



SINGAPORE MEDICAL COUNCIL

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25 July 2014

CEOs, Chairmen of Medical Boards and Directors
of Public Hospitals and Specialty Centres
HR Directors and Directors of Medical Manpower
(Please see distribution list)

ENHANCEMENT TO THE SUPERVISORY FRAMEWORK

1. The Singapore Medical Council ("SMC") is committed to reviewing the Supervisory Framework ("SF") on a continuing basis for conditionally and temporarily registered doctors to cater to the changing needs of our healthcare industry, with due and careful considerations given to patient safety.
2. To assist current and new supervisors to understand and complete the Assessment Reports ("AR") for conditionally and temporarily registered doctors, we have streamlined the SF Guidelines and improved the ARs.
3. The SF guidelines which were previously customised for different types of institutions have now been streamlined into a single SF guideline.

Current SF Guidelines	New SF Guideline (Annex A)
1. Public Sector Hospitals/Specialty Centres	Streamlined to a single SF Guideline
2. Polyclinics	
3. Health Sciences Authority/Health Promotion Board	
4. Private hospitals	
5. Community hospitals/Hospices	
6. Medical Centres/General Practices	

4. We will be implementing the revised online AR forms with changes in gradings and descriptors, with effect from **1 August 2014**. Please be informed that the revised gradings will be as follows:

Current AR gradings	Unsatisfactory	Meeting	Exceeding	Outstanding	Not Observed
New AR gradings	Unsatisfactory	Borderline	Satisfactory	Outstanding	Not Observed

Generally, SMC is of the view that “above average” performance refers to a doctor having obtained consistently good assessment (at least “Satisfactory”) throughout the period of his/her conditional and/or temporary registration.

5. We have also revised the eligibility criteria for supervisors under SMC’s SF framework as follows:

Revised Eligibility Criteria for Supervisors

In Hospitals/Specialty Centres, supervisors must be:

- (i) Fully registered with SMC; and
- (ii) Designated Registrar* / Senior Resident* and above or registered specialist.

Note:

Designated Registrars*/Senior Residents* can only supervise conditionally/temporarily registered Medical Officers who are in their first or second year in the local healthcare system.

In General Practice (Polyclinics, GP clinics) and Step-down Care (VWOs, Hospices), supervisors must:

- (i) Be Fully registered with SMC; and
- (ii) Have at least 5 years of experience in general practice; or
- (iii) Be a Family Physician.

The supervisor works on a **full-time** basis and in the **same** department as the doctor in order to provide timely and direct supervision.

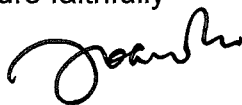
*Must possess a postgraduate qualification recognised currently as the intermediate specialty qualification for training as a specialist, and is working in the department of specialty that he is training for.

6. Copies of the updated Supervisory Framework (Annex A) and revised Letter of Undertaking by Prospective Supervisor (Annex C) are also enclosed for your reference.

7. These changes will apply to the supervision of all doctors currently on conditional and temporary registration in the Register of Medical Practitioners with effect from **1 August 2014**. Please bring this circular to the attention of relevant staff in your organisation for compliance where applicable.

8. Please do not hesitate to contact the SMC Secretariat at enquiries@smc.gov.sg should you require further clarifications.

Yours faithfully



MRS JOANNA TAN
EXECUTIVE SECRETARY
SINGAPORE MEDICAL COUNCIL

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Director, Medical Affairs and/or Human Resource, NHGP
Director, Medical Affairs and/or Human Resource, NNI
Director, Medical Affairs and/or Human Resource, NSC
Director, Medical Affairs and/or Human Resource, NUH
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SUPERVISORY FRAMEWORK FOR CONDITIONALLY / TEMPORARILY REGISTERED DOCTORS FOR PATIENTS' SAFETY

