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FCGP Policy: **FCGP MENTORSHIP PROGRAM GUIDELINES**  
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# FCGP MENTORSHIP PROGRAM GUIDELINES

## 1. WHAT IS MENTORSHIP?

Mentoring is a process for the informal transmission of knowledge, and the psychosocial support perceived by the recipient as relevant to work, career, or professional development; mentoring entails informal communication, usually face-to-face and during a sustained period of time, between a person who is perceived to have greater relevant knowledge, wisdom, or experience (the mentor) and a person who is perceived to have less (the protégé).

The *Medical and Dental Practitioner (General Practice) Regulations 2010* in combination with the *Medical and Dental Practitioner (General Practice Regulation)(Amendment) Regulations 2012* outlined a mentorship period of 24 to 30 months that a doctor must go through when entering private general practice.

This mentorship period was further broken down into two distinct phases:

- (a) initial 6 month “attachment” period within the mentor’s practice, with the mentor physically present for this period of attachment.
- (b) followed by an 18 month period of mentorship in partnership with the mentor, which may be extended for a further 6 months. This need not be within the mentor’s practice but must be in an established private practice.

In the context of the FCGP Mentorship Program therefore, mentoring is recognized as a combination of training and guidance to fit into the phases of mentorship as defined by the General Practice Regulations.

## 2. WHEN THIS POLICY APPLIES: MENTORSHIP OF DOCTORS ENTERING GENERAL PRACTICE

This document sets out FCGP’s policy relating to the mentorship requirement of doctors entering private general practice. This Policy applies only when:

- (a) a doctor enters private general practice from government service, and
- (b) a doctor enters private general practice from outside government service e.g. from overseas, from a non-practicing status, who has not held a valid license for private general practice at any time after January 2010.

This Policy does not apply to:

- (a) a doctor entering private general practice from outside government service e.g. from overseas, from a non-practicing status, who has previously held a valid license for private general practice at any time after January 2010.

## 3. REQUIREMENTS OF THE PROTÉGÉ

To be eligible to apply for entry into the mentorship program the applicant must meet the following requirements:

- (a) Be a member of the Fiji College of General Practitioners
- (b) Have at least 3 years clinical experience following internship, if entering the program from government service
- (c) Have at least 5 years clinical experience following internship, if entering the program from outside government service.
- (d) Hold a postgraduate qualification in General Practice or Family Medicine or agree to undertake and complete a postgraduate qualification in General Practice or Family Medicine within 5 years of entering private general practice.

## 4. REQUIREMENTS OF THE MENTOR

To be eligible to become a mentor, a doctor must satisfy the following requirements:

- (a) Have held full membership of the Fiji College of General Practitioners for at least 3 years
- (b) Have at least 7 years clinical General Practice experience OR hold a Masters in General Practice with 3 years clinical General Practice experience OR hold a Diploma in General Practice with 5 years clinical General Practice experience
- (c) Hold a valid practicing license in Fiji
- (d) Have a current letter of good standing from the Fiji Medical Council
- (e) Not have any criminal proceedings on record within the last 10 years.
- (f) Must undergo a Mentorship Training Course

## 5. HOW DOES ONE BECOME A MENTOR?

- 5.1. Mentor applicants must apply to the Board of Censors and provide documentation to satisfy the requirements set out by the Board.
- 5.2. It is the role of the Board of Censors to vet and appoint mentors through the College application process.

- 5.3. Upon receiving an application from a member to become a mentor, the Board of Censors must evaluate and vote on the applicant's suitability for mentorship.
- 5.4. A two-third's majority is required for a valid decision.

## **6. ENTERING THE MENTORSHIP PROGRAM**

- 6.1. The applicant must first apply for entry to the Board of Censors and provide documentation to satisfy the requirements of entry.
- 6.2. The applicant may arrange placement with a mentor themselves or request to be assigned to a mentor by the FCGP Board of Censors.
- 6.3. Both the protégé and mentor must sign a mentorship agreement as set out by the FCGP.
- 6.4. This agreement is conveyed to the Fiji Medical Council, who must approve the mentorship arrangement. This approval is the final step for entry into the mentorship program.

## **7. MENTORSHIP AGREEMENT**

The Mentorship Agreement is a formal agreement between the mentor and protégé to abide by the guidelines of the mentorship program as set out by the FCGP and endorsed by the FMC.

## **8. ROLE OF THE BOARD OF CENSORS**

The Board of Censors, with the Censor-in-Chief as its Chair, must

- (a) Vet and appoint mentors on application
- (b) Perform a clinical audit of the mentors practice as part of the vetting process
- (c) Keep an up to date list of mentors
- (d) Perform regular review of a mentor's status every five (5) years
- (e) Monitor and regulate mentorship programs in place
- (f) Review and refine mentorship programs to keep in line with legislation and medical trends.

