

Near-peer support

Implementation guide

April / 2021

Implementation of the scheme requires involvement of and action by three groups:

- The foundation doctor
 - The 'near-peer' supporter
 - The local education provider (LEP)/ Trust/ Foundation Training Programme Director (FTPD)
1. To give advance notice to educational supervisors (ESs), Directors of Medical Education (DMEs) and FTPDs will notify all consultants and SAS doctors with ES responsibilities that trainees will have the opportunity to act as near-peer supporters.
 2. Those eligible to be considered as a near-peer supporter include trainees at F2 level and above and Clinical Fellows or equivalent Specialty Doctors. LEPs will need to ensure the latter have access to suitable support, since not all have ESs.
 3. The DME and FTPD will promote the scheme to all doctors eligible to be near-peer supporters. It will be framed as an opportunity to cultivate the skills needed in future to be a clinical/educational supervisor and to gain capabilities needed for the Generic Professional Capabilities (GPCs).
 4. Those who wish to take part in the scheme as near-peer supporters will complete a brief application, emailing the FTPD to express their interest and state their name, email address, and the details of their ES. Trainees should confirm that they have discussed taking on this role with their ES. [Clinical Fellows or Specialty Doctors without an ES should notify their appraiser or DME of their intention to participate.]
 5. The prospective near-peer supporter may wish to identify if they have any characteristics upon which they would be happy to be 'matched' with someone. E.g. a BAME trainee may indicate they would like to support a BAME foundation doctor.
 6. The FTPD's administrator will approach the ESs of prospective near-peer supporters to notify them (or appraisers/ DMEs in the case of Clinical Fellows or Specialty Doctors). To make the process straightforward, the ES's consent will be assumed unless they respond to indicate their concerns about that trainee's suitability for the role. Trainees with an ARCP outcome 3, 4 or 5 will not be able to take part, to enable them to focus on their own progression.
 7. The local FTPD should maintain a list of near-peer supporters. If a foundation doctor requests a near-peer supporter with specific characteristics (e.g. protected characteristics, widening participation background, LTFT, age), this should be accommodated as far as possible.



8. It needs to be explicitly highlighted to all participants that they can be matched according to certain characteristics where they have expressed a preference for this and where it can be facilitated locally. The preferences/needs of foundation doctors and near-peer supporters should not be assumed.
9. Each foundation doctor should be assigned a near-peer supporter who is at a more senior level. I.e. An F2 can support an F1, but not another F2. An F2 would need to be assigned a doctor beyond F2 level.
10. DMEs should ensure no doctor volunteering to be a near-peer supporter is overburdened, by being assigned too many foundation doctors to support.
11. We strongly recommend that any doctors taking on the role of near-peer supporter complete the e-Learning for Health module on [Medical Mentoring](#) in advance. The FTPD may also wish to recommend additional resources or courses available at local level. Please see Appendix for further training and resources that may be useful.
12. All foundation doctors will be allocated a near-peer supporter at the beginning of their foundation training (i.e. before they choose whether to opt-out). That supporter should get in touch with them to introduce themselves. This will reassure the foundation doctor a supporter is available should they wish to have one.
13. If the foundation doctor does not wish to participate they can 'opt-out' by sending an email to the FTPD (and their allocated near-peer supporter, if they feel comfortable doing so). Participation is encouraged but not mandated.
14. Even if the foundation doctor does decide to opt-out, the near-peer supporter will remain a named point of contact and may get in touch with an informal, no-response-required reminder. This makes clear that the foundation doctor has the opportunity to re-join the scheme easily, but does not oblige them to participate if they prefer not to do so.
15. Foundation doctors can opt back in to the scheme at any time, by writing to the FTPD/ their administrator or their allocated near-peer supporter.
16. The pair should mutually agree on a near-peer support relationship that works for them. For example, they may wish to arrange regular, informal meet-ups (virtual or face-to-face) or to exchange and answer questions over email/ a messaging app. These exchanges might encompass practical questions about working life at the Trust, informal career planning advice, or discussions about wellbeing and mental health.
17. The pair should co-sign an agreement at the start of the relationship, outlining their expectations, including confidentiality (see also points 22 and 23 below). A template agreement is provided in the appendix.
18. Near-peer support is an acceptable use of self-development time or equivalent.
19. If the dynamic between the pair is not working, reallocation should then be facilitated by the FTPD, on a no-fault basis. There will need to be a defined escalation pathway locally for more serious concerns about the relationship (via the FTPD).
20. In those instances where either the foundation doctor or near-peer supporter requires additional help, the LEP/ Trust should signpost those involved to resources and support mechanisms – e.g. local Professional Support Units (PSUs) or occupational health.
21. Either party can withdraw from the pairing at any time by notifying the FTPD.
22. If patient safety or doctor safety issues arise, then these should be escalated to the FTPD. Escalation of these issues should follow GMC guidance.
23. Aside from the issues identified in the preceding point, conversations between pairs should remain confidential (as per their agreement).



