

# Australian Acupuncture and Chinese Medicine Association Ltd (AACMA) 2008 Mentoring Survey Summary

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## ABSTRACT

**Background:** There has been long-standing discussion by Chinese medicine practitioners in Australia concerning the ways in which they could best be supported in their endeavours. Mentoring by experienced practitioners is considered a possible format for this to occur. **Aims:** To gain an understanding of AACMA members' perceptions and requirements regarding mentoring. **Design:** A written survey composed of 15 questions with quantitative and qualitative components. **Subjects & setting:** The survey was distributed to all AACMA members in Australia in 2008. **Interventions & outcome measures:** Qualitative survey data was analysed using thematic analysis. **Results:** From 129 responses, a number of themes emerged regarding members' perceptions and requirements for mentoring. **Key themes include:** a variety of understandings of what mentoring is; the purpose of mentoring is to develop confidence and clinical experience; the need for guidelines and support for mentors; restrictions on who can be a mentor; that anyone can be a mentee; participation can be optional; any program should be flexible and suit the individuals involved; and that a mentoring program is seen as valuable and good for the profession. **Conclusions:** The study provides an evidentiary basis for the establishment of a pilot mentoring program for practitioners and, auspiced by a professional association such as AACMA, may indeed be a timely and valuable endeavour on behalf of the profession.

**KEY WORDS** professional development, professional support, mentoring, education, clinical practice, qualitative research.

## Introduction

One of the main outcomes from recent research into Chinese medicine degree students and graduates in Australia has been that there is a perceived need for mentoring during the transition period from being a student into active practice in the profession.<sup>1</sup> This transitional period for new health care professionals is acknowledged as stressful, as they learn to apply the skills they have learned in the 'real world' clinical setting.<sup>2-5</sup> One strategy proposed to facilitate the entry and continuing practice of Chinese medicine practitioners is the

implementation of a mentoring program. Various forms of mentoring have been implemented in a number of related professions, including medicine, nursing, and occupational therapy.<sup>6-8</sup>

Mentoring has been given a number of definitions in a variety of settings and has emerged as a concept with increasing proliferation in recent years. It may be understood as a learning partnership that is specific to the individuals involved and, as a unique relationship, it may be seen as a process which is characterised by the nature of the support provided to the mentee

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by the mentor.<sup>9</sup> Mentoring may be distinguished from other similar types of support such as role-modelling and supervision in that it may be initiated formally or informally, occur in a number of different contexts, and varies widely in the structure of the relationship and types of interactions between the individuals involved. The Australian Acupuncture and Chinese Medical Association Ltd (AACMA) mentoring survey was conducted in order to gain insight into members' perceptions and requirements regarding professional development and support of new members through mentoring. Findings from this survey will inform the Chinese medicine (CM) profession in Australia as to the perspectives of practitioners regarding mentoring.

## Method

The AACMA mentoring survey was distributed in October 2008. The target population was current acupuncture and Chinese medicine practitioners in Australia and the survey was offered in paper format to all AACMA members as part of their annual information update. Participants were given until 12 December 2008 to complete and return the survey by mail. As consultant to the AACMA mentoring committee in 2009, I was asked to analyse the mentoring survey data, post-hoc.

The survey was composed of 14 questions of varying statistical design that offered both quantitative and qualitative response options. Statistical analysis of the quantitative components was carried out using descriptive counts, and the qualitative responses to questions were analysed using thematic analysis. The qualitative data from the open-ended question responses, which sought participants' attitudes and opinions, provided a rich field of data for inquiry, and the focus for this article.

A copy of the survey can be found in Appendix 1.

## Results

Out of 1633 AACMA members in 2008 that were sent the survey, there were 129 responses, giving a total response rate of 7.9%.

Key themes emerging from the survey data are summarised in Table 1.