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1. Orientation

- 1.1 All new doctors (herein also referred to as the “supervisees”) must undergo an orientation programme before they start work.
- 1.2 The supervisee is to be provided with an Orientation File containing the following where applicable:
- Important regulations and professional guidelines governing medical practice in Singapore
 - General information about the organisation of the healthcare institution and the services that it provides
 - Good practice in record keeping
 - Procedures for arranging x-rays and other investigations, and obtaining test results within and outside normal working hours
 - Good prescribing habits
 - Drug formulary of the healthcare institution
 - Management protocols for the more common conditions treated in the healthcare institution and for emergency conditions. For example, the common acute conditions in a primary care setting may include:
 - Approach to acute respiratory tract infection
 - Approach to gastro-enterological problems
 - Management of common minor ailments
 - Common chronic conditions in a primary care setting
 - Local rules and regulations
 - SMC Ethical Code and Ethical Guidelines
- 1.3 A briefing is to be given to highlight the salient points in the file. The briefing should include:
- overview of the health care provision in Singapore
 - local laws and regulations applicable to doctors
 - administrative information e.g. working hours, duty roster and support facilities available
 - an insight into the local culture and working environment
- 1.4 The supervisee should be informed about how he would be appraised and assessed and the frequency of such assessments.

Level of Supervision	Conditional	Temporary (Service)	Temporary (Training as Clinical Fellow/ Clinical Observer)
L1	a) 3 rd month, b) 6 th month & c) 6-monthly intervals	a) 3rd month, b) 6-monthly intervals & c) End of term	a) 3rd month, b) 6-monthly intervals & c) End of term
L2	6-monthly intervals	6-monthly intervals	Not Applicable
L3	Annually	Not Applicable	Not Applicable
For more details, please refer to Sections 4, 7 and 8.			

- 1.5 The supervisee is to be given an orientation cum tour of the healthcare institution during which the new doctor is introduced to the key staff and the workflow within the institution.

2. Supervision

- 2.1 The supervisee must work under the supervision of an SMC-approved supervisor (please refer to Table 1). The name and designation of the supervisor must be made known to the Singapore Medical Council (SMC) via the submission of a Letter of Undertaking (SF Annex C).

Table 1: Eligibility Criteria for Supervisor under SMC's Framework

<p>In Hospitals/Specialty Centres, supervisors must be:</p> <ul style="list-style-type: none"> (i) Fully registered with SMC; and (ii) designated Registrar* / Senior Resident* and above or registered specialist; <p>Note: Designated Registrars*/Senior Residents* can only supervise conditionally/temporarily registered <u>Medical Officers</u> who are in their <u>first or second year</u> in the local healthcare system.</p> <p>In General Practice (Polyclinics, GP clinics) and Step-down Care (VWOs, Hospices), supervisors must:</p> <ul style="list-style-type: none"> (i) Be Fully registered with SMC; and (i) Have at least 5 years of experience in general practice; or (ii) Be a Family Physician <p>The supervisor works on a full-time basis and in the same department as the doctor in order to provide timely and direct supervision.</p>
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* Must possess a postgraduate qualification recognised currently as the intermediate specialty qualification for training as a specialist, and is working in the department of specialty that he is training for.

- 2.2 The new supervisee should be formally introduced to his supervisor so that the doctor will know who his supervisor is, and the supervisor will know who he is expected to supervise.
- 2.3 The supervisee must not act as a supervisor or assume any supervisory duties under SMC's supervisory framework.
- 2.4 When the primary supervisor is away, his/her supervisory duties are to be covered by a "covering" supervisor (also termed "relief supervisor" – vide infra). This arrangement should not extend beyond a period of one month, or a new supervisor must be assigned to replace the primary supervisor who may be away for an extended period.
- 2.5 The primary supervisor also undertakes to solicit feedback from the on-site supervisor(s) in any other practice place(s), where applicable, for the purpose of completing SMC's assessment form. The supervisee (full or part time basis) will be treated as one (1) full head count under the primary supervisor's ratio stipulated in Section 2.7.
- 2.6 The SMC-approved supervisor undertakes the responsibility to provide an accurate and objective assessment of the supervisee to the Council. Although the supervisor can obtain feedback from senior doctors assigned to look after the supervisee during his/her absence (soliciting feedback from the covering supervisor, if any), there must be sufficient contact time between the supervisor and supervisee. It would be inappropriate to rely solely on feedback from other doctors.

