
Guide to mentoring for psychiatric trainees

by the Psychiatric Trainees' Committee (PTC) in
collaboration with the Mentoring and Coaching Network

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Executive summary

Many people find it helpful to have a mentor, but it is not always clear how to access one or what is likely to be provided. Mentoring provides support and encouragement for personal development, usually with a professional focus that also factors in work–life balance. While usually comprising one-to-one personal and confidential discussions, mentoring is not therapy or treatment. However, one similarity is that its outcomes depend on the participant's willingness to engage for success.

Mentoring is encouraged by the Royal College of Psychiatrists at any stage of a psychiatrist's career. Informal mentoring is frequent, but the value of formal access to mentoring is now recognised and reflected in the existence of mentoring programmes and a matching process.

There are a number of complicated transitions in the journey from medical student to consultant. The steps from medical student to Foundation Year doctor and from specialty training to consultant are widely recognised as being among the most challenging times in the working life of a doctor. Other transitions, such as the jumps into core and registrar training or a move to a new area (or even country) can be hugely challenging. Mentoring before, during and after these periods can be very effective in managing additional stresses and challenges amidst these steep learning curves.

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, allowing the mentee to develop skills and competencies to help progress in their career and gain contacts that the mentee would not normally access. For mentees who are trainees, it can be valuable for them to have a peer mentor who has recently gone through the same stage of training, as they will have fresh insight and understanding of the mentee's needs.

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, the role of mentor is a voluntary one, but professional time should be allowed for it.

Meetings are usually one to one and can be held regularly at set times, particularly at the start. Later into the process, meetings may take place according to need. The agenda is set by the mentee and the mentor provides support, guidance and encouragement to help forward professional development.

The mentoring relationship lasts for varying lengths of time. The meetings can follow an agreed structure, which may include an agenda and brief notes, with possible interim contact if needed. Mentor and mentee may eventually establish a more equal professional relationship or even a lasting friendship.

Access to mentoring

- Personally approaching a recommended mentor or known senior colleague often works well.
- Most mental health trusts have in-house mentoring schemes for consultants and may know how to access mentors for trainees.
- Trainees can contact their deanery to find out about their mentoring schemes.
- Some College divisions and devolved nations are developing mentoring schemes, with lists of volunteer mentors. This may be of particular use if you cannot find a mentor within your own organisation or would prefer not to.
- If you're a trainee seeking mentorship within a specific specialty or subspecialty, please contact mentoring@rcpsych.ac.uk. If you're interested in a career in a certain subspecialty, please contact careers@rcpsych.ac.uk.
- The Faculty of Medical Leadership and Management (FMLM) runs a mentoring scheme: [FMLM's mentoring scheme](#).

Becoming a mentor

Anyone with an interest and a passion in becoming a mentor can do so. It is important for mentors to have good listening skills with an ability to be empathetic as well as curious, and to ask powerful questions.

Training is available from the Royal College of Psychiatrists for individuals who would like to take part in its mentoring scheme and become a mentor in their division or devolved nation. Some divisions and devolved nations are running a mentoring training programme, and others are in development. For further information, please see the [Conference and Training Events](#) section of the website.

What is mentoring?

Definition

“Guiding another individual in the development and re-examination of their own ideas, learning and personal and professional development”

– Standing Committee on Postgraduate Medical and Dental Education (SCOPME), 1998

Mentoring has three main roles, according to Downey (2014), which are “largely distinctive and often incompatible.” These are:

Coach: Helps acquire specific skills, resolves short term problems, makes specific changes in behaviour

Elder statesperson: Has experience, acts as role model, helps with networking, acts as sounding board

Reflective mentor: Examines recurrent patterns of behaviour, helps create insight and self-awareness, helps people develop their own ways of interacting with others and solving problems, build self-understanding.

Mentoring is a partnership in which the mentee and mentor are equals. The mentor offers a reflective space and time to support and encourage their mentee’s development, as well as occasionally offering guidance when clearly needed. However, as in coaching, the focus is on the mentee finding their own solutions and acquiring new skills rather than simply being told what to do. Mentoring works on the principle that the client is resourceful and sets their own agenda. Mentoring has been shown to improve overall job satisfaction and wellbeing.

