REVERSE MENTORING

Project Report

2025

The Faculty of Intensive Care Medicine

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Contents

1. Project Overview

In 2023 the Faculty of Intensive Care Medicine (FICM) embarked on a "Reverse Mentoring Programme" aimed at improving the lived experiences of Intensivists in Training (IiT) who identify as being from an ethnic minority or international medical graduate (IMG) background. This was undertaken following a successful pilot of such a programme in the Yorkshire and Humber deanery for Training Programme Directors (TPDs).

In recognition that differential attainment remains an important issue affecting many of its workforce, the Faculty recruited minority ethnic and IMG IiT to mentor senior Faculty members on their lived experiences of medical training in relation to ethnicity. Each of the recruited faculty mentees had a position of responsibility towards the delivery of intensive care medicine training in the United Kingdom (UK).

Paired Mentor and Mentee groupings then met between 4 and 6 times for semi-structured discussion on their individual experiences and challenges encountered during training over an approximately 6-month period. Additionally, both the mentors and mentees took part in facilitated inductions, midpoint and end-point meetings in which the whole group came together to share their experiences of the project.

The process generated a shared agenda for action and a set of learning points for the mentees to take forward from the project. The mentors gained management and leadership skills, developed a deeper insight into the mindset of trainers and a reported increase in optimism for the future.

2. Background

It is well established that doctors from an ethnic minority or international medical graduate (IMG) background face significant and disproportionate challenges throughout their training and subsequent careers.[1] Furthermore, this group of doctors experience worse outcomes during recruitment at all stages of their employment, perform worse in examinations and experience slower progression through training.[2] An unexplained variation in performance between groups who share a protected characteristic and those who do not share the same characteristic, for example ethnicity or gender, is known as "differential attainment".

Differential attainment refers to an average group performance and not that of an individual. Clearly many doctors from such backgrounds excel whilst many doctors from a white British background do not. Nonetheless, the importance of addressing the inequalities in training, recruitment and retention experienced by this group of colleagues is undeniable. Furthermore, those with the responsibility for the delivery of training and healthcare provision in the United Kingdom (UK) have a statutory obligation to do so.[3] The Faculty of Intensive Care Medicine (FICM) acknowledges that differential attainment is an issue affecting many of its Intensivists in Training (IiT).[4] A lack of lived experience of the determinants of differential attainment amongst educational leaders may be a contributory factor in this regard.

Furthermore, recent work commissioned by the GMC identified several key factors required for ethnic minority or IMG doctors to thrive. These broadly included an inclusive workplace, a supportive trainer or supervisor and support with professional exams.[5] For the past two years Medical Royal Colleges and Faculties have been asked to produce an Action Plan to help to 'Create A Fairer Training Culture' using the GMC's 2020 document as a framework and this project emerged out of the Faculty's work on this.

Therefore, following a successful pilot of a "Reverse Mentoring Programme" for TPDs in the Yorkshire and Humber Deanery, the FICM has embarked on its own Reverse Mentoring Programme aimed at improving the lived experiences of trainee level doctors, who identify as being from an ethnic minority background, in Intensive Care Medicine (ICM). By improving the understanding of these issues among educational leaders in ICM, we hope to address some of the factors contributing to differential attainment and reduce some of the barriers towards the provision of equitable training and opportunities for further professional development.

3. Project Aims

This programme was commenced with support from FICM as a pilot scheme aimed at improving the collective understanding of several senior members of FICM's educational leadership on the challenges that Intensivists in Training face regarding their ethnicity or background. If successful, the project would also serve as a feasibility study for the potential formal expansion of reverse mentoring as a means of reaching a wider suitable target audience. It was our hope that, at the end of the process, the group would have generated a set of meaningful learning points for discussion and an actionable agenda by which the Faculty could strengthen their existing efforts towards the provision of more equitable training.

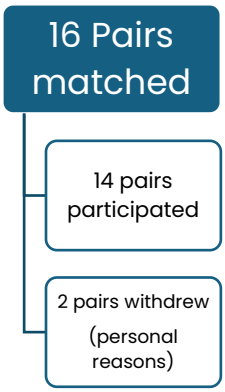
4. Reverse Mentoring

Reverse Mentoring seeks to invert the classical mentor-mentee relationship in which typically a more junior colleague is mentored by a senior. In reverse mentoring, the more junior team member supports the development of their more senior colleague on a specific area of expertise. In this case IiT from an ethnic minority or IMG background were recruited to mentor consultant intensivists, each with a specific responsibility for the delivery of ICM training in the UK.