- 2.7 The supervisor must observe the supervisor-supervisee ratio below.

Table 2: Supervisor-supervisee Ratio

	No. of L1 supervised doctor	No. of L2 supervised doctor	
1 supervisor to:	0	6	Or
	1	3	Or
	2	0	

Note: L3 supervised supervisees do not count towards the ratio above.

- 2.8 **Level One (L1) supervision** - To be applied in the first 6 months of conditional registration where the degree of supervision by the appointed supervisor will be more intense.

Level Two (L2) supervision - A conditionally registered supervisee who has received at least "above average" performance grading for the past 6 months [minimum period] would be eligible to progress to L2 supervision if he was not involved in any adverse complaints and feedback, subject to the Council's approval. The degree of supervision can be less intense at the discretion of the appointed supervisor.

Please refer to Table 3 and Table 4 for guidelines on the objectives and intensity of L1 and L2 supervision.

Table 3: Objectives of L1 and L2 Supervision

<p>Objective of L1 Supervision: The supervisee is expected to meet the basic standard expected in the following areas before he is considered as a safe doctor in the system:</p> <ul style="list-style-type: none"> a) Personal qualities and ethical behavior relevant to the profession b) Basic non-specialist medical knowledge and clinical competency c) Demonstrates medical competencies required of him to function effectively and safely at his current level of appointment <p><i>Note: The emphasis would be on points a) & b). For specialists, point c) must also be assessed.</i></p>
<p>Objective of L2 Supervision: The supervisee expected to:</p> <ul style="list-style-type: none"> a) Demonstrate medical competencies required of him to function effectively and safely at his current level of appointment b) Continue to meet the other requirements stipulated under L1 supervision <p><i>Note: The emphasis would be on point a).</i></p>

Table 4: Intensity of L1 and L2 Supervision

Level of Supervision	Duration	% of cases seen by the supervisee which must be audited
L1	1 st 3 months of registration ¹	50%
	Remaining duration	10%
L2	Entire duration	10%

Note: Department will be responsible to ensure that the audit team can review a list of all cases that the supervisee has attended to.

2.9 A foreign-trained doctor who has completed his housemanship in Singapore satisfactorily will be eligible for L2 supervision provided he fulfills the following (this policy applies to doctors who are conditionally registered with SMC with effect from 15 Sep 2010):-

- The doctor was not required to repeat his training in any posting during housemanship or first year of his residency; and
- The doctor has successfully obtained a *Certificate of Experience* issued by the House Officers' Training Committee appointed under the Medical Registration Act (MRA); and
- The doctor has an employment offer as medical officer with MOH Holdings Pte Ltd or an approved healthcare institution in the public sector; and
- The doctor fulfils SMC's criteria for conditional registration. (For application criteria for conditional registration, please visit the SMC website: <http://www.smc.gov.sg>.)

2.10 **Level Three (L3) supervision** has been introduced for conditionally registered doctors who have been ascertained to be ready to work independently, but have yet to fulfill the specified period² of supervised practice required for computation towards full registration. The objective of L3 supervision is to ascertain the readiness of a doctor to work independently on a sustained basis, i.e. the interim period prior to full registration. Doctors granted Conditional registration based on their Staff Registrar Scheme (SRS) or Family Medicine Competency Programme (FMCP) qualifications only will not be eligible for F-reg.

Subject to the Council's approval, the conditionally registered supervisee must:

- Have valid medical registration and practising certificate; and
- Have received "above average" performance grading for the past 1½ years [minimum period]; and
- Not be involved in any adverse complaints and feedback.

Note: The 1½ years include the 6 months [minimum period] of "above average" performance that the supervisee is eligible to progress to L2 supervision.)

¹ For a T-reg doctor, once he changes a department (not due to specialist or family medicine or Staff Registrar Scheme training purposes, such as AST, BST etc), he will repeat the cycle of having 50% of case notes audited during his 1st 3 months in the new department.

