

EDITORIAL

Mentorship: an overview

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Introduction

This is the first in a series of editorials on mentorship in which we will define mentorship, provide evidence for its impact and benefit, and detail why now is the right time to embed it in our specialty and how we plan to do this with a detailed overview of the structure, objectives and early outcomes of the Vascular Society of Great Britain and Ireland (VSGBI) Mentorship Programme.

What is mentorship?

The Oxford English Dictionary defines a mentor as “an experienced and trusted adviser”. In practice, mentorship is a structured relationship in which an experienced professional (senior) supports the personal and professional growth of another (junior). Mentorship

programmes aim to develop reciprocal and supportive relationships focused on the mentee's overall personal and professional development built on trust, openness and commitment.^{1,2}

Mentorship differs from coaching and supervision (see Table 1). Coaching is typically short-term and skill-focused, aimed at improving specific performance areas, while supervision ensures safe, effective clinical practice and accountability. By contrast, mentorship is usually a longer-term holistic partnership emphasising reflective practice, professional identity, career development and resilience.³ It may be formal, with agreed

goals and timelines, or informal, arising naturally from professional relationships. Both approaches hold value, though formal structured mentorship offers clear expectations, accountability and measurable outcomes.⁴

Evidence of benefits

Trust-level evaluations show that well-supported mentorship strengthens teams, enhances staff well-being and improves patient care.⁵ Professional bodies from the General Medical Council (GMC) to the Royal College of Surgeons now advocate mentorship as a key workforce strategy, citing benefits beyond technical skills including decision-making, leadership and work-life balance.^{6,7}

Across surgical specialties, structured

Table 1 Comparison of mentorship, supervision and coaching.

Aspect	Mentorship	Coaching	Supervision
Definition	Long-term, holistic relationship supporting professional growth, identity, resilience, and career development	Short-term, goal-focused relationship aimed at improving specific skills or performance	Ensures quality and safety of work; typically short-term and task-focused
Focus	Reflective practice, career planning, personal development	Skill enhancement, performance improvement	Safe, effective completion of clinical or professional tasks
Duration	Long-term, flexible	Short-term, tied to specific objectives	Usually throughout a training period or specific task
Nature	Reciprocal, supportive, flexible	Collaborative, goal-oriented	Directive, evaluative
Outcome	Professional confidence, resilience, leadership, network development	Improved performance or skills	Safe practice, compliance, competence

Adapted from multiple sources ^{1,3,7}

Key words: mentorship, professional development, early-career consultants

Table 2 Benefits of mentorship.

Benefit	Description
Professional confidence	Mentorship supports new consultants in developing confidence as they transition to independent practice
Clinical and professional skill development	Mentors share tacit knowledge and practical insights not always captured in formal training, bridging the gap between theory and practice
Emotional support and resilience	Mentorship provides a safe non-judgemental space to discuss challenges, reducing stress and feelings of isolation
Career progression and leadership	Structured mentorship facilitates career planning
Service quality improvement	Mentorship promotes adoption of innovative evidence-based practices, leading to improved patient outcomes

Adapted from multiple sources ^{1,4,6}

mentorship – defined as a formal programme with clear objectives, planned interactions and ongoing evaluation – has consistently demonstrated positive outcomes. In trauma and orthopaedics, it improved career clarity and reduced professional isolation.⁸ A 2024 national survey in urology found that almost all early-career consultants valued mentorship, with 90% supporting the creation of a formal national programme.⁹ In ENT, a national mentorship programme showed that participants sought careful mentor–mentee matching and regular review to address career guidance, academic development, psychosocial support and networking needs.¹⁰

The academic NIHR Mentorship Programme offers an evidence-based nationally recognised framework for supporting early-career healthcare professionals. Notably, it benefits from significant investment and institutional support, making it a flagship model for structured mentorship. An overview of key benefits is summarised in Table 2. Mentees report increased professional confidence, improved reflective practice, emotional support, leadership growth and enhanced service quality.¹¹

Mentorship in vascular surgery

Every surgeon remembers the people who shaped their early career – the colleague whose advice made all the difference, the senior who gave a timely nudge forward or the one who simply listened and understood. Mentorship provides this steady presence of someone more experienced who helps to guide, encourage and challenge at the right time. The transition from trainee to early-career consultant is one of the most demanding phases of a surgical career. New consultants must manage complex clinical decisions, take responsibility for patient outcomes and lead multidisciplinary teams without the ‘safety net’ of supervision from senior colleagues. Increasingly, mentorship is recognised in healthcare as a key factor in successfully bridging the transition from trainee to independent

consultant, helping surgeons navigate new responsibilities while continuing to grow personally and professionally.¹² Structured mentorship in this situation offers an invaluable safe and confidential space to reflect, learn and build confidence without fear of judgement. Mentors bring perspective and provide practical knowledge that training alone struggles to capture: how to navigate difficult clinical decisions, how to process the emotional impact of complications, how to balance ambition with personal well-being and how to keep going when self-doubt arises.^{1,13}

What’s in it for mentors and mentees?

