

**THE NATIONAL DIABETES CONSULTANT MENTORSHIP  
PROGRAMME**

**FOR NEWLY APPOINTED CONSULTANTS IN DIABETES AND  
ENDOCRINOLOGY**

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**A PAPER FOR THE ASSOCIATION OF BRITISH CLINICAL  
DIABETOLOGISTS RECOMMENDING ADOPTION BY ABCD AS THE  
PROFESSIONAL GOVERNING BODY**

**IN ASSOCIATION WITH**

**ELI LILLY AND COMPANY AS THE FUNDING ORGANISATION**

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## **Recommendation**

It is recommended that the Association of British Clinical Diabetologists (ABCD) adopts the National Diabetes Consultant Mentorship Programme (NDCMP) for full implementation commencing 1 May 2011.

## **Executive Summary**

The National Diabetes Consultant Mentorship Programme (NDCMP) is a UK-wide initiative to provide a speciality-specific mentorship scheme for newly-appointed consultants in the speciality of diabetes and endocrinology. The purpose of the NDCMP is to identify, nurture and support the development of a cadre of consultants in diabetes and endocrinology for future consultant level leadership roles within the speciality.

The Programme depends upon, and is structured around, the appointment of high quality mentors. Mentors will be outstanding clinicians and leaders, men and women who, as role models, can provide mentorship of the highest quality. Mentors will provide mentorship to one mentee at a time and will be paid an honorarium for their services. Mentees, typically, will be newly appointed consultants, who, in their application for a place on the NDCMP, will be able to demonstrate tangible commitment to professional and personal development and the support of their employing Trust. The basis of the relationship will be one in which mentors empower mentees to develop themselves in their profession. Mentors and mentees will develop their mentorship relationship, within a set of clear guidelines, covering, for example, confidentiality and contact time.

While a range of stakeholders to the Programme have been identified. The NDCMP will be governed under the professional aegis of ABCD. Eli Lilly and Company have agreed to act as the funder and to supporting multiple aspects of the Programme's implementation.

Work to develop the NDCMP is well-advanced and, subject to adoption by ABCD, the Programme will be implemented through 2011.

## **The National Diabetes Consultant Mentorship Programme**

### **Aim**

The aim of this Paper is to outline a National Diabetes Consultant Mentorship Programme (NDCMP) for newly appointed consultants for adoption by the Association of British Clinical Diabetologists (ABCD) for full implementation in 2011.

### **Ownership**

The NDCMP is an association between ABCD, as the professional governing body and Eli Lilly and Company as the funding organisation.

- ABCD will own the professional and governance framework of this Programme. Eli Lilly do not own this.

The Programme, which is a national initiative, will be lead by officers and members of the Association. The Programme Board is constituted to report to the relevant officers and committees of ABCD (as defined by ABCD). Thus it will be an ABCD Board. Specifically the Programme Board, and thus ABCD, will be responsible for the rules and regulations of the Programme, the selection criteria for mentors and mentees, the selection process, and any arbitration or difficulties that arise in any mentor/mentee relationship. It will be responsible for the effective planning, coordination, running, development and long term sustainability of the programme.

- Eli Lilly own the obligation to resource this project. ABCD do not own that obligation.

Eli Lilly will fully resource this project in line with the outlined agreement and as agreed at the Project Board. The role of Eli Lilly, therefore, is to provide funding and additional resource expertise and support, including, but not

limited to, administration (e.g. meetings), training (e.g. mentorship training and calibration workshops), and communication.

## **Background**

There is no established specific mentorship programme for consultants within the speciality of diabetes and endocrinology. Within the NHS, the provision of mentorship in general is patchy and the quality variable. Moreover, the focus of the majority of mentorship programmes is on the development of generic consultant skills. The NDCMP provides the Association with the opportunity to develop and provide a speciality specific mentorship scheme, designed to address the inconsistencies and shortfall in the current provision, offering improved cohesion within the speciality.

Following a series of informal and formal meetings with Eli Lilly and Company, the Company has given a formal undertaking to seek an association solely with ABCD as the professional body crucial to the implementation of a national – that is UK-wide – mentorship programme. The Programme will enable the Association to support the development of consultants within diabetes and endocrinology by providing newly appointed consultants with opportunities for mentorship from experienced and highly credible senior colleagues.

It is envisaged that the Programme will support the development of strategic clinical leadership within the speciality. A further potential benefit of a structured mentorship programme will be enhanced recruitment into the speciality.

Work to develop the infrastructure for the Programme has commenced. It is intended to recruit both mentors and mentees through early 2011 with the intention of establishing active mentor/mentee relationships by autumn 2011. A defining principle of the NDCMP is that a mentor will work with only one mentee at any one time; the number of mentees in the first cohort, therefore, is not likely to exceed 20.

## **Objectives of the NDCMP**

The key objectives of the NDCMP are to:

- Deliver a well organised and structured framework of speciality specific mentorship to all newly or recently appointed consultants in diabetes and endocrinology across the United Kingdom;
- Nurture and support the early phase of development of consultant leadership talent within the speciality;
- Develop further the positive influence of the diabetes and endocrinology speciality within the NHS.

## **Programme Outcome**

The desired outcome of the Programme is to increase the potential of newly appointed colleagues to attain the best out of their professional development to what ever is their own perception of their aspirations and potential. The Programme is not intended to be elitist in intent or practice and will not focus on identifying “high flyers” but rather will be universally open to all newly appointed colleagues.