## **9. MENTORSHIP PROGRAM OUTLINE**

- 9.1. The exact specifications of the mentorship program can be found in the Mentorship Assessment Outline included as *Appendix I*.
- 9.2. These specifications are at the discretion of the Board of Censors and may be reviewed, with changes approved at an Executive Council meeting of the FCGP, before endorsement by the Fiji Medical Council is sought.
- 9.3. Any changes to the agreement affect only new admissions into the mentorship program and not agreements already in place.

## **10. TERMINATION OF A MENTORSHIP AGREEMENT**

A Mentorship Agreement may be terminated in three (3) ways:

### **10.1. Withdrawal by the mentor**

- 10.1.1. In the event that the mentor is unable or unwilling to continue participation in the mentorship program, he/she must request a termination of the mentorship agreement in writing to the Board of Censors accompanied by a final report on the protégé's progress.
- 10.1.2. If the request for termination is approved by the Board of Censors, the following will apply:
  - (a) If agreement is terminated within the first twelve (12) months of the mentorship program, the protégé must be placed with another mentor to complete the mentorship program
  - (b) If the agreement is terminated more than twelve (12) months into the mentorship program, the protégé may apply to the Board of Censors for completion by assessment. Completion by assessment would require the Board of Censors to assess the protégé's progress and may endorse him/her as completed the mentorship program satisfactorily.
- 10.1.3. In the event, that the mentor passes away during the mentorship program, the mentee will be asked to report on his/her own progress and after assessment by the Board of Censors, may be placed with another mentor to complete the program or if deemed appropriate, endorsed as completed the mentorship program satisfactorily.

### **10.2. Withdrawal by the protégé**

- 10.2.1. In the event that the protégé is unable or unwilling to continue participation in the mentorship program, he/she must request a termination of the agreement in writing to the Board of Censors.
- 10.2.2. Upon successful termination of the mentorship program, the protégé must then re-apply to enter the mentorship program.

10.3. Termination by the Board of Censors

10.3.1. Termination by the Board of Censors may be instigated if a ruling of misconduct on the part of either the mentor or protégé is received.

10.3.2. If the misconduct is on the part of the mentor, the protégé may be placed with another mentor to complete the mentorship program.

10.3.3. If the misconduct is on the part of the protégé, the protégé must then re-apply to enter the mentorship program.

**11. COMPLETION OF THE MENTORSHIP PROGRAM**

11.1. The mentorship program is deemed complete only after assessment of the final reports by the Board of Censors at the end of the mentorship period.

11.2. Successful completion of the program will imply that the protégé is eligible to open a solo practice and may be granted a practice license to that effect, by the Fiji Medical Council.



## Membership Information Form

Please fill in the form and return to:

The Fiji College of General Practitioners  
PO Box  
14012, Suva  
E: fcgpsec@gmail.com | T: 3371007

### Personal

First Name	Middle Name(s)
Last Name	Gender M <input type="checkbox"/> F <input type="checkbox"/>
Date of Birth (dd/mm/yyyy)	
Year entered General Practice	

### Medical Council

Registration #	Practicing License Renewal Date (dd/mm/yyyy)
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### Contacts

Email Address			
<b>Phone Contacts</b>			
Mobile	Home	Work	Fax
Work Address			
Postal Address			

### Qualifications

Qualification Attained	Institution	Country	Year

### Place of Practice

Name of Practice			
Physical Address			
Phone		Fax	



**MENTORSHIP PROGRAM  
ASSESSMENT OUTLINE**

This document provides an outline of the assessment to be conducted throughout the Mentorship program. The initial length of the program would be twenty four (24) months as stipulated in the General Practice Regulations but may be extended for a further six (6) months.

CATEGORY OF ASSESSMENT	FIRST SIX MONTHS	SECOND EIGHTEEN MONTHS
	MINIMUM REQUIREMENT	MINIMUM REQUIREMENT
CLINICAL HOURS	80 HOURS PER MONTH	60 HOURS PER MONTH*
CASE STUDIES	1 PER MONTH	1 PER MONTH
CME POINTS	ATTAINMENT OF 25 CME POINTS	ATTAINMENT OF 75 CME POINTS

\* THESE MUST INCLUDE 5 HOURS OF INTERACTION BETWEEN THE MENTOR AND PROTÉGÉ WITH REGARDS TO THE PROTÉGÉ’S PRACTICE

CATEGORY OF ASSESSMENT	IF EXTENDED FOR A FURTHER SIX MONTHS
	MINIMUM REQUIREMENT
CLINICAL HOURS	60 HOURS PER MONTH
CASE STUDIES	1 PER MONTH
CME POINTS	ATTAINMENT OF 25 CME POINTS

**Undertaking of the Protégé**

I, \_\_\_\_\_, agree to abide by these assessment guidelines and attempt to fulfill the minimum requirements for the duration of my mentorship program. I understand that a failure to do so would equate to a failure of the mentorship program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Undertaking of the Mentor**