Mentorship is a reciprocal relationship. For mentees, it offers guidance on clinical decisions, career planning and professional and personal development, facilitating access to professional networks and career opportunities.^{4,12} The experience can be equally rewarding for mentors, allowing them to give back to the profession, refine leadership and communication skills and gain fresh perspectives from new colleagues. Mentorship encourages reflection on one’s own practice and can inspire new approaches to patient care. By sharing expertise and shaping the next generation of vascular surgeons, mentors reinforce their professional identity and make a meaningful, lasting contribution to the specialty.^{2,14}

Why structured mentorship matters now

Mentorship is not only beneficial for individual surgeons but is also a strategic investment in the future of vascular surgery. Rising work-force pressures, increasing complexity of cases and advances in technology create a challenging environment for new consultants.¹⁵ Without structured support, these pressures can contribute to stress, burnout and early attrition, with implications for patient care.^{16,17}

Embedding mentorship now ensures early-career consultants are supported not only clinically but also in developing resilience, leadership skills and professional networks. This approach aligns with broader NHS and Royal College of Surgeons’ initiatives to improve retention, staff well-being and service quality.¹⁸ By proactively supporting early-career consultants, mentorship helps reduce the personal and professional costs of burnout, strengthens retention and cultivates a resilient vascular surgery workforce, benefiting individuals, teams and the specialty as a whole.

The VSGBI Mentorship Programme

The VSGBI is establishing a structured mentorship programme, drawing on proven models including the NIHR Mentorship Programme. The first cohort intake will begin in November 2025 with a one-day in-person training session for both mentors and mentees. By providing structured guidance and support during these formative years, the programme will foster safer practice, build stronger teams and cultivate sustainable careers where vascular surgeons can thrive. Importantly, it ensures that the experience and wisdom of senior vascular surgeons are passed forward, shaping the next generation and securing the long-term strength and excellence of the specialty.

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References

- Howarth S, Haddock-Millar J. *Mentorship Framework for Early Career Researchers and Clinicians*. 2020. <https://www.nihr.ac.uk/media/22106/download>
- Dominguez N, Kochan F, Garza R, *et al.* *Defining Mentoring*. John Wiley & Sons. 2020; 1–18.
- Macafee D, Garvey B. Mentoring and coaching: what's the difference? *BMJ* 2010;**341**:c3518. <https://doi.org/10.1136/bmj.c3518>
- Rakhit S, Fiorentino MN, Alvarado FA, *et al.* Mentorship in surgery: best practices for mentor–mentee relationships. *Curr Surg Rep* 2024;**12**(4):58–66. <https://doi.org/10.1007/s40137-024-00390-3>
- NHS England. *People Promise Exemplar Programme: Cohort 1 Close of Programme Evaluation Report*. 2023. Available at: <https://www.england.nhs.uk/long-read/people-promise-exemplar-programme-cohort-1-close-of-programme-evaluation-report/> [Accessed 18 Aug 2025].
- General Medical Council. *Mentoring Toolkit*. 2025. <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/mentoring-toolkit> [Accessed 18 Aug 2025].
- Royal College of Surgeons of England. *Mentoring Schemes*. Available at: <https://www.rcseng.ac.uk/standards-and-research/support-for-surgeons-and-services/professional-support-for-surgeons/mentoring/mentoring-schemes/> [Accessed 18 Aug 2025].
- Enson J, Malik-Tabassum K, Faria A, Faria G, Gill K, Rogers B. The impact of mentoring in trauma and orthopaedic training: a systematic review. *Ann R Coll Surg Engl* 2022;**104**(6):400–08. <https://doi.org/10.1308/rcsann.2021.0330>
- Kasmani Z, Burnhope T, Hussain A, Al-Dhahir W, Ullah A, Donati-Bourne J. Urology consultant mentoring. *Bull R Coll Surg Engl* 2024;**106**(7):408–12. <https://doi.org/10.1308/rcsbull.2024.132>
- Abbar R, Stapleton E. Women in ENT Surgery. Participant expectations in a national otolaryngology mentorship programme. *J Laryngol Otol* 2023; **137**(6):614–21. <https://doi.org/10.1017/S0022215122001852>
- National Institute for Health and Care Research (NIHR). *NIHR Mentoring Programme 2022 Evaluation Report*. 2022. Available at: <https://www.nihr.ac.uk/nihr-mentoring-programme-2022-evaluation-report>
- Gifford E, Dorsey C. The value of mentorship to the young vascular surgeon. *JVS-Vascular Insights* 2024;**2**:100090. <https://doi.org/10.1016/j.jvsvi.2024.100090>
- Ferrerres AR. Brief history of mentorship. In: Scoggins CR, Pollock RE, Pawlik TM, eds. *Surgical Mentorship and Leadership: Building for Success in Academic Surgery*. Springer International Publishing, 2018: 3–8.
- Case M, Herrera M, Rumps MV, Mulcahey MK. The impact of mentoring on academic career success in surgical subspecialties: a systematic review. *J Surg Educ* 2024;**81**(12):103292. <https://doi.org/10.1016/j.jsurg.2024.09.011>
- Sritharan KPM, Coughlin P, Travers H, *et al.* A survey of early year consultant vascular surgeons in the UK to assess well-being, support and the availability of mentoring. *J Vasc Soc GB Irel* 2025;**4**(3):124–30. <https://doi.org/10.54522/jvsgbi.2025.178>
- Gaeta ED, Gilbert M, Johns A, Jurkovich GJ, Wieck MM. Effects of mentorship on surgery residents' burnout and well-being: a scoping review. *J Surg Educ* 2024; **81**(11):1592–601. <https://doi.org/10.1016/j.jsurg.2024.08.001>
- Kiernan A, Boland F, Harkin DW, *et al.* Vascular Surgery Workforce: Evaluation and estimation of future demand in the United Kingdom. *Ann Vasc Surg* 2023; **89**:153–60. <https://doi.org/10.1016/j.avsg.2022.08.011>
- Royal College of Surgeons of England. *About our Mentoring*. Available at: <https://www.rcseng.ac.uk/careers-in-surgery/careers-support/about-our-mentoring-platform/> [Accessed 18 Aug 2025].