## **Core Assumptions**

In developing the NDCMP a number of core assumptions have been made. Specifically, it is assumed that:

- There will be sufficient interest in participation in the Programme from consultants within the higher echelons of the speciality to form a cadre of mentors; and, that,

- Newly appointed colleagues will see value in the programme and, once selected as Mentees, will engage in a positive and proactive manner.

## **Mentorship**

Mentorship should be viewed as distinct from other aspects of professional development such as CME, training, assessment, appraisal and revalidation. Mentorship can be a powerful personal development process. A mentorship programme should provide a well organised framework for a partnership relationship between a mentor and a mentee, which is intended to help mentees to develop existing skills, to improve their performance and to realize their potential in order to progress in their careers.

Unlike all or most other aspects of training - or more appropriately, Professional Development – a mentorship programme gives access to that which is most valued by the recipients in helping them to find their own way forward in their own development – access to experience, expertise and wisdom from those senior colleagues with credibility for whom they, the mentees, have respect. Mentorship programmes are valued for precisely that. That is the purpose of this Programme.

## **The Programme**

The NDCMP is intended to be a distinct, unique, vibrant new UK-wide initiative, supported and funded by Eli Lilly and Company, solely in partnership with ABCD, as a key professional body representing the speciality. The NDCMP will be offered to all newly or recently appointed consultants, providing them with a dedicated mentor for the duration of the Programme, which may last between one and 2 years. This will include Specialist Registrars who have been recently appointed to consultant positions.

To achieve the key objectives and outcomes, the delivery of the NDCMP must be systematic, organized and well governed. The Programme will:

- Have funding;
- Have ownership;
- Have clear lines of responsibility;
- Have leadership;
- Have a governance framework;
- Establish and maintain a cadre of high quality mentors;
- Identify and recruit mentees; and,
- Regulate the mentor/mentee relationship.

An overview of the key roles and responsibilities of the Programme Committee, mentors and mentees is outlined at Annex A.

### **Programme Content**

Initial analysis of the requirement has disclosed that the primary focus of the Programme should be mentorship; that is the development of a one-to-one mentoring relationship between an experienced diabetologist – the *Mentor* – and a newly appointed diabetes consultant – the *Mentee*. In addition to the mentorship relationship itself, which mentors and mentees are free to develop to suit their own circumstances and needs, it is envisaged that individual mentors (as a group) and individual mentees (as a group) will meet formally at least once a year at national level events organised around ABCD and Diabetes UK Conferences. These meetings will be designed to facilitate shared learning and to create networking opportunities for participants in the Programme. The meetings will also provide an opportunity for mentors to review learning and share good practice thus maintaining quality and calibration within the mentor cohort.

## **Mentors**

Pivotal to the future success of the NDCMP is the engagement of a cadre of high calibre senior colleagues with proven leadership and management experience, whose individual behaviours will enable them to be role models for their mentee. A mentor is a guide who is respected, trusted and valued by virtue of relevant experience and credibility to strike an empathetic relationship with a mentee. Understanding the mentee's issues, a mentor should ask questions and challenge, while providing guidance and encouragement to enable and empower the mentee to develop their own direction and arrive at their own solutions to professional and career issues.

Mentors will be colleagues who:

- Have the motivation, capacity and capability to act as mentors;
- Will not necessarily be ABCD members;
- Are in substantive posts;
- Have had at least 5 years experience;
- Have had significant leadership and management responsibilities;
- Nominate themselves against set criteria;
- Confirm they have a full and satisfactory CPD, appraisal and revalidation status;
- Are supported in this role by their employing Trusts;
- Accept orientation and induction on to the Programme;
- Will agree to annual review and training;
- Will contribute to Programme development assessment and evaluation;
- and,
- Will accept the governance framework of the Programme.

In order to attract the highest calibre consultants into the Programme, the role will be advertised widely across the NHS and an appropriate honorarium paid. A mentor profile and the process of appointment are outlined at Annex B. Prospective mentors will participate in an induction programme which will include orientation to the role and any necessary skills training. As part of their

commitment, all mentors will be required to attend at least one formal calibration<sup>1</sup> meeting each year. A table outlining the various processes that underpin the Programme, including specific mentor responsibilities, is attached at Annex A.

## **Mentees**

The Programme must deliver to mentees a mentorship process that is highly prized and valued as an opportunity, not otherwise available, that promotes reflective practice, self awareness, responsibility, self determination and direction in relationship to the mentee's professional development.

Mentees will be colleagues who:

- Are newly or recently appointed as consultants into diabetes and endocrinology;
- Are motivated and see value in accessing mentorship;
- Must be or become ABCD members;
- Nominate themselves against set criteria;
- Confirm they are engaged in and have a full and satisfactory developing CPD and appraisal process;
- Are supported in this role by their employing Trusts;
- Accept orientation and induction into the Programme;
- Will agree to annual review and training;
- Will contribute to Programme development assessment and evaluation;
- Will accept the governance framework of the Programme;
- Understand the opportunity to be resource limited; and,
- Agree to demonstrate positive outcomes from engagement within the Programme.