5. Structure of the Project

A paper outlining the expected details of the project was submitted as a proposal to the FICM Executive and approved by its members. A project lead was identified from the FICM Board, in this case the Lead Trainee representative, with an appropriate senior consultant board member to provide mentorship where required. The project lead took responsibility for delivering the programme and acted in a facilitatory role, chairing all group meetings and providing guidance and support to each of the participants.

Suitable mentees were identified from a pool of consultant volunteers obtained from within the FICM Board and its co-opted members. The mentors were then recruited via the FICM secretariat. This was done by sending an email to all IiT, registered with the faculty, requesting that those who identified from an ethnic minority or IMG background to register their interest in participating in the project. 16 Mentor (IiT) - Mentee (Senior Faculty member) pairs were then matched at random using a random number generator. Each of the participants were then asked to declare any known conflicts of interests, for example knowing their pairing personally or working in the same region, via the project facilitator. These pairs were then re-matched to another participant anonymously prior to the project starting. At the end of this process 14 Mentor-Mentee Pairs were identified with 2 pairs withdrawing from the project for a variety of personal reasons.



5.1. Inductions and Support

All mentors and mentees were required to attend an induction for their respective groups. These were held online with the mentor inductions occurring first in order that insights from this meeting could be shared with the mentee group. Mentor-mentee pairings were only revealed after these inductions had taken place and as such, no communication between pairs occurred prior to this. This was done to ensure both parties knew what to expect

from the project and to maximise the psychological safety of the participants. At the halfway point of the project each group also attended respective Mentor and Mentee Midpoint Meetings. This offered the opportunity for mentors and mentees to share what worked well for them, to reflect on the mentor-mentee relationship and discuss strategies for dealing with any challenges or conflicts that had arisen.

5.2. Meetings

Following their respective inductions (Appendices 1 and 2), each mentor-mentee pairing was required to meet virtually on between 4 and 6 occasions over an approximately 6-month period. An example agenda and structure for each meeting was provided by the facilitator (Appendix 3) and were expected to last in the region of an hour, however timings were not restricted to allow the sessions to follow a more natural, conversational tone. Participants were also provided with a handbook (Appendix 4) detailing some principles around effective mentoring and a basic framework on which to structure their meetings.

Feedback from these meetings was then collated at a separate "Midpoint" meeting for each of the respective mentor and mentee groups, led by the project facilitator. At this point, a review of each participant's experience was conducted both to gather any early learning points generated by the project and to ensure maximal psychological safety of the group members as previously mentioned.

Finally, an "Endpoint" meeting was conducted in which initially the Mentors met alone with the facilitator to discuss, in confidence, their experiences of the project before joining with the Mentees for a final collaborative meeting. The purpose of this Endpoint meeting was to agree some group learning points from the project and to create an "agenda for action" which the Faculty could use as an additional tool to aid in its work towards improving the lived experiences of its IiT.

All facilitated meetings were conducted virtually using the Microsoft Teams application with each of the Induction, Midpoint and Endpoint meetings being recorded to provide a means of review for those individuals who were unable to attend them. The choice of application for virtual meetings between mentors and their mentees was left to the discretion of the individual pairings to allow for greater flexibility.

6. Results and Learning Points

During the induction processes, the mentors consistently highlighted the following personal goals for the project:

- To increase the understanding of challenges faced by ethnic minority and IMG IiT specifically due to their background or ethnicity.
- To raise awareness of the subtleties of unconscious bias and subsequent discrimination.
- To gain an insight into root causes of the underlying thought processes that lead to the occurrence of microaggressions towards ethnic minority or IMG doctors.
- To develop strategies for ensuring the data on training inequity reaches an audience beyond those who have already accepted there is a problem.

Furthermore, the Mentees identified the project as "a huge opportunity to better this space by engaging with this cohort directly and learning how to better support IiT".

6.1. Midpoint Meetings

Both the mentor and mentee groups fed back that their overall experiences of the project thus far had been positive. One of the challenges highlighted by the mentor group included an "awkward" power dynamic with some mentor-mentee relationships tending to revert to a more traditional model of mentorship in their initial meetings. This however improved in subsequent meetings as each pairing got used to the process. Table 1 outlines some the of groups' early reflections obtained from the midpoint meetings.

