

Guidelines on Mentorship of MMED Students in Private Practice

Background

Considerable discussions in the past have been ventilated as to whether MMED students should, or should not be allowed to sustain themselves from private practice, and if they are allowed to do so, in what form and extent that practice should take. This debate had been further clouded by the issue of MMED programmes that have an intercalated diploma award after the first year such as in Anaesthesia and Ophthalmology. The Medical and Dental Practitioners Council of Zimbabwe (MDPCZ) sitting as full Council on the 28th February 2012 resolved that cognisance should be given to the fact that while training of MMED students occurs in Public institutions these currently have limited human and material teaching resources that can be bolstered by harnessing Private Medical care resources.

Introduction

MDPCZ recognized that MMED students are fully qualified Medical Practitioners mostly with Open Practising Certificates (OPC) and have a right to enjoy private practice while balancing the obvious need to prioritise their academic careers over all else. It was also noted that the awarding of a diploma after the first year of training in some MMED disciplines creates a superfluous qualification which cannot be used to discriminate against those who do not receive a similar award when considering clinical skills acquisition and practice, necessitating all MMED Interns to be treated as equals. Therefore all the above would suggest that a win - win situation would be best created by allowing all MMED Students to indulge in private practice under Mentorship of their Specialist Senior Colleagues in both Public and Private Health Institutions.

Guidelines

1. This Mentorship Scheme is only applicable to those who desire to undertake private practice,
2. The MMed must have completed two years of MMed training in the relevant discipline
3. An MMED Intern is expected to initiate a partnership arrangement with a registered Specialist in the same field of training, who then becomes his Mentor and Supervisor in all his private practice work.
4. To ensure transparency and protect the public from potential misinformation such arrangements should be registered with MDPCZ who would then approve, register the Mentorship Association with an approval letter from PCC that should be produced on seeking rights of admission at Health institutions. That same letter must be copied to College of Health Sciences (CHS), Institute of Continuing Health Education (ICHE) and Health Services Board (HSB).

5. MDPCZ expects a Mentorship association to be a true Internship one, albeit with financial benefits to the Student, who should at all times work under supervision of the Mentor, who will be expected to contribute towards the continuous assessment of that Student e.g. log-book assignments.
6. MDPCZ will not be involved in details of physical practice and financial arrangements between Mentorship parties, but advises that the Mentor takes full responsibility of the trainee's omissions and commissions, unless such actions have deliberately been withheld from him by the trainee.
7. The Mentor must be informed of this responsibility in the clearest of terms at the onset of such an association in the approval letter of the Association from PCC.
8. A Mentoree shall not be allowed to have a private list or access to a private hospital without the supervision of the Mentor.



19/6/15

Adopted by Council on 28 August 2012