The quality of the mentoring relationship is critical for successful mentoring. A study (Ragins, Cotton and Miller, 2000) showed that highly satisfying mentoring relationships are associated with positive work and career attitudes. Conversely, there is no benefit to work and career attitudes when the relationship is unsatisfying.

Types of mentoring

Mentoring may have a psychosocial focus, career focus or both and can be a formal or informal relationship. It’s recommended that there is a mutual agreement of structure and aims, even in an informal relationship.

Formal

Formal mentoring is usually arranged through a mentoring programme and tends to involve a matching process. Often the mentor and mentee have not met before the match. It is also more structured and may have a time limit. It may also be set up to meet organisational needs or have a particular purpose, e.g. orientation to a new job.

Informal

Informal mentoring tends to develop organically between two people who already know each other. In general, people in informal mentoring relationships will tend to meet less regularly, or as and when required and over a longer time frame, such as many years.

Other types of mentoring

Spot mentoring – A one-off mentoring session

Peer mentoring – A group of individuals at a similar career stage helping each other.

Reverse mentoring – This is a concept involves a younger or less experienced person mentoring an older or more experienced person. The rationale is that the older person may learn from the younger person's fresh outlook. This is used a lot for issues around new technology. It is also currently being explored with mentors from different backgrounds, e.g. BAME and LGBTQ+ people, and those with disabilities, in order to break down barriers and foster inclusivity and diversity.

How does mentoring work?

“Mentoring is a brain to pick, an ear to listen and a push in the right direction”

– John C Crosby, US politician.

Selection

Mentoring relationships are most effective when the mentee chooses their mentor. In order to facilitate open and honest discussion it is recommended that the mentor is not a direct manager or friend. Trust and empathy are required to support learning and allow constructive challenge between the two parties. However, it is also important to recognise that differences in perspective may be lacking if values are too well aligned. It is vital within mentoring relationships to be able to accept and value difference.

A mentor is typically more experienced, knows the mentee and their profession and is willing to devote time to help their development. The relationship will work best on a voluntary basis when both mentor and mentee want to be there and are committed to the process.

Mentors may be selected due to:

- experience in their field
- admiration and respect from the mentee
- a good track record of mentoring
- established connections in their field, which could diversify the mentee's network or support them in other developmental ways.

Structure

The mentoring relationship is usually developed over time and may last years, varying in nature and intensity of contact as required.

The mentoring process includes:

- Agreeing a contract between mentor and mentee (see below).
- Ensuring a safe confidential and mutually respectful environment.
- Supporting the mentee to establish their learning style and needs, set goals and realistic milestones.
- Acknowledging achievements.
- Supporting learning from challenges and goals not achieved.
- Encouraging and facilitating reflection on learning.
- Challenging and stretching mentees in ways that motivate rather than demoralise.
- Developing analytical and creative approaches in the mentee.
- Helping to generate options and confront choices with the mentee.
- Assessing priorities, supporting mentees to weigh costs, risks and benefits of actions.
- Utilising connections and opportunities to support mentee goals.

Confidentiality and contracting

A contracting discussion at the first meeting will clarify how the mentoring relationship will work in practice; this will vary between individuals and over time, but typically covers the following aspects:

Process and practicalities

Contact:

- When, where, how long and how often mentor and mentee meet.
- Is contact agreed outside of meetings? How and when is this reasonable?

Agreed level of formality:

- Whether notes of meetings will be kept.
- Whether formal structure/agenda for meetings will be made.
- How and when to review progress and evaluate mentoring relationship.

Aims of mentoring:

Where is the mentee now? Identify strengths, weaknesses opportunities and threats.

- What do they hope to achieve through the mentoring relationship?
- What obstacles are standing between current position and mentees goals?
- Broad areas of focus for mentoring, e.g. career development, specific challenges

Confidentiality

Mentor and mentee will agree total confidentiality and respect for the integrity of the relationship, with neither party using the relationship in an exploitative way.

Please see this example of a [contracting agreement](#).

The role of mentor

The role of a successful mentor may vary according to the needs of the mentee over time, for example reacting to their needs around career development or broadening their horizons. Mentors in senior roles support their mentees to gain a better understanding of services as a whole and can offer strategic direction, raising awareness of the possibilities for career progression.

