

Developing the power of the pack: the long-term leadership impact of peer mentoring for female clinicians as part of the RCP's Emerging Women Leaders Programme

Author: Michael Walsh^A

With women making up 54% of junior doctors¹ and almost 60% of new medical students² why does it remain that only 32% consultants and 24% trust medical directors are women?¹

Bismark *et al* explored reasons and remedies for the under-representation of women in medical leadership roles and identified three contributing drivers: capacity, capability and credibility.³ It has also been suggested that lack of effective mentoring for female clinicians aspiring to leadership positions has contributed to this under-representation at a senior leadership level.²

The RCP Emerging Women Leaders Programme launched in 2018 with an initial cohort of 12 female early career consultant physicians. It was designed to help address the under-representation of women in leadership roles within the medical profession by developing leadership skills and using peer and senior mentorship that centres around the drivers that Bismark described.

The RCP Emerging Women Leaders Programme uses facilitated peer mentoring known as 'Action Learning Sets'.⁴ There is increasing evidence to support the effectiveness of Action Learning Sets and female peer mentoring in healthcare settings.⁵

Our study focuses on the effect that facilitated peer mentoring has had on the women involved in the RCP Emerging Women Leaders programme. Participants had highlighted the significant impact of facilitated peer mentoring in their post-programme feedback and it was decided to build on this feedback to formally develop research within this field.

Participants are current and previous participants of the programme. Qualitative data is being gathered in two phases; a focus group and one-to-one interviews, which will be analysed using a hybrid method of emergent and a priori codes and themes.

Our intention is to share the results of the study and make recommendations for the use of facilitated peer mentoring to support under-represented groups in leadership roles within a healthcare setting. ■

Conflicts of interest

None declared.

References

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Author: ^ARoyal College of Physicians, London, UK