² The **specified period** of service under conditional registration as indicated in Table A below.

Category/ Terms for Conditional Registration	Specialist		Non-Specialist	
	Singaporean	Foreigner & PR	Singaporean	Foreigner & PR
Specified period of good performance required before eligibility for Full registration	1 year	2 years	2 years	4 years

Please note that this is only a summarised version. For details, please visit the SMC website: <http://www.smc.gov.sg>

- 2.11 A conditionally registered supervisee on L3 supervision will:
- i) Continue to practise under supervision of an SMC-approved supervisor;
 - ii) Be subjected to assessment by the respective supervisor(s). The assessment reports will be requested by SMC **annually** until such time that the supervisee completes the specified period of supervised practice required for computation towards his / her eligibility for Full registration;
 - iii) Be excluded from the ratio count under SMC's supervisory framework as indicated in Table 2; and
 - iv) Prohibited from being designated as a supervisor under SMC's supervisory framework.

Progression to a higher level of supervision is not automatic. The employers or HODs are strongly encouraged to put in a request to expedite SMC's review process for progressions in level of supervision. The employer will be notified after SMC has approved the progression to a less intense level of supervision.

- 2.12 The supervisor will be responsible for assigning the types of cases to be seen by a new supervisee during the initial few weeks or months until such time that the supervisee is able to handle the normal caseload.
- 2.13 A new supervisee is expected to do sit-in sessions with his supervisor everyday for the first 1 to 2 weeks to gain an insight of the spectrum of work and to be familiarised with the drugs used to manage the different conditions.
- 2.14 A new supervisee should not be allowed to perform any operation / procedure on his own until such time that his supervisor is satisfied that he has been properly trained and is competent to do so. The supervisee must never be assigned a task for which he has insufficient experience or expertise.
- 2.15 The supervisee must have direct and timely access to his supervisor or a senior colleague for advice and assistance whenever he has a problem in managing a patient.
- 2.16 During the first week when the supervisee sees new patients with acute problems by himself, the supervisee should report his plan of management to his supervisor, before carrying through with the treatment, in the event that a review by the senior doctor is required.

3. **Monitoring and Feedback**

- 3.1 All newly registered doctors on conditional registration will be subjected to Level 1 supervision³. Close supervision should be accorded in the first 3 months of the doctor's registration. 50% of the cases of the patients clerked / treated by a new supervisee are to be audited for the first 3 months. This intensity of auditing may be extended based on the discretion of the supervisor. For details on the percentage of cases to be audited during L1 and L2 supervision, please refer to Table 4 in Section 2.
- 3.2 If major flaws are discovered during auditing, the supervisor should sit down with the new supervisee to observe his clerking sessions to give immediate feedback.
- 3.3 One-to-one verbal feedback should also be given daily from the time when the new supervisee begins to see patients on his own. Once the new supervisee's confidence and competency level builds up, the frequency of feedback can be reduced.
- 3.4 In addition to the above feedback sessions, arrangements should be made for the supervisee to attend teaching sessions during which protocols are examined, doubts cleared and case studies of difficult patients discussed.
- 3.5 The supervisor will provide regular feedback to the management of the healthcare institution on the progress of the supervisee. Where difficulties arise, especially in adaptation and phasing into the system, the supervisor is to take appropriate actions and inform the management of the healthcare institution.
- 3.6 The management of the healthcare institution is to monitor the progress of the supervisee very closely. Recommendation for termination or continuation of service is to be made when appropriate.
- 3.7 Random audits conducted by SMC may be carried out to ensure that the employers and supervisors are consistently adhering to the requirements and standard of supervision of Conditional / Temporary registered doctors as stipulated by SMC.
- 3.8 The following are to be made available to the audit team for inspection:
- a) Orientation Package for conditionally and temporarily registered doctors
 - b) Record of attendance at the orientation programmes by conditionally and temporarily registered doctors
 - c) Cases showing evidence of auditing; department is responsible to ensure that the audit team can review a list of all the cases that the doctor has attended to
 - d) Documentation of any formal feedback or counselling given

³ **Exception 1:** Conditional registered doctors belonging to Category (A) or (B) below would practise directly under L2 supervision which can be less intense at the discretion of the appointed supervisor.

