

Information sheet for mentoring

Updated: May 2023

Introduction

Mentoring is the practice of helping and advising a health practitioner when concerns have been identified with the way they are practising or with their professional conduct. The mentoring is conducted through a formal program and reported to the National Board to affirm the practitioner can and will safely practise the profession.

National Boards, panels and tribunals can place restrictions (conditions and undertakings) on a practitioner's registration when they consider it necessary to protect the public.

This information sheet is to help both the approved mentor and the restricted practitioner (the mentee) better prepare for the mentoring arrangement and understand the National Board's expectations of them during the arrangement.

Mentoring the professional development of another health practitioner with a mentoring restriction is an important responsibility. In a mentoring arrangement the National Board relies on the approved mentor to ensure the mentee practises to the expected standard.

Ensuring integrity of the mentoring arrangement

Mentors are required to provide an independent report to the National Board of the mentoring outcomes and must immediately report to Ahpra any concerns that the mentee's practice may be placing the public at risk.

To ensure the integrity of the mentoring arrangement, both the mentor and mentee have the responsibility to inform Ahpra of any actual or perceived conflicts of interest, or concerns, that might undermine the impartial and accurate assessment of the mentoring.

An actual or perceived conflict of interest occurs when a fair-minded observer might reasonably believe that the outcome of the mentoring arrangement may be influenced by a close collegiate, family, social or financial relationship or any other relevant circumstances between mentor and mentee.

Any conflict of interest or concerns, whether existing or potential, must be declared prior to commencement of the mentoring arrangement, and at any point such a situation develops during the mentoring.

Developing a mentoring plan

It is the mentee's responsibility to develop the mentoring plan and submit it to the National Board for approval; however, the mentoring plan must be developed in consultation with the Board-approved mentor.

An effective mentoring plan demonstrates good understanding of the National Board's concerns about the mentee's performance or conduct and must include initiatives specifically targeted at addressing those concerns.

An effective plan includes but is not limited to the following:

- A schedule of the planned mentoring arrangement which complies with any specific requirements stated in the conditions, pertaining to:
 - the number of sessions (for example, 4 sessions)
 - the duration of each session (for example, 1 hour per session)
 - the duration of the mentoring arrangement (for example, the mentoring to occur over a 3-month period), and
 - the reporting framework if required (for example, monthly reports to be submitted to the National Board).
- Details of the concern(s) that will be addressed in each mentoring session.
- Type and description of activities that will be undertaken and the relevant resources that will be used at each session.

Types of activities may include, but are not limited to:

- discussions
- practice and/or demonstration of activities/tasks
- completion of readings/case study/assignments/online modules
- observing mentor and/or other practitioners in their practise
- viewing 3rd party presentations on relevant topic/area
- review of case notes/forms/reports

Note: The planned activities must directly relate to, and address, the concerns that led to the imposition of the mentoring restriction. The concerns are identified within the restrictions published to the national register and in the Board's reasons for imposition.

- Details on the logistics of the mentoring sessions, for example whether in-person, via online video chat or a combination of both, whether at the mentor's or mentee's place of work or a third-party's location.
- Information about evaluation and assessment methods that will be used to evidence the mentee's competence, and the minimum expected outcome that will demonstrate attainment of the required standard of skill and knowledge.
- Mentee's signature committing to the plan, and the mentor's signature as evidence of support of the developed plan

Present the details of the mentoring plan in a format/layout that is easy to read and reference; it is recommended that the information be presented in a table. If required, an example of a mentoring plan has been provided in **Appendix 1**.

Reporting on the mentoring arrangement

The mentor agrees to prepare and submit a written report or reports about the mentoring or whenever they have a concern about the mentee's performance or conduct.

An effective mentoring report should contain sufficient relevant information for the National Board to determine whether the concerns which gave rise to the mentoring restriction have been addressed. The report is forwarded by the mentor to Ahpra.

The mentor's report is expected to include, but not be limited to:

- Whether the required number and duration of sessions were successfully completed over the required duration of the arrangement.

