



MEDICAL BOARD OF WESTERN AUSTRALIA

MENTORING

Medical Board Policy Issued: August 2003

1 WHAT IS MENTORING?

The Medical Board of Western Australia views mentoring as the provision of collegial support and guidance that is seen as assisting a doctor in regaining or maintaining safe practice.

2 RATIONALE FOR THE MENTORING PROGRAM

There are three common areas where the Medical Board considers that the establishment of a mentoring program will benefit individual doctors.

2.1 Condition Affecting Fitness to Practice

The Medical Board may, following an Inquiry, apply conditions to the practice of medicine by a doctor impaired by physical or mental illness, particularly substance abuse or psychiatric disorders. It is now common practice for a series of conditions to be applied and 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.

2.2 Discipline

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

2.3 Professional Standards/Competence

Matters of competence can come to the notice of the Board from a variety of sources including the doctor's colleagues, employers, or Government agencies/departments. The Board can impose Orders following an Inquiry of competence. In certain circumstances, a mentor can be appointed to assist the doctor over a specified period to overcome identified deficiencies of knowledge and to address the kind of problems that may have placed the public at risk.

3 THE MENTOR

A mentor is an experienced and trusted advisor. The mentor is usually a local doctor, with respect and credibility amongst his or her peers.

The relationship between the mentor and the doctor to be mentored involves regular contact and continues over a period of time. Successful mentoring relationships depend upon the building of a trusting relationship, the interaction between the two parties, and open and honest communication by the doctor to be mentored.

The relationship is on a friendly but professional basis. It would not be appropriate for the mentor and the doctor to be mentored to enter into a social relationship.

The mentor shall inform the Board immediately should he/she be unable to continue in the role of mentor and any concerns he/she has about the reasons that led to this.

3.1 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 of the Board's disciplinary Order on the doctor's individual situation;
- Consideration of how the doctor deals with work related problems;
- Having an opportunity to talk to an objective colleague outside the practice;
- Continued pursuit of excellence in health care delivery; and
- Involvement of the mentored doctor in continuing medical education or other professional activities.

3.2 How is a Mentor Appointed?

The Board will 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. He or she is provided with the background information about the doctor to be mentored. The mentors may be practitioners who have in the past had similar problems to those of the doctor to be mentored.

3.3 Frequency of Meetings

The duration of mentoring will vary depending on the particular case, however it generally lasts for approximately eighteen (18) months. A meeting is arranged as soon as possible after the mentoring relationship is established. At that initial meeting, the mentor and the doctor to be mentored 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 the doctor to be mentored as determined in the Orders of the Board. Generally, meetings might occur monthly for the first three months and two monthly thereafter.

3.4 Mentoring Fee

The mentor is paid directly by the Board. The rate will be set by the Medical Board and will include a session covering a one-hour interaction and the report writing that follows.

3.5 Progress Reports

The mentor makes a brief progress report in writing to the Medical Board after each meeting. This feedback enables appropriate frequency of meetings or length of the relationship to be determined.

The report should be forwarded to the Board and address each of the following:

- Fitness to Practice;
- Professional Standards;
- Appropriate workload with respect to the knowledge, behaviour and ability to cope of the doctor to be mentored; and
- Re-education.

3.6 Summary

The Medical Board believes the mentoring program 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.