Results from question one, 'which of the following best describes your understanding of mentoring?' indicate that most participants understand mentoring in a variety of ways. The most popular responses suggest that mentoring is understood as formal ( $n = 45$ ), semi-formal ( $n = 50$ ), and informal ( $n = 35$ ). A number of respondents said they felt mentoring

included all or combinations of the possible responses – formal, informal, semi-formal, group, co-mentoring, and e-mentoring. Results from themes in question two responses indicate that participants view the purposes of a mentoring program to develop confidence, personal growth, clinical practice and experience. Responses included one participant's desire:

*'To develop as a practitioner – to have the confidence to find one's own way to be with clients, to clarify one's own healing philosophy and then how to relate new knowledge and skills to this base.'*

*And from another, 'It's also about setting and maintaining a high standard of clinical practice and professionalism in the service through the guidance of more experienced practitioners.'*

When asked in question three which activities could be considered part of mentoring, responses were largely spread evenly over all possible responses, although observation ( $n = 46$ ) and experience gained from assisting ( $n = 40$ ) or working in a senior practitioner's clinic ( $n = 43$ ), and regular one-on-one ( $n = 51$ ) or group contact ( $n = 22$ ) in order to discuss practice and/or professional matters, received overall higher level of responses than other possible activities.

In question four, responses were fairly evenly divided between whether or not mentors should receive formal training (yes:  $n = 69$ , no:  $n = 54$ ). Key themes arising out of the comments from this question include providing training in teaching skills and clarifying the professional expectations to mentors. The provision of guidelines for mentoring, including a code of ethics and standards of practice, was also seen as important by participants, as well as clear expectations about mentor and mentee roles. The level of experience or qualifications of the mentoring practitioner, as well as their length of time in practice and level of communication skills, also emerged as key issues.

Participants also reported a desire for a mentoring program to be a specified length of time, preferably shorter rather than longer, and that its implementation allow for individual adjustment and flexibility, according to the needs of the mentee and mentor. For the mentor, the requirements of a desire to mentor and the time to commit to it were expressed as important by survey respondents. It can also be seen from the data that continual access to support for the mentor is an issue to consider in the design and implementation of any program.

When asked if there should be any restriction on who can be a mentor in question five, 95 responded 'yes' while 26 responded 'no'. Popular themes coming out of this question include the number of years of practice and the experience and qualifications of the mentor.

TABLE 1 Questions and key themes

Question	Key Themes
1. Understanding of mentoring	Variety of understandings Number of options available
2. Purpose of mentoring	Developing confidence Personal growth Clinical practice Clinical experience All of these options
4. Formal training for mentors	Provide teacher training Professional expectations Need guidelines/code of ethics/standards of practice provided Define roles and issues Provision of support for mentors needed Short in length Room for individuals Mentors must have desire & time
5. Restrictions on who can mentor	Consider years of practice Experience and qualifications important Professionalism/ set of practice standards Reputation/respect/character/ lack of ego Relevance of experience Time and commitment Individual room for mentor and mentee relationship to develop
7. Restrictions on who can be a mentee	Must be registered/qualified Optional – willing to learn/serious/ they want it Students, new graduates and existing professionals who want support – anyone Need previous understanding of professional & ethical behaviour
12. Length of a (part-time) mentoring program	Needs to be flexible To suit the individual Short
15. Any comments that would assist with developing a mentoring program	Must be flexible and supportive Good for profession Different for experienced practitioners (vs. new graduates) Have a contract between participants Look to other professions Ensure time and simple format It's valuable and adds value Participation up to individuals/voluntary

Examples of responses include:

*'Mentoring should be restricted to practitioners who have had some training, or past experience as clinical supervisors.'*

*'[The] mentor would ideally be reputable and experienced practitioners with the appropriate skills for guiding and instructing newer practitioners.'*

The issues of professionalism, practice standards, reputation, respect, character, lack of ego and relevance of experience of the mentor were also raised. Again, having the time and commitment,

as well as room for individuals within the mentoring arrangement, were communicated by participants of the survey. Overall, it was largely agreed that mentors should be required to have from five ( $n = 56$ ) to 10 ( $n = 44$ ) years in practice.

Almost double the respondents felt that there should be no restriction on who can be a mentee ( $n = 79$ ), when compared to there being any restriction ( $n = 40$ ). Many participants reported feeling that mentees should be registered or qualified, and that mentees should have a prior understanding of professional and ethical behaviours. Survey respondents also felt that participation in a mentoring program should be optional for mentees and

open to those who are willing to learn and want to participate. An emergent theme from this question was that mentees may be anyone – final year students ( $n = 41$ ), new graduates ( $n = 53$ ) or existing professionals who want support ( $n = 54$ ). As one respondent said, *'I've been practising for over 10 years and there are still days when I think I don't know how best to handle some cases (e.g. unusual presentations or complex presentations).'*

Results for question nine strongly suggest that mentoring as an AACMA-provided program is desired by respondents – who would either consider participating as a mentor ( $n = 50$ ) or as a mentee ( $n = 61$ ). This is considerably more than the respondents who were either not interested at this time ( $n = 37$ ), or not at all interested ( $n = 3$ ). Allowing for the limited options available for response, more practitioners considering participating as a mentor expressed interest in 'a semi-formal seminar-based training program' ( $n = 66$ ) to 'a formal mentor training course leading to an award' ( $n = 38$ ). More respondents considering becoming a mentor felt that, 'a statement of attendance for CPE points is sufficient' than any other preference option available. The use of CPE points as recognition for mentoring was a recurring theme.