Mentors	Mentees
Overwhelmingly positive experience	Humbling
Preaching to the Converted: Self-selecting group of motivated individuals looking to "better this space"	Honest, insightful conservations which were at times deeply emotive and shocking
At times uncomfortable due to the personal nature of shared experiences	The provided structure and guidance for the meetings was very helpful
Mentees universally accept there was a significant problem – however some were unsure of how to address the significant challenge of expanding the learning from this project to a wider audience	Many mentees were under the impression they were "doing ok" but realised they had "only scratched the surface" in terms of their own understanding of these issues
The importance of making people feel uncomfortable but ensuring a balance is obtained without coming across as too angry	Highlighted the significance of the mentee group's responsibility as leaders in ICM
Multiple overlaps with issues faced by women in ICM and doctors identifying from an LGBTQ+ background	Confirmed the importance of engaging with this group to lead the way on implementing positive change for the future
Empowering individuals to call out colleagues for poor behaviours important	The significance of a single ally in a region and the positive impact that they can make
Tribalism can be normal behaviour	Participating in the project has already changed my behaviours for the better.
We should recognise that everyone holds unconscious biases shaped by their experiences and environments. Acknowledging these biases and being open to learning and growth is a sign of self-awareness, not moral failure. It's important to create space for honest dialogue without fear of judgment, so long as the intent is respectful and aimed at understanding and change.	Discussing real-life experiences was particularly impactful in challenging assumptions and deepening personal understanding. These conversations helped break down internal barriers and promoted greater empathy.
Support needs to be proportionate to ensure equity	Many mentors had given their mentee additional reading to support the process.
New college of ICM and excellent opportunity to set an example of the "new normal"	

Table 1: *Reflections on the Reverse Mentoring Process obtained from the facilitated Mentor and Mentee Midpoint meetings during the project.*

6.2. Endpoint Meeting

The endpoint meeting was structured differently to the midpoint meetings. In the first half of the meeting each of the Mentors were invited to share their final experiences of the project and encouraged to suggest some actionable learning points in confidence without their respective Mentees. After this process had occurred, the Mentees were then invited to join the group and a final collaborative discussion took place in which the programme's final learning points and an actionable agenda for change was agreed.

Table 2 below details some of the final reflections each group had on the project.

Mentors	Mentees
"This has restored my faith that leaders in ICM have not forgotten us and want to change things for the better"	"I had thought I was open minded until I started this project"
"I have identified a long-term ally in the FICM leadership, with whom I can now seek guidance and support. I will continue to meet them to provide ongoing reverse mentorship"	"This was the most intellectually useful and influential activity of 2023; I have spoken to many people about the power of Reverse Mentoring and will continue to share my experiences in the hope it will make things better"
"The initial dynamic of Reverse Mentoring was challenging but improved with each meeting and was no longer an issue by the end of the project"	"This was an organic process, and the use of personal stories and vignettes was so powerful in breaking down any potential barriers between us"
"I am keen to continue to contribute to reverse mentoring as a means of bettering this sphere, both for my own training and for those following behind me"	"I feel humbled and lucky to have met a group of highly motivated individuals who have dedicated their own time to help us improve the lives of our IiT. It is imperative we continue to engage this group of colleagues as leaders for positive change"
"Meaningful change even on a very small level is beneficial"	

Table 2: *Final reflections on the experience of Reverse Mentoring as a means of improving the lived experiences of IiT obtained from the Endpoint meeting of the FICM Reverse Mentor Project.*

7. Final learning points from the project

The final learning points and an associated action plan for initiating positive change is shown in Table 3. These outcomes were agreed by the entire reverse mentoring cohort, both mentors and mentees, during the final endpoint meeting. The intention is to provide a framework of activity to complement existing work by those responsible for ICM training in the UK in working towards improving the lived experiences of their ethnic minority and IMG IiT.

	Learning Points	Action Points
1.	Large changes are hard to implement however initiating small positive changes are still beneficial/worthwhile	The findings of this reverse mentor project should be published and presented widely in the ICM community
2.	It is vital to incorporate education on issues relating to ethnic diversity and inclusivity (EDI) throughout the existing ICM curriculum to ensure adequate exposure	Publish, wherever possible, specific examples/vignettes of poor behaviour or experiences
3.	Cultural Education is important alongside clinical education and has direct implications for patient safety	The FICM Reverse Mentoring project should be expanded to incorporate a greater number of trainers in ICM. The existing Reverse Mentor Group should be utilised to guide the implementation of positive change