- Reflection on the level of the mentee's insight. Their ability to reflect upon and recognise shortcomings in their professional performance or conduct practice and the need for improvement.
- Reflection on the engagement and attitude of the mentee, their level of preparation, participation, proactivity and productivity throughout the mentoring arrangement.
- Report on the mentee's success in completing the program including qualitative and quantitative outcomes and any areas where the intended development was not achieved.
- Any relevant issues encountered that may have impacted on the delivery or effectiveness of the mentoring arrangement, without compromising the intended outcome. For example, an illness/injury to the mentee during the mentoring that prevented them from fully completing a preparatory task for a session.
- Improvements the mentee plans to or has implemented related to the concerns that led to the restriction such as policies, procedures, templates or ongoing audits.
- Whether the outcomes of the mentoring have been discussed with the mentee.
- Any other potential issue(s) identified apart from the concerns that led to the imposition of the restriction.
- Recommendations for the National Board to consider such as required changes to how the mentee practises the profession, further education/training, or upskilling.

How will the mentoring report be used?

The mentoring report will be used by the National Board to help determine whether the practitioner has successfully improved their performance or conduct to the standard required of the profession.

The report will not routinely be released to the mentee. However, if the National Board relies on the report to take any further regulatory action against the mentee, the report will be released. Ahpra and the National Board may also have to disclose the report if this is required by law.

Further information regarding [Ahpra's Privacy, Freedom of Information and Information publication scheme](#) is available on Ahpra's website.

Rights and obligations of the mentor

Mentors perform an important function for the purposes of the National Law. In agreeing to undertake the mentoring, the mentor confirms that they are aware of the following rights and obligations and agrees to notify Ahpra and withdraw from the mentoring if they cannot meet these obligations. A mentor, for any other personal reason, may withdraw from the mentoring at any time by notifying Ahpra.

General duties

Mentors must undertake the mentoring:

- in good faith
- in a financially responsible manner, and
- with a reasonable degree of care, diligence, and skill.

A mentor must not use their role as mentor, or any information that becomes available to them through this role, to gain an advantage for themselves or someone else or to cause damage to the operation of the National Registration and Accreditation Scheme.

Duty of confidentiality

Protected information is information that comes to the knowledge of the mentor from their participation in the mentoring arrangement. Mentors must not disclose protected information unless:

- it is necessary to carry out the mentoring

- is required by law, or
- the person the information relates to consents to the disclosure.

All information provided to the mentor, must be:

- securely stored to ensure confidentiality is maintained
- securely returned to Ahpra when requested, or
- destroyed when it is no longer needed to carry out the mentoring unless legally required to keep it (such as record keeping obligations).

Protection from personal liability

Ahpra provides protection from personal monetary liability for anything done, or omitted, in good faith in carrying out the mentoring.

Mandatory reporting

As a registered health practitioner, the mentor has a mandatory reporting responsibility under the National Law. If while mentoring, you form a reasonable belief that the mentee or any other registered health practitioner has behaved in a way that constitutes 'notifiable conduct' you must notify Ahpra.

Further information on what constitutes 'notifiable conduct' and about how to make a mandatory notification can be found on the [Making a mandatory notification](#) page on Ahpra's website.

Costs

All costs associated with the mentoring arrangement and the provision of the report are borne by the mentee.

Submitting a complaint about Ahpra

Anyone concerned about our service delivery or administrative actions can make a complaint. For more information on how we manage complaints, please see the [Complaints and feedback](#) page on Ahpra's website. You can submit a complaint via our [online complaint form](#).

Appendix 1 – Example of a mentoring plan

This fictional example is for a restriction that requires mentoring in relation to obtaining patient history, medication administration and interacting with vulnerable patients and to complete a minimum of four (5) sessions with each session being of one (1) hour in duration, occurring over a four (5) month period. *These example activities are not to be used in any genuine mentoring plan.*

Session	Concern(s) addressed	Type of Activity & detail of resource(s)	Brief description of activity	Evidence of competency	Logistics
#1 1 hour	Obtaining full patient history	Discussion with mentor Review of records/forms - sample admission form, 'mock' completed admission forms (positive and negative examples) Reading (for Session #2) – Dept of Health and Aged Care Administrative record keeping guidelines	Discussion on importance of accurate patient details, medical history, and informed consent / capacity to provide consent Review of admission process & information requested in admission forms Preparatory reading for Session #2	Correctly identify, within the 'mock form', all issues / concerns / omissions / partial disclosures relating to: <ul style="list-style-type: none"> personal details of patient allergies/sensitivities current medications details of past treatments emergency contacts 	Face-to-face meeting at mentor's place of work
#2 1 hour	Obtaining full patient history	Discussion with mentor Role play/practical exercise – 'mock' completed admission form Reading (for Session #3): <ul style="list-style-type: none"> <i>Controlled Substances (Poisons) Regulation 2011 (SA) – Parts 4 and 5</i> <i>SA Health fact sheet – Drugs Dependence Unit – RN & EN and Midwives' obligations</i> 	Review reading and reflect on current practise against guideline Discussion on recommended questioning: <ul style="list-style-type: none"> to clarify / verify details in 'mock' form to elicit required information for partial disclosures Role play with mentor - admitting a patient, identify concerns on a 'mock' admission form Discussion on when / how to escalate concerns in practise situation Preparatory readings for Session #3	<ul style="list-style-type: none"> patient's knowledge of treatment / procedure that will be undertaken patient's signed consent or guardian consent Demonstrate during role-play appropriate questioning to obtain required information, and verify details provided by patient. Reflect on the role-play scenario the consequences of incomplete / insufficient patient information and any follow-up action that may be required. Mentor's interim report to the Board as required by the restrictions.	

