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| 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. | | | | |
|  | **First Six Months** |  | **Second Eighteen Months** | |
| **Category Of Assessment** | **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 regard to the protégé’s practice | | | | |
|  |  | | |  |
|  | **If Extended For a Further Six Months** | | |  |
| **Category Of Assessment** | **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.

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| 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

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| Signature |  | Date |

**Office Use Only**

**Received By:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Date

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Signature