Skills required for mentoring

Mentors promote autonomy by supporting mentees to find their own solutions through the following key skill sets:

Questioning

- Gathering information in order to gain full understanding of mentee situations.
- Exploring meanings, implications, feelings and interest.
- Identifying mentee attitudes and values.
- Evoking discovery, insight, commitment or action in mentees.

Active listening

- Summarising, reflecting, encouraging, paraphrasing, tolerating silence.

Giving effective feedback

- Providing honest feedback which is clear, concise, factual, and constructive.
- Offering observations, challenge assumptions, encourage mentee to explore alternative perspectives.

Self-awareness

- Maintaining objectivity, suspending judgement and prejudice.
- Understanding and managing one's own emotions and behaviours.
- Sharing experience and knowledge when appropriate.
- Having good insight into personal strengths and weaknesses.
- Asking for and acting on feedback from others.

Formal training

- Mentors should have some level of training and a variety of courses and programmes are available (see the How to become a mentor and Resources sections).
- It may be useful for mentors to include mentoring in their personal development plan (PDP).
- Mentoring can also be used as Continuing Professional Development (CPD) across several domains. See [GMC CPD guidance](#).

Role of mentee

The role of the mentee is to ensure that they bring issues related to their professional development to the meetings. They should think about what they need from the meetings and make this clear to the mentor.

In addition to the practicalities agreed within the contract, mentees will:

- Take responsibility for their learning and reflection.
- Identify learning objectives and outcomes they aspire to.
- Consider and articulate their agenda for each meeting.
- Be honest and open regarding their understanding of the issues being discussed.
- Be clear about the boundaries of the relationship.
- Be realistic and not expect the mentor to solve their problems.

Adding structure within mentoring

There are many different coaching models and frameworks that can be used to help guide and direct a mentoring session, so that the skills of the mentor can be applied in a productive way. Mentors may have one model or framework that they particularly like to use, but the model must fit the needs of the mentee who is always at the centre.

There are various models for mentoring, such as:

[GROW](#) – Goal, Reality, Option, Way forward

[CEDAR](#) – Contract, Explore, Deepen, Act, Review

[OSKAR](#) – Outcome, Scaling, Know-how, Action, Reviewing progress

Mentoring for psychiatric trainees

In 2014, the Royal College of Psychiatrists began promoting the [Startwell programme](#) for consultants in their first five years post CCT. Recognising that the transition from trainee to consultant is one of the most stressful transitions faced by doctors, mentoring is embedded into the programme. It should be noted that, mentoring for trainees is not a replacement for the formal clinical and educational supervision already built into the training programmes, but it aims to complement what is already in place.

There is evidence from mentoring schemes set up for doctors in other specialties, that trainees find it helpful to have a mentor who can bridge the gap between trainee and formal consultant supervisor (Cowan and Flint, 2012; Ong et al, 2018). As mentioned above, the transition from trainee to consultant can be one of the most challenging for doctors in their working life. Mentoring may be particularly effective during the transition between ST5/6 for those wishing to take up a consultant post in the region they trained in. A mentoring relationship could continue through into their first year of consultancy and provide invaluable support and consistency. However, there are many other transitions during the life of a trainee doctor which bring additional stresses, challenges and steep learning curve in which mentoring may also be very beneficial.

Peer mentoring

Compared with a consultant supervisor, a peer mentor will have more recently gone through the stage of training that the mentee is currently in. Therefore, the peer mentor will have a 'fresher' insight into the needs of the mentee, especially regarding knowledge of the structure and curricula requirements of the training programme.

Changing roles from medical student through foundation training, core and eventually to higher training all bring some common challenges but also stresses specific to the particular transition.

Mentoring by a peer who has recently completed these transitions successfully allows the mentor to share their accumulated knowledge and learning with the mentee.