It is expected that the Programme will be offered to all consultants who have been appointed within the last 3 years. As an Association Programme, it is

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<sup>1</sup> Calibration in this context means the sharing of learning and experience to ensure consistency and coherence of approach to mentorship.

anticipated that the demand for places on the Programme will exceed the number of mentors available. Entry on to the Programme, therefore, is likely to be extremely competitive. Mentorship offers will be made systematically. Consequently, potential mentees will have to demonstrate that this mentorship programme is over and above all of their other CPD and professional development activity and that they intend to be proactively engaged with clarity of purpose.

There will be, exceptionally, the opportunity for consultants that do not typically fit into the target audience to apply – but this will be at the discretion of the Programme Committee.

The Programme is designed to add value and promote self development of newly appointed colleagues. It is not intended to be a process for remediation of colleagues already identified to have significant performance issues. Such colleagues are best dealt with within their Trusts according to their Trust and other organisational processes.

Mentees will not receive any financial remuneration, save reimbursement of reasonable travel and expenditure to attend Programme activities will be paid. A mentee profile and the process of application and selection are outlined at Annex C. A table outlining the various processes that underpin the Programme, including specific mentee responsibilities, is attached at Annex A.

### **Mentoring Relationships**

It is important to recognise that the relationship between the mentor and the mentee is core to the success of the Programme. As such guidance on mentor/mentee relationships must be clearly defined.

Specifically, mentors and mentees must understand:

- The purpose of the mentorship programme;

- Their roles and responsibility;
- The boundaries of their relationship;
- Confidentiality;
- The nature of contact time;
- The duration of the relationship;
- How they can withdraw from the relationship; and,
- From whom they can seek advice in the event of a concern.

## Governance

The governance protocols and arrangements for the NDCMP will be set out in a document entitled the '*Mentorship Relationship Guide*'. This document will be issued to all mentors and mentees at their respective calibration/induction workshops.

## Duration

The relationship is expected to last no less than one year and no more than two years.

## Confidentiality

Mentoring relationships are usually closed relationships involving only mentor or mentee. However, in the unlikely event that a mentee discloses to their mentor something that gives the mentor significant or serious cause for professional concern, e.g. that the mentee may do harm to themselves or others, the mentor must report this to the Programme Committee and must follow normal NHS protocols and procedures.

## Content

The subject matter of the relationship must relate to professional development issues. This will be made clear at induction into the programme. It will be agreed between the mentor and the mentee. In all mentorship relationships

the potential exists for subject matter to be wide ranging and it may enter into grey areas of uncertainty – often precisely the areas that a mentee may be most concerned about. With such subject matter, the role of the Mentor is vital to exert judgement on when this is within or out with the relationship based on their invaluable experience, expertise and wisdom of professional development issues: with trainees, established consultants, members of other professional and with management. Such skills amongst Mentors will be a crucial part of induction at the calibration work shops and of the ongoing Mentor meetings. Any Mentor so concerned will have direct access to the Leads of the programme to seek further advice. Mentees will similarly be orientated.

An example of such a grey area would be “I am having difficulty getting on with my senior colleague”. The problem can be discussed, understood and agreed as the problem. Solutions can be explored that relate, for example, to communication, relationship building, and assertiveness. If the magnitude of the problem is greater a discussion can occur as to how to seek help and support at Trust or other levels. Where the problem is of a magnitude that, for example, it is subject to formal disciplinary, grievance or legal process and is no longer a matter of advice and support but rather the Mentee is seeking a form of partisan collusion – then it is no longer within the remit. At a such juncture the subject matter can be closed by either Mentor or Mentee. Indeed it is also open to either Mentor or Mentee to close the relationship at any time if either party feel the relationship is no longer constructive or developmental in relationship to professional development.

### Contact Time

It is the joint responsibility of both mentor and mentee to agree the amount and nature of contact time. A minimum specified period of contact time will be set out in the Mentorship Relationship Guide. How contact time is achieved will be down to the individual preferences of mentor and mentee.

### Attendance at Meetings

For both mentors and mentees, formal orientation and induction on to the NDCMP will be required. Subsequently it is expected that all mentees and mentors will attend one further meeting<sup>2</sup> each year designed to promote quality outcomes, develop and share learning. Multiple opportunities will be offered organised around ABCD and Diabetes UK meetings.

### Networking

While networking with colleagues is considered an intangible benefit of the Programme, there is no formal requirement for networks to be established or maintained.

### Matching

Matching mentees to mentors will be initiated during the induction process for mentees. Mentees will be provided with information on available prospective mentors and invited to contact one or more potential mentors. While a mentee will not be able to select a mentor from within his or her own Trust, they will be encouraged to pick a mentor within their own Region or an adjacent one in order to facilitate easy face-to-face access as required. Once contact has been established and a mentor/mentee agreement reached, the mentorship will commence. Both mentor and mentee will be bound by the agreement they reach, which in turn will be consistent with guidance contained in the Mentorship Relationship Guide which will be issued to both parties.

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<sup>2</sup> Calibration meetings.

## **Organisation and Governance**

### Organisation Framework

The NDCMP will have a robust organisational framework to ensure that appropriate governance is exercised throughout the life of the Programme.

A Programme Governance Committee will oversee and to direct, where necessary, the conduct of the Programme. The Programme Committee will report to the appropriate ABCD committee(s) and officer(s) as required by the Association. An organisational diagram is attached at Annex D.

A Programme Management Committee will ensure the Programme is effectively and efficiently delivered.