Category A - Foreign-trained (except European-trained) specialists can practise under supervision of an appropriate specialist in private specialist practice **IF** they have **5 years** or more of related specialist clinical experience **after** obtaining specialty qualification recognised by the Specialist Accreditation Board (SAB). They must be accredited by the Specialist Accreditation Board and registered with SMC as a Specialist before they can practise as specialists in Singapore.

Category B - Foreign-trained non-specialists can practise in non-institutional or private Family Medicine practice or other private group practice **IF** they have **at least 5 years** practice in Family Medicine **after** obtaining any of the following Family Physician qualifications:

- Member of the Royal College of General Practitioners, MRCGP (UK)
- Fellow of the Royal Australian College of General Practitioners, FRACGP (Australia only)
- American Board Certification in Family Medicine (USA)
- Fellow of the Hong Kong College of Family Physicians, FHKCFP (Hong Kong)

Exception 2: Conditionally registered doctors who have completed housemanship in Singapore satisfactorily may practise directly under L2 supervision, unless directed otherwise by the Council.

- 3.9 In the event that the audit shows that the standard of supervision is consistently unsatisfactory, SMC may not allow any new foreign-trained doctors to work in the healthcare institution in future.

4. Supervisor's Assessment Reports

- 4.1 The frequency of supervisor's assessment (Form C1) for a new conditional L1 registrant is as follows:
- (a) First assessment report at 3rd month;
 - (b) Second assessment report at 6th month;
 - (c) Subsequent assessment reports at 6-monthly intervals
- 4.2 The frequency of the supervisor's assessment (Form C1) of a new conditional L2 registrant belonging to Category (A) or (B) or who has completed housemanship in Singapore satisfactorily will be every 6 months.
- 4.3 The frequency of supervisor's assessment (Form C1) of a conditional L3 registrant will be on an annual basis, unless there is a change in employer / practice place / supervisor, etc.
- 4.4 SMC is of the view that "above average" performance refers to a doctor having obtained consistently good assessment reports on the doctor's performance (at least "Satisfactory") throughout the period of his/her conditional registration.

5. Multi-rater Assessment Reports

- 5.1 The purpose of the multi-rater assessment reports is to provide SMC with a holistic view of the conditional registrant's performance whilst practising under supervision.
- 5.2 New conditionally registered supervisees under Level 1 supervision will be subjected to multi-rater assessments⁴ (Form C2) by fellow medical practitioners and other healthcare professionals in the 6th month of their first year of registration.
- 5.3 Depending on circumstances, conditionally registered supervisees may be subjected to multi-rater assessments beyond the stipulated period indicated in section 5.2 as directed by the Council.
- 5.4 New conditional L2 registrants belonging to Category (A) or (B) or who have completed housemanship in Singapore satisfactorily are generally not subjected to multi-rater assessments unless required by the Council e.g. the supervisee has received poor assessment reports from his supervisors.

⁴ Conditional registered doctors approved to practice directly under L2 supervision will not be subject to multi-rater assessments unless applicable e.g. has received poor assessment reports from supervisors.

