

Many people find it helpful to have a mentor or a coach, but it is not always clear how to access one or what is likely to be provided. The terms may be used in an overlapping way to indicate an arrangement of support and encouragement for personal development, usually with a professional focus but with an awareness of 'work/home (work is part of life!) balance'. These activities, while usually comprising one-to-one personal and confidential discussions, are not therapy or treatment, but similarly depend for success on the participant's willingness to engage.

Mentoring

Mentoring is **encouraged** by the Royal College of Psychiatrists at any stage of a psychiatrist's career, especially for new consultants, as it can be very helpful at times of **transition** to a new role. Informal mentoring is frequent, but the value of more formal access to mentoring is now recognised.

Mentor and mentee

- The mentor is usually more experienced and qualified than the 'mentee'. They are often a senior person in the organisation. The mentor can pass on knowledge and experience, provide or recommend opportunities which the mentee may not have considered, so that they may develop skills and competencies to progress in their career, and provide contacts that the mentee would not normally access.

Mentors should ideally have training and the opportunity for ongoing support and peer supervision, but should be **independent** of the mentee's managerial structures. Generally, it is a **voluntary** role, but professional time should be allowed for it.

Meetings are usually **one-to-one** and can be held regularly at set times, particularly in the beginning, but later may be take place according to need. The agenda is set by the mentee and the mentor provides support, guidance and sometimes challenge to help forward professional development.

The mentoring relationship lasts for varying lengths of time, but for newly appointed consultants it is typically up to 2 years, with meetings at least monthly. The

meetings follow an agreed structure, which may include an agenda and brief notes, with possible interim contact if needed. The mentoring relationship moves from an 'initial phase' to the 'working phase' and on to the 'dissolving phase'. Mentor and mentee may eventually establish a more equal lasting friendship.

Access to mentoring

- A **personal approach** to a recommended mentor or known senior colleague often works well.
- Most mental health **trusts** have in-house mentoring schemes for consultants, or know how to access mentors. Contact your clinical or medical director.
- If you are a trainee or involved in training, contact your **Deanery** to find out about their mentoring schemes.
- Some College **Divisions** are developing mentoring schemes, with lists of volunteer mentors. This may be of particular usefulness if you cannot find a mentor within your own organisation or would prefer not to. Those in the subspecialties are advised to approach the faculty Honorary Secretary.
- The Faculty of Medical Leadership and Management** runs a mentoring scheme (<https://www.fmlm.ac.uk/professional-development/coaching-and-mentoring/mentoring-scheme>).

Becoming a mentor

The College is currently providing free **mentor training** to individuals who would like to take part in its mentor scheme and become a mentor in their Division. Please contact us for more information.

Coaching

Coaching is typically provided on a **professional** and **paid-for** basis with a written, signed contract specifying how the coaching relationship will operate and providing boundaries.

Coaching is usually for a **contracted** number of sessions over a period of time and can often take the form of **telephone** discussions. Coaches should have a relevant qualification in coaching. They may or may not have special knowledge of the professional area of the client.