### Governance Framework

In addition to guidance on the rules governing the relationship between mentors and mentees which will be set out in the Mentorship Relationship Guide, it also will be necessary to establish protocols and guidelines for measuring the overall effectiveness of the Programme. For example:

- Mentor performance management ;
- Programme attendance and participation; and,
- Financial Regularity.

Further amplification on governance is provided at Annex E.

## The Programme Committees

### The Programme Governance Committee

This will comprise the Programme Lead (PL) – as the official ABCD officer – the Deputy Programme Lead, two Mentors and a Mentee. All members will be ABCD members. It will report to the Association, as stipulated by the Association, via its Chair. It will meet regularly, minimally twice a year, to ensure the Governance of the Programme. It will be quorate with 3 members present to include either the chair or deputy chair. It will be responsible for rules and regulation of the Programme and for recruiting Mentors and Mentees. The Committee will establish, seek agreement to, and periodically review, its terms of reference and consider its membership as the Programme evolves and matures. Other specific Programme Committee responsibilities are outlined in the table at Annex A.

### The Programme Management Committee

This will comprise the members of the above Committee and include a representative of Eli Lilly and any other relevant members as co-opted by the chair. Its purpose is to ensure the programme is properly funded and fully implemented. It will meet regularly and at least twice a year. It will report through the Chair to the above committee and onwards to ABCD

### Programme Lead

To be finally agreed jointly by ABCD and Eli Lilly and Company, a Programme Lead, who will drive the Project forward on their behalf, will be appointed. The current Programme Lead is Dr B M Singh, who has fostered and developed the NDCMP from its inception; Dr Singh has indicated that he is highly motivated to continue in the role. Dr Singh's relevant experience includes:

- Current Clinical Director of Diabetes & Endocrinology, Royal Wolverhampton Hospitals NHS Trust (RWHT),

- Past Clinical Tutor, RWHT;
- Past Director of Education and Training, RWHT;
- Current Clinical Director of Information Technology, RWHT:
- Current Associate Postgraduate Medical Dean, West Midlands Deanery; and,
- Current Foundation Programme Director, Black Country Foundation School.
- A supporting testimonial from Dr Andrew Whitehouse, West Midlands SHA/Deanery is enclosed (Enclosure One).

The key roles and responsibilities of the Programme Lead are detailed at Annex F.

## ABCD

ABCD will act as the professional body under which the Programme runs.

## Eli Lilly and Company

The role of Eli Lilly and Company in development of the NDCMP, and the Company's commitment to the Project, has been highly significant. The Company was receptive to the initial approach by Dr B M Singh and has since provided practical advice and guidance throughout the early stages of the Project's development which it has solely and fully funded. Specifically, Eli Lilly and Company has brought in a specialist training company to assist and advise on the development of Programme content and ensured that the administrative needs of the Project have been properly resourced. Going forward, and in addition to providing funding for the NDCMP, Eli Lilly and Company will continue to provide administrative support to the Programme through its Events Management Group (EMG). A key responsibility undertaken by Eli Lilly and Company will be the appointment of a performance manager for the Programme Lead to promote attainment of the project outcomes set against the funded objectives. Otherwise, the Company also will provide high level representation on the Programme Committee where its expertise, influence and networks will be very valuable. The Company's many contributions are set in the context of its general support for education and professional development within the diabetes professional community.

- The Company fully accepts that the rules and regulations of the programme are a matter for the Programme Committee under the ruling organisational framework of ABCD.

## Stakeholders

There are a significant number of Programme stakeholders. These range from health service professionals – the mentors and mentees themselves – to service users, and to professional organisations, including ABCD, Diabetes UK, Young Diabetologists Forum and Eli Lilly and Company. The key stakeholders in the development of the Programme are ABCD, Eli Lilly, mentors and mentees. The remainder, for the purposes of this Paper, can be defined as *'recipients of benefit'*; that is, people or organisations that will benefit from the Programme without being required to actively contribute to its development or implementation. All stakeholders will be kept appropriately informed, and opinion sought as required, before and during implementation of the NDCMP.

## Patients with Diabetes

People with diabetes are expected to accrue benefit by the enhancement of various aspects of the wider consultant through the mentorship process. This should be reflected in delivering a quality diabetes service

## **Sustainability**

The sustainability of the NDCMP is predicated upon 3 key factors: funding, positive feedback from participants in the Programme, and engagement with the wider health community through formal dissemination and marketing of the Programme.

## Funding

In terms of funding, Eli Lilly and Company is committed to sponsoring the Programme for 5 years, with a review of progress scheduled to take place after 2 years. The commitment of the Company to sponsorship beyond the 5-year point will be predicated significantly upon the feedback from participants.

## Administrative Support (including Web Resources)

There are a number of administrative functions within the Programme that will require clerical or web-based support. For example, the processes to appoint mentors and to recruit mentees will demand effective co-ordination. From advertising the requirement, to receiving and reviewing applications, to appointing and selecting, respectively, mentors and mentees, to induction and beyond, there will be a cost for administration which Eli Lilly and Company has agreed to resource.

As the Programme becomes more established, the Programme Committee will review how existing (and new) web-based technology might reduce the administrative overhead. For example, it might be possible, initially, to post the profiles of mentors on SharePoint enabling easier review. A mentees' forum page, allowing mentees to share their experiences with their colleagues, too, might be an attractive and effective learning tool.

