

## Allied Health Professional Student Buddy Scheme Evidence-Based Guide



# AHP Student Buddy Scheme Evidence-Based Guide

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# AHP Student Buddy Scheme Evidence-Based Guide

## Foreword

Collectively, Allied Health Professionals (AHPs) are the third largest clinical workforce in the NHS and are fundamental in delivering high quality care to individuals, groups, and populations. Ensuring we have an effective supply of AHPs joining the workforce whilst also retaining our existing workforce is imperative to meeting the needs of the communities and populations we serve.

The AHP Strategy highlights the need to promote a culture of inclusivity stating that AHPs play an active role in addressing inequality and recognize the underrepresentation of minority ethnicities in the AHP workforce. The strategy includes AHP students recognizing their importance and being a valued part of our current and future workforce.

This AHP Buddy Scheme Evidence-Based Guide is an evidence-based guide for use by Higher Education Institutions (HEIs), education providers and healthcare providers (HCP) offering AHP programmes to students. Although this guide has been developed for AHPs the principles of the guide can be applied multi-professionally.

Peer-to-peer support has immense benefits to those in a buddying relationship as well as organisations and can be used to support retention programmes. Peer support from a buddy is often the first step in accessing wider university support and all students would benefit from being offered access to a buddy during their training.

To best meet the needs of the students and workforce demands it is essential that all stakeholders work collaboratively to support students, as we all have a role to play in securing our future workforce.



**Helen Marriott**  
Regional Head of AHPs (Midlands)



## Introduction

The AHP Student Buddy Scheme Evidence-Based Guide will present the background and evidence for student buddy schemes provided by Higher Education Institutions (HEIs) supported by Health Care Providers (HCPs) in England.

The evidence-based guide will:

- Present the benefits of student buddy schemes.
- Showcase an exemplar of best practice student buddy schemes.
- Describe a framework for a good quality, student buddy scheme.
- Provide recommendations for setting up or developing existing student buddy schemes and how to evaluate these

This guide can be applied to student buddy schemes for other healthcare professionals and is designed to be used by HEIs, HCPs and student representatives in collaboration.

Student buddy schemes are HEI led and can be managed by individual departments/ faculties or the student society. HCPs are encouraged to work with partner HEIs and students to support schemes for AHP students who are at similar placement locations for optimal benefit, where this is feasible.

The term Student Buddy Scheme in this guide refers to pre-registration, peer-to-peer support which has a focus mainly on pastoral/social support.

## Background

### Peer-to-peer support programmes

Peer-to-peer support programmes are well established in HEIs and HCPs. Programmes are well documented in the literature, having been shown to decrease student attrition<sup>1</sup>. There is international recognition of the variety of peer-to-peer support programmes which include:

- Peer Assisted Study Schemes (PASS)  
Students facilitate group learning in an informal and friendly arena<sup>1</sup>
- Peer Assisted Learning Schemes (PALS)  
Students assist others to learn, whilst developing themselves<sup>2</sup>
- Buddy Schemes  
Peer-to-peer, informal support schemes

Peer support programmes have an educational, social and /or pastoral focus<sup>1</sup>, PASS and PALS schemes have a mainly educational focus and most student buddy schemes a pastoral/social focus. There are well established, multi-professional peer support programmes in HEIs.

The AHP buddy scheme evidence-based guide is not designed to replace existing, multi-professional HEI peer support schemes but may be used in conjunction with the schemes for targeted professional groups.

There are a variety of different buddy schemes available for AHP students and newly qualified practitioners which cover the stages of the Reducing Pre-registration Attrition and Improving Retention (RePAIR) journey<sup>3</sup>.

## The four steps of RePAIR

For the purposes of RePAIR this journey has been described in four steps

### Pre-enrolment

The period of pre-enrolment, including recruitment, selection and admission



### Duration of the course

The period the successful applicant is studying a programme, leading to registration in one of the professions in scope of RePAIR, this may be two, three or four years



### Flaky bridge

The transition from being a final year student to taking up employment as a newly qualified practitioner. RePAIR refers to this period as the 'flaky bridge'