Examples of transitions and mentoring relationships:

Mentee	Mentor
FY trainee	CT2-3
CT1	CT3/ ST4
ST4	ST5/6

Transitions and circumstances during which mentoring may be beneficial:

- Periods of transition within the training structure
 - Medical student to foundation doctor
 - Foundation doctor to core trainee
 - Core trainee to specialty trainee
 - Specialty trainee to consultant
- Trainees in less than full time training
- Trainees returning from parental leave, special leave, carers leave etc.
- Trainees with a particular special interest
- International medical graduates/black and minority ethnic groups

Training less than full time (LTFT)

In 2017, the [General Medical Council National Training Survey](#) reported that 10.7% of trainees worked less than full time with over 90% of these being women. Given the current calls for training to become more flexible, with less strict criteria for opportunity to work less than full time, it is likely that this number will increase. For further information, see the [BMA's webpage on flexible training](#).

As with other transitions in training, the move to LTFT training brings unique challenges as well as potential benefits. A trainee about to embark on an application for LTFT training can be easily confused about where to begin. The [Psychiatrists' Support Service](#) suggests that “networking with other LTFT trainees can provide an invaluable source of support, be an opportunity for information-sharing and may help to find job-share partners”.

In England, the champion of flexible training role was included as part of the ACAS agreement around the [Terms and Conditions of Service for NHS Doctors and Dentists in Training \(England\) 2016](#). A champion of flexible training should be available to every flexible trainee in England and has a role in advocating and supporting LTFT training. A mentor for a LTFT trainee offers a role complementary to this existing role and, as within other mentoring relationships for trainees, should be someone with recent experience of training less than full time. The mentoring relationship can help with some of the unique challenges faced by LTFT trainees.

Return from periods of leave/time out of training

In the same way that mentoring can help to smooth periods of transition in training, it can also be useful to support trainees returning after taking time out of training for illness, parental leave, career break etc.

Special interest

Often, there is an assumption that mentoring is for those needing extra help or who may be struggling with training. Actually, mentoring can be used to unlock potential or to help foster a passion or interest in very capable trainees.

As a higher trainee in psychiatry, you are entitled to two sessions per week for non-clinical work. These are used for research and special interest purposes and a mentor relationship may help to develop this interest.

International medical graduates and black and minority ethnic groups

The General Medical Council acknowledges that there is evidence of differential attainment across different groups of trainees and in 2016/17 published commissioned research considering the causes of differential attainment in medical education. Part of this looked at challenges faced by black and minority ethnic (BAME) doctors and international medical graduates (IMGs).

This research found that more visible role models and opportunities for IMGs and UK Graduate peers to trust and learn from one another could improve differential attainment for IMGs and BAME trainees. This may help to narrow the gap in attainment in the MRCPsych Clinical Assessment of Skills and Competencies (CASC) exam found by the Royal College of Psychiatrists when comparing BAME/IMG trainees to their white British peers and to improve ARCP outcomes for these groups. In addition to this, mentoring for these groups by mentors from similar backgrounds who have greater understanding of the barriers and difficulties they may face may be helpful to some trainees. Health Education England have produced a useful [toolkit on differential attainment](#) to support understanding for trainers and others around this topic.

There may also be a role for reverse mentoring in these groups. In business, white employees have been mentored by BAME employees in order to create cultural transformation, provide valuable insight, break down barriers and promote inclusivity.

Mentoring compared with coaching and clinical supervision

“Both coaching and mentoring are learning relationships which help people to take charge of their own development, to release their potential and to achieve results which they value.” (Connor and Pokora, 2012)

Your clinical supervisor may support you in a way that overlaps with a mentor’s role, but they also have a very distinct role.

Mentoring, coaching and clinical supervision are compared in the table below.

Mentoring	Coaching	Clinical supervision
Longer term	Shorter term	Fixed-time frame of length of job
More informal	More structured	Structure agreed by supervisor and trainee
Focus on mentee development and growth	Focus on specific areas/ issues and stretch goals	Also includes caseload, performance management and personal development goals
Focus on mentee development and growth	Focus on specific areas/ issues and stretch goals	Also includes caseload, performance management and personal development goals
Mentor usually has some experience within same organisation/field	Coach often does not have direct experience of client's role	Supervisor is usually senior member of the team with direct observation and experience of trainee's work
Guidance and support	Reflection and action	Supervision and management
Usually voluntary	Usually paid	Mandatory part of psychiatric training

Potential benefits of mentoring

- Improved satisfaction
- Improved wellbeing
- More positive work and career attitudes
- Realise full potential
- Support during transition periods

Who can be mentored?