When asked, 'What do you think the length of a (part-time) mentoring training program should be?', the most popular responses were ad-hoc seminar-based training ( $n = 44$ ), or three months ( $n = 29$ ). Themes arising from the qualitative response section to this question were: flexibility in the program; allowance in the program to suit the individuals involved; and a short program length. These suggestions most likely arose from the 'other (please specify)' option within the question.

It was clear from respondents that they do not feel any charges or fees for mentoring should be considered ( $n = 76$ ). This is compared to the other available responses of: charges or fees 'paid to the mentor by the mentee(s)' ( $n = 32$ ); or charges or fees 'paid by the practitioner for mentoring training' ( $n = 15$ ). A number of qualitative responses were given to this question, however no dominant themes arose.

Themes that did emerge from the final survey question, in which participants were invited to make any further comments that they thought might assist in the development of a mentoring, were many. In particular, the desire for a program that was flexible towards and supportive of participants, including rural practitioners, arose again. One respondent felt it was important for *'some flexibility in the structure of the program so that the mentor/mentee relationship can grow and develop.'*

Another stated, *'I think it's fantastic that AACMA is developing these programmes. Flexible consideration to people with commitments (family/work/sickness) should also be considered.'*

No clear preference regarding a mentoring program format arose; however, suggestions from participants did include: looking to other professions for program structures; that any program consider the different needs of new graduates and existing practitioners; and the use of a contract or agreement between mentors and mentees involved. Other suggestions included the importance of considering the time involved, the need to keep the program simple, and that participation in a mentoring program be voluntary and up to the individuals involved.

Mentoring as a response by the profession to issues arising from the isolation of practice was mentioned by a number of respondents. Responses included the following statements:

*'I think a mentoring program is definitely in need and highly overdue. I am very excited that there may be one available to us practitioners in the near future. Hopefully sooner rather than later.'*

*'I had a mentoring program throughout my six years of study. I found practitioners that encouraged students to observe and assist, and I believe in having this experience I am a much more confident practitioner. It would be great if students had a service in which they could find practitioners to become mentors. We all need to support each other for our industry to shine and I believe this is an imperative way to do this.'*

*'I feel that some form of mentoring is essential to support new graduates especially, and an assisted ongoing program to match less experienced with more experienced practitioners in a mentor/supervisor role would be a huge boost to the profession. Such a scheme would, in my opinion, lead to more successful practitioners and a more cohesive TCM community.'*

*'I feel that mentoring is essential to our profession. There is a very high attrition rate in the college and first few years of practice. Students need the inspiration of experiencing successful acupuncture clinics in the community.'*

These above examples highlight that, for respondents to this survey, overall it was considered that informal mentoring experiences were valuable and that a mentoring program would be beneficial to the profession.

## Discussion

This survey highlights the desire for a mentoring program for Chinese medicine practitioners in Australia. Although the issue of mentoring has been discussed previously<sup>1,10,11,12</sup>, to the author's knowledge this is the first time an Australian CM professional association has carried out a survey of this size specifically on CM practitioner attitudes towards mentoring.

Because of the focus on the views of AACMA members in Australia and the relatively low response rate, the results of this survey have limited generalisability to the rest of the CM practitioner population. The question structures and lack of demographic data mean that information, such as differences between responses from practitioners based on years of practice, cannot be derived. Likewise, limitations such as self-selection and self-reporting biases on behalf of participants must also be considered. However, as a beginning guide to determining practitioner views and experiences of mentoring, particularly from the qualitative perspective, this survey is a valuable contribution to the discussion.