Australian Health Practitioner Regulation Agency
National Boards

GPO Box 9958 in your capital city Ahpra.gov.au 1300 419 495

<p>#3 1 hour</p>	<p>Procedure for accessing and recording the Dangerous Drugs Act (DDA) cupboard and/or Register</p>	<p>Discussion with mentor Case study Preparatory reading (between Sessions #3 and #4) – online resource on medication calculation from Healthcare Australia</p>	<p>Review readings Analyse case study focusing on compliance of scenario with the current regulations and guidelines Complete a written assessment based on the case study (15 questions in 20minutes) – short answer, and true / false, questions Preparatory readings for Session #4</p>	<p>Correctly identify all non-compliant issues within case study scenario. Achieve 100% correct response for questions in the written assessment. If less than 90% correct answers achieved, an additional 30mins session will be arranged to practice calculation and re-do the case study. If 90% correct answers achieved, practitioner be allowed to attempt the incorrect questions one more time; if still incorrect, an additional 30mins session will be arranged to practice calculation and re-do the case study. Reflect on current practise against regulation / obligations in readings</p>	<p>Online meeting</p>
<p>#4 1 hour</p>	<p>Medication calculations</p>	<p>Demonstration and practice exercise Medication calculation worksheet developed by mentor focusing on:</p> <ul style="list-style-type: none"> • Finding volume required • Using proportions with liquid solutions • Flow rate formula • Medication dosage by body weight <p>Preparatory reading for Session #5</p>	<p>Review of online resource, and reflection on consequences of incorrect medication calculation Calculation demonstration by mentor followed by mentee to complete a calculation worksheet (15 questions in 20 minutes) Preparatory readings for Session #5</p>	<p>Achieve 100% correct answers for questions in the calculation worksheet. If less than 90% correct answers achieved, an additional 30mins session will be arranged to practice calculation and re-do worksheet. If 90% correct answers achieved, practitioner be allowed to attempt the incorrect questions one more time; if still incorrect, an additional 30mins session will be arranged to practice calculation and re-do the case study.</p>	<p>Face-to-face meeting at mentor's alt. place of work</p>

<p>#5 1 hour</p>	<p>Interacting and communicating with vulnerable patients</p>	<p>Discussion with mentor Role play/practical exercise</p> <ul style="list-style-type: none"> • Demonstrate awareness of how to assess emotional and behavioural cues in communication including recognising when one's approach is unwelcome. • Demonstrate an understanding of the specific circumstances which require particular attention or action in order to maintain professionalism; for example, avoiding the expression of a one's personal beliefs to patients in ways that exploit their vulnerability or that are likely to cause them distress. <p>National Board's Code of conduct</p>	<p>Review of National Board's Code of conduct. Discussion on importance of good practice in relation to patients who may have additional needs. Role play with mentor – interacting with a patient living with a cognitive disability and who expresses a determined view about the types of treatment required. Preparation for finalising mentoring including requirements for writing the reflective practice report.</p>	<p>Demonstrate during role-play identification of emotional behavioural cues and respond appropriately to those cues. Reflection on the role-play scenario identifies the consequences of poor communication and any further improvement in knowledge, skills and behaviour that may be required Mentor's final report to the Board as required by the restrictions.</p>	<p>Face-to-face meeting at mentee's place of work</p>
----------------------	---	---	--	---	---

<p>Practitioner (Mentee) Name:</p>	<p>Registration number:</p>	<p>Signature:</p>	<p>Date:</p>
<p>Mentor Name:</p>	<p>Registration number:</p>	<p>Signature:</p>	<p>Date:</p>