### Early clinical career

The first two years of the practitioner's early clinical career



Table to Show the Types and Scope of Buddy Schemes across the RePAIR Stages

Student Buddy Scheme Duration of the course	Transition Buddy Scheme Flaky Bridge	Newly Qualified Buddy Scheme Early Clinical Career
Buddies are from the same profession		
Student Years 1-Final year	Final year-newly qualified	First 2 years
Buddies may be at similar placement locations.  Varied ratio of junior to senior buddies or group sessions.  Voluntary or paid schemes  Well established in Nursing, Midwifery and some AHP student groups.	Final year students are buddied with newly qualified or senior health care professionals.  Focus is career mentorship and pastoral support.  Positive evaluations and effectiveness.  Set up for BAME and underrepresented groups.	Newly qualified staff are buddied with a senior buddy at any stage in their career.  Established informally in most AHPs.  Can be an adjunct scheme or incorporated into Preceptorship <sup>4*</sup> .

<sup>4\*</sup> example of a buddy scheme incorporated within a preceptorship programme

## Attrition

It is widely known that attrition in healthcare students is a 'wicked problem'<sup>2,5</sup> with complex social, personal, academic, and financial factors that influence whether a student leaves or completes the course. The first two years of study are a crucial time for mitigating risk in healthcare courses. Students in the first year develop a sense of belonging, academic and personal connections<sup>2</sup> as they transition into university life. We often see the second year is extremely challenging where healthcare students combine clinical placement with academic work is a point of low motivation for students and a risk year for higher attrition<sup>2,6</sup>. Evidence shows<sup>7</sup> that peer learning can increase students' self-efficacy which may then reduce the risk of avoidable attrition.

## Student Buddy Schemes - The evidence

The RePAIR report<sup>3</sup> found that over 50% of respondents surveyed who had participated in a buddy scheme felt the buddy relationship was 'important to settling into the course'. Anecdotal evidence suggests that this figure is probably much higher.

Nursing and Midwifery buddy schemes are the most popular schemes where students report benefitting from the peer-to-peer clinical placement support. Recently there has been an increase in group delivered and virtual schemes developed in response to students needs and changes to the learning environment during the COVID-19 pandemic. Most healthcare student buddy schemes pair Year 1 junior buddies with Year 2 senior buddies. The friendship is encouraged to continue through the duration of the course, longevity of this friendship varies.

The ethos of student buddy schemes is around the creation of a sense of a student professional community which develops the student's sense of belonging to the profession. Shared learning experiences and understanding from a peer is a core component of the relationship. The prevalence of current student buddy schemes and buddy evaluations demonstrates that schemes are invaluable and benefit junior and senior buddies in different ways.

Further good quality evaluations of schemes are needed to understand the additional reasons why schemes are successful in the areas of student confidence, sense of belonging to the profession, support, and shared learning.

## AHP Student Buddy Schemes

In England some HEIs offer multi-professional student buddy schemes to a variety of AHPs. Other schemes are profession specific. Physiotherapy, Occupational Therapy, Speech and Language Therapy, Therapeutic Radiography and Diagnostic Radiography are the most common profession specific schemes. Emerging schemes are being piloted in Paramedic students and Operating Department Practitioners. Many profession specific schemes are informal with evaluations limited to the buddy experience.

Current resources for guidance on buddy schemes include the Capital Nurse/ Health Education England Supporting Year 2 Best Practice Framework<sup>8</sup>. The gold standard for student buddy schemes is for all years of healthcare students to have access to a buddy scheme<sup>3,8</sup>.

**“ We were all so happy to be buddies as we felt like this was what we needed in the second year, and we didn’t have it. We felt like we knew we could say this was the way it would work.  
- Year 3 Midwifery Student Buddy Scheme Lead & Senior Buddy<sup>22</sup>**

### Cost and Evaluations

There is sparse data on the cost of setting up and maintaining student buddy schemes<sup>9,10</sup>. Due to the variation in buddy scheme designs, it is difficult to compare the costing of schemes and provide a benchmark. Majority of costs are staff related<sup>3</sup>, to organise / manage the scheme and provide training. Other considerations include the cost of promotion /marketing, incentives for buddies such as food/drink or shopping vouchers and funding social events. Senior buddies commonly take on a voluntary role, although some schemes do pay buddies as an incentive.

Most schemes undertake student evaluations on the helpfulness of the scheme, frequency of contact, topics discussed and suggestions for further improvement<sup>11</sup>. Evaluation responses from buddies can be low.

