model is adaptable e.g. able to devolve sessions to more experienced pharmacist prescribers and create more of a peer mentoring group.

3. What challenges have you had with starting and maintaining the mentoring model

- Scheduling meetings as pharmacists undertake shift work (a typical working day is 6pm to 12am with weekend working, therefore difficult to factor in these sessions within their work schedules). If both parties are committed to the meeting, they tend to happen.
- When you have a very experienced workforce, for example being in practice for 10-15+ years, they may question if I am qualified to offer mentorship to them. This is resolved by going through expectations of the sessions and their purpose and emphasising that they are voluntary. We employ a loose framework because a lot of the conversations or dialogue that may come up during the sessions may have come up previously between peers and there are already answers to share.

4. What advice would you give to a peer starting up a similar model

- Be dynamic, models can change over time
- Don't mentor alone, gaining feedback from other colleagues informally on the outcome of the mentor sessions is very helpful.
- It's important to know what mentees are looking for and what they want.

5. What mentoring resources would you have you found the most useful to support you with the development and maintenance of this model

- SECAmb internal clinical supervision model which includes many resources that could be used to help the mentoring model, such as use of a 360 degree feedback tool.

To Contact Caroline: caroline.chileshe@secamb.nhs.uk

Case Study with Caroline Chileshe: Deputy Chief Pharmacist at South East Coast Ambulance Service NHS Foundation Trust, tell us about:

Trainee Pharmacists (TP) and a Pharmacist working in different organisations.

1. Describe the mentorship model (s) within your department /organisation that involves pharmacy (Include details of staff group involved in the mentoring model).

- Currently I mentor a Trainee Pharmacist (TP) which is given to me by a "host". This is a completely separate role from the TP's Designated Supervisor (DS) and I have no contact with the DS.
- There is a monthly virtual meeting, which is not a fixed date although we do have a fixed block in our diary just so that we don't forget because we don't work with each other regularly and if there are any reasons that we can't meet the date or it's not suitable then we communicate in advance and rearrange.
- The "host" organisation who brought us together have an outline for 50 weeks on what we should be discussing and contacts us monthly to remind us to have the monthly meeting and complete the forms. After each meeting I submit a google form to the organiser of what's been discussed, if the TP has attended any study sessions, how are they progressing with their portfolio etc. The first meeting was done collaboratively with the mentors and mentees to outline the mentoring parameters, and no one is phased out by the process, and everyone starts on the same footing.

2. What have you found that has worked well with this model

- We don't sit in the same organisation and from my experience the TP finds it interesting and positive. The TP airs subjects such as protected learning time, which we then discuss and come up with actions and solutions; for example, have you spoken to your DS - be mindful that this isn't stipulated as mandatory anywhere or see how you can help your DS with their day to day running of the pharmacy for you to have your learning time.

3. What challenges have you had with starting and maintaining the mentoring model

- The main obstacle is time and this is outside of worktime so it could be lunchtime or outside of work.

4. What advice would you give to a peer starting up a similar model

- The group approach was good at the start of the TP year with mentors and mentees, and I think it makes everyone feel like they part of something much bigger. They also brought back some previous TPs that are now mentors. They have a nice continuation and gave feedback from the perspective of someone who has gone through the mentoring programme. Next year the plan is for the new mentors to give feedback now that they have gone through the programme.

5. What mentoring resources would you have you found the most useful to support you with the development and maintenance of this model

- The organisation provides its own mentoring resources for us to use. I also use the Royal Pharmaceutical Society (RPS) mentoring resources. I use experience from my own personal mentoring experience; I have been mentored, have observed mentoring sessions and use my self-reflection on mentoring. I also use mentoring resources from a leadership and management course as part of the UCL Advanced Pharmacy Practice.

