



---

# The Enrichment Programme

2021 - 2022 Interim Evaluation Report

**MELANIN MEDICS**

MAR 2023

---

Written By:

**Dr Olamide Dada**

**Dr Khadija Owusu**

**Dr Ayomide Ayorinde**

# ACKNOWLEDGEMENTS

We would like to thank all the final year medical students who participated in the 2021/22 Enrichment programme and shared their feedback.

We would also like to express our thanks to the doctors who volunteered their time as mentors for the participants and as session speakers.

We would like to thank the GMC team for their help and guidance in evaluating the programme.

---

## ACRONYMS

FY: Foundation Year

UK: United Kingdom

GMC: General Medical Council

# Table of Contents

Acknowledgements	02
Executive Summary	04
programme Description	06
Evaluation	09
Conclusion	19
Recommendations	21
References	23
Appendix	24

# EXECUTIVE SUMMARY

The transition from final year medical student to foundation year 1 doctor is significant moment for many. As Foundation year 1 doctors, they are quickly introduced to challenges (1) pertaining to increased responsibility, managing complex clinical scenarios, adopting to medical culture, managing uncertainty, and working in multidisciplinary teams. Many final year medical students do not feel prepared to become a Foundation Year 1 doctor (2).

The 2022 GMC report (3) on Equality, Diversity, and Inclusion highlighted differences in the preparedness levels of new FY1 doctors. In 2020, a gap of 7.8% was noted between the responses of white new FY1 doctors and those from ethnic minority backgrounds, with ethnic minority FY1 doctors feeling less prepared. This gap between white and ethnic minority FY1 doctors further increased in 2021 to 10.5%, despite a general upwards trend in preparedness for FY1.

Although there have been other initiatives (4) to support final year medical students as they transition to become Foundation Year 1 doctors, no initiative has focused on black African and Caribbean final year medical students studying Medicine in the UK as the target demographic.

The Enrichment programme is a 10-month development programme designed for final year medical students of Black African and Caribbean heritage studying Medicine in the UK. The initiative focused on increasing career confidence, supporting career readiness, and enabling career advancement through the establishment of peer networks, provision of one-to-one mentoring support and accessible resources.

Evidence has shown that differences in academic attainment (5) has remained a long-standing issue in both undergraduate and postgraduate medical education in the UK. Ethnic minority students are more likely to have adverse experiences (6) during medical school which is perceived to be impeding their learning and performance. Students from ethnic minority groups have also reported experiencing “less supportive social and less positive learning environments”(7).

The evaluation of the programme found that mentoring has been repeatedly highlighted as the most helpful aspect of the programme in preparing students for their Foundation Year 1 roles. The programme has been identified as a valuable resource in supporting black African and Caribbean final year students transition into their Foundation Year 1 roles. Students benefitted from mentoring support, career insight, preparation for FY1, networking, portfolio support, specialty application guidance and peer to peer support while participating on the programme. The programme has also helped to increase most of the participants social capital and accessibility to career support. Notably, students’ perceptions of preparedness did not focus on student ethnicity but rather focused on aspects generalisable to all final year medical students.

Despite the success of the programme, there are further ideas, discussed in this report, which can serve to support student preparedness in a variety of domains including clinical, operational, logistical. It has also presented further opportunities to explore the unique challenges that black African and Caribbean medical students face that result in differential outcomes.

# Key Findings

Mentoring was the most helpful aspect of the programme in preparing students for their Foundation Year 1 roles.

The programme has helped to increase most of the participants social capital and accessibility to career support.

The programme has been a valuable resource in supporting black African and Caribbean final year students transition into their Foundation Year 1 roles.

Students benefitted from mentoring support, career insight, preparation for FY1, networking, portfolio support, specialty application guidance and peer to peer support while participating on the programme.

Students' perceptions of preparedness did not focus on student ethnicity but rather focused on aspects generalisable to all final year medical students.

More tools can be utilised to support student preparedness in a variety of domains including clinical, operational, logistical.

70.6%

of participants felt they had made relationships with individuals while on the programme that will stay with them beyond a year.

---

77.8%

of participants made regular contact with their mentors on the programme.

---

94.4%

of participants would recommend this programme to their peers.

---

## PROGRAMME DESCRIPTION

The Enrichment programme is a 10-month development programme designed for final year medical students of Black African and Caribbean heritage.

The Enrichment programme focuses on increasing career confidence, supporting career readiness and enabling career advancement. The programme takes a holistic approach with aims to help Black African and Caribbean final year medical students navigate their last year of medical school and help them thrive in the next phase of their life as doctors.

### programme Goals

The programme goals centred on career readiness, career confidence and career advancement.

The programme was designed for Black African and Caribbean final year medical students to participate as beneficiaries. Students studied at medical schools across the UK and were selected based on the quality of their applications, and their self-identified need for social support.

*The programme was funded by the General Medical Council. The views expressed in this report are those of the participants and the authors and do not necessarily reflect those of the General Medical Council.*

### CAREER READINESS

To support students as they transition from medical school to the foundation years through the establishment of peer networks, wellbeing support and preventative measures to address differential attainment.

---

### CAREER CONFIDENCE

To increase student confidence navigating their careers through promoting healthy behaviours, sharing opportunities, and creating opportunities for students to engage with current doctors.

---

### CAREER ADVANCEMENT

To support career development through mentoring relationships that will provide personalised support and foster long-term relationships.

---

# PROGRAMME DESIGN

The programme was delivered across 10 months, from November 2021 to August 2022.

The programme featured:

**Mentoring support:** Through the monthly mentoring, we aimed to create an environment that allows the development of long-lasting professional relationships between doctors and medical students and provide accountability for the other aspects of the Enrichment programme.

