

# MEDICAL COUNCIL OF NSW

## GUIDELINES

<b>TITLE</b>	Guidelines for Mentors	<b>FILE REF</b>	DD10/10021[v3]
<b>NUMBER</b>	PCH10.1	<b>HPRNL REF</b>	
		<b>HCCA REF</b>	
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<b>RELATED RECORDS</b>	02/103		

### Background

A practitioner may be required to nominate a mentor to the Council. This occurs most commonly where a practitioner has been absent from clinical practice for some period of time, has encountered difficulties in their practice or suffers from a condition which affects or might affect their practice of medicine.

A practitioner is usually required to nominate a mentor who will be approved by the Council. The mentor may be required to report to the Council and to confirm that they have acted as mentor for a period of time or to notify the Council of significant difficulties experienced by the subject practitioner.

In general terms, a mentor is usually a respected senior professional who acts as a support person for the practitioner, assisting with their professional and personal development, helping them to cope in the professional environment in which they may have had some difficulties, or from which they may have been absent for some time.

A mentor is expected to hold regular telephone conversations and/or face-to-face meetings with the practitioner being mentored. A mentor would generally be available to discuss issues relating to clinical practice and any other matters that may arise.

### The Mentor's Role

Successful mentoring relationships usually depend upon the creation of a trusting relationship and open and honest communication with the practitioner.

Guidance and support can usefully be incorporated into a mentoring relationship in any of the following ways:

- Discussion of the personal and professional effect that the issues which brought the practitioner to the attention of the Council have had on the practitioner.
- Discussion of work related problems.
- Providing an opportunity to discuss issues with an objective colleague who is removed from the practitioner's practice.

- Discussion concerning participation by the practitioner in continuing medical education, professional activities and professional discussions.

The Council appreciates the valuable role played by mentors and will not usually intervene in the mentoring relationship. The mentoring relationship is usually a collegiate and professional relationship. It would be inappropriate for the mentor and the practitioner to commence or maintain a social relationship.

The mentor should inform the Council immediately should he or she be unable to continue in the role of mentor or if he or she has any concerns about the circumstances that have led to the mentor being unable to continue in the role.

The role of the mentor is to be distinguished from that of a supervisor. The Council has issued separate guidelines in relation to the role of the supervisor which are on the Council's website at [www.mcnsw.org.au](http://www.mcnsw.org.au). While a supervisor essentially acts for the Council, a mentor is expected to be a source of support for the practitioner.

### **Approving a Mentor**

Whilst not limited to any one of the following, the Council may take into account one or more of the following, when considering whether or not a practitioner is suitable to act as a mentor:

- Whether the mentor is still registered and is in active clinical practice and if so, to what extent.
- Whether the mentor is subject to current conduct, health or performance investigations or proceedings.
- Whether the mentor has conditions imposed on his/her registration.
- Whether the mentor has been the subject of an adverse finding in previous disciplinary proceedings, regardless of whether his/her registration remains subject to conditions.
- Whether the mentor was in a material way involved in the subject matter which gives rise to the requirement for a mentor.
- Whether there is the potential for the mentoring relationship to be compromised or not carried out effectively because of pre-existing financial, social or other relationship.