To Contact Caroline: caroline.chileshe@secamb.nhs.uk

Case Study with Anja St. Clair Jones Consultant Pharmacist Gastroenterology at University Hospitals Sussex NHS Foundation Trust, tell us about mentoring:

Advanced Practice Group and Consultant Pharmacist mentoring

1. Describe the mentorship model (s) within your department /organisation that involves pharmacy (Include details of staff group involved in the mentoring model).

- During to COVID, shadowing was suspended for up to 3 years and the practitioners missed out on observing best practice. Recognising the missed training benefit from senior peer observations I was asked to mentor pharmacists to advanced and consultant practice.
- The department provides the opportunity for band 7s and above from each clinical team to meet once a month for peer mentoring with a focus on advanced practice and myself as the mentor. I also meet up with more senior clinical individuals with a focus on consultant credentialing as well as providing the opportunity for monthly peer support for pharmacist collecting evidence for their consultant portfolio.
- My role is a professional lead and have no management or supervisor role for any of “mentees”. I discuss their career plans, what they want to do and encourage them to think about their practice and ways of working towards advanced and consultant practice. This band 7/8 mentoring model started April 2022 with the surgical team and medical and being rolled out to other clinical teams with support from the senior management team. The consultants mentoring model started at the same time with opportunities for practitioners to discuss the portfolio with me as necessary and required by the practitioner.
- In September 2022 I also presented a training and educational session for all pharmacy staff across the trust. The program is based on the 5 pillars of the RPS credentialing process and encourages all staff to take part in presenting and organising the program. This has proven to be most useful to forge working relations ships across the newly merged pharmacy department and share best practice and enable joint working.

2. What have you found that has worked well with this model

- The peer mentoring sessions are valuable protected time for participants to reflect on their own practice, whether at advanced or consultant level, and have personal development time.
- The sessions are always very productive and participants value the opportunity to concentrate on their career. Everyone is always so busy it’s important to give them this protected time. I have been trying to instil in them that taking time to concentrate on their development is valuable for patients and their practice as well as their job satisfaction.
- I encouraged them to establish and or join regional / national groups, get involved with regional projects and publish their achievements and this is working well.
- Encouraging juniors should be an essential part of any senior practitioner’s role and by observing established role models gives practitioners the courage to go outside their comfort zone and knowing there is a senior mentor to fall back on.

To Contact Anja: anja.st.clair-jones@nhs.net

Anja St. Clair Jones: Consultant Pharmacist Gastroenterology at University Hospitals Sussex NHS Foundation Trust, continues to tell us about:

Advanced Practice Group and Consultant Pharmacist mentoring

3. What challenges have you had with starting and maintaining the mentoring model

- Members of larger teams seem able to join but it is more difficult for the smaller teams which is something we need as a department to address. I purposely sit in the office and will talk to pharmacists that have been referred or I happen to come across in the office. I usually open conversations asking about their plans and where they think they would like to be and often devise a plan based on their needs.

4. What advice would you give to a peer starting up a similar model

- To make sure people do take the time for their development and this is supported by the organisation.

➢Have very clear ground rules at the start so everyone is aware of these and, to include what can be shared outside the mentoring sessions as well as clarity of what a mentor is, what they can expect from the sessions and what the mentee can do to get the most out of these sessions.

➢I'll make very clear that these sessions are all confidential, what we discuss does not get shared and that this for to their benefit. I do keep a record, of what we discuss because I need to go back and see what have the mentees achieved what they set out to achieve.

➢Always to be accessible and it can be difficult to arrange sessions for staff working part time. Currently per mentoring sessions are virtual with the possibility of one to one discussions in person which could be challenging as UHS is across a wide geographical area.

➢It is also important that you, as a mentor, are very interested and passionate about developing people and enjoy supporting them with career plans to reach their aspirations. It is a great feeling to see someone shine with a little help from mentoring.

5. What mentoring resources would you have you found the most useful to support you with the development and maintenance of this model

- Royal Pharmaceutical Society mentoring resources
- RPS advanced curriculum
- Consultant credentialing process and being a consultant pharmacist myself I am able to support advance practice as a mentor.
- RPS portfolio which has provided me with useful experience from the assessor's perspective to then support others go through this process.
- CPPE mentoring manual.