6. Identification of Poor Performers

- 6.1 Poor performers are doctors whose medical competence is not up to par or whose communication with patients / fellow medical practitioners and other healthcare professionals is consistently poor, or those with poor attitude.
- 6.2 The feedback and audit sessions would enable the identification of new supervisees who are weak in their work. The specific areas of weakness are to be identified early so that corrective action can be taken without delay.
- 6.3 A doctor with poor attitude is usually identified from feedback from fellow medical practitioners and other healthcare professionals. Feedback from patients is also extremely important.
- 6.4 A doctor who is a poor performer is to be given counselling by his supervisor once the problem is highlighted. This is to be documented and acknowledged by the supervisee.
- 6.5 If there is no improvement seen within one month after counselling, the supervisor should notify the healthcare institution's management to take appropriate action.
- 6.6 The Council may decide on one of the following options when dealing with doctors with consistently poor performance, depending on the extent of unsatisfactory reports from supervisor(s) and/or peer(s).
- (a) Letter of Advice (LOA)– The doctor will be informed on the areas that he/she is performing poorly and he/she needs to improve his/her performance in order to stay on SMC's register.
 - (b) Letter of Review (NORev) – If there is no improvement in the doctor's performance after the issuance of Letter of Advice, the Council may proceed to issue a Letter of Review to the doctor. The Council will carry out a review of the doctor's performance. The Council may, at the conclusion of its review, decide to cancel the doctor's medical registration and have his/her name removed from SMC's register.
 - (c) Letter of Removal (NORem) – If the Council is not satisfied by the reasons provided by the doctor after the issuance of the Letter of Review, the Council may proceed to issue a Letter of Removal to cancel the doctor's medical registration and have his/her name removed from SMC's register.
 - (e) Doctors who are poor performers may be added to our monitoring list when they have exited the system so that information pertaining to their past performance will be surfaced to the Council for consideration should the doctors return to Singapore and apply for medical registration with SMC again in the future.

Note: In addition to Sections 1 to 6 above, temporary registrants on Service must observe the guidelines in Section 7 below, and temporary registrants on Training as Clinical Fellows / Clinical Observers must observe the guidelines in Section 8 below.

7. Temporary Registrants on Service

7.1 The additional supervisory framework guidelines applicable to temporary registrants on Service are set out as follows.

7.2 **Level One (L1)** supervision - to be applied in the first year of temporary registration (service) where the level of supervision by the appointed supervisor will be more intense. Depending on the circumstances, L1 supervision may be extended at the discretion of the Council.

Level Two (L2) supervision - A temporarily registered doctor (excluding clinical fellows and clinical observers) who has received at least "above average" performance grading for the past 1 year [minimum period] would be eligible to progress to L2 supervision if he was not involved in any adverse complaints and feedback, subject to the Council's approval. The level of supervision can be less intense at the discretion of the appointed supervisor.

Note: The temporary registrant will revert to L1 supervision should he change to a different discipline or practice place (not applicable to specialist or family medicine or Staff Registrar Scheme trainees on rotations).

A temporary registered doctor is not eligible to progress to Level Three (L3) supervision.

Please refer to Tables 3 & 4 in Section 2 for ***guidelines on the objective and intensity of L1 supervision.***

7.3 The frequency of supervisor's assessment (Form T1) is as follows:

- (a) First assessment report at end of 3rd month;
- (b) Subsequent assessment reports at 6-monthly intervals;
- (c) End of term assessment report

7.4 Temporarily registered doctors (service) are generally not subjected to multi-rater assessments unless required by the Council e.g. the doctor has received poor assessment reports from his supervisors.

7.5 Temporarily registered doctors (service) must maintain a logbook of cases.

8. Temporary Registrants on Training (Clinical Fellows / Observers)

8.1 The additional supervisory framework guidelines that apply to Clinical Fellows and Clinical Observers are set out as follows.

8.2 Clinical Fellows / Observers must remain under Level 1 supervision for the entire duration of their training.

Please refer to Tables 3 & 4 in Section 2 above for ***guidelines on the objective and intensity of L1 supervision.***

8.3 The frequency of supervisor's assessment (Form T3) is as follows:

- (a) First assessment report at 3rd month;
- (b) Subsequent assessment reports at 6-monthly intervals;
- (c) End of term assessment report.

8.4 Temporarily registered doctors (training) are generally not subjected to multi-rater assessments unless required by the Council e.g. the doctor has received poor assessment reports from his supervisors.

8.5 Clinical Observers cannot

- i) be involved in direct patient care; nor
- ii) be allowed to make entries in patients' case notes or write prescriptions for patients.

Nevertheless, they can be allowed to assist in procedures under direct supervision⁵ and will be subjected to Level 1 supervision by their supervisor at all times.

