LETTER OF UNDERTAKING

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

SMC 13.1.V11 Date :

To : Singapore Medical Council / Attn to:

SUPERVISORY FRAMEWORK FOR CONDITIONALLY & TEMPORARILY REGISTERED DOCTORS

| Section | (A) : To be co | mpleted by the Su | pervisor | | | | | | | | | |
|---|---|--|--|--------------------|-------------------|-------------------------------|-----------------------------|-------------------------------------|-------------------------------|------------------|------------------------|--------------|
| (i) | l am a full-tim | ne employee working | g in the same institution | and depa | rtment of | the named si | ipervisee | below. | | | | |
| (ii) | l have read t | he guidelines in th | e SMC's Supervisory F | Framewor | rk for C/ | F-reg doctors | ⁱ and une | dertake to comply w | vith these guideli | nes. | | |
| (iii) | I will be the s | upervisor ⁱⁱ of: | | | | | | | | | | |
| | | | | | | | | | MCR No: | : | | |
| | Dr | | | | | | | | Conditi | ional | | |
| | | | | | | | | | | | Tempo | orary |
| | | | (Name as | ng Certificate) | | | | | | <u> </u> | , | |
| (iv) | | | ndertake to solicit feed | | | | | | | e 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. | | | | | | | | | | | |
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| | | | | | | signation | | | | | | |
| | | | | | | | | | | | | |
| | | O | Nama Otawa | | | | | | | _ | Oi | |
| | Supervisor's Name Stamp | | | | | | | | | | Signature | |
| | | | | | | ICR No. | Current Practice Place | | | | | |
| | | | | | | | | | | | | |
| Sectio | on (B) : To be o | completed by Hum | an Resources/Medical | Affairs | Name | of Human Reso | ources / Me | edical Affairs staff: | | | | |
| | | | | | | | | | | | | |
| | | | | | _ | | _ | | n for change (Ple | | | |
| Practi | Practice Place of the above | | | | | ffective date hange in sup | | MOHH employed | Rotation req within Accre | | Change Employer | |
| supervisee Posting Period of the a | | | | | (i | (if applicable) | | doctor* | Healthcar | | Practice F | |
| (Department & Institution) supervisee (dd/mm/yy | | | | (ууу) | (0 | ld/mm/yyyy) | | | Institutio | n+ | _ <u> </u> | |
| | | | to | | | | | | | | | |
| Note: T | o complete thi | is table <u>only</u> if the a | above-mentioned supe | ervisee in | Section | (A) is on L1 | or L2 sup | pervision ⁱⁱⁱ . | | | | |
| | | r is currently supervi | ising ⁱ v the following | | No of | Conditional | | & No of Tempora | ny Pogistrant(s) | | L1/ L2 | |
| | The superviso | r is currently supervi | Ising the following | | | | ÷ | | ary registrarit(s) | | | |
| 1. Dr | | | | | Conditional 4. Dr | | | | | | | ditional |
| | | | | | emporary | ' | | | | | Terr | nporary |
| (Name as in Practising Certificate) | | | | | | _2 - | (Name as in Practising Cert | | | ertificate) | | L2 |
| (Name as in Fractising Certificate) | | | | | | | | | | | | |
| 2. Dr | | | | | onditiona | l 5. Dr | | | | | Con | ditional |
| | | | | - те | emporary | | | | | | Terr | nporary |
| | (Nome | as in Practising Ce | rtificata) | | | _2 - | | (Name as in Practisir | na Cortificato) | | | L2 |
| | (INdIIIE | e as in Flacusing Ce | entincate) | | | | | (Name as in Fractish | ng Centificate) | | | |
| 2 Dr | | | | | onditiona | | 6. Dr | | | | Con | ditional |
| 3. DI | 3. Dr | | | | | , 0. DI _ | 0. DI | | | | - Terr | porary |
| | [^L | | | | | | | | | | | |
| | (Name as in Practising Certificate) | | | | l | 2 | | (Name as in Practisir | ng Certificate) | ertificate) | | L2 |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | / Criteria for Supervisor (| | ilable on SMC website: <u>http://www.smc.</u> | gov.sg. Please p | orint a narocop | y for your own referen | ce. | | | | | |
| | spitals/Specialty Centres Fully registered with S | s, supervisors must be: | | | | | | | | | | |
| (ii) | | */ Senior Resident and above or i | registered specialist onditionally/ temporarily registered <u>Mec</u> | diaal Officara (ar | equivalent) w | ha ara in thair first ar | econd year in t | the level beatthears avatem | | | | |
| | | | which is considered as an intermediate | | | | in t | ule local nealthcare system. | | | | |
| | eneral Practices (Polyclin be fully registered wit | ics, GP clinics), supervisors mu | st: | | | | | | | | | |
| (i) (ii) (iii) | have at least 5 years of | of experience in general practice y Physician <u>in Singapore</u> | <u>in Singapore;</u> OR | | | | | | | | | |
| For St | ep-down Care (VWOs, Co be fully registered with | ommunity Hospitals, Hospices), s | supervisors must: | | | | | | | | | |
| | have at least 5 years of | experience in relevant hospital/c | community services (VWOs, community e.g. Geriatrician, Palliative Medicine Ph | | | | in Singapore | | | | | |
| | | | artment or practice place as the superv | | | | | | | | | |
| | | | on than the supervisee. Where the super | | | | | | | | | |
| In cas comple | es where the doctor wor eting the doctor's period | ks in an approved secondary p ic assessment reports. | practice place(s) or is training under the | e Residency Pro | ogram, the SM | C-approved primary s | upervisor is rec | quired to solicit feedback from the | e secondary supervisor(s) an | td Residency Pro | ogram Director (if app | plicable) in |
| With e | ffect from 1 January 202 | 1, fully registered doctors are rea | quired to be trained under the SMC's Su | upervisory Fram | ework before t | hey can be appointed | as SMC-approv | ved supervisors for conditionally a | nd temporarily registered doc | stors. | | |
| = Conditio | nally registered doctors | on L3 supervision are excluded | from Supervisor-supervisee ratio. | | | | | | | | | |
| ^{iv} Supervis | sor-supervisee ratio unde | er SMC's Supervisory Framework No. of L1 supervised doctor | k: No. of L2 superv | vised doctor | | - | | | | | | |
| | | 6 | | Or | | | | | | | | |
| | 1 supervisor to: | 1 | | 3 | | Or | | | | | | |