4.	Meaningful change takes time	Produce national guidance documents e.g. cultural handbook, toolkit for raising concerns, professional standards document
5.	Improving the concept of allyship by having nominated representatives to support ethnic minority or IMG IiT within regions would be helpful	Support networks should be increased with nominated advocates for supporting ethnic minority and IMG IiT identified in each region. These should be separate from TPDs/RAs/FTs/ESs. An IiT should be elected as an EDI representative on FICM's StR Sub-Committee
6.	We need to be upfront and honest about the data we're gathering with regards to these issues and use it actively as a tool for change	An increase in EDI education should be incorporated into existing teaching, simulation and the curriculum
7.	Reverse mentoring serves as a useful tool for identifying unknown-unknowns and empowering individuals to call out poor behaviours	There should be a specific EDI lead involved in each iteration of GPICS

Table 3: *Final group learning points and a set of actions to begin initiating meaningful changes aimed at improving the lived experiences of ethnic minority and IMG IiT. Obtained from the conclusion of the final end-point meeting of the project.*

8. Conclusions

Reverse mentoring appears to be an effective means by which to improve the understanding of the issues faced by ethnic minority and IMG IiT. All the scheme participants described the project as a useful experience that has led to positive changes in their personal practice or approach to this subject matter. There was also universal agreement that the project should be expanded to incorporate a greater number of subjects. Whilst implementing large scale changes aimed at shifting cultural beliefs or behaviours can be extremely difficult, this project highlights the value of instigating small positive changes that together can contribute to a meaningful positive outcome.

It is imperative that we continue to present the data on this subject to continue to drive home the message that these issues exist in every region and in every hospital within the UK. Indeed, one of the limitations of this project is that the Mentees were recruited from a group of self-selecting and highly motivated individuals, who were already aware of the problem and keen to learn how to make things better. By continuing to publish and present real experiential examples of the behaviours experienced by this group of colleagues, we can start to reach those that perhaps aren't convinced that there is a problem either with themselves or their institution.

Furthermore, the use of Reverse Mentoring can be used as a tool to empower participants to call out poor behaviours, further their own personal learning without fear of being labelled as "racist" and having honest and open conversations with senior colleagues. Ethnic minority and IMG IiT continue to face challenges disproportionate to their white British counterparts.

One important area in which we can do more for this group of doctors is in improving their support networks. The mentors consistently highlighted the power that even a single ally or mentor to an individual could bring in improving their experience of training and working in the NHS. Appointing named advocates for ethnic minority and IMG IiT within regions, outside and independent of the existing framework of supervisors, may be one way in which we can start to ensure these individuals feel better supported. This, coupled with the publication of national guidance from the Faculty and increased cultural education incorporated at all stages of ICM training will help to ensure that we all have the appropriate tools to guarantee our ethnic minority and IMG colleagues have the conditions they need to thrive in a career in ICM.

9. References

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2. General Medical Council (2015). *The state of medical education and practice in the UK.*
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4. Faculty of Intensive Care Medicine EDI statement and commitment regarding the work of its Board and Committees
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7. Woolf K, Rich A, Viney R, Needleman S, Griffin A. Perceived causes of differential attainment in UK postgraduate medical training: a national qualitative study. *BMJ Open* 2016;6:e013429. doi:10.1136/bmjopen-2016-013429 pmid:27888178

10. Acknowledgements

The Faculty would like to thank each of the doctors taking part in the project and acknowledge the significant contributions made by each of the Intensivists in Training who volunteered as mentors. They have all dedicated a significant portion of their own free time to share their own experiences on what is often a very emotive and personal subject.

The Faculty would also like to acknowledge and thank Dr Alice Pullinger – Leadership Fellow in Diversity, Equity and Inclusion - NHSE Yorkshire And Humber for her help and support in setting up the project.

Reverse Mentor Group: Dr Hagar Aly; Dr Soumyanil Saha; Dr Angela Lim, Dr Jonathan La-crette, Dr Shah Rahman, Dr Tijesunimi Afolabi, Dr Hannah Wilkincrowe, Dr Sekina Bakare, Dr Kyron Chambers, Dr Ben Hylton, Dr Dong Lin, Dr Ayshea Redford, Dr Enyioma Anomelechi.

11. Appendices

11.1. Appendix 1: Mentor Induction

FICM RM Mentor Induction

Aims

- Establishing group network and support
- Familiarise the group with programme facilitators
- Explain the programme
- Discuss mentor aims
- Explore apprehensions
- Recommend timeline for meetings
- Introduction to mentoring principles
- How to approach challenging conversations – expectations and contract

