

**LETTER OF UNDERTAKING**

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

SMC 13.1.V10

Date : \_\_\_\_\_

To : Singapore Medical Council / Attn to: \_\_\_\_\_

**SUPERVISORY FRAMEWORK FOR CONDITIONALLY & TEMPORARILY REGISTERED DOCTORS**

**Section (A) : To be completed by the Supervisor**

- (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 in the SMC's Supervisory Framework for C/T-reg doctors<sup>i</sup> and undertake to comply with these guidelines.
- (iii) I will be the supervisor<sup>ii</sup> of:
 

Dr _____ (Name as in Practising Certificate)	<b>MCR No:</b>	<input type="checkbox"/> Conditional <input type="checkbox"/> Temporary
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- (iv) As the **primary supervisor**, I undertake to solicit feedback from other secondary supervisor(s) who have had sufficient contact time with the supervisee and, where applicable, from the on-site supervisor(s) in any other practice place(s), for the purpose of completing SMC's assessment form.
- (v) I am aware that if the job scope of my supervisee consists of Health Screening work, it should not exceed 20% of his/her clinical caseload.
- (vi) I am aware that Aesthetic practice must not be part of the job scope of my supervisee.
- (vii) I understand that I may not be approved to be a supervisor in the future if the Council is not satisfied with my standard of supervision.

Supervisor's Name Stamp	Designation	Current Practice Place	Signature
	MCR No.		

**Section (B) : To be completed by Human Resources/Medical Affairs**      Name of Human Resources / Medical Affairs staff: \_\_\_\_\_

Practice Place of the above supervisee (Department & Institution)	Posting Period of the above supervisee (dd/mm/yyyy) to	Effective date for change in supervisor (if applicable) (dd/mm/yyyy)	Reason for change (Please tick 1 box only)		
			MOHH employed doctor*	Rotation required within Accredited Healthcare Institution*	Change in Employer and/or Practice Place*
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Note:** To complete this table only if the above-mentioned supervisee in Section (A) is on L1 or L2 supervision<sup>iii</sup>.

The supervisor is currently supervising <sup>iv</sup> the following		No of Conditional _____	& No of Temporary Registrant(s) _____	on L1/ L2
1. Dr _____ (Name as in Practising Certificate)	<input type="checkbox"/> Conditional <input type="checkbox"/> Temporary <input type="checkbox"/> L1 <input type="checkbox"/> L2	4. Dr _____ (Name as in Practising Certificate)	<input type="checkbox"/> Conditional <input type="checkbox"/> Temporary <input type="checkbox"/> L1 <input type="checkbox"/> L2	
2. Dr _____ (Name as in Practising Certificate)	<input type="checkbox"/> Conditional <input type="checkbox"/> Temporary <input type="checkbox"/> L1 <input type="checkbox"/> L2	5. Dr _____ (Name as in Practising Certificate)	<input type="checkbox"/> Conditional <input type="checkbox"/> Temporary <input type="checkbox"/> L1 <input type="checkbox"/> L2	
3. Dr _____ (Name as in Practising Certificate)	<input type="checkbox"/> Conditional <input type="checkbox"/> Temporary <input type="checkbox"/> L1 <input type="checkbox"/> L2	6. Dr _____ (Name as in Practising Certificate)	<input type="checkbox"/> Conditional <input type="checkbox"/> Temporary <input type="checkbox"/> L1 <input type="checkbox"/> L2	

<sup>i</sup> The Supervisory Framework Guidelines (SMC SF Annex A) is available on SMC website: <http://www.smc.gov.sg>. Please print a hardcopy for your own reference.

**ii Eligibility Criteria for Supervisor under SMC's Framework**

- For Hospitals/Specialty Centres, supervisors must be:
- (i) Fully registered with SMC; and
  - (ii) Designated Registrar/ Senior Resident and above or registered specialist

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

\* Designated Registrars must have a postgraduate qualification which is considered as an intermediate qualification relevant to the specialty/department.

For General Practices (Polyclinics, GP clinics), supervisors must:

- (i) be fully registered with SMC; and
- (ii) have at least 5 years of experience in general practice in Singapore; OR
- (iii) be a registered Family Physician in Singapore

For Step-down Care (VWOs, Community Hospitals, Hospices), supervisors must:

- (i) be fully registered with SMC; and
- (ii) have at least 5 years of experience in relevant hospital/community services (VWOs, community hospitals, hospices) in Singapore; OR
- (iii) be an on-site registered Family Physician or Specialist (e.g. Geriatrician, Palliative Medicine Physician, Rehabilitation Physician, General Physician) in Singapore

The supervisor<sup>ii</sup> must work on a full-time basis in the same department or practice place as the supervisee and provide timely and direct supervision.

# The supervisor should be equivalent or of a higher designation than the supervisee. Where the supervisee is a specialist, the supervisor must be of higher seniority. SMC may also consider other criteria when assessing the suitability of the supervisor.

In cases where the doctor works in an approved secondary practice place(s), the SMC-approved primary supervisor is required to solicit feedback from the secondary supervisor(s) in completing the doctor's periodic assessment reports.

<sup>iii</sup> Conditionally registered doctors on L3 supervision are excluded from Supervisor-supervisee ratio.

**iv Supervisor-supervisee ratio under SMC's Supervisory Framework:**

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

Or  
Or