**Educational webinars:** Students participated in core webinars over the course of the programme. The sessions have been tailored to address key learning areas necessary for their final year at medical school and working life as an FY1 doctor. These sessions included: Preparing for the SJT, preparing for the PSA and FY1 Workplace Rights delivered by the British Medical Association.

**Career insight sessions:** This consisted of small group sessions of around groups of 5-8 where people can have fireside chats with individuals within relevant fields of interest including: surgery, general practice, paediatrics and obstetrics and gynaecology. The sessions were designed to be very informal extended group mentoring sessions.

**Peer to peer sessions:** Students were placed in buddy groups based on specialty interest and engaged with these groups through breakout rooms during the induction session. The aim was to create a close-knit community of people who are in the same stage of life in the hope that this marks the beginning of more long-lasting professional relationships.

**programme Finale:** To mark the end of medical school, we held the Enrichment programme Celebration event. This was an in-person networking & panel event celebrating and preparing incoming Foundation Year 1 Doctors as they began to start their careers. programme participants had the opportunity to meet their mentors in-person along with programme peers. The panel discussion explored the experiences of outgoing FY1 doctors who shared tips and advice for the role.

## Our objectives for mentees

- Increased preparedness entering the foundation years
- Increased confidence navigating their medical careers
- Increased social support through the development of peer networks
- Increased accessibility to personalised career support through mentors
- Enhanced resilience, positive wellbeing and a deeper understanding for how to deal with complexity and uncertainty.

## Our objectives as an organisation

- Support shared learning and establish a greater understanding of existing challenges for incoming FY1 doctors from ethnic minority backgrounds as they transition from medical school to the foundation years
- Showcase successful establishment of peer networks and mentoring support
- Support mentoring skills development for volunteer mentors as they participate
- Showcase the success of BAME doctors and give a platform for sharing their experience of what helped them be successful
- Influence the formation of stronger professional relationships both horizontal (amongst peers) and vertical (senior colleagues/mentors)
- Increase preparedness for entering the foundation years and increase confidence for navigating the rest of their medical careers

# Context

Medical students from ethnic minority backgrounds have been found to underperform academic assessments compared to their white counterparts. Research has shown that differences in academic attainment has remained a long-standing issue in medical education in the UK. Differential attainment exists across “medical schools, exam types and both undergraduate and postgraduate assessments (8).” Ethnic minority students are more likely to have adverse experiences during medical school which is perceived to be impeding their learning and performance; ranging from, stereotyping, lack of trust in the medical school institution, relationship challenges with peers and faculty and racism and discrimination (6). Students have expressed challenges pertaining to their identity, hyperawareness of how they are perceived by others and feeling of impostor syndrome (9). Learning is understood to be a highly social experience, however students from ethnic minority groups reported their experience being “less supportive social and less positive learning environments” (7). When trainees from ethnic minority backgrounds discussed factors that supported their career progression, they highlighted the importance of access to senior colleagues who served as mentors, being treated as an individual, having the support of peers, gaining knowledge to support their career choices, support with exam preparation and an inclusive workplace that values diversity (10).

## HISTORY

The Enrichment programme began in 2020 amidst the COVID-19 pandemic. It was one of the components of the “Mind Us Project”, a series of initiatives focused on supporting the mental wellbeing of Black African and Caribbean medical students and doctors. It was designed to further support Black African and Caribbean final year medical students who had faced several disruptions to their medical education. The programme also focused on providing access to wellbeing support services to support the mental wellbeing of Black African and Caribbean medical students through supportive psychological therapy sessions provided to all programme participants. Whilst the initial iteration of the programme was successful, students particularly highlighted the mentoring support to be the most valuable aspect of the programme. The supportive therapy sessions as a mandatory component of the programme was removed and students were signposted to appropriate support services when required.

# Evaluation

A comprehensive evaluation framework was designed for the programme:

- To understand and measure the impact of the intervention against our programme aims
- To gain an understanding of the unique needs that the cohorts of students had and how to successfully tackle them through the programme
- To gain a longitudinal understanding of participant needs and how they may have evolved over the duration of the programme
- To assess the efficacy of the programme structure and contents

Evaluation was sought through a variety of methods. This evaluation is the first of two planned cohorts.

## Pre-Programme Survey

Nov 2021

The surveys were disseminated at the start of the programme to each student, to collect data on their demographics, experiences of social support and mentoring, perceptions of preparedness and programme expectations. Feedback was also sought following the career insight sessions; data was collected on the relevance of the sessions to them, key learnings, what went well and further areas for improvement of the session.

## Mid-Programme Interviews

Mar 2022

The informal interviews were conducted at the programme mid-point as a form of formative evaluation of their participation in the programme. The telephone interviews also served as a pastoral check in and identified themes of what has been beneficial on the programme and challenges participants were facing.

## Post-Programme Survey

Aug 2023

A post-programme survey was disseminated to participants at the end of August, exploring their reflections as they related to the programme aims, outcomes and delivery of the programme. 18 out of 28 participants completed the post-programme evaluation survey; the following results need to be interpreted with this in mind.

## Post-Programme Interviews

Nov - Dec 2022

Interviews were then conducted 3 to 4 months after the programme was completed to capture participants reflections on their level of actual preparedness once 3-months into FY1, and for further ideas on how the transition could be better supported. Similarly, 18 out of 28 participants were interviewed.

# Evaluation Results

## PARTICIPANT DEMOGRAPHICS

28 participants were enrolled onto the programme and studied at medical schools across the UK.

- Brighton and Sussex Medical School
- St George's University of London
- University of Bristol
- University of Manchester
- Cardiff University
- University of Nottingham
- University College London
- Oxford University
- University of Dundee
- University of Southampton
- University of Edinburgh

Students were recruited through various communication channels, such as: social media, mailing lists and word of mouth. The application process entailed an online application form which asked questions pertaining to their demographics, career interests and motivation for applying to the programme. Participants were selected based on the quality of their application.

