Public Health in Practice 12 (2026) 100840

Contents lists available at ScienceDirect

Public Health in Practice

journal homepage: www.sciencedirect.com/journal/public-health-in-practice

Peer-led mentoring to support racially minoritised applicants to UK public health specialty training: A regional pilot

Rebecca Newell [a,b,*], Haritha Pula [a], Dani Plowman [a,c], Anita Brako [d], Denise Blair [a]

[a] Kent, Surrey and Sussex School of Public Health, United Kingdom
[b] University of Kent, Centre for Health Service Studies, United Kingdom
[c] West Sussex County Council, United Kingdom
[d] Wessex School of Public Health, United Kingdom

ARTICLE INFO

Keywords:
Differential attainment
Public health workforce
Peer mentoring

ABSTRACT

Objectives: Differential attainment (DA) describes persistent differences in academic and professional outcomes between demographic groups that cannot be explained by differences in ability or effort. In UK public health specialty training, racially minoritised applicants experience lower success rates during recruitment. Peer-led mentoring interventions have shown potential in helping to address inequities by providing access to informal knowledge and support. This study aimed to evaluate the feasibility and early outcomes of a regional peer-led mentoring scheme designed to support racially minoritised applicants applying to UK public health specialty training.

Study design: Pilot intervention and mixed-methods evaluation.

Methods: This peer-led pilot intervention was delivered over two public health specialty recruitment cycles in the South-East of England. Applicants from Black and South Asian backgrounds were matched with current public health trainees ("buddies") for informal mentoring. Participation outcomes were tracked, and feedback was collected throughout the scheme alongside anonymous post-scheme surveys of applicants and buddies.

Results: In 2023–24, 13% of participants in the buddy scheme were invited to interview, with 4.3% subsequently receiving offers, compared with a national offer rate of approximately 9.8%. In 2024–25, 17.2% of participants were invited to interview and 10.3% received offers, compared with national offer rates of approximately 5.7%. Applicants reported increased confidence and a clearer understanding of the recruitment process. Buddies described mentoring as rewarding but highlighted challenges balancing the role alongside existing workload.

Conclusion: This peer-led buddy scheme appears feasible and valued by participants and may help support racially minoritised applicants navigating public health specialty recruitment. However, the small sample size and comparison with overall national offer rates, rather than ethnicity-specific comparator data, limit interpretation of recruitment outcomes. Addressing differential attainment is likely to require interventions beyond peer support alone and should be embedded within broader structural equity initiatives.

What this study adds

- Demonstrates the feasibility of a peer-led mentoring scheme to support racially minoritised applicants navigating the UK public health specialty training recruitment process.
- Suggests that targeted peer support may improve applicants' confidence and understanding of recruitment stages, potentially contributing to improved interview and offer outcomes.

Location where the work was carried out.
South-East School of Public Health (Kent, Surrey and Sussex, Thames Valley, and Wessex regions), England, United Kingdom.

* Corresponding author. Centre for Health Services Studies (CHSS) , Cornwallis Building , University of Kent , Canterbury, CT2 7NF, United Kingdom.
E-mail address: Rebecca.Newell1@nhs.net (R. Newell).

https://doi.org/10.1016/j.puhip.2026.100840
Received 5 May 2026; Received in revised form 24 July 2026; Accepted 28 July 2026
Available online 28 July 2026

- Provides practical lessons for implementing mentoring initiatives, highlighting the need for clear role expectations, mentor support, and integration within wider workforce equity strategies.

1. Introduction

Differential attainment (DA) refers to persistent differences in academic and professional outcomes between demographic groups that cannot be explained by differences in ability, achievement, or effort .[1,2] DA remains a significant concern in medical and public health education and recruitment, with racially minoritised candidates, international medical graduates, and those from non-medical backgrounds consistently experiencing lower success rates at multiple stages of training and career progression. [1,3–5] These disparities are thought to arise from structural barriers, including reduced access to informal professional networks, mentorship, and social capital, as well as limited exposure to role models with shared lived experience. Implicit bias and unfamiliarity with recruitment processes may further compound these challenges. [2,6]

The UK public health speciality training scheme is a competitive, multi-disciplinary pathway designed to develop future public health leaders. [4,7] Entry involves a national recruitment process comprising an initial application, an assessment centre, and a final selection centre with interviews and scenario-based exercises. [4,7] Previous analyses have identified disparities in success rates between demographic groups throughout this process, particularly at the assessment centre stage. [4]

Improving diversity within the public health workforce is important not only for equity but also for strengthening the effectiveness of public health practice. A workforce that reflects the populations it serves is better positioned to understand diverse community needs, build trust, and address health inequalities. [8,9] Without targeted interventions, these systemic inequities are likely to persist.