14:00	10 mins	Welcome, introductions Getting to know the mentor faculty **Round table** with introductions and introductory question: • What is an assumption people make about you? • or an unrelated question as icebreaker Contribution: we need your voice. Your input is crucial for this to work – we will be asking for your thoughts and opinions and also for the group to generate some helpful docs re language, expectations, etc Ground rules for this session (respect, confidentiality, non-interruption)
14:10	10 mins PowerPoint presentation	Aims of this workstream – background of reverse mentoring. Hopes for this programme and where our focus is (what do they want to get out for themselves, what do they want for their mentee and for the wider picture) Scene setting – understanding FICM roles Review of data on differential attainment: mentees aware of this data. There is a disconnect on the ground of what can translate into these educational outcomes.
14:20	10 mins	Reflections on learning points from previous project iterations
14:30	15 mins	Reflection as a group on data, discussion question: What are your aims for the programme? agreement eventually.
14:45	15mins	Agreeing appropriate language – to discuss and gain consensus on what is and isn't okay. Feedback will generate a document you can share with your mentees on language to use and not use. Guidance on ways to talk about ethnicity from this group. Reduces the chance of focussing on the terms. Maybe start this at your first meeting.
15:00	15 mins	Break
15:15	25 mins	What skills or attitudes do you think a reverse mentor needs to bring? Open discussion.

		Introduce some mentoring principles. GROW model – include an example.
15:40	15 mins	**Round Table:** What are your apprehensions? What are your concerns about mentoring a senior?
15:55 Facilitator plus one person typing	25 mins	Co-produce an expectations document to share with mentees – workshop this and encourage participants to offer contributions so we have something concrete and helpful to go out to mentees (can include resources from chat earlier). Emphasis on reversal of traditional mentoring relationship: mentees to contact mentors to organise meetings, if meeting face to face, to agree neutral location (not consultant's office) etc This is partly to give the mentors confidence to define their own expectations and articulate them to their mentee, and partly to have a useful 'roadmap' for all. What would your request be for an effective mentee (behaviours and attitudes)?
16:20	10 mins	Break
16:30 Swap facilitator/typing from previous session	20 mins	Co-producing a draft agenda for your 6 meetings. What would you like to achieve? First meeting: relationship building. Subsequent meetings – ask groups to discuss themes and create a menu of riskier/safer topics. Padlet write up. Week 1, week 2, week 3, week 4
16:50	10 mins	Q&A Thanks to all for contributions and engagement, update on practical next steps so everyone is aware. Point of contact for queries as this rolls out Note about evaluation, ongoing comms, any problems REMIND THEM THAT THEY ARE THE EXPERTS. • We will send mentor handbook with agendas/expectations from today and resources • Sources of wellbeing and support and contacts. WhatsApp/Email/both? practical and emotional support. • Remind of planned dates for midpoint and end point meetings • Advise to block book meetings in advance with mentees Share link for induction session feedback survey