## Evaluation

The Programme Committee will regularly evaluate the Programme, amending as necessary the format based upon individual and collective feedback from mentees and mentors. Mentees will be required to formally provide individual feedback on their progress against set criteria every 6 months and at the end of their mentorship. In addition, the findings of the 6-monthly mentor and mentee calibration meetings will be reviewed and evaluated to ensure that the Programme is meeting its key objectives. The Programme Committee will establish a benchmark for the Programme during the first cohort and be required to develop a methodology for empirical measurement of Programme benefit to mentees. For example, the Programme Committee might choose to measure the appointment of mentees to positions of higher responsibility to demonstrate benefit.

## Dissemination/Awareness/Marketing

After the initial marketing of the Programme, which will be a discrete activity in itself, promoting the NDCMP as a unique mentorship opportunity for newly appointed consultants within the speciality, the future success of the Programme will depend significantly upon the reputation and credibility it attains. Both reputation and credibility will be derived from the positive experience of those that have participated in the Programme. Indeed, it is the mentors and mentees who will become the future champions for the Programme where they themselves have seen real benefit from mentorship.

The Programme Committee will identify and develop with key stakeholders and recipients of benefit, a range of different communication streams, designed to maintain a high level of awareness in the Programme. For example, mentees and mentors will be encouraged to publish editorials in publications such as the Diabetes Journal, *Education Corner*, explaining how the Programme has enabled them to develop themselves.

### **Acknowledgements**

Dr Gillian Hawthorne MD FRCP, Consultant Physician, Diabetes and Endocrinology, Newcastle PCT

Dr Simon Page MD FRCP, Consultant Physician, Diabetes and Endocrinology, NUH

Dr Jonathan Thow MD FRCP, Consultant Physician, Diabetes and Endocrinology, York

## Glossary of Terms

ABCD	Association of British Clinical Diabetologists
ABPI	Association of the British Pharmaceutical Industry
CME	Continuing Medical Education
CPD	Continuous Professional Development
Mentorship	<i>Mentorship</i> is defined as ‘the offering of advice, information, or guidance by a person with useful experience, skills, or expertise for another individual’s personal and professional development’
Mentor	A <i>mentor</i> is a consultant in diabetes and endocrinology who has offered to participate in the Programme and whose leadership and management skills, knowledge and experience will enable them to be a positive and influential role model for newly appointed consultants
Mentee	A <i>mentee</i> is a newly appointed consultant who has demonstrated an aspiration to positively engage in mentorship for the purpose of maximising their potential to develop as a consultant within the speciality
NDCMP	National Diabetes Consultant Mentorship Programme
RWHT	Royal Wolverhampton Hospitals NHS Trust

## Roles and Responsibilities for National Diabetes Consultants Mentorship Programme

Role and Responsibilities			
Process	<b>Programme Committees</b>	<b>Mentors</b>	<b>Mentees</b>
Identification	<ul style="list-style-type: none"> <li>• Market launch of Programme</li> <li>• Advertise requirement for mentors</li> <li>• Advertise mentorship opportunity for newly appointed consultants</li> </ul>	<ul style="list-style-type: none"> <li>• Confirm commitment to personal development (including willingness to undertake 360° appraisal)</li> <li>• Provide details of referee</li> <li>• Submit statement of intent</li> </ul>	<ul style="list-style-type: none"> <li>• Gather evidence of commitment to personal development</li> <li>• Identify benefits of participation</li> <li>• Obtain Trust approval/reference</li> <li>• Submit application</li> </ul>
Appointment/Selection	<ul style="list-style-type: none"> <li>• Receive and review applications</li> <li>• Invite prospective mentors/mentees to attend Induction and Orientation</li> <li>• Advise unsuccessful applicants, giving feedback as required</li> </ul>	<ul style="list-style-type: none"> <li>• Undertake as required</li> </ul>	
Induction and Orientation	<ul style="list-style-type: none"> <li>• Explain roles and responsibilities</li> <li>• Issue Mentorship Relationship Guide</li> <li>• Role play, training and final confirmation</li> </ul>	<ul style="list-style-type: none"> <li>• Mandatory attendance</li> <li>• Prepare pen pictures</li> </ul>	<ul style="list-style-type: none"> <li>• Mandatory attendance</li> <li>• Review prospective mentors</li> </ul>
Matching	<ul style="list-style-type: none"> <li>• Identify potential matches</li> <li>• Provide mentees with pen pictures of potential mentors</li> </ul>	<ul style="list-style-type: none"> <li>• Correspond with mentee(s)</li> <li>• Reach agreement</li> <li>• Notify Programme Committee</li> </ul>	<ul style="list-style-type: none"> <li>• Make contact with preferred Mentor</li> </ul>
Attendance at Meetings	<ul style="list-style-type: none"> <li>• Invite mentors/mentees to meetings</li> <li>• Arrange facilities</li> <li>• Arrange facilitator(s) as required</li> </ul>	<ul style="list-style-type: none"> <li>• Attend at least one meeting per year</li> </ul>	<ul style="list-style-type: none"> <li>• Attend at least one meeting per year</li> </ul>
Evaluation	<ul style="list-style-type: none"> <li>• Distribute feedback forms to mentees every 6 months</li> <li>• Review feedback forms and take corrective action as required</li> <li>• Review lessons identified at meetings – both mentor and mentee</li> <li>• Evaluate effectiveness of Programme</li> <li>• Invite selected mentees (volunteers) to submit articles for professional journals</li> </ul>	<ul style="list-style-type: none"> <li>• Identify lessons learned (6-monthly meetings)</li> <li>• Provide feedback to Programme Committee</li> </ul>	<ul style="list-style-type: none"> <li>• Complete feedback forms</li> <li>• Provide feedback at facilitated meetings</li> <li>• Provide articles for professional journals</li> </ul>
Dissemination	<ul style="list-style-type: none"> <li>• Publish articles in professional journals</li> <li>• Provide ABCD with feedback on effectiveness of Programme</li> <li>• Publish evidence-based findings</li> <li>• Market second and subsequent Programmes</li> </ul>		