Peer-led approaches, such as mentoring, have shown potential in reducing DA. [1,10–13] Mentoring may support applicants by increasing access to informal knowledge, professional networks, and role modelling, while also helping to build confidence and preparedness for recruitment processes. [11–14] From a theoretical perspective, such interventions may operate through mechanisms described in social capital theory and communities of practice, whereby individuals gain access to tacit knowledge, professional norms, and supportive networks through relationships with more experienced peers. [15,16] The General Medical Council has highlighted mentoring as a strategy to improve fairness within postgraduate training pathways. [2,14]

In response to local concerns regarding DA, public health registrars within the South-East School of Public Health developed a regional peer-led buddy scheme. The scheme aimed to provide personalised mentoring support from current trainees to racially minoritised applicants preparing for public health specialty recruitment. This study describes the implementation of the scheme and presents early findings from its pilot evaluation.

2. Methods

This study describes a peer-led pilot intervention delivered over two public health specialty recruitment cycles in the South-East of England. In the first year, the scheme was implemented within the Kent, Surrey and Sussex (KSS) School of Public Health. In the second year, the programme expanded to include the wider South-East School of Public Health region, incorporating Kent, Surrey and Sussex (KSS), Thames Valley (TV), and Wessex (WX).

Applicants intending to apply for UK public health specialty training who self-identified as Black or Asian and were living or working in the South-East region were eligible to participate. In the second year, eligibility criteria were refined to include applicants identifying as Black or South Asian to align with available DA data. Recruitment was promoted through professional networks, foundation schools, diversity groups, social media, and regional events.

Applicants were matched with current public health trainees ("buddies") where possible, typically based on their intended application route (medical or non-medical background). Buddies attended a preparatory session outlining the aims of the scheme, mentoring boundaries, and principles designed to maintain fairness within the recruitment process.

Support provided through the scheme included one-to-one informal mentoring, consultant-led webinars covering topics such as application writing and preparation for the assessment centre, a moderated group chat to facilitate peer interaction, and access to online practice resources. Buddies were from any ethnic background. The programme was coordinated by regional public health registrars.

Outcomes included participation, interview invitations and training offers. In 2023–24, 26 applicants enrolled in the scheme, of whom 23 actively engaged; in 2024–25, 29 applicants enrolled, and 25 actively engaged. Recruitment outcomes were collected at each stage and calculated using the number of active participants as the denominator where appropriate. Surveys were distributed electronically to both applicants and buddies to evaluate their experiences, during and after the scheme. The survey included Likert-scale questions and open-text responses. Survey responses were received from 30/48 (62%) applicants and 29/51 (57%) buddies over the two years. These figures represent survey responses rather than unique individuals, as some buddies participated in both years of the programme and some applicants may also have participated in more than one recruitment cycle. Additional feedback was collected following specific sessions, through informal discussions and structured debrief sessions conducted following the recruitment cycle. Descriptive statistics were used to summarise quantitative outcomes, while qualitative responses and feedback notes were reviewed thematically to identify key learning points and inform future programme development.

As ethnicity-specific national recruitment outcome data were not publicly available, participant outcomes were compared with overall national public health specialty training recruitment outcomes. Given the small size of the regional participant cohort and the absence of ethnicity-specific comparator data, these comparisons were considered exploratory and interpreted cautiously.