All participants were of Black African (91.7%) and Black Caribbean ethnicity (8.3%). The cohort included students studying Medicine as an undergraduate degree (70.8%) and students studying Medicine as postgraduate degree (29.2%).

28

participants

---

67%

Female participants

---

33%

Male participants

---



# CAREER CONFIDENCE

Career Confidence can be loosely defined as feelings of professional self-efficacy regarding an individual's ability to successfully make suitable career decisions and take action to implement their choices (11). Recognising the confidence gained from solving problems encountered in daily life; career confidence gives individuals the ability to adjust their career aspirations as they progress through life (12).

We asked programme participants about how confident they felt navigating their career as a doctor in the long-term and how confident they felt about their ability to navigate unexpected challenges. Following the programme, we observed a significant increase in the number of participants who felt confident navigating their careers and facing unexpected challenges.

FIGURE 3 - HOW CONFIDENT DO YOU FEEL ABOUT NAVIGATING YOUR CAREER AS DOCTOR IN THE LONG-TERM?

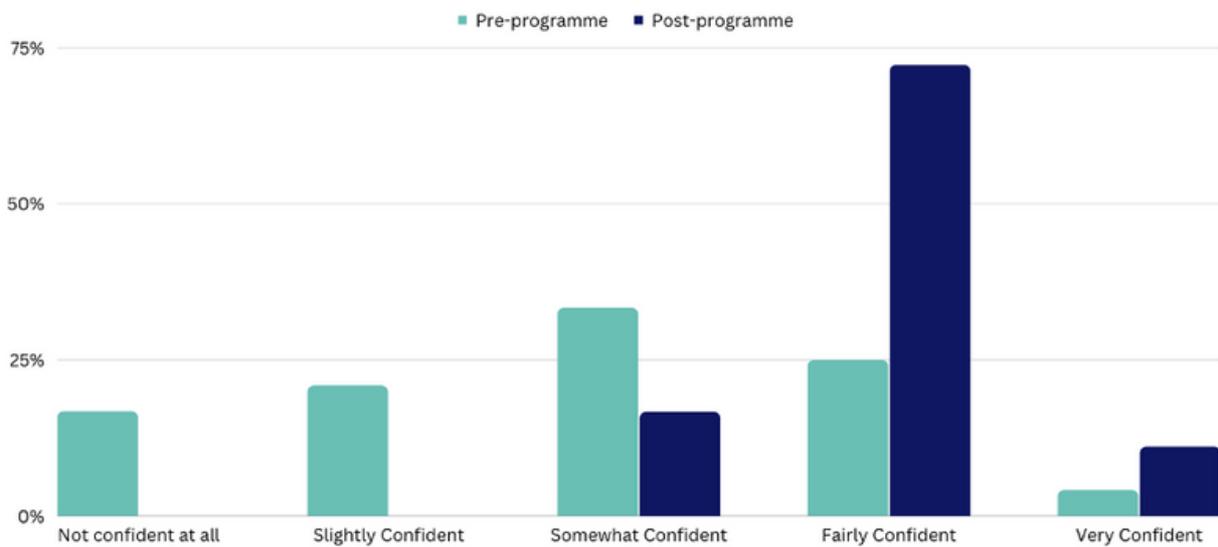
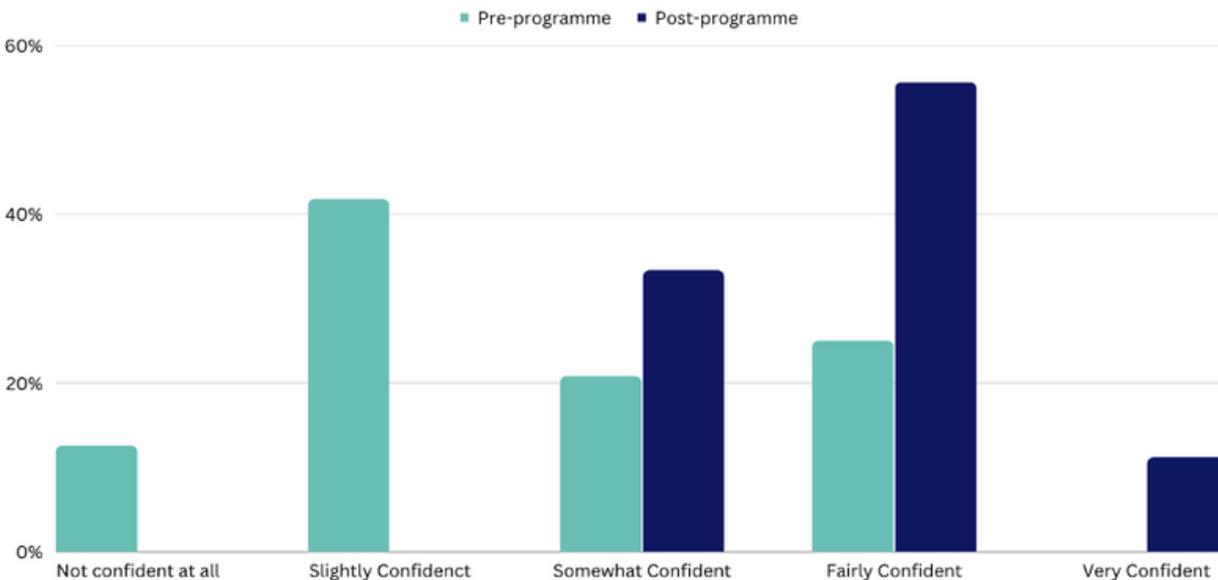