Results from this study emphasise a need for flexibility within our understanding and implementation of mentoring. With many different possible understandings of mentoring, it will be important that any program allow for the variety of practitioner styles and practice settings that exist in a profession as diverse as CM in Australia. This is further emphasised by the recognition that CM practice in Australia is largely carried out in private practice, and not the hospital or public health setting found in other countries such as China and Hong Kong. As a primarily self-employed profession in Australia, mentoring has been argued to be particularly suited to CM.<sup>11</sup> Of particular relevance to the CM profession in Australia, is the need for business establishment and clinic management skills, including marketing and communication skills.<sup>5</sup> A more formal mentoring program may be a way to observe and develop these skills in practice.

While most CM educational providers in Australia allow for students to have external clinic experiences as part of their undergraduate training, including a chance to study in China, results from this study suggest that more opportunities to experience local clinical situations and support from more experienced practitioners is desired. This is in line with other fields of healthcare that are now acknowledging the importance of role models and clinical experience in the formation of practitioners.<sup>13,14</sup> Results from this study support the 'intuited/ previously anecdotal' use of and overall appreciation for informal mentoring arrangements by both the mentor and mentees involved. Looking further at formal mentoring programs developed by other professional associations, such as Mentorlink by Occupational Therapists Australia<sup>15</sup>, may provide AACMA with more support towards developing their own mentoring program.

An encouraging result from this study is the finding that there are a number of experienced practitioners willing to participate in a mentoring program as mentors. The participation of more experienced practitioners in the development of newer practitioners practice may be reflective of the increased awareness of the need for wider professional connection and participation, in order to consolidate the wider CM profession in Australia.

This may also reflect recent acknowledgement of the benefits found in mentoring for the mentor, including possible personal and professional development.<sup>16</sup> The request for support of mentors, and not just mentees, was another finding of this survey. The benefit of supporting mentors for the strength of the profession has been recognised in the field of nursing.<sup>17</sup>

The recognition of post-graduate education, such as in the medical profession in Australia and CM colleges in USA, as well as the development and promotion of good practice standards, is part of the 4th Term Strategic Plan of the Chinese Medicine Registration Board of Victoria.<sup>19</sup> In recognition of the upcoming need for more formalised CPD and clinical supervision, policy and supervision guidelines by the Chinese medicine registration board of Victoria have been released this year.<sup>20</sup> With the requirement for demonstration of continuing professional development within the upcoming national registration CM in 2012, a formalised mentoring program as guided by this and other research, may be supportive to the profession at this time. While ultimately a formal mentoring program may not be the most effective delivery of professional support for new and practicing CM practitioners in Australia, results from this study will provide the basis for a pilot study investigating mentoring in Chinese medicine, due to begin in 2012 through Monash University.

The particular recognition that mentoring is a reflection of the increasing professionalisation of CM in Australia was expressed as meaningful by participants. As with other professions, support for new and at risk practitioner members may be seen as an important aspect to the development of a wider culture of professionalism and not just for the individuals involved.<sup>21</sup> Cosgrove<sup>10</sup> argues that the use of mentoring is like CM itself, reflecting prevention and support of the development of a balanced professional life. Savage<sup>12</sup> suggests that while mentoring may be understood differently by different people, it is inherent in the CM philosophy of holism and the maturation of the profession.

## Conclusion

From this survey, it can be seen that overall mentoring is desired by AACMA members and may be viewed as potentially beneficial for individual practitioners as well as the wider CM community. Results suggest that mentoring was understood in a variety of ways by AACMA members, and that flexibility in structure and implementation of a formal mentoring program is desired, according to the needs of the mentor and mentee. Also, while there should be some restrictions on who can be a mentor, it was largely reported that there should be no restrictions on who may participate as a mentee. The majority of respondents felt that there should not be any charges or fees and that recognition be

obtained by CPE points. Participants felt that mentoring may be a way to support not only practitioners at risk but anyone who would like help in their Chinese medicine practice, as well as contributing to the overall standing of the profession. With national registration of the CM profession commencing in July 2012, professional associations must ensure they are providing the services and support to their members in the area of professional development. Results from this survey support the notion that the implementation of a pilot mentoring program, auspiced by a professional association such as AACMA, is worthy of active investigation, and may be beneficial for the CM profession at this time.

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## Disclaimer

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## Clinical Commentary

Continuing professional development as a means to enhance clinical practice skills, update clinical knowledge, and increase professional attributes of new and existing practitioners is a current requirement for professional association membership and soon-to-be requirement for national registration. Mentoring may be a way to provide this professional development and support for individual practitioners in clinical practice. Results from the 2008 mentoring survey performed by AACMA suggest that mentoring is desired by practitioners, and offers insight into members' perceptions and requirements for mentoring. These preliminary findings support the establishment of a pilot mentoring program by AACMA.