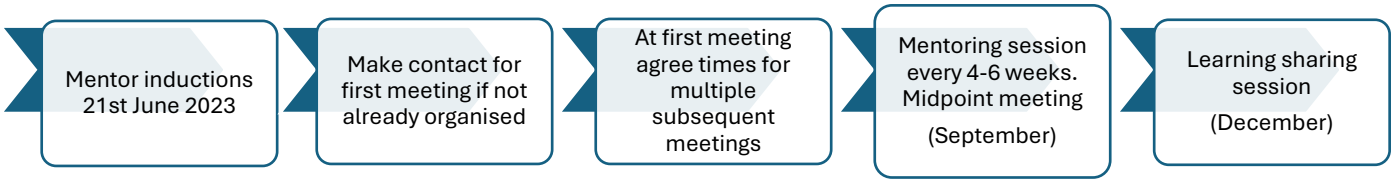
11.2. Appendix 2: Mentee Induction

FICM RM Mentee Induction

Aims

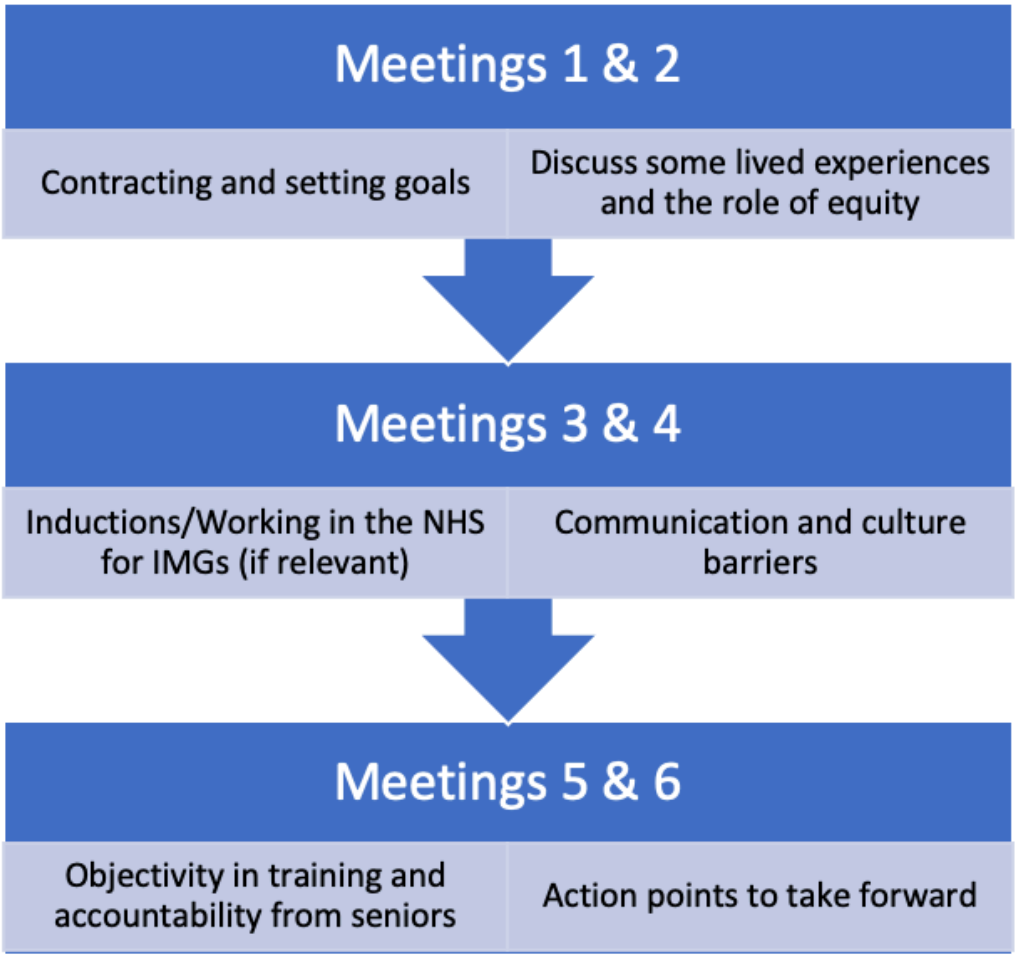
- Establishing group network and support
- Familiarise the group with programme facilitators
- Explain the programme
- Discuss mentee aims
- Discuss expectations
- Recommend timeline for meetings

17:00	15 mins	Welcome and introductions Thanks for participation and curiosity -brave to sign up **Round table:** name, role and place of work. Question: what is an incorrect assumption people make about you?
17:15	15mins PowerPoint	Background: differential attainment, aims of programme How programme will run
17:30	10 mins	Share learning from mentor induction: • Expectations • Use of language • Psychological safety
17:40	10 mins	**Round table:** what are your aims/apprehensions? Address any concerns Emphasise that the programme aims to facilitate as safe space for learning and sharing
17:50	10 mins	Q&A Thanks to all for contributions and engagement; Update on practical next steps so everyone is aware: • Mentees to contact mentors to set meeting dates • Advise block booking of meetings • Remind of planned dates for midpoint/end point meetings Point of contact for queries as this rolls out- Matt/Waqas Note about evaluation, ongoing comms, any problems Share feedback survey for induction



11.3. Appendix 3: Example agenda & structure for mentor/mentee meetings

Example of a draft agenda between a mentor and mentee



11.4. Appendix 4: Reverse Mentor Handbook

FICM Reverse Mentor Project Mentor Handbook

Thank you for volunteering to take part in the first iteration of the FICM Reverse Mentoring Project 2023.

This handbook is intended to compliment the Mentor induction and give more information on the programme with ideas for topics and resources to discuss with your mentee during your mentoring meetings.

Aims of programme

- To embed the experiences of junior colleagues from minority ethnic and international medical graduate (IMG) backgrounds into the FICM educational leadership consciousness
- To offer an opportunity to explore and challenge systemic biases in training
- To offer a safe space to discuss experiences and impact of racism in training
- For senior colleagues to translate their learning from the programme into meaningful action in their educational roles.

Ultimately to create an environment in which diversity is understood and celebrated rather than feared and ignored.

How the programme will run

Your mentee should be in touch to organise a first meeting to take place after your induction.

We suggest you aim to meet your mentee regularly every 4-6 weeks (4-6 meetings of approximately 1 hour) between the start and end of the programme. It is preferable to pre-book multiple meetings with your mentee in advance so you both have adequate notice to plan-ahead with your work commitments.

