

*Developing people  
for health and  
healthcare*

# Coaching Skills Code of Practice



May 2022



***Health Education England***

## Ground Rules for Coach and Coachees

1. The coaching scheme exists to support trainees and leadership fellows in their training.
2. Coaching is offered to trainees at any stage of their training (Foundation to CCT, and those on OOPE).
3. Coaching sessions will typically last between 60 to 90 minutes
4. Coachees are offered up to 6 sessions and it is advised that these are completed within a six-month window.
5. Coaching may be offered via an online platform, or in a meeting place as long as Covid-secure.
6. The meeting place is a mutually convenient one and is typically more helpful if located away from the workplace. As coaching sessions are considered a professionally activity, social venues should be avoided.
7. All coaches will work by the ethical framework. Coachees are also expected to adhere to the principles laid out in this Code and should read this section carefully.
8. The coach will outline how they work and what the coachee can expect, prior to coaching commencing. This may occur in an introductory phone call, or at the start of the first session.
9. Either coach or coachee is entitled to withdraw from the process via the coaching administrator should unforeseen sensitivities arise.

## Coach Agreement

1. Coaches will attend the Health Education England (working across Yorkshire & the Humber) coaching course and pass the assessment.
2. Coaches will keep a Personal Development Plan (PDP) in relation to their own learning needs as coaches and will discuss their coaching practice at appraisal.
3. Coaches are responsible for identifying and pursuing CPD appropriate to their learning needs and appraisal requirements.
4. Coaches will create and maintain an account on the Mentornet platform and use this to respond to requests and record coaching activity.
5. Coaches will respond to coachee requests within a reasonable timeframe (48 hours, unless a weekend or bank holiday, then asap afterwards). If a coach cannot offer coaching he/she should let the coachee know so they can choose an alternative.
6. If a coach has no capacity to coach for a period of time (e.g. annual leave/sabbatical/altered clinical commitments) they should let [coaching.yh@hee.nhs.uk](mailto:coaching.yh@hee.nhs.uk) know and amend their details on the Mentornet platform so prospective coachees are aware.
7. Coaches will agree with their coachee the number, frequency and timeframe of sessions.
8. After each session the coach will log activity via the Mentornet platform and if required, return a coaching claim form to the administrator. Claim forms submitted more than three months after the session cannot be reimbursed.
9. Should a coachee require more than 6 sessions this should be discussed with the coaching lead via [coaching.yh@hee.nhs.uk](mailto:coaching.yh@hee.nhs.uk) first.
10. Coaches will inform the coaching lead should they be involved in a complaint by the coachee.

## Coachee Agreement

1. At the end of the final session the coachee will complete an evaluation form and submit it to their coach, or return it confidentially to the coaching administrator at [coaching.yh@hee.nhs.uk](mailto:coaching.yh@hee.nhs.uk).
2. At the conclusion of each meeting, the coachee and coach will review their position and decide whether to arrange further meetings.
3. All information supplied via Mentornet is confidential and will be available only to the coaching team.
4. Coaching will take place via phone or online platform, or a meeting place as long as Covid-secure. Coachees should be prepared to travel a reasonable distance to meet their coach if coaching occurs in a Covid-secure location.
5. Participating in the coaching scheme as a coachee implies a commitment to the process.
6. Coachees will inform the coaching lead via [coaching.yh@hee.nhs.uk](mailto:coaching.yh@hee.nhs.uk) should they have any concerns about their coaching experience.

## Ethical Framework for Coaches and Coachees

While the coaching agenda is the coachee's the coach must keep in mind at all times the healthcare context in which the coachee is working and the implications for patient care of the changes the coachee wishes to make.

The time of NHS colleagues is a scarce resource. To justify the investment of time, coaching must add value in terms of enhancing the motivation, performance or retention of NHS staff.

### Competence

1. Coaches should continuously develop their skills through reflection, training and supervision.
2. Coaches should recognise the limits of their competence and work within them, suggesting alternative sources of support for the coachee where these would be more appropriate.
3. Coaches should attend and contribute to CPD and supervision sessions.

### Professionalism

1. Coaches should treat coachees as whole people with lives outside their working environment, with respect for their individuality and their diversity of cultures, beliefs, sexuality and lifestyles.
2. Coaches should challenge their coachees if it becomes apparent that the coachee is not treating their patients as individuals, respecting their dignity, being polite and considerate towards them and respecting their confidentiality.
3. Coaches must respect the coachee's right to confidentiality, within the constraints set by the law and by the Duties of a Doctor.

4. Coaches should be responsive to the coachee in the language they use and the way they manage the relationship and the process. They should ensure that the expectations of the coachee are clear and understood.
5. Coaches should respect the resourcefulness of the coachee and their ability to find their own solutions.
6. Coaches should not encourage dependency and should work to bring the relationship to a conclusion by mutual consent.
7. Coaches must treat all coachees equally and not discriminate unfairly against any groups.
8. Coaches must never exploit or abuse the coachee's trust or vulnerability.
9. Coaches should understand that professional responsibilities continue beyond the end of the coaching relationship.

### Integrity

1. Coaches must be honest and open and act with integrity.
  2. Coaches must act without delay if they have good reason to believe that their coachee may be putting patients at risk.
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