3. Results

3.1. Participation and outcomes

In 2023–24 (Kent, Surrey and Sussex), 26 participants enrolled in the scheme, of whom 23 actively engaged. Three participants were invited to interview and three were placed on the interview reserve list. Following interviews, one participant received an offer, representing an overall success rate of 4.3%. This was lower than the national offer rate of approximately 9.8% for that recruitment cycle. Ethnicity-specific national offer rates were not publicly available for comparison. [17]

In 2024–25, the scheme expanded to include Kent, Surrey and Sussex, Thames Valley, and Wessex. A total of 29 participants enrolled, and 25 actively engaged. Five participants were invited to interview and three received offers, representing a success rate of 10.3%, compared with an overall national offer rate of approximately 5.7%. Ethnicity-specific national data were again unavailable. [17]

3.2. Participant feedback

Applicants reported that participation in the scheme provided valuable insight into the recruitment process and increased their confidence when preparing for applications and assessment stages. Many participants highlighted the benefit of receiving practical advice and

guidance from current trainees.

Buddies described the mentoring experience as rewarding but noted challenges in balancing mentoring responsibilities alongside clinical and academic commitments. Some reported uncertainty about how best to support unsuccessful or disengaged applicants. Buddies also described variation in expectations regarding the frequency and mode of communication, and difficulties maintaining engagement with applicants who became unresponsive.

3.3. Programme learning

Feedback from both applicants and buddies identified opportunities to improve the structure and sustainability of the scheme. Key areas included the need for clearer role definitions and communication expectations for both mentors and applicants, as well as more structured support for candidates who were unsuccessful in securing training places and to encourage development and opportunities within the wider public health workforce. These insights informed subsequent adjustments to the programme, including the introduction of clearer guidance for mentors and structured debrief opportunities for applicants.

4. Discussion

Improving representativeness within public health specialty training is important not only to promote fairness but also to ensure that the public health workforce reflects the diverse populations it serves. A workforce that mirrors the communities it protects may be better positioned to understand cultural contexts, build trust, and address health inequalities effectively. [2,8,18]

This pilot buddy scheme suggests that peer-led mentoring may support racially minoritised applicants preparing for public health specialty recruitment. Participants reported increased confidence, greater clarity regarding the recruitment process, and the value of receiving guidance from current trainees. The observed outcomes in the second year of the programme also suggest a potential improvement in interview invitations and offer rates compared with national averages, although the small sample size and no ethnicity specific data for comparison limits conclusions.

These findings are consistent with previous studies that identify mentorship and peer support as important facilitators of progression within medical and public health training pathways. [13]

However, peer mentoring alone is unlikely to address the complex and multifactorial drivers of DA. Factors such as inclusive training environments, supportive educators, flexible learning opportunities, and visible senior role models have also been identified as important in supporting equitable progression. [18] For this reason, mentoring initiatives should be considered as one component of broader efforts to address inequities in recruitment and training.

The pilot also highlighted important practical considerations for programme implementation. Feedback from buddies indicated challenges in balancing mentoring responsibilities alongside clinical and academic commitments, as well as uncertainty regarding how best to support unsuccessful or disengaged applicants. These findings suggest that clearer role expectations, structured mentor support, and formalised programme frameworks may help improve sustainability.

Several limitations should be acknowledged. The pilot involved small participant numbers and relied partly on self-reported feedback. Ethnicity-specific national recruitment data were not publicly available for comparison, and longer-term outcomes such as reapplication success or career progression were not assessed.

This pilot peer-led buddy scheme was feasible to implement and was valued by participants. The scheme appeared to support applicants' confidence and understanding of the recruitment process. While the small sample size and lack of ethnicity-specific comparator data limit definitive conclusions, these findings highlight the potential role of peer mentoring as part of wider efforts to address DA. Sustained progress will likely require such initiatives to be embedded within broader structural strategies to promote equity and inclusion across public health training pathways.

Ethical statement

As a service improvement initiative with no direct patient involvement, the scheme was exempt from formal research ethics review but adhered to the principles of the Declaration of Helsinki. Buddies and applicants had voluntary participation, anonymous and optional feedback and withdrawal at any time of the scheme. Informed consent was obtained from participants to use anonymised and aggregated data for the purposes of evaluation.

Funding

This work received limited financial support from the South-East School of Public Health, which covered the costs of educational sessions and preparation resources used within the buddy scheme. No external research funding was received. The time contributed by public health registrars to coordinate the scheme and support analysis was voluntary.

Declaration of competing interest

The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: Funding - This work received limited financial support from the South-East School of Public Health, which covered the costs of educational sessions and preparation resources used within the buddy scheme. No external research funding was received. The time contributed by public health registrars to coordinate the scheme and support analysis was voluntary.

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