

A Brief Summary of the Responsibilities of A Supervisor under the Singapore Medical Council's Supervisory Framework

1. Supervision

- 1.1 The supervisee must work under the direct on-site supervision of an SMC-approved supervisor and should be formally introduced to his supervisor.
- 1.2 When the primary supervisor is away, his supervisory duties are to be undertaken by a "covering" supervisor. This arrangement should not extend beyond a period of one month, or a new supervisor must be assigned to replace the primary supervisor who will be away for an extended period.
- 1.3 The primary supervisor also undertakes 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.
- 1.4 The SMC-approved supervisor undertakes the responsibility to provide an accurate and objective assessment of the supervisee to SMC. 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. Monitoring and Feedback

- 2.1 Close supervision should be accorded in the first 3 months of the supervisee's registration under Level One supervision. The patients clerked / treated by a new supervisee are to be audited¹. Evidence of audits must be properly documented. The intensity of auditing may be extended based on the discretion of the supervisor.
- 2.2 If major flaws are discovered during auditing, the supervisor should personally attend the supervisee's clinic sessions to observe his clerking and to give immediate feedback.
- 2.3 One-to-one verbal feedback should also be given daily from the time 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. However, any specific areas of weakness must be identified early so that counselling and corrective action can be taken without delay. There must be documentation of any formal feedback or counselling given to the supervisee.
- 2.4 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.

¹ 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	50%
	Remaining duration	10%
L2	Entire duration	10%

Updated as at 11 May 2017