Mentoring was previously used by newly qualified consultants for support during transition to this role. However, as the benefits of mentoring are becoming more and more recognised, it is felt that anyone can benefit from mentoring. All that is required is an open mind and willingness to consider new ways of learning and thinking along with a commitment to the process. Mentoring is thought to be particularly helpful during periods of transition.

How can I find a mentor?

Informal mentoring

Some of the most successful mentoring relationships are informal and often come about organically. There may be someone that you already have a good relationship with who you feel comfortable asking to take on this role. However, as mentioned above, it is better if this person is not a direct manager or friend.

Trust or deanery mentoring programmes

Many Trusts or Deaneries run their own mentoring programmes. Try looking on the deanery or trust websites for contact details for the mentoring lead. For trusts, speak to your clinical or medical director and for deaneries, speak to your training programme director.

The Mentoring Network

The Royal College of Psychiatrists has a Mentoring and Coaching Network that meets a couple of times a year. It has a list of mentoring leads for each College division, details of current mentoring programmes and contact details for them.

For more information, email mentoring@rcpsych.ac.uk or go to [RCPsych's mentoring and coaching webpage](#)

NHS leadership academy

Provides free mentoring and coaching for NHS employees through the 10 local leadership academies – National Coaching and Mentoring Collaborative: [NHS leadership academy's coaching register](#)

Who can be a mentor?

Anyone with an interest and passion in becoming a mentor. It is important for mentors to have good listening skills with an ability to be empathetic but also curious and ask powerful questions. Some people may be more naturally skilled in these areas than others but some of these skills can also be enhanced or taught with training. A common myth is that mentors should be older than their mentee, but this is not always necessary. Traditionally, mentors are more senior and have more experience than mentees. However, there is always something to learn from another person and more recently, reverse mentoring has become popular where younger or less senior people offer fresh perspectives and skills by mentoring older, more experienced mentees.

How can I become a mentor?

Ask locally

Speak to your medical director or post-graduate training centre to see if anyone locally is looking for a mentor. Some trusts will have their own in-house coaching and mentoring networks. You could offer your services there. Some of the schools will offer coaching and mentoring skills as part of their leadership training or MRCPsych courses.

RCPsych mentoring network

Look on the RCPsych website to identify your division or Devolved Nation manager or lead and details of how to sign up and whether there are any regional training programmes available.

[RCPsych – mentoring and coaching](#)

NHS leadership academy

The 10 local leadership academies ('National Coaching and Mentoring Collaborative') will often provide regional training and will welcome professionals joining their mentoring /coaching programme.

[NHS leadership academy's coaching register](#)

Set up a mentoring programme

If there are no mentoring programmes available in your area, why not set up your own using our guide below.

Training

Many mentoring programmes and some divisions or Devolved Nations will provide in-house training for mentors. Check out the [national and divisional mentoring web-pages](#) for details.

Universities and private coaching companies may also offer a number of courses, from shorter online courses to more formal qualifications.

Health Education England has a number of [mentoring development workshops](#) and a 2-hour online training module hosted by the East of England.