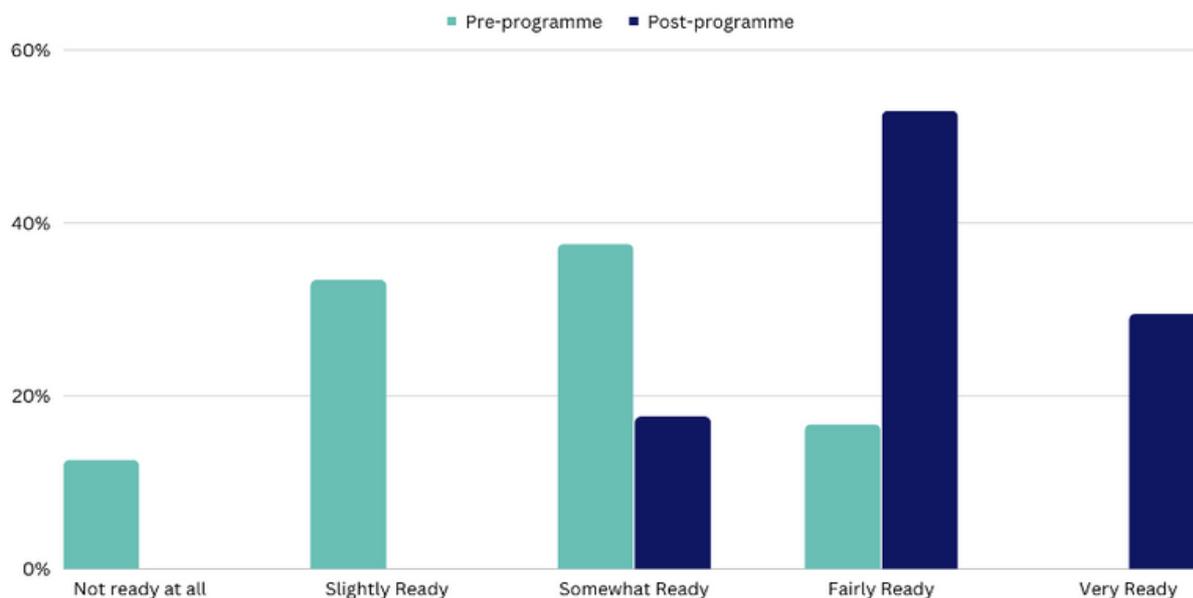
FIGURE 4 - HOW CONFIDENT DO YOU FEEL NOW ABOUT YOUR ABILITY TO NAVIGATE UNEXPECTED CHALLENGES?



# CAREER READINESS

The transition between the final year of medical school and the junior doctor years has frequently been described as a “steep learning curve” (13). Studies have shown that the critical aspects of preparedness varied; from clinical ability and academic performance to behavioural expectations, managing organisational and relational challenges (14). It is generally understood that there are limits to the extent medical school can prepare final year medical students for the practical role of the foundation doctor and that preparedness is further developed while on the job (15).

FIGURE 5 - HOW READY DO YOU FEEL ABOUT BECOMING A FOUNDATION YEAR DOCTOR?



83.3% of students identified the mentoring sessions as the most helpful aspect of the programme in preparing them for FY1. 61.1% of students also found the exam preparation webinars helpful.

## BETTER UNDERSTANDING THE FACTORS WHICH IMPROVE CAREER READINESS

A key aim of the pilot was to explore the factors underlying the lower levels of preparedness reported in the GMC survey. This information will help to better tailor the enrichment programme for the next cohort and to identify any other potentially beneficial support for the transition into FY1.

When questioned about what preparedness means to them in the post-programme survey (August 2022) participant responses varied.

Understanding role expectations	Knowing where to seek support	Confidence in clinical ability	Understanding the workplace
“Knowing the jobs and tasks which are going to be expected of me. Having the skills and knowledge to do the job.”	“Being realistic and pragmatic of your ability and knowing when to seek help/advice.”	“Confidence in my abilities to do what I can.” “Confidence levels in dealing with potential scenarios on the ward.”	“Understanding the NHS workforce structure, knowing about support that I can claim, understanding my contract.”

When asked what helped them to feel prepared, participants highlighted the following areas:

On the Enrichment Program	Outside of the Enrichment Program
<ul style="list-style-type: none"> <li>• One to one mentoring</li> <li>• Enrichment programme Finale panel discussion</li> <li>• Peer support</li> <li>• Clinical revision courses</li> <li>• Group Mentoring</li> <li>• Workplace rights webinar</li> <li>• Speaking with senior colleagues</li> </ul>	<ul style="list-style-type: none"> <li>• Medical school assistantship placements</li> <li>• Speaking with other people and friends in the years above</li> <li>• Clinical frameworks e.g. SBAR</li> <li>• Medical school preparation for practice modules</li> <li>• Having a break before FY1</li> <li>• Educational Supervisor</li> <li>• Hospital Induction Course</li> </ul>

We further asked participants what can help them to feel more prepared in both the post-programme survey and 3 month post-programme interviews . The participants shared the following: `

<b>Clinical</b>	<ul style="list-style-type: none"> <li>• ALS as a medical student</li> <li>• More OSCE style preparation</li> <li>• More experience with what it is like to do on-calls</li> <li>• A more stern/mock foundation year in comparison to current final year curriculum</li> <li>• More activities to replicate some clinical scenarios and unfamiliar situations</li> <li>• Consider interim FY1 as a part-time paid rotation</li> </ul>
<b>Logistical</b>	<ul style="list-style-type: none"> <li>• General tips and tricks from doctors from different trusts and areas referring to how things work, doing the job well and what is expected of you</li> <li>• More insight into the day to day job and how administration based it can be.</li> </ul>
<b>Operational</b>	<ul style="list-style-type: none"> <li>• Knowing what to expect from certain jobs which would have helped when picking F1 jobs</li> <li>• A guide/ written role description exploring the shift patterns</li> <li>• Consider interim FY1 as a part-time paid rotation</li> </ul>
<b>Personal</b>	<ul style="list-style-type: none"> <li>• More resources dedicated to finances</li> <li>• Talking about how easy it is to slip up and how important to take care of yourself</li> <li>• More guidance for the portfolio aspect</li> </ul>
<b>Social</b>	<ul style="list-style-type: none"> <li>• Connecting with other F1s in the prospective hospital</li> <li>• Listening to more stories about the challenges that people have gone through during F1</li> <li>• Having the Enrichment programme finale session a bit earlier before starting the job.</li> </ul>

Through the 3-month post-program interviews, we asked participants whether their perception of their preparedness for FY1 changed now they are 3 – 4 months into FY1, compared to how they felt at the end of the enrichment programme and at the very start of FY1."