I, \_\_\_\_\_, undertake to ensure my protégé abides by these assessment guidelines for the duration of his/her mentorship program and to provide adequate opportunity and guidance for him/her to meet the minimum requirements

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Office Use Only**

**Received By:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



FCGP Mentorship Program Agreement		
<b>Mentee Information</b>		
First Name	Last Name	
Telephone (Res.)	Telephone (Bus.)	FMC Registration Number
<b>Mentor Information</b>		
First Name	Last Name	
Telephone (Res.)	Telephone (Bus.)	FMC Registration Number
<b>Mentorship Period</b>		
Agreement Start Date: _____/_____/_____	Agreement End Date: _____/_____/_____	
<b>Mentee's Declaration</b>		
<ol style="list-style-type: none"> <li>1. I acknowledge my role as a mentee in the FCGP Mentorship Program.</li> <li>2. I agree to collect evidence of compliance for my mentor's review.</li> </ol>		
Signature of the mentee	Date	
<b>Mentor's Declaration</b>		
<ol style="list-style-type: none"> <li>1. I am a FCGP Mentor.</li> <li>2. I agree to mentor the above-named mentee in accordance with the FCGP Mentorship Program Guidelines.</li> <li>3. I agree to notify the mentee and the College immediately if I am no longer able or willing to continue to fulfill my responsibilities as a mentor.</li> <li>4. I agree to review the mentee's progress and submit quarterly Assessment Reports and a Final Assessment Report at the end of the mentorship term.</li> <li>5. I agree, subject to the above, to respect the mentee's right to privacy and confidentiality at all times.</li> </ol>		
Signature of the Mentor	Date	
<b>Mentee and Mentor Agreement</b>		
We agree to the following process:		
<ol style="list-style-type: none"> <li>1. To review the FCGP Mentorship Program Guidelines – Assessment Criteria, and identify areas requiring specific attention.</li> <li>2. To develop an action plan to ensure that the mentee gets advice and guidance in the areas of need to acquire the necessary skills, knowledge and behaviours for compliance.</li> </ol>		
Signature of the Mentor	Date	
Signature of the Mentee	Date	
<b>For Office Use Only</b>		
Date Received: ____/____/____	Date Approved: ____/____/____	
Signature:	Signature:	
	Expiry Date: ____/____/____	





A doctor wishing to enter private general practice must complete this form and post it to:

The Fiji College of General Practitioners

PO Box 14012, Suva

This document serves as a personal undertaking by the applicant and must be duly witnessed by the doctor approved by the College as their mentor.

**UNDERTAKING**

I, \_\_\_\_\_, agree to enrol in a post-graduate course in General Practice, as and when it becomes available locally, as a pre-requisite for entering Private General Practice and to complete the qualification within the specified timeframe of thirty (30) months.

I understand that in for any variation to this agreement, I must submit an application for a variation to the Fiii College of General Practitioners in a timely manner.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

**Witnessed By:**

\_\_\_\_\_

Name of Mentor

\_\_\_\_\_

Signature of Mentor

**Office Use Only**

\_\_\_\_\_

Name

\_\_\_\_\_

Date

\_\_\_\_\_

Signature



THE FIJI COLLEGE OF  
GENERAL PRACTITIONERS

**MENTORSHIP PROGRAM  
ASSESSMENT SHEET**

This assessment sheet is designed for the Fiji College of General Practitioners (FCGP) mentorship program for doctors entering private general practice.

Mentors must ensure that the mentees under their supervision meet the minimum requirements as specified in the Mentorship Program outline, which the mentor and mentee must sign before embarking on the Program.

The mentor must fill in the assessment sheet for every month of mentorship and submit it to the Fiji College of General Practitioners. The mentor must sign off on all assessments in the space provided.

PERIOD OF ASSESSMENT	/ /	TO	/ /
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**CLINICAL HOURS**

The mentor may complete the form at the end of each working week to ensure a more accurate portrayal of clinical hours

START DATE	END DATE	NUMBER OF HOURS	SIGNATURE
<b>TOTAL NUMBER OF HOURS</b>			

**CASE STUDY**

The mentor must be satisfied that the case studies are complete and attach it to the assessment sheet.

TOPIC	DATE SUBMITTED	SIGNATURE

**CME POINTS**

The mentee may attend FCGP activities to gain CME points. If the mentee undertakes online activities as Continuing Medical Education, they must have a printed certificate of completion. Copies of all CME activity certificates must be attached with this assessment sheet.

DATE	ACTIVITY	NUMBER OF POINTS	SIGNATURE
<b>TOTAL NUMBER OF POINTS</b>			

I, \_\_\_\_\_, approved mentor of  
 \_\_\_\_\_, hereby declare that the information provided in this assessment sheet is true and correct to the best of my knowledge.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**Official Use Only**

**Received**

Date	Name	Signature
Comments		