24. The near-peer supporter should receive constructive, informal feedback from the foundation doctor with whom they are paired after a set period of time (e.g. 3 months). This could form part of Multi-Source Feedback for the near-peer supporter, but this does not preclude the foundation doctor giving feedback via other avenues.
25. Logistical feedback about the implementation of the scheme should be referred to the LEP via the FTPD and reviewed as part of ongoing quality assurance.
26. Near-peer supporters will receive formal recognition of their role (e.g. a statement of support) for them to use at subsequent Annual Reviews of Competency Progression (ARCPs) or appraisals. They will be given advice on which of the GMC's GPCs relate to the near-peer support experience, and how these can be evidenced.
27. LEPs may wish to share good practice and facilitate near-peer supporters sharing advice and expertise.



Appendix 1

Suggested resources and courses which may be useful for the near-peer supporter

This is intended to be an indicative (but not exhaustive) list. Other suitable opportunities may be available locally, and the FTPD should signpost participants to these.

We strongly recommend that any doctors taking on the role of near-peer supporter complete the e-Learning for Health module on Medical Mentoring in advance (<https://www.e-lfh.org.uk/programmes/medical-mentoring>).

These other resources may be useful:

- Well and Resilient Doctors (WARD) (<https://www.welldoctors.org>). A successful near-peer support programme in the South-West.
- F1 Buddy Network (<http://fy1buddynetwork.co.uk>). A national network, separate to Foundation Schools, who help F1 doctors to find a mentor.
- Peterson A, Monaghan H. Near-peer mentorship: a pilot programme to improve support for new doctors. *BMJ Leader* 2019;3: 11-14. This provides evidence for the effectiveness of this type of scheme.



Appendix 2 Near-peer support scheme agreement proforma [template]

A downloadable copy of this template is available for use [here](#).

Name of near-peer supportee:
(i.e. the foundation doctor)

Name of near-peer supporter:
(i.e. the more senior trainee)

Start date:

Estimated end date:

How often and for how long do you plan to meet?

When/ where do you plan to meet?

Preferred method of communication:

Agreement to maintain confidentiality [except where there is a risk of harm to any person]

What do both parties wish to gain from the near-peer support relationship?

Any further notes or comments on the arrangement:

Signed (Near-peer supportee):

Signed (Near-peer supporter):

This template is adapted from the proforma provided in eLFH's Medical Mentoring module.



Acknowledgements

This scheme was developed by the Near-peer support (Senior trainees as mentors) working group based at the Academy of Medical Royal Colleges, jointly chaired by Mike Masding (for HEE) and Jeanette Dickson (for the Academy). We are grateful to all members for sharing their input and expertise.

Jeanette Dickson, Academy of Medical Royal Colleges

Mike Masding, Health Education England

Alison Moulds, Academy of Medical Royal Colleges

Sue Ward, Royal College of Obstetricians and Gynaecologists

Kumudini Gomez, Royal College of Paediatrics and Child Health

Georgia Morgan, Foundation Doctors' Advisory Board (UKFPO)

Jason Nicoletti, Foundation Doctors' Advisory Board (UKFPO)

Charlotte Perry, UKFPO Clinical Fellow

Wassim Merzougui, UKFPO Clinical Fellow

Lucia Magee, Royal College of General Practitioners' Associate in Training (AiT) Committee

Shevonne Matheiken, Royal College of Psychiatrists' Psychiatric Trainees Committee

Sam Fossey, Royal College of Radiologists' Junior Radiologists' Forum

Tina Ryan, Scottish Academy Trainee Doctors' Group

Lucie Cocker, BMA Junior Doctors Committee

Matthew Tuck, BMA Junior Doctors Committee

Clare Van Hamel, UKFPO

Kata Várnai, UKFPO

Becky Shaw, Health Education England

Jenna Harrison, Health Education England

Cian Wade, AoMRC Clinical Fellow

Raees Lunat, HEE Clinical Fellow