

# FORM A - CLINICAL OBSERVERSHIP\*/ FELLOWSHIP\* (\*delete as appropriate)

This form should contain the details of the training programmes for both clinical observers/clinical fellows and signed by the applicant, nominated supervisor and Head of Department. Please refer to the *explanatory notes* attached. Where necessary, information may be provided in a separate attachment. Incomplete form or modification of this form will be returned unprocessed.

Doctor's Name:					
MCR No. (If applicable):					
Department:					
Duration of Training (specify tentative date: mm/yyyy):					
Training Program:					
1. TRAINING OBJEC	TIVES - Please attach Training Programme				
2					
3					
4					
+					
SPONSORSHIP* - Please attach copy of sponsorship agreement.					
1. Country, or					
2. Institution, or					
3. Others					
3. DURATION OF TEMPORARY REGISTRATION					
Duration (in months)					

# 4. <u>HOSPITALS AND DEPARTMENTS IN WHICH CLINICAL OBSERVER/FELLOW WILL BE ROTATED THROUGH</u>

Hospital & Department		Duration (in months)		
5. <u>SUPERVISOR</u>				
Name of Supervisor		Designation and Department		
State if night duties/ running the state if night duties and state if night duties and state if night duties and state if night duties are stated as a state if night duties are stated as a stated as			inical Fellowship programme:	
The institution/hospital or	ganising the traini in the event of <u>u</u>	ng programme <i>unsatisfactory</i> a	reserves the right to terminate ssessment of the temporarily SMC).	
Read and signed by:				
Name and Signature Fellow/Observer	Name and Sig Supervisor		Name and Signature of  Head of Department	

#### **EXPLANATORY NOTES**

## 1. TRAINING OBJECTIVES

- Details of the clinical objectives and competencies to be attained at the end of the programme. A copy of the training programme should accompany the application. Prior approval for new training programme must be obtained by applying to SMC for accreditation before trainees are accepted into the programme.

#### 2. SPONSORSHIP

Clinical Fellows and Observers must be sponsored by their parent country or an institution in Singapore with a written agreement attached with the application. An agreement with pharmaceutical companies as sponsors will **not be acceptable**.

# 3. DURATION OF TEMPORARY REGISTRATION

Clinical Observership : Maximum 6 months
 Clinical Fellowship : Maximum 12 months

# 4. HOSPITALS & DEPARTMENTS IN WHICH CLINICAL OBSERVER/ FELLOW WILL ROTATE THROUGH

- Duration of each rotation to be included
- Clinical Fellows and Observers are <u>not</u> allowed to practise outside the scope and location of the approved rotations

## 5. SUPERVISOR

- Name and designation of a <u>supervisor</u> to oversee and assess the Clinical Observer/Fellow's progress.
- Supervisors must meet the requirements stated in SMC's Supervisory Framework.
- Observers and Fellows must be under supervision at all times
- Observers are <u>not</u> allowed to: prescribe medications, make entries in patient's case notes, and communicate care plans to patients/family members /other healthcare staff. They are allowed to assist in procedures under the direct supervision of the appointed supervisor.
- Fellows are allowed to make clinical case note entries, clerk patients, perform night calls and perform procedures under supervision
- The supervisor is responsible to ensure that the clinical observer/fellow receives the proper training as set out in the objectives
- **Logbooks-** All fellows are required to keep a logbook of all procedures performed (date, indication of procedure, outcome, any complications and the name of supervising doctor).
- He will also be responsible for the assessment reports to SMC at:
  - end of initial 3 months of training (details for <u>fellows</u> include assessment whether able to safely perform night duties, clerk new cases and run clinic sessions under supervision etc.)
  - ii) end of 6 months of training (update on progress of training and assessment of the fellow).
  - iii) the end of the training program (a final summative evaluation is required to review if the training objectives have been met; supervisor must justify if the training objectives are not met).

# **6. TERMINATION OF TRAINING PROGRAM**

 Provisions to be spelt out include poor assessment reviews, adverse assessment of the observer/fellow's performance or competence during the course of the program as basis for termination of the program.