*"I felt prepared to some extent at the start of F1 but I had some anxiety with working with different programmes."*

*"Yes and no. I feel nothing will ever be able to prepare you for the logistics of the job but you can grasp that quite quickly on arrival. At times we expect the transition to be more dramatic than it is, so the mentality can impact how you feel. It can feel like an insurmountable hurdle. It is good to have people who have gone before you to reassure you that it is doable."*

*"Yes. At Medical school you feel you need to know more that you do as an F1. Once starting you learn a lot as you go and pick up a lot through teaching."*

*"Yes. I didn't fully expect the level of independence. I had to re-wire my brain quickly to get on top of it all. The things I had been told previously became more realistic when in practice. I realised that it is more logistical, time management and organisation rather than clinical knowledge. I felt it is more of a mindset adjustment that is required."*

*"Yes. I don't think anything actually prepares you from the job rather than you doing the job. I feel more comfortable now that I have done it."*

*"How do you ever really prepare for F1? To feel prepared would have felt I would need to encounter a vast majority of situations that I might encounter in F1. I focused more on my final exams and picked up skills during F1 with proper guidance."*

*"Yes. At the beginning I felt quite overwhelmed but having my mentor explain what she went through and how she approached it helped to put me at ease. When I started I realised I had the skills and many of the challenges I faced were related to being efficient with my jobs."*

*"No. I understood that I was walking into something I did not know much about."*

*"I felt prepared to some extent at the end of final year but I had some anxiety with working with different programs. I found the day to ask FY1 questions useful at the end of programme day. I particularly found the final day of the programme useful because it was a safe environment to ask the difficult questions."*

*"Yes and no. I think I was prepared for what the job would entail but there were somethings that you can't predict and are difficult to prepare for e.g. local policies and procedures because every trust does things different."*

# THE IMPACT OF MENTORING SUPPORT ON CAREER ADVANCEMENT

When exploring career advancement, the enrichment programme focused on supporting career development through the formation of mentoring relationships.

Mentoring has been defined as learning relationships designed to support people to actively participate and lead their own development in order to realise their potential and achieve the results they desire and value (16). The GMC Good Medical Practice guidance implores that doctors should be willing to adopt a mentoring role for more junior colleagues as it pertains to teaching, training and supporting doctors and students (17). Studies have shown that mentoring for final year medical students can yield many benefits, such as learning from immediate experience, helping preparation for practice, increasing their sense of belonging, providing academic support and supporting career planning (18, 19, 20).

Only 20.8% of participants had a mentor they regularly engaged with prior to the programme. Experiences with previous mentors were variable and described as:

“Not very engaging.”

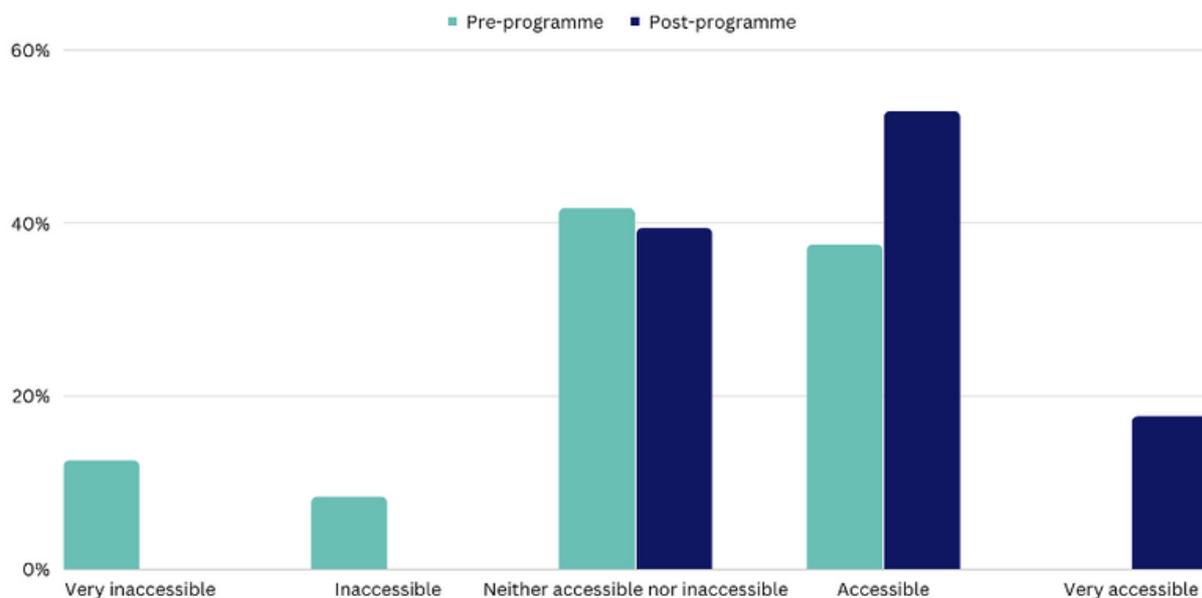
“What you give is what you get.”

“Structured programs with recommendations have worked well”

“I have never really had a formal mentorship experience, however situations where I have received advice from people senior to me in the same field have always been supportive and rewarding.”

