



## Mentor System

Clinical psychology training can be demanding personally, professionally and academically. Trainees have a range of supports available during training, including clinical supervisors, line managers, personal tutors, and clinical and local tutors. These roles have specific duties and responsibilities that are set out in the on line handbook at <http://www.ed.ac.uk/schools-departments/health/clinical-psychology/studying/resources/doctorate-resources> .

The mentor system is intended as an adjunct to these formal roles. It offers trainees the opportunity to have contact with a mentor who understands the profession and process of training but is not directly involved in the trainee's training. Trainees are strongly encouraged to engage with the mentor scheme even if they don't feel they need the support, as it may be of benefit to them in the future.

### Mentor Eligibility

Those who are registered on our database as accredited supervisors for the programme are eligible to be mentors to our trainees.

### **Mentor / Trainee Relationship**

The mentor / trainee relationship can fulfil various roles. The expectation from the programme is that the relationship provides a space which can support personal and professional development during training. The relationship can also offer additional support during any particularly difficult times throughout training. We would encourage trainees and mentors to have some regular contact throughout training.

It is probably useful for mentors and trainees to consider the relationship in the context of other relationships trainees have or may have during training, for instance clinical supervision or personal therapy. Contact with a mentor is an adjunct to trainees' other contacts, not an alternative, and at times a mentor's role will be to advise and support a trainee to use existing relationships and communication channels.

### **Practicalities**

Early in first year trainees are allocated a mentor who is outwith their Health Board area. The mentor is expected to contact the trainee and offer one face-to-face meeting and one follow-up contact within the first 6 months of training. In allocating mentor-trainee pairs the programme tries to minimise travel distance and time involved, however as an important principle of the system is that trainees are allocated mentors outwith their health board area some travelling is inevitable.

If trainees choose not to make use of the mentor scheme, it would be helpful for them to contact the mentor and let them know that, and also to let Rosie Wayte know ([Clinical.Tutor.Admin@ed.ac.uk](mailto:Clinical.Tutor.Admin@ed.ac.uk)). In the future the trainee could pick up with the same mentor or

approach Rosie about getting a new one. There is also the option to choose a different mentor from the start and trainees should contact Rosie if they would like to do that.

Beyond the first 6 months there is considerable flexibility in terms of how contact continues (including some or all of email, phone, video-conference and face-to-face meetings), the frequency of contact and the type of relationship which develops.

The time taken to meet up with mentors can come from placement time where necessary / appropriate. In general the expectation is that the trainee will travel to the mentor but this can be varied depending on specific circumstances.

#### Travel Expenses

Travel expense claims should be submitted to the trainee's employing Health Board who can then reclaim them from NHS Education for Scotland (NES).

#### **Confidentiality**

The mentor system is specifically designed to be outwith a trainee's formal training relationships and as such it offers a space in which to discuss both personal and professional issues relating to training and career development. These discussions would routinely remain confidential between trainee and mentor. As with other confidential relationships, there are limits to this confidentiality which can be discussed by trainee and mentor as necessary.