### COVID-19 Impact of Students’ Survey

The Health Education England Impact of COVID-19 on Students’ Survey I [Digital Team - HEE Covid Report Infographic.pdf - All Documents \(sharepoint.com\)](#)<sup>12</sup>, carried out during the first wave of the pandemic (June 2020) showed that 27% of AHP respondents had considered leaving the course (total number of AHP respondents =4222). In the Impact of COVID-19 Students’ Survey II<sup>13</sup> carried out in May- June 2021, this had increased to 40% (total number of AHP respondents = 2421).

The main reasons AHP students had considered leaving in both surveys were stress/being overwhelmed, lack of HEI support and mental health challenges.

Paramedic, Operating Department Practitioner, Diagnostic Radiography, Therapeutic Radiography, Occupational Therapy and Speech and Language Therapy students were more likely to consider leaving the course (depending on the region) in Survey I. The reasons why AHP students had not considered leaving were due to personal investment and their passion to complete their chosen course, also supported by similar findings in the NETS survey in November 2021.

The surveys were carried out at the height of a global pandemic. In Survey I, students in clinical settings reported high levels of anxiety and students had experienced significant disruption to their normal learning. In Survey II a higher percentage of AHPs were in a clinical setting compared to Survey I. The information from these surveys should be used with local intelligence and information to guide workforce recommendations.

The number of responses for each profession along with further information on the regional experiences of AHP students from the COVID-19 Students’ Survey 1 can be obtained from regional Health Education England teams: [Contact us | Health Education England \(hee.nhs.uk\)](#)

## AHP Student Buddy Scheme Evidence-Based Guide

Student buddy schemes are one initiative that supports the key recommendations from the Impact of COVID-19 Students Surveys to provide support for mid programme / year 2 students and those with the most concerns.

### National Education and Training (NETS) Survey

Compared to the national benchmark in HEE's National Education and Training Survey (NETS) in June and November 2021\* Paramedic, Diagnostic Radiography and Operating Department Practitioner students reported lower quality experiences of student placements. Low response rates make it difficult to draw meaningful conclusions for some smaller professional groups, however, NETS can be different source of information can be an indicator for pending attrition.

For further information on the NETS survey please see Appendix A.

Each profession has specific challenges which influence the student's likelihood to leave the course. Student buddy schemes can address some of these factors through peer support in academic and clinical areas, signposting to other HEI services, having a professional role model and developing a sense of belonging to the student professional community.

### Diversity and BAME Student Groups

The Impact of COVID-19 on Students' Survey I found that AHP students from a BAME background and those with a declared disability were more likely to consider leaving the course. The main reasons reported were mental health factors, feeling stressed and overwhelmed<sup>12</sup>. Twenty three percent of AHP respondents who identified with being from a BAME background had considered leaving the course in Survey I (total number of BAME respondents =840).

In Survey II there was an increase in the number of BAME and white background students that had reported mental health challenges as a reason for considering leaving. BAME background students reported mental health challenges as being the main reason they had considered leaving the course<sup>13</sup>.

Current work looking at the experiences of students from BAME backgrounds and the factors that affected attrition<sup>14</sup> found that students from BAME backgrounds are more likely to be away from family support networks, in paid employment and supporting families whilst studying. Physiotherapy students from BAME backgrounds report 'feeling like an outsider' when reflecting on their sense of belonging to the profession<sup>15</sup>. One of the reasons AHP students and newly qualified practitioners from a BAME background report a lack of diversity in their professions is the lack of role models<sup>16</sup>.

Evaluations from a student buddy scheme initially set up for underrepresented groups, as part of the HEIs Access and Participation plan, have shown that these groups report a greater benefit from student buddy schemes or mentoring schemes<sup>17, 18</sup>. Beyond Barriers<sup>19</sup> is a well-established mentoring scheme that pairs second- and third-year students with healthcare professionals. The scheme has shown significant benefits to academic achievement, attrition, and early career support for underrepresented groups.


Matching junior and senior buddies from similar diversity groups such as BAME and disability enhances the compatibility of the buddy relationship and provides a professional role model for students that they can identify with. More evidence<sup>17,18</sup> is emerging that students belonging to these groups report greater benefits from buddy schemes than others.



## What are the Benefits of a Student Buddy Scheme?

There are multiple levels on which a buddy scheme is beneficial, these can be categorised into those they affect: Junior buddy being the more inexperienced person in the relationship, often being a Year 1 student; Senior buddy being the more experienced person in the relationship often being a Year 3 student paired with a Year 2 or Year 1 student. See below for an outline of some of the benefits of buddy schemes.