“It feels as though the yearly meeting is done because it is a requirement as opposed to for my own benefit. It also feels unnatural as I barely speak to my mentor throughout the year.”

FIGURE 6 - HOW ACCESSIBLE IS CAREER SUPPORT WITHIN YOUR CURRENT SOCIAL NETWORK?



77.8% of participants made regular contact with their mentors on the programme.

70.6% of participants felt they had made relationships with individuals while on the programme that will stay with them beyond a year.

The participants experience with their assigned mentors was overwhelmingly positive.

*"Amazing - truly went above and beyond."*

*"X was wonderful, she's pleasant and patient. She always makes enough time for us to sit and catch up. I liked that she shared a lot of her own experiences as the FY prep at my uni is not the best. She had loads of relevant tips and shared them with me. I am lucky to have had her as a mentor and she should keep mentoring students/doctors."*

*"Very helpful."*

*"She was very supportive and I'll be staying in touch with her."*

*"I had a great mentor who wanted to pursue ENT much like myself which was great for me - I had the best support with regards to tackling a CST / Run-through ST application and my PDP was focused on elements of the scoring criteria to make sure I did these at an earlier stage. I can already see the benefit of this as managing to do the same level of preparatory work during FY1 already looks like a challenge. She was friendly and genuinely interested in my progress which made things easier."*

*"My experience with my mentor was very positive, we had things in common and was very helpful in giving advice. I found it very encouraging to see someone doing what I want to do in the future. I am sure I will keep in touch with her in the future. Sometimes we did have to reschedule meetings last minute because of time pressures/work but I understood this as she had a busy schedule."*

*"Very positive - always available to have a chat."*

*"Good support when we had meetings."*

*"I loved my mentor! She was so lovely and very supportive. I feel like training at different times of medicine there was less support and insight into e.g. academia, research etc but she definitely enlightened me to her true experience of work and left a lasting impression of how I may approach my future as a doctor."*

*"It was a pleasant experience. My mentor was always willing to meet when necessary and also invited me to her clinic to get a better understanding of what she did."*

*"My mentor has been a great help in to giving me advice and insight."*

*"All my experiences were positive; X was an amazing mentor. She was proactive in organising our meetings and came prepared with content for us to discuss but was willing to tailor the sessions to my needs. She would listen to me but also chip in with her own experiences. Honestly I appreciate it so much because I know she also had a busy schedule and dental school exams going on but still did a great job and made time for me and never made me feel like an inconvenience."*

*"She was very engaged and proactive which meant that it was easy to do our sessions. At the beginning it seemed we were going to be very productive. Unfortunately sessions were missed and rescheduled due to missing calendar reminders, scheduling conflicts or illness. Ultimately her personality and warmth means even long after the programme I am sure I will be able to continue reaching out to her for advice and guidance."*

## PROGRAMME DELIVERY

Qualitative feedback on the programme delivery was gained primarily through the mid-programme informal interviews and post-program survey.

"I think you guys are doing a great job and offering something very unique that is really helpful and genuinely making such a good impact. I've listed most of my areas for improvement already so I just wanted to use this as an opportunity to say thank you and well done!"

"Very grateful that the travel bursary was in place as this helped relieve some pressure off of need to travel to London."

"A great initiative, thanks for organising the programme"

Participants also provided areas for improvement for future programmes:

- Set sessions to meet people on the programme in person and virtually
- Clearer channels for communication - Slack vs WhatsApp vs email
- Recording and quick circulation of session recordings
- Centralised calendar
- Additional session focused on the non-clinical aspects of an FY1s role
- Mentors were not utilising the guided mentoring resources and session objectives we provided
- Session focused on dealing with racism
- Session focused on how to navigate final year
- Sharing of opportunities for portfolio development e.g. conferences, prizes, events

## PROGRAMME SUSTAINABILITY

As a small charity, it is vital to consider the sustainability of the programme and the organisation. Fortunately, due to the structure of the programme, mentoring is conducted virtually and most of the exam preparation webinars and specialty insight sessions are also conducted virtually. This creates a relatively low-cost model. However, given the challenges recruiting a suitable number of mentors to support the provision of one-to-one mentoring, it is vital to consider how mentoring can be incentivised for future mentors to further support the sustainability of the programme. Similarly, as a charity run by a team of volunteers, who in addition to their voluntary work also have clinical commitments. The administrative requirements of the programme can prove demanding. This raises the need to consider the introduction of paid staff members to support the programme management on a part-time basis.

# Conclusion

The aim of the Enrichment programme was to support black African and Caribbean final year medical students as they navigate their final year of medical school and transition into their working careers as FY1 doctors. In keeping with this aim, the programme objectives were set around increasing preparedness when entering the foundation years, increasing confidence navigating their careers, increasing social support through peer networks and increasing career support through mentoring. The evaluation of this programme has shown that these objectives have been largely achieved. This is an evaluation of the first of two cohorts.

Participant feedback has highlighted the important role of the programme in supporting career preparedness and filling a gap that has not previously been addressed sufficiently by their medical schools. Participants recognised the important role of mentoring and the value that can be obtained through effective mentoring relationships. Mentors played a variety of roles to the participants, with some supporting with exam preparation, sharing advice, and providing career guidance.

Whilst perceptions of preparedness were highly nuanced, it was generally recognised that medical school had a limited role in preparing medical students for practice. Participants expressed a desire to explore the non-clinical aspects of the role. Senior colleagues served as an invaluable resource to help participants gain a realistic perception of what would be expected from them in their FY1 role. The programme provided a safe environment for the development of long-lasting relationships with peers and mentors.

