



THE MEDICAL COUNCIL'S MENTORING PROGRAMME

What is mentoring?

Council views mentoring as the provision of collegial support and guidance that is seen as assisting a doctor in regaining or maintaining safe practice.

Rationale for the mentoring programme

There are three common areas where Council considers the establishment of a mentoring programme will benefit individual doctors.

(a) Condition affecting fitness to practise

The Health Committee of the Medical Council is frequently called upon to monitor the rehabilitation of a doctor impaired by physical or mental illness, particularly substance abuse and psychiatric disorders. It is now common practice for a series of undertakings to be made by the doctor that protect the public and at the same time enhance the success of the doctor's rehabilitation. This is achieved through close support and supervision of all aspects of the doctor's personal health and practice. Undertakings may be made voluntarily ie, not be pursuant to an order under section 81 of the Medical Practitioners Act 1995. Experience has shown that the appointment of a mentor greatly assists the recovery/rehabilitation programme.

(b) Discipline

Where re-education is required of a doctor who has been subject to an inquiry by the Medical Practitioners Disciplinary Tribunal, the Tribunal from time to time orders that a mentor be appointed to assist the doctor who has shown the kinds of weaknesses or deficiencies (knowledge or behaviour) which would respond to peer support and guidance.

(c) Professional standards/competence

Matters of competence can come to the notice of Council from a variety of sources including the doctor's colleagues, employers, Complaints Assessment Committees, the Health and Disability Commissioner and decisions of the Medical Practitioners Disciplinary Tribunal. Council can impose orders after a review of competence has been undertaken. In certain circumstances a mentor can be appointed to assist the doctor over a specified period to overcome identified deficiencies of knowledge and address the kinds of problems that have placed the public at risk.

The mentor

According to the Concise Oxford a mentor is an "experienced and trusted advisor". That is exactly the role a medical mentor plays. The mentor is usually a local doctor, with respect and credibility amongst his or her peers.

The relationship between the mentor and the mentee (the doctor being advised) involves regular contact and continues over a period of time. Successful mentoring relationships depend upon the building of a trusting relationship, the confidential interaction between them and the open and honest communication by the mentee. The relationship is on a friendly but professional basis. It would not be appropriate for the mentor and mentee to enter into a social relationship.

The mentor's role

Every mentorship is an individual one and the task of the mentor differs in detail in each situation. However, guidance and support can usefully be incorporated into a mentoring relationship in any of the following ways:

- discussion of the personal and professional effect on the doctor's individual situation of the disciplinary order or health impairment
- consideration of how the doctor deals with work related problems
- having an opportunity to talk to an objective colleague outside the practice
- advice and insight into problems or personal issues
- continued pursuit of excellence in health care delivery
- involvement of the mentored doctor in continuing medical education or other professional activities.

How is a mentor appointed?

Dr Janet Frater coordinates council's mentoring programme. It is her role to select a mentor from the relevant occupational group within the profession to "match" the age, practice background and experience of the doctor to be mentored. She is provided with the background information about the "mentee".

Frequency of meetings

Mentoring usually lasts for eighteen months. A meeting is arranged as soon as possible after the mentoring relationship is established. At that initial meeting mentor and mentee discuss why the relationship has been deemed appropriate in that doctor's case. Individual mentoring sessions are normally restricted to one hour.

Mentors meet with their mentees monthly for the first three months and two monthly thereafter. We have found that in most cases this period is sufficient to achieve the aims of the programme.

Mentoring fee

The provision of a mentor does involve Council (and therefore the whole profession) in considerable expense. While Council accepts that the mentoring infrastructure should be funded from the APC (annual practising certificate) levy paid by all practising doctors, mentored doctors must contribute to the mentoring programme overall.

Council pays the mentor. It is inappropriate for any financial arrangement to be made directly between the mentee and the mentor. The doctor being mentored is asked to make a contract with Council to contribute to the costs of mentoring. Where appropriate this requirement can be incorporated into a formal order.

The mentoring programme is to some extent operated on a user pays basis. The formula used to decide the doctor's contribution to mentoring is not based on a direct relationship with payments to the mentor. The overall costs are greater than each doctor's contribution to it. Mentors are paid at the rate of \$160.00 per session covering a one hour interaction and report writing which follows. The current fee is \$2025.00 for the eighteen month period.

Progress reports about the mentorship

The mentor makes a brief progress report (not disclosing confidential information) in writing to Dr Frater after each meeting. This feedback enables appropriate frequency of meetings or length of the relationship to be determined. Dr Frater is also able to provide support to each mentor.

Interactions between the mentor and the "mentee" are confidential. However, in some circumstances, a formal report on progress may be requested after a specified period has transpired. This report is confidential to the committee that has ordered the mentoring. The report would be forwarded to the committee through the mentoring coordinator.

Summary

Council believes that its programme is both effective and user friendly. The interests of the public are well served and the doctor is assisted to remain in practice while working through difficulties, which might or may have already led to some form of sanction on the right to practise.

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