To Contact Anja: anja.st.clair-jones@nhs.net

Case Study with Nneka McKenzie
Advanced Specialist Pharmacist at Surrey and Borders Partnership NHS foundation Trust, tell us about: **Reverse mentoring** in Tackling Health inequalities and inclusion

1. Describe the mentorship model (s) within your department /organisation that involves pharmacy (Include details of staff group involved in the mentoring model).

The model was called the Reverse mentoring for Race Equality, Diversity and Inclusion (EDI) led by Professor Stacy Johnson and was launched by my Trust at a time which corresponded to the global response to George Floyd's death, with recognition that conversations were needed about this within the NHS, to understand the lived experiences of colleagues of ethnic minority/global majority heritage.

I volunteered and had the opportunity to mentor Fiona Edwards our Chief Executive. I led our mentoring relationship which consisted of courageous conversations about my life as a black woman and professional in the NHS, the wider culture in the NHS particularly about the impact of systemic racism on the NHS workforce and patients (health inequalities). I asked her to read a book with me which formed the framework of our mentoring conversations. The book was "Me and White Supremacy: How to Recognise Your Privilege, Combat Racism and Change the World" by Layla Saad. We met once a month for six months for about 90 minutes each time, with the book providing structure to our conversations.

The word 'Reverse' referred to the fact that this programme encouraged the usual power dynamic that existed between Fiona as Chief Executive and I to be reversed. Fiona and I both made sure that I led the partnership. This psychological positioning gave me confidence to tell my story, share my values and to influence her towards my goals for equality. I gave her homework to do, I challenged her, and had what would be described as critical conversations but in a very compassionate way.
Mentoring pieces like this are more social in nature and not your typical pharmacy mentoring but can play a pivotal role in empowering a significant proportion of the NHS workforce made up of individuals of an ethnic minority individuals in having a voice and feeling valued particularly when they see actions springing forth from their conversations, as was the case for me. In an ideal NHS many of us will be in positions where we have access to the resources we need to make the changes we want to see.

I had the support from my pharmacy colleagues to engage in this piece which was happening in the wider organisation. It was a very productive and successful six months reverse mentoring and we both achieved a lot. This experience was very pivotal in helping the Chief Executive achieve her goals to understand some the social drivers and factors which maintain health inequalities which are usually difficult to talk about like systemic racism and to do something about them through strategic action. It helped me by enabling me tackle issues which I do not usually have the power or access to resource to do. I harnessed Fiona's power!

2. What have you found that has worked well with this model

The model of encouraging a power reversal worked well for me, because I've never really had these sorts of conversations at work, so it gave me the confidence to go 'there' being challenging of a senior white leader. It created some confidence, safety and empowerment for me. To prepare us, the creator of the reverse mentoring model Stacy Johnson provided some training sessions for mentors and mentees.

To Contact Nneka: Nneka.McKenzie@sabp.nhs.uk

Nneka McKenzie Advanced Specialist Pharmacist at Surrey and Borders Partnership NHS foundation Trust, continue to tell us about:

Reverse mentoring in Tackling Health inequalities and inclusion

3. What challenges have you had with starting and maintaining the mentoring model

- Challenges in this piece I would say had to do with the subject matter and the ongoing awareness of power and hierarchy. I consider the NHS a very hierarchical organisation e.g. with overrepresentation of white colleagues in senior roles 8B and above and overrepresentation of ethnic minority staff in lower banded roles in a pattern that is often not a true reflection of ability or merit. Open and honest conversations about these issues are rare so trying to do this with my Chief Executive required more levels of courage!

- I asked myself questions like 'can I freely share my stories of when I have experienced racism? " "Am I safe?", "Can I challenge her on these issues?"