Further meeting dates for your diary:

- Midpoint meetings for mentors
- September: Date and time to be confirmed.
- Wrap up sessions – pick one to attend, preferably the same one as your mentee:
- December: Date and Time to be confirmed.

If you have any questions or concerns that at any stage in the project, please don't hesitate to contact the programme lead: Dr Matt Rowe

Or alternatively, you can contact the Deputy FICM trainee representative: Dr Waqas Akhtar

What is mentoring?

Mentoring is a relationship where an individual supports another colleague by sharing their professional knowledge and experiences, and utilising key skills and personal attributes, to enable that colleague to achieve their goals.

What is reverse mentoring?

Reverse mentoring inverts the traditional mentoring relationship: instead of senior doctors mentoring junior doctors, junior colleagues mentor a more senior colleague on a topic they have experience in. In this case, junior colleagues will be mentoring senior doctors about their experiences as a IiT from a minority ethnic or IMG background.

In reverse mentoring, both the mentor and mentee can learn from each other to develop. Your mentees will have opportunities to learn from your experiences, and we hope that you can also learn from your mentee's leadership journey and their role as an educator. This is known as reciprocal learning.

Consultants have volunteered to take part in this programme to learn from Intensivists in Training's experiences. Reasons consultant colleagues have given for wanting to join the programme include:

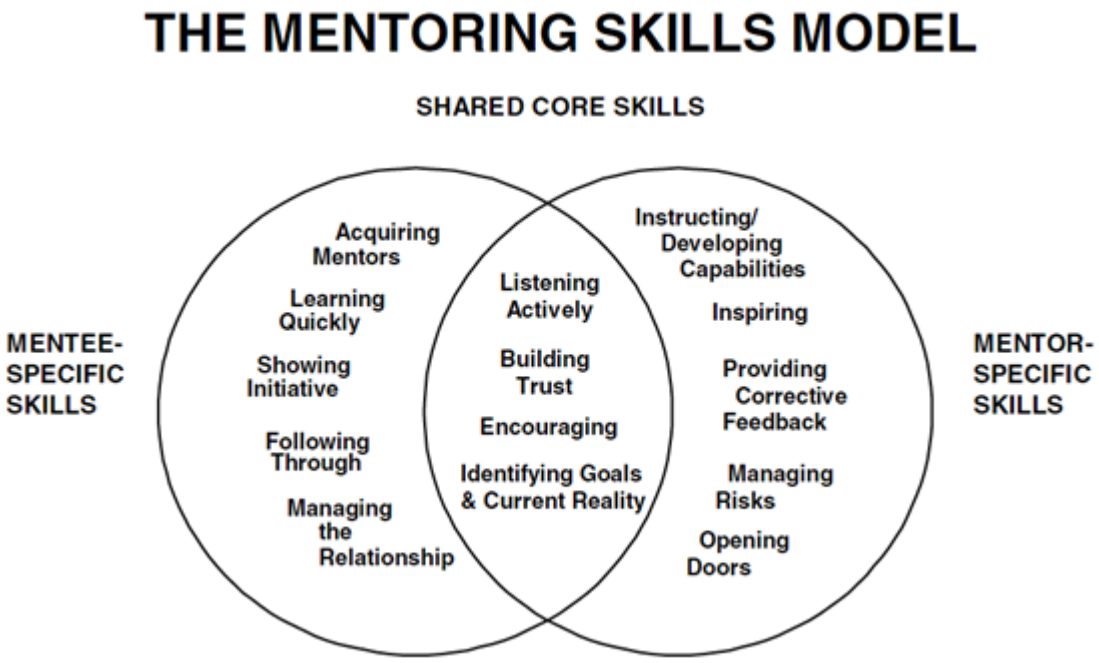
- 'I'm aware of my own privilege and potential for unconscious bias and want to better myself in this regard'
- I am aware of systemic racism in medicine, and I want to improve this'
- 'I work in an ethnically diverse area and there are few BAME colleagues in leadership positions. I would like to see this change'
- 'I want to hear and understand experiences faced by doctors from minority ethnic backgrounds, so I can challenge my own practices and be a better supervisor'
- 'I supervise international medical graduates, and I want to develop my understanding and allyship by hearing about the lived experiences of these colleagues'
- 'I want to learn how to support these doctors better'.

Consultants taking part have been asked to identify their aims for the programme, to identify where they are on their antiracism journey (see image below), and to consider how the programme will help them to progress into further into learning/growth zones.