8.6 Clinical Fellows must maintain a logbook of cases.

⁵ The institution, hospital, supervisor and temporary registrant will be held accountable should this condition be breached.

LETTER OF UNDERTAKING

(To be completed by Prospective Supervisor and Human Resources/Medical Affairs)

SMC 13.1.V9

Date : _____ To : Singapore Medical Council / Attn to: _____

SUPERVISORY FRAMEWORK FOR CONDITIONALLY & TEMPORARILY REGISTERED DOCTORS**Section (A) : To be completed by Prospective Supervisor**

I confirm the following:

- (i) I am a full-time employee working in the same institution and department of the named supervisee below.
- (ii) I have read the guidelines under the SMC's Supervisory Framework¹ issued by the Medical Council and undertake to comply with these guidelines.

- (iii) I will be the supervisor² of:

Dr _____ <small>(as shown on Practising Certificate)</small>	MCR No: _____	Please circle: Conditional / Temporary
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- (iv) As the **primary supervisor**, I undertake to solicit feedback from the on-site supervisor(s) in any other practice place(s), where applicable, for the purpose of completing SMC's assessment form.

Supervisor's Name Stamp	Designation	Current Practice Place (If working away from employed institution)	Signature
	MCR No.		

Section (B) : To be completed by Human Resources/Medical Affairs

- (i) Posting period of the above-mentioned supervisee (if applicable)⁺ _____ To _____
(dd/mm/yyyy) (dd/mm/yyyy)
- For MOHH's employed doctors⁺
- For Rotation Within Accredited Healthcare Institutions⁺
- For Change in Employer and/or Practice Place⁺
- (ii) Effective date for change in supervisor (if applicable)⁺ _____
(dd/mm/yyyy)

Note: To complete part (iii) only if the above-mentioned supervisee in Section (A) is on L1 or L2 supervision³.

(iii) The supervisor is currently supervising ⁴		Conditional &	Temporary Registrant(s) on L1/ L2:
1. Dr _____ <small>(as shown on Practising Certificate)</small>	Please circle: i) Cond / Temp ii) L1 / L2	4. Dr _____ <small>(as shown on Practising Certificate)</small>	Please circle: i) Cond / Temp ii) L1 / L2
2. Dr _____ <small>(as shown on Practising Certificate)</small>	Please circle: i) Cond / Temp ii) L1 / L2	5. Dr _____	Please circle: i) Cond / Temp ii) L1 / L2
3. Dr _____ <small>(as shown on Practising Certificate)</small>	Please circle: i) Cond / Temp ii) L1 / L2	6. Dr _____ <small>(as shown on Practising Certificate)</small>	Please circle: i) Cond / Temp ii) L1 / L2

¹ The guidelines are available on SMC website: <http://www.smc.gov.sg>. Please print a hardcopy for your own reference.² Eligibility Criteria for Supervisor under SMC's Framework**In Hospitals/Specialty Centres, supervisors must be:**

- (i) Fully registered with SMC; and
- (ii) Designated Registrar* / Senior Resident* and above or registered specialist

Note:
Designated Registrars*/ Senior Residents* can only supervise conditionally/ temporarily registered Medical Officers who are in their first or second year in the local healthcare system.

In General Practice (Polyclinics, GP Clinics) and Step-down Care (VWOs, Hospices), supervisors must:

- (i) Be Fully registered with SMC; and
- (ii) Have at least 5 years of experience in general practice; or
- (iii) Be a Family Physician

The supervisor works on a **full-time** basis and in the **same** department as the doctor in order to provide timely and direct supervision.^{*} Must possess a postgraduate qualification recognised currently as the intermediate specialty qualification for training as a specialist, and is working in the department of specialty for which he is training.³ Conditionally registered doctors on L3 supervision are excluded from Supervisor-supervisee ratio.⁴ Supervisor-supervisee ratio under SMC's Supervisory Framework:

	No. of L1 supervised doctor	No. of L2 supervised doctor	
1 supervisor to:	0	6	Or Or
	1	3	
	2	0	

+ Please check where applicable