- I would imagine that many NHS staff may bristle at the thought of these conversations so maintaining his model for the subject matter may prove challenging, but we must ask ourselves how else change will occur if we don't seek to understand and then address these issues. I am proud that my organisation is considering a second iteration.

4. What advice would you give to a peer starting up a similar model

- It took a lot of courage to be involved with reverse mentoring. My advice is to be brave and go for opportunities for reverse mentoring opportunities advertised within your organisations. Whatever the model used it is important to have support from your organisation. With this mentoring model every couple of months we held peer supervision sessions to check in for support. Additionally, if staff are to take part in these programmes it is important to provide space for them to decompress and attend to their wellbeing afterwards particularly those on the marginalised side of the fence.
- For advice about addressing the subject of EDI, be honest and be compassionate as it's an area that a lot of people are afraid to engage in as they may feel shame or guilt of feel all kinds of things, and adequate mentoring framework can support these conversations being had.
- This opportunity led to a video being produced with myself and Fiona (Frimley Health and Care - Courageous Conversations – YouTube) which may be helpful to those starting a reverse mentoring model or wanted to have conversations tackling health inequalities and inclusion.

5. What mentoring resources would you have you found the most useful to support you with the development and maintenance of this model

Obviously having Stacy Johnson support this in our organisation was key but there are many reverse mentoring models that are widely available with some research. The RPS mentoring resources were also very useful to me.

To Contact Nneka: Nneka.McKenzie@sabp.nhs.uk

Case Study with Iwona Ward
Lead Stroke / Anticoagulation/ IVIG and Lipid Specialist Pharmacist at East Sussex Healthcare NHS Trust tell us about mentoring models between:
Independent Prescriber mentoring with Past Designated Prescribing Practitioner

1. Describe the mentorship model (s) within your department /organisation that involves pharmacy (Include details of staff group involved in the mentoring model).

My mentor is a Consultant Haematologist within an Acute Trust. He was my Designated Medical Prescriber (now known as a Designated Prescribing Practitioner) whilst undergoing the Independent Prescribing course in 2018, and subsequently became my mentor and remains. We meet weekly at a dedicated time. Working in similar clinical areas has been very helpful as he is able to answer clinical queries and discuss challenging patients during our mentor session. Our mentor meetings also provide the opportunity to share new guidance and policies with each other in addition to exchanging knowledge.

2. What have you found that has worked well with this model

I am an expert in my field within the pharmacy department, however I still have questions that I don't know answers to. It is great having someone senior, whom I respect, with whom I can discuss issues and review patients together. I am also able to get advice on how they would manage situations that I have not had experience of managing before, both from a clinical and a personal development perspective. The longevity of this relationship has mutual benefits. We are able to identify and address issues within the Trust that are raised by different disciplines, work on Trust Guidance together, there is a degree of sharing of information that feeds up the chain and when necessary, I am able to use his name and or network to add influence on a directive, particularly with stakeholder consultants. My line manager is supportive of the mentoring relationship and has included it into my job plan.

3. What challenges have you had with starting and maintaining the mentoring model

Ensuring I am prepared for this each meeting in advance, I put a plan together of what I need to ask to discuss to ensure I make the best use of the mentoring time. For an example how I managed medication of a particularly challenging patient meeting with something to discuss. We always seem to both have something to discuss. For this to keep going on there is must be a need to meet, otherwise the relations would not continue, however there is flexibility in the relationship as sometimes it is difficult to meet.

4. What advice would you give to a peer starting up a similar model

Find someone you get on well with, have commonality with and who is prepared to set time aside to meet on a regular basis. Ensure there is a link and common ground between the mentor and mentee so the relationship can be sustained, and the mentor will have experience in the areas you want to discuss. The mentee should have a plan of what they would like to discuss with their mentor and bring this to the meeting. The mentee should always be open to feedback from their mentor.

As a prescriber, I discuss my prescribing decisions to get feedback from my mentor, which helps me with my confidence, helps me reflect on my practice and provides from suggestions on how to improve. I am asking what I should do in current situations but also what I should have done in past situations. I have completed my prescribing course, but learning doesn't stop here. This relationship helps me to continually grow and reflect on my practise with a peer. This relationship has also given me a degree of respect and raised my profile with other Haematology consultants.