## **PROFILE OF CONSULTANT MENTORS AND APPOINTMENT ON TO THE NATIONAL DIABETES CONSULTANT MENTORSHIP PROGRAMME**

### **The Requirement**

The requirement is for a cadre of approximately 30 senior consultants from the diabetes specialism to participate as mentors on the NDCMP. Since the NDCMP is a national programme, a pool of mentors, drawn from and located around the UK, is required to enable continuity over the life of the Programme, which may extend for several years. Prospective consultant mentors will be 'role models', people who practice the leadership and management behaviours the Programme is designed to develop. Over time it is anticipated that mentees who have participated in the Programme will put themselves forward to become mentors on the NDCMP.

### **Skills, Knowledge and Experience**

It is a fundamental principle of the NDCMP that a mentor is someone who can share skills, knowledge and experience with their mentee. Evidence of the suitability of prospective mentors will come from the following:

- The prospective mentor will have occupied a substantive post for a minimum of 5 years which has required them to exercise significant clinical and leadership and management responsibilities and could include clinical or medical director or a teaching or training role;
- The prospective mentor will be engaged in personal development themselves – including continuous personal development, appraisal, or other performance management assessments – and have achieved satisfactory revalidation; and,

- A willingness to share evidence of satisfactory personal development and potentially to participate in some form of 360° appraisal process<sup>3</sup> during induction as a Mentor.

In addition, to be appointed to the role of mentor, a consultant offering their services as a mentor on the Programme will need to demonstrate some specific characteristics, personal attributes and behaviours. An effective mentor will be:

- Proactive;
- Supportive;
- Prepared to act as a 'sounding board';
- Comfortable adopting a coaching style of leadership;<sup>4</sup>
- A 'critical friend', someone who challenges the mentees' thinking and decision-making when they might make a significant (and/or costly) and avoidable mistake; and,
- A facilitator of 'appropriate professional support' in times of need.

In the context of the NDCMP, a mentor should not be expected to be:

- A leadership trainer;
- Paternalistic;
- An 'agony aunt';
- Someone who takes responsibility for individual issues and challenges; or,
- Self-seeking and lazy.

## **The Appointment Process**

A fundamental principle of the appointment process is that mentors will be appointed on merit. The credibility of the NDCMP will depend upon appointment of a team of mentors

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<sup>3</sup> Or to share the results of a previous 360° appraisal. The Programme will use the NHS-wide 360° *Clinical* application as its 360° appraisal tool.

<sup>4</sup> A coaching style of leadership is one in which the leader avoids directing colleagues to specific actions, enabling and empowering instead the individual to find the solutions to problems themselves. (Ken Blanchard)

that will be both diverse and representative. There should be no suggestion of ‘cronyism’.

The process itself will entail submission by prospective mentors of a *Statement of Intent*. Within this Statement, consultants will be invited to outline why they wish to become a mentor, the benefit they anticipate they will derive from participation as a mentor on the NDCMP and evidence of continuing personal and professional development.

The selection panel will be chaired by the Programme Lead and comprise 2 other experienced diabetologists intended to be project board members. Those that are suitable for appointment as mentors will be allocated to one of 2 lists: the active or inactive list. Those on the active list (likely to be about 20) will be paired with a mentee, while those on the inactive list will be paid a retainer until a mentee becomes available.

Where the Programme Committee decides that a consultant is not suitable for appointment as a Programme mentor, the Programme Lead will notify the consultant of the decision and provide them with detailed feedback on their performance.

## **PROFILE OF CONSULTANT MENTEES AND APPLICATION AND SELECTION PROCESS FOR THE NATIONAL DIABETES CONSULTANT MENTORSHIP PROGRAMME**

### **The Requirement**

The requirement is for 20 newly appointed consultants from within the diabetes specialism<sup>5</sup> to participate as mentees on the NDCMP. Since the NDCMP is a national initiative, it is assumed that mentees will be drawn from, and located, across the UK. It is anticipated (and an aspirational requirement) that consultants selected to participate in the Programme will become ambassadors for the NDCMP and, over time, themselves become mentors on the Programme.

### **General Profile**

In defining the specific entry requirements for newly appointed consultants seeking to participate on the NDCMP, it is essential that the field of people applying is as broad and diverse as possible. Ideally, individuals seeking a place on the Programme should be seen as a 'talent'; that is, somebody who, with development, has the potential to undertake in the future challenging leadership roles at regional, national and international level. While consultants applying for a place on the Programme will need to demonstrate some specific individual skills, knowledge and experience, the support of their employing Trust will play a part in their suitability for participation on the NDCMP.