Although various ideas of preparedness explored in this report were likely generalisable to medical students from all ethnicities, it is important to acknowledge the unique experiences of black African and Caribbean final year medical students and the role it can have on their perceptions of preparedness. This was particularly evident in the participants' motivations for joining the programme and their fears of encountering racism in the workplace. However, this was not highlighted again in the post-programme survey and interview responses. We question whether this aspect had been sufficiently addressed having been paired with a mentor of the same ethnicity. We also consider the possibility that final year students from all ethnicities require the same areas of support, however the difference for students of black ethnicities is in their connectivity (social capital) and ability to freely access the support required. Further evidence is needed to explore this area.

We recognise that our programme participant size was small and therefore the evaluation findings are not generalisable to all black African and Caribbean final year medical students in the UK. We also acknowledge that 2 of the programme participants did not successfully transition into the FY1 role and subsequently had to repeat their final year of medical school. Whilst the programme did not focus on improving academic performance, we believe this highlights the real-life impact of differential attainment and the need for further support from academic support from medical schools and the role of mentors.

We conclude that there is scope for similar complimentary programs in addition to the undergraduate medical curriculum to further support the preparedness of black African and Caribbean final year medical students.

# Recommendations

We have outlined a number of recommendations for:

- Future iterations of the Enrichment Programme delivered by Melanin Medics.
- The development and delivery of similar mentoring programmes by voluntary organisations and UK Medical Schools.
- Organisations with influence over the curriculum in supporting the preparedness of final year medical students and induction of Foundation Year 1 Doctors, organisations such as, but not limited to: UK Medical Schools, the General Medical Council, the Medical Schools Council and NHS Trusts.

## **FOR MELANIN MEDICS**

### 01. The Enrichment programme should continue

The overall feedback from the programme suggests that the Enrichment programme has positively impacted the transition of the final year medical students into their first year as foundation doctors. With that being said, the 3rd cohort is already underway; with final year students and mentors who were recruited to join the programme in November 2022. As an organisation, we believe that this 3rd cohort will also benefit from the programme just as the 2nd cohort did, if not more.

### 02. Explore the unique experience of practising as a black doctor

The end of year in person event served to create a safe space for students to interact with current FY1s and more senior doctors. This created radical transparency when Black doctors spoke about the unique challenges that they had faced and how they navigated those challenges. Going forward, this forum will continue to be used for this purpose. However, we recognise that there is space for the specialty insight sessions to act as an additional space to explore these topics.

## **FOR EXTERNAL ORGANISATIONS**

### 03. Address the non-clinical aspect of transitioning from medical school to the foundation years as a doctor

Our evaluation has demonstrated that there are many aspects of preparedness as perceived by students, such as: clinical, logistical, operational, personal and social aspects. We recommend that the various aspects highlighted are sufficiently addressed within the final year medical student curriculum and foundation year 1 induction by UK Medical Schools and NHS Trusts, as well as on similar mentoring programmes to the Enrichment Programme.

# Recommendations

## FOR SIMILAR PROGRAMMES

### 04. Programme structure is retained with emphasis on mentoring

We recommend that similar programmes retain a focus on mentoring, whether delivered by voluntary organisations or UK Medical Schools. At Melanin Medics, we endeavour to maintain a schedule that does not heavily conflict with the already demanding nature of the final year of medical school. Combined with the feedback received, we have placed more emphasis in building the one-to-one mentorship relationships encouraging frequent meetings and conversations as this is what the students found most beneficial.

### 05. Pair mentees to mentors based on mutual areas of interest and not necessarily on ethnicity

In the establishment and delivery of similar programmes, we recommend that mentor matching is not solely based on ethnicity but rather mutual areas of interest in order to mimic the real-life working environment. Mutual areas of interest can be anything from career specialty interests to hobbies and activities done in the spare time. It's always best to form a relationship where you somewhat have/share a common ground. It can help to make it easier to form conversations but also creates a sense of familiarity when interacting. Mentees will also be placed in a better position when thinking about future specialties because they already have that insight from their mentor, to be well prepared.

### 06. Diversification of opportunities to interact with peers

This cohort of participants had predominantly used Slack communications (a digital communications platform) which proved to have limited effectiveness retrospectively. Therefore, the latest cohort have been using WhatsApp as the main method of communication which has proved to be quite beneficial especially during periods of national compulsory exams completed in the final year. Other avenues for interacting with peers will include the in person social events and specific FY1 preparation sessions post final year exam season.

### 07. Understand the motivation and experiences of mentors and invest in their development

Mentors are integral to the running of a successful mentoring programme. Without the investment of their time, knowledge, and experiences, we would not be able to facilitate this programme. Moving forward, we also believe it is right that we invest right back in them too. For the 3rd cohort of the programme, we aim to hold a few sessions on key areas of interest that the mentors have e.g., managing your finances, career coaching and more.