5.What mentoring resources would you have you found the most useful to support you with the development and maintenance of this model

Rosalind Franklin.

To Contact Iwona: iwona.ward@nhs.net

Case Study with Eoin Moroney
Practice Pharmacist for Montpelier Surgery & Lead Clinical Pharmacist at North & Central Brighton Primary Care Networks at, tell us about Group mentoring

1. Describe the mentorship model(s) within your department /organisation that involves pharmacy (Include details of staff group involved in the mentoring model)

The group model was established during the COVID-19 pandemic. Since November 2020, team members new to primary care having previously working in hospital and community settings had to work remotely from home. The mentoring sessions were designed to provide a safe environment to support their integration into a new sector and provide a peer-to-peer network so they could feel more comfortable, ask questions that perhaps they thought were trivial or bothersome. The overall aim of the mentoring sessions was to develop the mentees into medicines experts within the Primary Care Network (PCN).

The group mentoring sessions include two mentors, a senior pharmacist from within the PCN and the other external mentor from secondary care. The mentees are more junior PCN pharmacy team members including pharmacists and pharmacy technicians. Initially it started with 2 mentees which has grown to 5 as the PCN team has expanded. Bi-weekly sessions were scheduled virtually for 2 hours on Wednesday and 1.5 hours on Fridays with the aim of supporting the mentees with their daily work challenges, identifying training opportunities, and the development of professional links.

The mentoring sessions have been built into the teams' weekly work plan and supported by the PCN leadership team and include funding for the external mentor. A report on the outputs of the mentoring group is required to presented to the PCN board every six months.

2. What have you found that has worked well with this model

- Having an external mentor, independent from the PCN employed in secondary care. This brings a fresh and novel perspective. The experience of the mentor is a role model whom brings their years of experience working in pharmacy practice including being a prescriber, developing their own scope of practice, and running patient clinics.
- The mentoring sessions bring the whole team together to learn from more experts as well as each other to share of practice, critique of project work and highlight career aspirations. Within primary care the majority of colleagues are working in silos with examples of good quality care, but there is limited sharing or overview to support development. The mentoring sessions encourage pharmacists and pharmacy technicians to develop and mature as professionals. The mentors' connections have been used to direct mentees to other networks outside their own PCN and develop their own professional relationships, providing them with opportunities that they perhaps would not have had otherwise, due to limited professional connections. For instance, the PCN technicians, using the mentor networks have been empowered to link in with the local university and support the education of pharmacy undergraduates students.
- The mentees have very little or no acute secondary care experience to know how secondary care works. Hence another benefit of this model is the external mentor has extensive hospital background and is a consultant pharmacist who can share their experience and problem solve and explain the workings of secondary care.
- The mentoring model has been found to aid recruitment and retentions of the PCN pharmacy team. The model is promoted at interviews for both technicians and pharmacists and seen as a recruitment incentive, with new recruits aware they would join a group of their supportive peers.
- The mentoring model was also designed to develop a cohesive team, because as team members know each other well they are able to draw on experiences and skills from each other.

As PCN pharmacy is a very "young profession". There is not a defined structure around advanced practice yet, it can be easy to stagnate. The group mentoring sessions have been found anecdotally to prevent this.

Case Study with Eoin Moroney
Practice Pharmacist for Montpelier Surgery & Lead Clinical Pharmacist at North Central Brighton Primary Care Networks at, tell us about Group mentoring

3. What challenges have you had with starting and maintaining the mentoring model

Groundwork with establishing the mentor model was needed and a business case was required for the PCN leadership outlining the necessary funding for an external mentor and also protected study time for the pharmacy team to attend these sessions. Time was needed to perform an in-depth literature search and research what happened within other organisations. The GP and Royal Colleges of Physician mentoring documents referred to in the resources sections informed the mentoring model. The GP curriculum was found to be particular useful as this had a section dedicated to the need and value of mentoring to develop GPs. Now mentoring is incorporated within the new GPhC initial education training standards this will add to credibility and accessibility of mentoring.