### Benefits of a Student Buddy Scheme



"If I'd had a bad day I could message my buddy and say hi I'm really struggling today"

Junior Buddy Year 2 Midwifery Student

"I found my buddy to be really valuable on placements"

Junior Buddy Year 2 Midwifery Student

"Its crucial for the first years to have a second year buddy to talk them through the transition to second year."

Junior Buddy Year 2 Midwifery Student

### Junior Buddy


#### Personal Benefits

- Friendship
- Pastoral support
- Improves confidence
- Helps communication skills
- Help answering 'silly questions'
- Helps with 'wobbles'
- Helps anxiety & fears
- Transition to university life
- Signposting to professional services

#### Professional Benefits

- Develops self reflection
- Guides professional development
- Shares learning experiences
- Friendly face on placement
- Helps organisation time management skills
- Informal placement and academic support
- Develop sense of professional belonging
- Source of information

### Benefits of a Student Buddy Scheme



### Senior Buddy

#### Personal Benefits

- Friendship
- Sense of helping someone

#### Professional Benefits

- Improves employability
- Counts towards University extra-curricular awards scheme
- Role model
- Develops mentoring skills
- Develops leadership skills
- Preparation for post graduate work
- Develops communication skills
- Improves knowledge of professional support available

"I had the satisfaction of knowing I had done something for someone else"

Senior Buddy Year 2 Midwifery Student

"the feedback for the scheme was very positive, I wished I had a buddy when I was considering leaving the course in Year 2"

Senior Buddy Year 2 Midwifery Student

### Benefits of a Student Buddy Scheme



#### Higher Education Institution & Health Care Provider

- Peer-to-peer student support
- First step to accessing professional services
- Reduce attrition\*
- Creation of a community
- Develops professional belonging and identity
- Extra layer of support for students
- Reduce isolation students during pandemic
- Relatively low cost to set up and maintain\*
- Responsive to students needs
- Successful schemes 'grow' senior buddies from junior buddies

\*HEI evaluations and anecdotal evidence are positive for buddy schemes, further evaluations are needed to determine whether schemes are cost effective and are a factor in reducing attrition

### ***Case Study – Beyond Buddying Speech & Language Therapy and Diagnostic Radiotherapy at De Montfort University***

This case study is a best practice exemplar of where a buddy scheme has been developed into a student peer mentoring scheme, embedded into the curriculum.

The scheme was initially developed for Speech & Language Therapy (SLT) and then adapted for roll out with Diagnostic Radiotherapy (DRAD) students. It was developed with the HCPC Standards of Proficiency<sup>20</sup> and HCPC Standards of Conduct, Performance, and Ethics<sup>21</sup> in mind and aimed to build a community of support for students.

The focus has been on Year 3 students becoming mentors to Year 1 students, building into Personal and Professional Development modules in the first year and a Preparation for Graduate Practice module in the third year. Students are randomly paired up by the program leads and if there is a discrepancy in the numbers of students they are asked if they are willing to double up e.g., a third-year student mentors 2 first year students (no student would be asked to mentor more than 2 students).

Three mentor meetings are timetabled to take place during term one and full attendance of all three sessions is required. The third-year student must complete this work to pass the module. The mentor asks their first-year peers to complete a feedback sheet which is added to their portfolio of evidence that they have completed the mentoring role. The first-year students must keep a copy of the feedback sheet as evidence of participation in mentoring and it is a requirement of their module (note this work is not graded).

By building this support into a module it has allowed students to have dedicated time to meet, ensuring that timetables align but also provide both mentor and mentee with expectations of

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what is possible and know that there is additional support/knowledge from tutors should any escalation needs arise.

Mentors can provide their first-year peers with support, encouragement, and a bit of wisdom during their first year at university. The introduction between Year 1 and 3 happens during the first term while both year groups are in university and as both year groups go out on placement at the same time in term 2 the first years have contacts of an additional support network whilst out on placement.

This style of scheme is of real benefit to mentor, mentee and the HEI as students feel supported with the process, have additional support networks and issues can be raised or addressed early in the student's university journey. The HEI have found that the personal tutor time can become more focused, and in many cases the frequency of its need has reduced. Embedding mentoring into the curriculum has ensured that students can have timetabled additional opportunities with their mentor for seeking guidance, support, and signposts.