## REFERENCES

- 1) Prince K, Van de Wiel M, Van der Vleuten C, Boshuizen H, Scherpbier A. Junior doctors' opinions about the transition from medical school to clinical practice: A change of environment. *Education for Health: Change in Learning & Practice*. 2004;17(3):323–31.
- 2) Beedham W, Wanigasooriya K, Layton GR, Taing Chan L, Darr A, Mittapalli D. The effectiveness of a foundation year 1 doctor preparation course for final year medical students. *Journal of Medical Education and Curricular Development*. 2021Jan7;8:238212052098418.
- 3) Equality, diversity and inclusion: Targets, progress and priorities for 2022. General Medical Council; 2022 Mar [cited 2023Jan14]. Available from: [https://www.gmc-uk.org/-/media/documents/equality--diversity-and-inclusion---targets---progress-and-priorities\\_pdf-89470868.pdf](https://www.gmc-uk.org/-/media/documents/equality--diversity-and-inclusion---targets---progress-and-priorities_pdf-89470868.pdf)
- 4) Carasco C, Wang H, Orhan O. Foundation year-1 transition course: From medical student to first year doctor. *Future Healthcare Journal*. 2022Jul9;9(Suppl 2):64–5.
- 5) Woolf K. Differential attainment in medical education and training. *BMJ*. 2020;;m339.
- 6) Morrison N, Machado M, Blackburn C. Student perspectives on barriers to performance for black and minority ethnic graduate-entry medical students: A qualitative study in a West Midlands Medical School. *BMJ Open*. 2019Nov28;9(11).
- 7) Orom H, Semalulu T, Underwood W. The social and learning environments experienced by underrepresented minority medical students. *Academic Medicine*. 2013Nov;88(11):1765–77.
- 8) Woolf K, Potts HW, McManus IC. Ethnicity and academic performance in UK trained doctors and medical students: Systematic Review and meta-analysis. *BMJ*. 2011Mar8;342(mar08 1):d901–d901.
- 9) Morrison N, Chimkupete P. Double jeopardy: Black and female in medicine. *The Clinical Teacher*. 2020;17(5):566–8.
- 10) Roe V, Edwards H, Kerrin M, Patterson F. [Internet]. “What supported your success in training?”: A qualitative exploration of the factors associated with an absence of an ethnic attainment gap in post-graduate specialty training. Work Psychology Group; 2019 [cited 2023Jan14]. Available from: [https://www.gmc-uk.org/-/media/documents/final-report-success-factors-in-training-211119-pdf\\_pdf-81634780.pdf](https://www.gmc-uk.org/-/media/documents/final-report-success-factors-in-training-211119-pdf_pdf-81634780.pdf)
- 11) Roe V, Edwards H, Kerrin M, Patterson F. [Internet]. “What supported your success in training?”: A qualitative exploration of the factors associated with an absence of an ethnic attainment gap in post-graduate specialty training. Work Psychology Group; 2019 [cited 2023Jan14]. Available from: [https://www.gmc-uk.org/-/media/documents/final-report-success-factors-in-training-211119-pdf\\_pdf-81634780.pdf](https://www.gmc-uk.org/-/media/documents/final-report-success-factors-in-training-211119-pdf_pdf-81634780.pdf)
- 12) EDHEC Online. Do you have career confidence? [Internet]. EDHEC Online. EDHEC; 2022 [cited 2023Jan24]. Available from: <https://online.edhec.edu/en/blog/build-career-confidence/>
- 13) Sturman N, Tan Z, Turner J. “a steep learning curve”: Junior doctor perspectives on the transition from medical student to the health-care workplace. *BMC Medical Education*. 2017;17(1).

## REFERENCES

- 14) Monrouxe LV, Bullock A, Gormley G, Kaufhold K, Kelly N, Roberts CE, et al. New Graduate Doctors' preparedness for practice: A Multistakeholder, multicentre narrative study. *BMJ Open*. 2018Aug29;8(8).
- 15) Gale T, Brennan N, Langdon N, Read J, Keates N, Burns L, et al. [Internet]. Preparedness of recent medical graduates to meet anticipated healthcare needs. General Medical Council; 2022 Feb [cited 2023Jan24]. Available from: [https://www.gmc-uk.org/-/media/documents/p4p-research-final-report-feb22\\_pdf-89855094.pdf](https://www.gmc-uk.org/-/media/documents/p4p-research-final-report-feb22_pdf-89855094.pdf)
- 16) Connor M, Pokora J. In: *Coaching and mentoring at work: Developing effective practice*. 3rd ed. London, England: Open University Press/McGraw-Hill Education; 2017. p. 10–2.
- 17) General Medical Council. [Internet]. *Good Medical Practice*. London, England: General Medical Council; 2013 [cited 2023Jan24]. Available from: [https://www.gmc-uk.org/-/media/documents/good-medical-practice---english-20200128\\_pdf-51527435.pdf](https://www.gmc-uk.org/-/media/documents/good-medical-practice---english-20200128_pdf-51527435.pdf)
- 18) Rotheray S, Watts D. Peer mentorship for medical students and junior doctors. *Medical Teacher*. 2012;34(8):673–4.
- 19) Hawkins A, Jones K, Stanton A. A mentorship programme for final-year students. *The Clinical Teacher*. 2014;11(5):345–9.
- 20) Coates WC, Crooks K, Slavin SJ, Guiton G, Wilkerson LA. Medical School Curricular Reform: Fourth-year colleges improve access to career mentoring and overall satisfaction. *Academic Medicine*. 2008Aug;83(8):754–60.

# APPENDIX

## **Appendix 1: Mid-point telephone interview questions**

1. How are you?
2. How is final year treating you?
3. Have you finished finals?
4. How have you been finding the programme generally so far?
5. How would you rate the relationship between you and your mentor/ How is your mentorship going?
6. Did you attend the launch event? How did you find it?
7. Have you found any parts of the programme subpar?
8. Did you attend the PSA event, what did you think?
9. We are planning one of the only wellbeing events we will be having over the course of the year. Are there any specific wellbeing needs you would want us to explore here?
10. What can we be doing to make sure we are serving you better?
11. How would you rate the communication strategies that have been used in the program?

## **Appendix 2: Post-programme telephone interview questions**

- In retrospect has your perception of your preparedness for FY1 changed since starting FY1 and how?
- What helped you to feel prepared?
- Is there anything that could have helped you be more prepared for FY1?

MAR 2023

# Contact

Melanin Medics is a charitable organisation supporting students and doctors from African and Caribbean backgrounds, to promote diversity in Medicine. We champion racial equity by implementing positive solutions to overcome racial and socio-economic barriers; through educational programmes, social empowerment and valuable resources.



[www.melaninmedics.com](http://www.melaninmedics.com)  
[info@melaninmedics.com](mailto:info@melaninmedics.com)  
[@melaninmedics](https://www.instagram.com/melaninmedics)

---

SUPPORTED BY **General  
Medical  
Council**