It was important to establish confidentiality arrangements for both mentors and mentees. The confidentiality arrangements clarified how the mentor sessions would impact on their work, or something, and that the sessions were non-judgmental supporting open and honest conversation.

Introducing the concept of what a mentor is and the mentoring model to staff was important as this was a new and novel concept to the mentees. Preparation work before the sessions to find out from each mentee individually their learning needs using the CPPE Manchester mentoring tool. The current mentoring model is reviewed every six months to ensure sessions met the needs to mentees.

4. What advice would you give to a peer starting up a similar model

It is important the GPs see the benefits and value this model brings to the pharmacy team and the GP practice, including staff retention, staff development and empowering them to mature into advanced practitioners.
First things obviously is to identify an independent or somewhat independent mentor whom had the capacity to support this work. Funding is important and then you need to engage with clinicians and management to fund the external mentor.
Sufficient protected time to be able to get this up and running as well as time for the mentor sessions is also essential.
Our experience have been published in the following article that may be helpful to peers establishing a mentoring model: Mentor PCN Pharmacists to Harness Their Potential (medscape.co.uk).

5. What mentoring resources would you have you found the most useful to support you with the development and maintenance of this model?

- Manchester Metropolitan University Mentoring Guidelines including Mentor Me mentoring guide, which supported the business side of the mentoring model
- The Royal College of General Practitioners (RCGP) curriculum, The RCCP Curriculum being a General Practitioner which has information about mentoring, how to set it up and what kind of mentoring needs you provided and how you ensure you can tailor it to each other.
- CPPE Mentoring guide Mentoring: CPPE.
- Pilot Study to describe the impact of a consultant pharmacist as a mentor and coach on pharmacists working in General Practice - Aanya Sha, Nina Barnett, Jacki Box TF Chan Journal of Pharmacy Management - Jan 2022 (pmhealthcare.co.uk).

To Contact Eoin: eoin.moroney@nhs.net

Case Study with Professor Nina Barnet
Consultant Pharmacist, Care of Older People at North West London Specialist Pharmacy Service, tell us about Group mentoring within Primary Care Networks

1. Describe the mentorship model (s) within your department /organisation that involves pharmacy (Include details of staff group involved in the mentoring model).

The group mentoring process starts with identifying someone who wants to talk about a particular situation which may have come from the peer mentoring pair. I encourage people to speak about their experience, focussing on how the experience made them feel. I then ask each member of the group in turn what questions they have for information or clarification, avoiding any comments on what happened to deepen the groups' understanding of what has happened. I then ask everyone to pause and reflect on the situation and then we share our reflections in a way that each individual feels comfortable. The conversations that come out of this create the mentoring in the group.

At the end, the person who presented the case, shares their learning with the group. Learning can sometimes be identifying a clinical or technical knowledge gap but more often it leads to acknowledgement of difficulty, and validation of this from the group. Where a group knowledge gap is identified, it offers the opportunity to develop a CPD session in the future because of the mentoring. Sometimes the knowledge will be in the room, and this happens often. Sometimes it's just validation and that "everyone else thought this was really hard and I wasn't going crazy thinking it was a difficult situation." The mentoring helps them to grow so next time they have a hard situation they can feel validated, yes that was hard, and they know how to get support to help them move forward.

*Peer mentoring empowers people to link up with someone who is working in a similar area and/or level of practice. It provides a first port of call when a practitioner is faced with a situation where they would value another opinion or perspective. Some people would naturally approach a peer to do this and peer mentoring simply formalises that process.

By providing a recognised route for support, people can work together on challenges and to come up with potential next steps. Often these conversations will result in useful solutions, however sometimes both participants remained challenged. In this situation, facilitated group mentoring can be helpful.