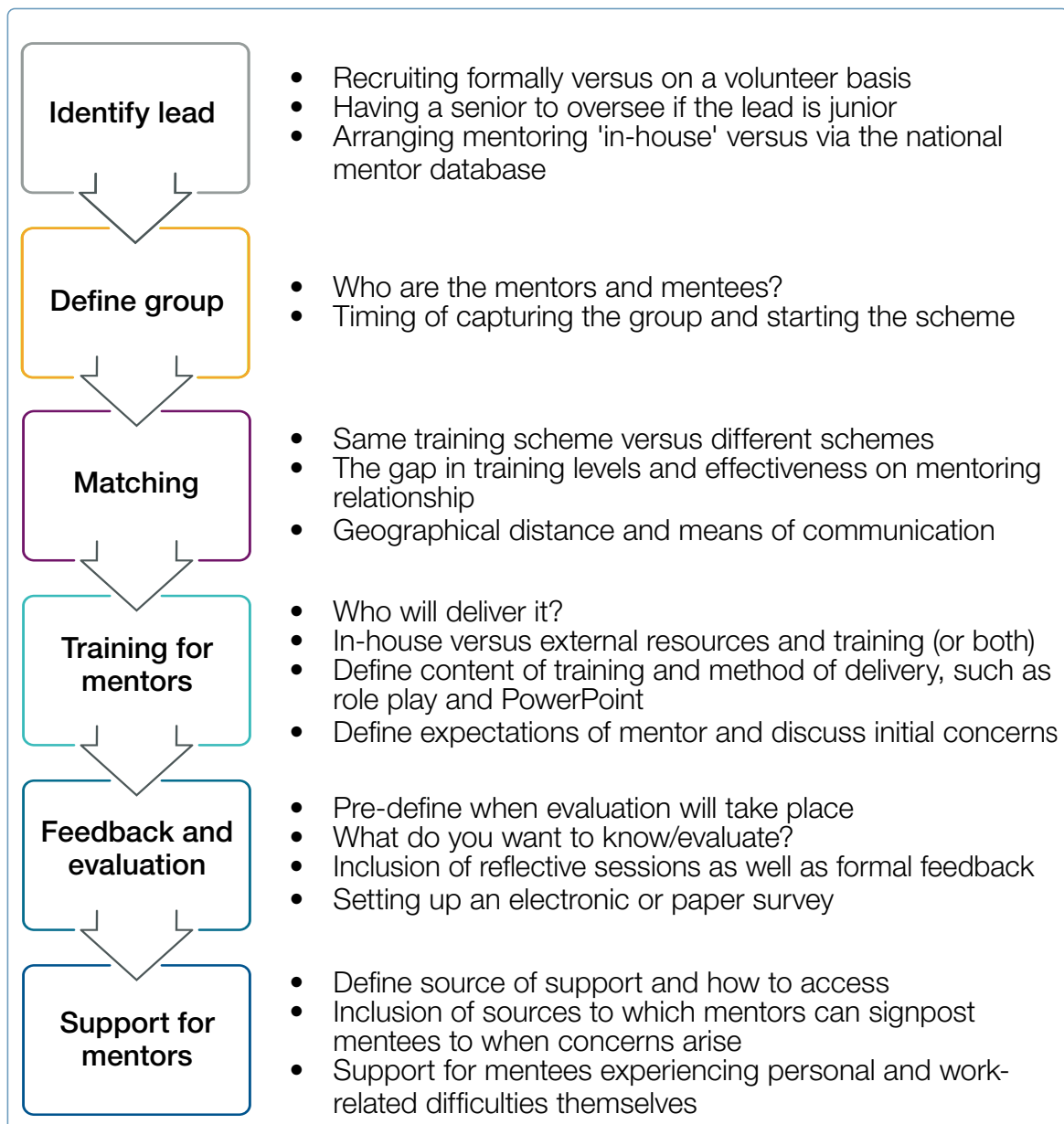
See our [resources section](#) for more links to some useful training courses

Setting up a mentoring scheme

Setting up a mentoring programme can be done on any scale and by anyone with enthusiasm and a bit of knowledge about the basics of mentoring. Just like the mentoring relationship itself, you will find that the scheme will develop and grow over time. There are no hard and fast rules to getting the scheme off the ground. Running and evaluating it live can be more effective than trying to anticipate all challenges that may arise.

Identifying a mentoring lead

Setting up a mentoring scheme: considerations



Seniority

The first thing that the scheme will need is a lead. A mentoring lead could be anyone, including a junior doctor. However, from experience it may be worthwhile having someone senior to oversee the running of the scheme and assume overall responsibility so that they can impart their knowledge and wisdom!

Mentor support

Another reason for having a senior overseeing the scheme is so that the mentors themselves can receive ongoing supervision and support and will have a 'go to' person if difficulties arise. There are huge benefits of leading on a mentoring programme and it can be very rewarding. It is a great opportunity to demonstrate leadership skills and to expand your own portfolio and career development.

Recruitment

The formality of recruiting a mentoring lead may vary. It may be somebody who volunteers themselves and then an informal agreement can be made. However, if there are several people putting themselves forward for the position, then some consideration may need to go into interviewing and the desired qualities, experience and responsibilities of the scheme lead. You may also want to consider resources for administration, perhaps asking your local PGME.