### **Skills, Knowledge and Experience**

In terms of an individual's skills and knowledge, it is anticipated that applicants, by virtue of their appointment as consultants, will possess clinical expertise, strong inter-personal skills and some leadership and management knowledge which can be developed and honed through mentorship. Further, it is anticipated that prospective mentees will be:

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<sup>5</sup> It is estimated that there are approximately 300 junior consultants who would be eligible for the Programme.

- Self-motivated;
- Confident;
- An effective communicator;
- Willing to learn; and,
- Possess a positive mental attitude.

The entry requirement in terms of experience will be that an individual has spent 3 years or less as a consultant or, in the case of a Specialist Registrar, will be in their fifth year, waiting for an appointment to, or about to take up, a consultant post.

### **The Application and Selection Process**

The key principle underpinning the application and selection process is that mentees must already be actively engaged in personal development and be able to demonstrate this. It is a fundamental tenet of the NDCMP that the mentee is someone who is proactive. Specifically, each mentee must own be prepared to take ownership of the opportunity presented by the one-to-one mentoring available on the NDCMP.

In terms of evidence of engagement, the mentee will be expected to provide a Personal Development Plan (or something similar), and demonstrate that he or she is compliant with local Trust procedures and practices (including but not limited to appraisal, Continuous Personal Development and other forms of performance management).

The process itself will entail submission of an application setting out reasons for application, the benefit the applicant anticipates deriving from participation in the NDCMP, evidence of personal development and a letter of support from their clinical line manager. All applications will be reviewed by the appointments Panel (as outlined above for mentors). A list placing all applicants in rank order will be drawn up. Those applicants that are considered suitable will receive an invitation<sup>6</sup> to participate in the NDCMP from the Programme Lead, on behalf of ABCD and Eli Lilly and Company. All other applicants will receive a letter from the Programme Lead advising them that they have been unsuccessful.

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<sup>6</sup> The invitation would comply with the normal industry-standards for participation in sponsored education and learning.

The Programme Committee will have the authority to consider applications from prospective mentees who would not ordinarily be eligible. For example, the Panel might in special circumstances consider and approve an application from a more senior consultant where the Panel identifies that the individual would benefit from participation and is suitable in all respects, were it not for their seniority as a consultant.

Where a prospective mentee is already on a NHS development programme, there should be no bar to his or her participation in the NDCMP, since the NDCMP is a mentorship programme specifically for diabetologists. In obtaining support from their employing Trust, prospective mentees should focus on the specialist nature of the Programme.

Mentees will be obliged to be or become ABCD members

**THE JOINT ABCD/ELI LILLY NATIONAL DIABETES CONSULTANTS MENTORSHIP PROGRAMME**  
**ORGANISATION STRUCTURE**

National Diabetes Consultant Mentorship Programme	
<b>ABCD</b> The professional body with responsibility for overview and scrutiny Accepts reports	
<b>Chair</b> Accountable Officer	
<b>Programme Governance Committee</b> A quality programme is governed Governs and approves rules and regulations Runs selection process of Mentors and Mentees	
<b>Programme Management Committee</b> A quality programme is implemented	<b>Eli Lilly</b> A quality programme is funded and supported

## **PROPOSED GOVERNANCE ARRANGEMENTS FOR THE NATIONAL DIABETES CONSULTANT MENTORSHIP PROGRAMME**

### **The Requirement**

The requirement is for appropriate governance protocols and arrangements for the NDCMP to be agreed. These protocols fall into 2 distinct areas, namely the mentor/mentee relationship and oversight of the Programme itself.

### **The Mentorship Relationship**

For the mentor/mentee relationship, there will be protocols on the following:

- The boundaries that will govern the mentor/mentee relationship, including confidentiality and contact time;
- What is expected of mentors and mentees in terms of attendance at formal Programme events;
- Mentor/mentee responsibilities for development of the Programme, including the provision of feedback and attendance at formal calibration meetings; and,
- Information explaining how mentees can withdraw and in what circumstances the mentor can suspend them from the Programme.

The governance protocols and arrangements for the NDCMP will be set out in a document entitled the '*Mentorship Relationship Guide*'. This document will be issued to all mentors and mentees at their respective calibration/induction workshops.

### **Confidentiality**

It is important to recognise that the relationship between the mentor and the mentee is core to the success of the Programme. In terms of confidentiality, therefore, it is assumed that the mentoring relationship will be a closed relationship. That is, one involving only mentor or mentee. However, in the event that a mentee discloses to their

mentor something that gives the mentor reason to believe that the mentee will do harm to themselves or others, the mentor will follow normal NHS protocols on threat.

### Contact Time

It is the joint responsibility of both mentor and mentee to agree the amount of contact time that they will enjoy. A minimum specified period of contact time will be set out in the Mentorship Relationship Guide. How contact time is achieved will be down to the individual preferences of mentor and mentee.

### Attendance at Meetings

It is expected that, in addition to induction, all mentees and mentors will attend a minimum of one professional meeting each year. The meetings that have been identified for this purpose are the Diabetes UK meeting in March and the ABCD meeting in November. At each of these events, a calibration meeting, during which facilitated feedback to elicit good practice to be shared and potential improvements to the Programme, will take place.

### Networking

While networking with colleagues is considered an intangible benefit of the Programme, there is no formal requirement for networks to be established or maintained.