Group mentoring can be helpful for many different groups of people, such as pharmacist prescribers, with prescribers, experts in particular areas, as well as groups from specific sectors of practice (e.g. hospital, community GP practice), mixed groups and multidisciplinary groups, I have facilitated groups in face to face and remote settings, modifying the methods accordingly. I use a modified Balint technique combining elements of Schwartz rounds, a method which I have developed with colleagues.

People often ask me when mentoring is useful. I use the following explanation: When something happens in the day, and you go home and talk to it with your partner or colleagues go to bed and wake up and you're still thinking about it, that's a red flag - something that has bothered you at a deeper level. The next question to ask yourself is - what support do you need in managing this? These are commonly the type of cases that are brought to the Group Mentoring sessions.

2. What have you found that has worked well with this model

Group mentoring works well when regular meetings are schedule, and they happen in a safe and trusted environment. The group do not need to know each other, but they can. It is important to have an organisation that promotes mentoring and offers time and resources to support mentoring. All the mentoring I have done has been commissioned not by the individual but by seniors of those individuals. I have found it to be an especially useful model to increase confidence in pharmacy professionals new to practice, especially in the GP practice environment where practitioners can be isolated.

Professor Nina Barnett: Consultant Pharmacist, Care of Older People at North West London Specialist Pharmacy Service, continue to tell us about:

Group mentoring within Primary Care Networks

3. What challenges have you had with starting and maintaining the mentoring model

In the groups sometimes people don't understand the purpose of mentoring (they are often looking for CPD). It may take a little while for them to feel safe, to be honest, and not just focusing on the clinical aspects of a case. Other challenges include organisations not providing the resources or not prioritising this level of support.

4. What advice would you give to a peer starting up a similar model

Make sure you have got all your resources in place and 100% buy in from the people who employ the people you are going to be mentoring.
If you are going to offer mentoring, talk to your mentees about this. For one to one mentoring, have a "chemistry call" or "chemistry meeting" so you can find out about each other. You need to know what you mentee thinks mentoring is for, and what they want from this as you may be the wrong mentor for them, they may not like you and you may not like them. You may not have the expertise they need. They might need an expert clinical mentor in a particular area or they might need a more generic mentor to develop.
It is helpful to make a distinction because mentoring is not a title with a single definition. For some it will be about a person with more experience teaching and supporting someone with less experience in a particular area. For others, mentoring may be much more general it may be leadership or personal development in your profession.

Advice to potential mentees:
You don't have to have the same mentor for everything. I am a great advocate of having different mentors for different things. Sometimes you need a mentor that looks like you, perhaps of same gender or heritage and at other times it may be helpful to choose someone with a different background or experience. In my career I have 3 or 4 different mentors, whom have had absolutely completely different to each other and sometimes to me! It has been enormously helpful because I have accessed different things from each of them. We are all unique so there won't be one mentor that can fit each of our uniqueness. When looking for a mentor, think are trying to achieve then look for someone who can fulfil that role.

5. What mentoring resources would you have you found the most useful to support you with the development and maintenance of this model

There are many resources available to support mentoring for both mentor and mentees from organisations such as the Royal Pharmaceutical Society, Centre for Pharmacy Postgraduate Education and United Kingdom Clinical Pharmacy Association and the NHS Leadership Academy.

More detail about Group mentoring model described above can be found in the references below.

1) Barnett N, Jubraj B, White D . Supporting professional self-care for PCN pharmacists. Prescriber 2021.
2) Fowlis N, Barnett N ,Banks S, Jubraj B, A qualitative evaluation of weekly reflective practice sessions for the intensive care and pharmacy team during the COVID -19 pandemic , Eur J Hosp Pharm 2022 Apr 15.

References about Balint groups and Schwartz rounds

1) Salinsky J. A very short introduction to Balint groups. The Balint Society. June 2009. Available from: https://balint.co.uk/about/introduction/