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## APPENDIX 1 Mentoring Survey – October 2008

1. Which of the following best describes your understanding of mentoring? (Please tick; if more than one applies, please rank in order of importance)

- Formal mentoring program – where the one-t-one relationship between mentor and mentee is facilitated and supported by AACMA
- Informal mentoring – where the relationship between mentor and mentee is created spontaneously and maintained informally by the mentor and mentee
- Semi-formal mentoring – a combination of the above
- Group mentoring – where more than two individuals come together, with one or more in the group providing support or direction to the others
- Co-mentoring – where both parties recognise the shared benefit for all in the relationship and both act in the role of mentor and mentee
- E-mentoring – where the relationship between the mentor and mentee occurs primarily or exclusively online
- Other (please describe)

2. What do you see as the purpose of a mentoring program? (Please tick; if more than one applies, please rank in order of importance)

- To develop technical skills and knowledge
- To learn how to run a small business
- How to deal with difficult patients
- How to deal with difficult health problems
- To develop a better understanding about patient management
- To expand professional networks
- For social contact
- Other purpose(s), (please describe)

3. Which of the following activities could be considered part of mentoring? (Please tick; if more than one applies, please rank in order of importance)

- Attendance at seminars and workshops
- Study groups (for example, initiated and run by members in a local area)
- Case discussion groups (for example, as run by AACMA State Committees)
- Clinical forums (for example, as run by AACMA State Committees)
- Fellows Dinners (for example, where Fellows meet together, with a speaker followed by discussion)
- Observation in an experienced member's clinic
- Acting as a clinical assistant in an experienced member's clinic
- Working under the supervision or direction of a senior practitioner
- Volunteering as a practitioner or assistant in a community health centre (for example, the Hands on Health free acupuncture clinics in Victoria targeted at the financially disadvantaged)
- Regular one-on-one contact with a designated practitioner for discussion about practice/professional matters
- Regular group contact with a designated practitioner for discussion about practice/professional matters
- Professional supervision (for example, a formal 'counselling' relationship to discuss professional issues)

4. Do you think mentors should receive formal training to be a mentor? Please give reasons

- Yes
- No

5. Should there be any restriction on who can be a mentor? Please give reasons

- Yes
- No

6. Should mentors be required to have a certain number of years in practice?

- Yes – 20 years
- Yes – 10 years
- Yes – 5 years
- No

Comments:

7. Should there be any restriction on who can be a mentee? Please give reasons

- Yes
- No

8. Please rank, in order of importance, the type of members who could be a mentee?

- Final year student
- Neophyte practitioner – 1st or 2nd year out
- Practitioner with 3-5 years experience
- Practitioner returning to practice after a period of non-practice
- Practitioner with under 10 years experience
- Anyone – so long as they feel they need help

Comments:

#### Formal Training of Mentors

9. Are you interested in participating in a formal AACMA mentoring program? (tick whichever applies)

- As a mentor
- As a mentee
- Not interested at this time
- Not at all interested

10. As a mentor, would you be interested in

- A formal mentor training course leading to an award
- A semi-formal seminar-based training program

11. Please advise your preference (Please tick; if more than one applies, please rank in order of importance)

- I would like to obtain a formal award such as a graduate certificate
- I would be happy with a non-award certificate of attendance
- A statement of attendance for CPE purposes is sufficient
- Don't care

12. What do you think the length of a (part-time) mentoring training program should be? (Please tick; if more than one applies, please rank in order of importance)

- 3 months
- 6 months
- 12 months
- Ad hoc seminar-based training
- Other (please specify)

13. What delivery mode would best suit you? (Please tick; if more than one applies, please rank in order of importance)

Face-to-face formal training with contact on:

- A weekly basis
- A fortnightly basis, or
- A monthly basis
- On-line with face to face elements
- On-line with chat-room or phone contact access
- Correspondence/distance mode
- Ad hoc face to face seminars

Other

14. Should there be any charges or fees for mentoring?

- Yes – paid by the practitioner for mentor training
- Yes – paid to the mentor by the mentee (s)
- No – no charge for mentoring

Comments:

15. Please add any comments that you think would assist with the development of a mentoring program?

Should we wish to follow up on your responses, it would be helpful if you supplied your name and contact number.

Name (optional)

Contact phone (optional)

Thank you for taking the time to complete and return this survey.