Mentoring Skills

Mentoring involves empowering the mentee to identify their own issues and goals and helping them to find their own ways to resolve or reach them. General shared core skills of mentors and mentees include:

- **Active listening:** listening with interest, avoiding interruptions, summarising key elements of the discussion.
- **Building trust:** keeping experiences shared confidential, respecting boundaries, being honest when you disagree with something that is said.
- **Encouraging:** giving recognition, feedback and sharing appreciation.
- **Identifying goals and current reality:** discussing specific goals for the programme for both mentees and mentors.



From 'Skills for Successful Mentoring: Competencies of outstanding mentors and mentees' by Lynda Phillips-Jones

Using the GROW model

1. Goal: What is the objective/desired outcome? What do we want to achieve by the end of this meeting?
2. Reality: What is the current situation? What resources do we have/need?
3. Options: What choices do we have? What ideas can we come up with to achieve the goal?
4. Will/Way forward: what will they do next? What can they commit to?

Example:

1. *Goal*: a mentee identifies a goal for the meeting e.g. 'I want to understand what racial microaggressions are and how to support colleagues who experience them'.
2. *Reality*: the mentor may share personal experiences of microaggressions if they feel comfortable doing so, or examples of microaggressions from elsewhere. Can your mentee think of things that they have previously witnessed, or their own behaviour that they now recognise as a microaggression? How did they react at the time?
3. *Options*: what are ways to respond to this/call it out in the future?

4. *Will*: how will your mentee respond next time they encounter this? How will they educate others in their workplace about it?

Expectations of mentees discussed in mentor induction sessions

The following expectations of mentees were discussed in the mentor induction sessions and will be shared with mentees in their induction:

- Being openminded, curious and willing to learn.
- Being respectful - creating a safe, trusting and confidential space for discussion.
- Being able to explore aims, goals and expectations for both mentor and mentee.
- Being willing to have conversations which may make them feel uncomfortable.
- Having an awareness of racism.
- Not being dismissive of their mentors' experiences.

First session

It is suggested the first session be used to get to know one another and for contract setting in terms of mutual goals for the project and psychological safety This should be done in person (likely online) and not via email prior to the first meeting. If you meet your mentor in person physically, please do so on mutual ground e.g. not in your consultant office.

Topics/Questions to consider:

- What can you tell me about yourself and your background to help me get to know you better?
- What is most important to you?

Start to build your mentoring relationship. Questions to consider:

- What do you want to get out of this mentoring relationship?
- What are the areas you want to develop?
- What do you want to learn from me?
- What do you need from me?

Agree expectations and goals – refer to the ideas discussed in the mentor induction summary above.

Establish ground rules about mutual respect, confidentiality, non-interruption.

Discuss an agenda for subsequent meetings.

Agree arrangements for meetings and try to book in future sessions.

Topic ideas for discussion in subsequent meetings

The following ideas for discussion during meetings were discussed at the mentor induction sessions:

- Sharing personal experiences and reflecting on this (only share what you feel comfortable sharing).
- Microaggressions and racism at work.
- Difference in experiences in the workplace environment.
- Training opportunities.
- How to support trainees from a minority ethnic background.
- How to support international medical graduates.
- Sharing good training experiences: what makes a great trainer?
- Career progression: what are the perceived barriers, challenges and systemic biases?
- Checking in on progress with goals in later sessions.
- Agreeing action points to take back to the workplace/educational roles in later sessions.

Relevant resources to discuss/share

It may be useful to signpost your mentee to the following resources for learning or discussion in mentoring meetings, or to suggest your own resources.

Differential attainment and racism in training:

- 15 min video on differential attainment produced for 2022 Levelling the Field Conference.
- 2020 BMJ editorial on differential attainment by Prof Katherine Woolf (email Alice for a copy if you don't have BMJ access).
- Medical Workforce Race Equality Standard report (2020)
- BMA Report: Why are we still here? The factors still affecting the progression of ethnic minority doctors in the UK (2022).
- BMJ special issue on racism (2020).

Supporting international medical graduates:

- GMC/BMA - Welcoming and Valuing International medical graduates: guidance on IMG induction (2022)
- Supported Return to Training Yorkshire and Humber International Medical Graduates Podcast: stories from IMGs and reflections on how to support IMG colleagues produced by Raykal – several episodes available on Spotify and more being added over the coming months.

Microaggressions

- Short video explaining microaggressions from Catharsis Productions

Privilege

- Short video from John Amaechi on white privilege.

Allyship

- Becoming an Active Bystander: Leeds University.
- Racism and inappropriate behaviours: Five Actions for Allies – Toolkit from Business in the Community.

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