## **Programme Governance Arrangements**

The Programme Committees are required to review and amend as necessary the Programme to ensure that it meets the declared objectives and delivers the desired outcome, that is, high value mentorship to newly appointed consultant colleagues. This will require the Programme Committee to exercise oversight in 2 key areas: evaluation of Programme quality and specific financial scrutiny to ensure regularity.

### Evaluation of Programme Quality

In assessing the quality of Programme provision, it will be necessary for the Programme Committee to develop a methodology for capturing data from mentors and mentees, individually and collectively, to inform the evaluation. The development of a feedback mechanism, which invites regular but anonymous subjective assessment from both mentor and mentee on the effectiveness of the mentorship relationship, will be required to gather individual feedback. The second method of data capture will be the facilitated Calibration Meetings during which mentors and mentees will be invited, in separate workshops, to discuss their experience and to determine what elements of the Programme have been successful and what elements can be improved.

The Programme Committee might also consider seeking feedback from mentees' employing Trusts to establish how the mentorship has affected the performance of the mentee. This could be by reference to individual mentees participation in *360° Clinical* or by direct polling of clinical/medical directors. In addition, as the Programme develops, and the number of colleagues that have completed the mentorship increases, further analysis based on individual career progress, over, say, 5 to 10 years, will be possible.

### Financial Regularity

The Programme Committees will be responsible for ensuring that the Programme is properly administered from a financial perspective. While Eli Lilly and Company has undertaken to sponsor the NDCMP, continued financial support will be predicated upon positive feedback from participants. The Programme Management Committee will ensure the financial support for the NDCMP adheres to the following specific guidelines:

- The Partnership Agreement laid out between Eli Lilly and Company and The Royal Wolverhampton NHS Trust;
- ABPI Clause 18.4: '*The Provision of Medical Goods and Services*';
- ABPI Clause 19: '*Meetings & Hospitality*'; and,
- Eli Lilly and Company's internal code of conduct: '*Ethical Interactions with External Parties*'.

**NATIONAL CONSULTANT DEVELOPMENT MENTORSHIP**  
**PROGRAMME ROLE AND RESPONSIBILITIES OF THE PROGRAMME**  
**LEAD**

The role of Programme Lead requires the appointment of a person who possesses credibility as a clinician and a leader, and someone who is capable of exerting real influence within the NHS. The appointment of Programme Lead, after the initial appointment of Dr B M Singh, will be subject to periodic review. The arrangements for review and future appointment will be considered by the Programme Committee, once established, and submitted to ABCD/Eli Lilly for approval.

The proposed responsibilities of the Programme Lead are as follows:

- Programme Champion. As Programme Champion, the Programme Lead will:
  - Promote, market and sell the Programme across the NHS attracting high calibre diabetologists into the role of mentors;
  - Represent the Programme as required at internal (NHS) and external (National and International Conferences) meetings; and,
  - Nurture potential future champions for the Programme.
- Programme Design and Development. The Programme Lead will assist in the design and development of the NDCMP by providing specialist expert knowledge and feedback on proposed or revised outputs and products.
- Programme Committees. The Programme Lead will be appointed as Chair of the Programme Committees. In this role, the Programme Lead will:
  - Lead on the recruitment of mentors and delegates;
  - Advise on matching of mentees to mentors;
  - Lead in the proactive resolution of Programme issues;
  - Participate in the handling of complaints and/or appeals; and,

- Act as the link between Programme participants, Trusts and ABCD as required.

**Testimonial for Dr Baldev Singh, re his role for ABCD Mentorship scheme lead**

Having worked with Dev over some 12 years in various capacities for the West Midlands Postgraduate Deanery, I am in a good position to comment on his professional and personal qualities. He has been accountable to me in his work as postgraduate clinical tutor for New Cross Hospital, Wolverhampton, and as associate postgraduate dean and head of the Black Country Foundation School.

I have the highest regard for his leadership skills, especially his ability to motivate and organise others, his exceptional keenness to seize opportunities to innovate and then to complete the necessary change, and the interpersonal style which makes him such an engaging colleague.

Dev has led many important projects for this Deanery. His achievements include, most recently, the development of systems for the recognition and verification of competence among Foundation doctors, the extension of the use of electronic portfolios for programme management (work now attracting much interest at the UK Foundation Programme office), his promotion of medical professionalism in general and the value of “evidence based thinking” in junior hospital doctors, and, currently, the extension of crucial research into the MSF tool, TAB (the national Foundation Programme professional performance assessment tool, to the early development of which he was a key contributor) using data derived from the Foundation Programme electronic portfolio.

He is, in particular, a leader who looks out for the succession in his educational work. He spots the development needs, and leadership potential in education, of those (especially clinical tutors and other more junior consultants with educational roles) for whom he is responsible, and is greatly valued by them as a wise advisor and colleague in this. His wide knowledge of postgraduate education in the UK, and its recent history of change, is invaluable to those younger doctors who seek his advice. I have no doubt that this interest in colleagues, linked to his longstanding experience in his speciality, would be an invaluable resource for more junior endocrinologists at earlier stages of their careers also.

My impression is that the national mentorship work for which he is now being considered is tailor made for Dev, and that he would prove as great a success in this as he has been in every endeavour in which I have seen him involve himself over the long period during which it has been my pleasure to work with him.

*Dr Andrew Whitehouse  
Head, Foundation Programmes  
Head, Postgraduate School of Medicine  
West Midlands SHA/Deanery*

*October 17 2010*