Define your group

Once you have established a lead, you will need to clearly define the group receiving the mentoring.

Because we are talking about mentoring and not coaching, it is important that the mentors have career paths and experiences that are similar to that of the mentees, so that the mentee can utilise the knowledge of the more senior mentor. It is also important to consider the timing of your scheme and when to 'capture' your group. It may be best to commence schemes around times of transition into new roles, for example, at the start of a training programme. This is likely when the mentee will most need a mentor.

Matching of mentors to mentees

Experience

Drawing from learning gained from setting up a mentor scheme in Worcestershire, it was found that the feedback was more positive when the training scheme of the mentor matched the training scheme of the mentee.

It's important to consider the gap in training levels/experience between mentor and mentee. Although it is important that the mentor is more experienced, a gap of more than a few levels in training may mean that the experience of the mentor isn't current enough for the needs of the mentee. In our experience and from post-evaluation feedback a training gap of one or two levels worked well (e.g. CT1 mentees paired with CT2 or CT3s).

Distance

Geographical distance may play a role in the matching process. So, it's important to consider how the quality of communication may be affected by this, and pros and cons of different ways of carrying out the sessions (face to face, phone, Skype, email, WhatsApp etc).

Duration

There is no prescribed duration of relationship, but the ideal minimum would be a year. The average frequency of meetings may also vary but may be more frequent at the start and then decrease as the mentor guides the mentee into mobilising their own resources. Consider using a mentoring agreement/contract which sets out aims, expectations and boundaries.

Training for mentors

Training should be delivered by someone with previous/current experience. Once the scheme is more established, mentors can train mentees to become mentors themselves. The structure can be flexible but should include a clear definition of what a mentor is, the roles and expectations of a mentor within the particular scheme, setting boundaries and how to deal with challenges including when to signpost to other sources of support. Consider how regular you want to make the sessions (at set points in time versus 'as and when') and whether or not records of the sessions will be kept. There is also a variety of other resources available to aid training. Please see the resources section below.

Feedback

Pre- and post-evaluation feedback is recommended as minimum, but midpoint evaluation can also help identify needs and challenges, guide content of sessions and measure success. This can be done at individual level and at the level of the scheme as a whole. Survey Monkey or other electronic feedback sites/apps tend to work well and are easy to set up.

Ongoing support and development for mentors

It is important to have a defined point of contact for the mentors themselves, for example if they are concerned about a mentee. Mentors may experience their own difficulties which could affect their ability to mentor and therefore may need to support themselves. Reflective sessions run by the lead and senior person overseeing the scheme are very useful. These sessions could include mentors only or be run jointly with mentees present, but consideration should be given to the of the pros and cons of both. The lead should be responsible for checking for updates and new opportunities, e.g. on the College website, sharing these and organising evaluation and further training. Training for mentors may be used towards their continued professional development (CPD) as per the GMC's CPD guidance.

Resources

General information on mentoring

- [Supported and Valued](#) – A trainee led review into morale and training within Psychiatry. Psychiatric Trainee's Committee. April 2017
- [RCPsych StartWell](#) – A guide for new consultants produced by the College but useful principles. RCPsych 2017.
- [Enhancing junior doctors working lives \(EJDWL\)](#) – Health Education England Second progress report published May 2018.
- [Royal College of Psychiatrists' mentoring webpage](#)
- [European mentoring and coaching council](#)
- [GMC Ethical Guidance](#)
- [Coaching and mentoring network](#)
- [The Academy of Medical Science's mentoring schemes](#) – lots of useful information and resources
- [HEE online mentoring e-learning programme](#)
- [HEE mentoring courses](#)
- [Faculty of medical leadership and management](#)

Resources for LTFTT

- [Training less than full time \(LTFT\) | Royal College of Psychiatrists](#)
- [NHS – Champions of flexible training guidance](#)

Models of mentoring and coaching

[GROW](#) – Goal, Reality, Option, Way forward

[CEDAR](#) – Contract, Explore, Deepen, Act Review

[OSKAR](#) – Outcome, Scaling, Know-how, Action, Reviewing progress

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