Further development for the program is being considered particularly in how it can include year 2 students.

Quotes from year 1 students:

**“Learning from other students and understanding making mistakes is okay.”**

**“Striving to perfectionism is not the best way to get through the 3 years.”**

**“Great insight into Years 1-3 feel a little more at ease about it.”**

Quotes from year 3 students:


**“The best thing was getting to know my mentees and seeing my own progression.”**

**“I realised I am a good leader as I was able to initiate and organise the sessions and lead the sessions; I am generally shy and reserved however this opportunity taught me that I am a good leader when I need to be.”**

## AHP Student Buddy Scheme Framework

The following framework is recommended for HEIs to use in collaboration with students' and HCPs when setting up a new student buddy schemes or developing existing buddy schemes.

### Student Buddy Scheme Framework




#### Recruit

- Recruit senior buddies through applications & or informal interviews
- A good buddy is someone who is prepared to be<sup>8</sup>
  - A friendly face
  - An informal source of information
  - Somebody that can share their experiences
  - An active listener
  - Somebody who is open & honest to provide constructive feedback
  - Committed, approachable and considerate
  - a person that will ask challenging questions

#### Introduce

- Pair up buddies prior to the start of the course – focus on early introduction in term 1
- Pre match buddies to aid compatibility
- Organise and support social events where buddies can meet

### Student Buddy Scheme Framework



#### Promote

- In pre course information guides, careers fairs and dedicated webpages/ social media
- University wide through student societies & student well -being initiatives
- Senior buddies as ambassadors for the scheme
- Incentives such as food, drink or shopping vouchers

#### Collaborate

- Collaborate with the universities wellbeing, safety and equality and diversity teams
- With the practice education team to support buddies on clinical placement, capture in the induction, provide support and a buddy space for them to meet up
- With buddies

*Successful buddy schemes nurture and grow future senior buddies*

## Student Buddy Scheme Framework



### Support

- With a buddy fact sheet/contract to explain the scheme and boundaries
- Provide training to senior buddies on confidentiality, wellbeing, safety and signpost to other professional HEI services and personal/course tutors
- Fund a Student Support Officer to organise, manage and evaluate the scheme
- Provide support if there are compatibility issues for junior buddies who require a new senior buddy
- Provide regular support for senior buddies to share learning experiences together and to check junior buddies are happy

### Evaluate

- The cost of setting up and managing the scheme – consider using the RePAIR cost calculator<sup>11</sup> [Reducing Pre-registration Attrition and Improving Retention | Health Education England \(hee.nhs.uk\)](#) [Reducing Pre-registration Attrition and Improving Retention toolkit](#)
- The benefits of the scheme for buddies
- The schemes impact on attrition
- Return on investment

## Recommendations for Future AHP Buddy Schemes

The following recommendations have been developed from the evidence discussed in this guide. They are aimed at HEIs to consider the set-up, enhancement of and evaluation of student buddy schemes.

1. HEIs to formalise AHP buddy scheme management through identifying sustainable investment
2. Focus on professions with higher attrition
3. Design schemes based on AHP professional needs
4. Consider needs of students from BAME backgrounds, those with additional diversity/disability needs or those identifying as requiring additional support
5. Collaborate with HCPs and students' when developing schemes
6. Ensure schemes are responsive and adaptive to the senior and junior buddies needs
7. HEIs and HCPs to promote and market the importance and benefits of buddy schemes to AHPs
8. Evaluate the impact of student AHP buddy schemes on attrition
9. Evaluate the cost effectiveness of AHP student buddy schemes
10. Consider a formal evaluation of different AHP buddy schemes to produce an evidence-based model
11. Evaluate the benefits of transition buddy schemes between Year 3 and newly qualified practitioners

# AHP Student Buddy Scheme Evidence-Based Guide

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## Appendix A

### About NETS

The National Education and Training Survey (NETS) is the only national survey open to all undergraduate and postgraduate students and trainees undertaking a practice placement or training post in healthcare as part of their education and training program.

The survey has run twice a year in June and November for 4 weeks. Results are published online using an interactive reporting tool along with several regional and national reports.

### Further information

You can find the full list of reasons given using the [NETS reporting tool](#). If you would like some assistance using the tool a [user guide](#) is available.

If you have any further questions about NETS you can send them to [NETS@HEE.NHS.uk](mailto:NETS@HEE.NHS.uk).



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