SMC CIRCULAR NO.1/2011  
[SMC 13.20.7]  
03 Jan 2011  
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 FOR CONDITIONALLY AND TEMPORARILY REGISTERED DOCTORS  

The Singapore Medical Council ("the Council") is committed to continually review the supervisory framework for conditionally and temporarily registered doctors to cater to the changing needs of our healthcare industry with due and careful considerations given to patients' safety.  

2. Further to our circular dated 13 Sep 2010, which informed healthcare institutions of Phase 1 of the enhancements (please refer to Table 1\(^1\)), we are pleased to announce the completion of Phase 2 of the review.  

3. Fully registered medical practitioners designated Registrar in public healthcare institutions may supervise conditionally / temporarily registered Medical Officers who are in their first or second year in the local healthcare system, subject to SMC’s supervisory ratio and the submission of the Letter of Undertaking by Prospective Supervisor.  

4. The details of the new enhancement implemented during the current phase are illustrated in Table 2.  

\(^1\) Table 1: Phase 1 Enhancements Announced on 13 Sep 2010 at a Glance  

<table>
<thead>
<tr>
<th></th>
<th>An SMC-approved supervisor may supervise more L2 doctors; the revised supervisory ratio is as follows:</th>
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2 Shortening of timeframe for progression from L1 to L2 from 1 year to 6 months for conditionally registered doctors and from 2 years to 1 year for temporarily registered doctors (excluding clinical fellows and clinical observers).  

3 Introduction of a new level of supervision known as L3 supervision for Conditionally registered doctors who have been ascertained\(^1\) to be ready to work independently, but have yet to fulfill the specified period\(^2\) of supervised practice required for computation towards Full registration; such doctors will continue to practise under supervision of an SMC-approved supervisor although they may be excluded from the ratio count.  

4 Direct emplacement for L2 supervision for conditionally registered doctors who completed housemanship in Singapore satisfactorily.  

5 Conditionally registered doctors on L1 supervision will be subject to Multi-Rater assessment only in the 6\(^{th}\) month of their first year of conditional registration (instead of in the 6\(^{th}\) month and 12\(^{th}\) month).
Table 2(A): Eligibility Criteria for Supervisor (BEFORE Revision)

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<tr>
<th>In Hospitals, supervisors must be:</th>
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Table 2(B): Eligibility Criteria for Supervisor (AFTER Revision)

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<td><strong>Note:</strong></td>
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<td>Category 2 is only applicable to public hospitals. Supervisors under category 2 can only supervise conditionally/ temporarily registered Medical Officers who are in their first or second year in the local healthcare system.</td>
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The supervisor works on a **full-time** basis at the **same department** as the doctor in order to provide timely and direct supervision.

2. Moving forward, all assessment reports completed by SMC supervisors must be countersigned by the respective Head of Department (HOD) for validation and objectivity across the department.

3. A copy each of the updated Supervisory Framework (Annex A), Assessment Forms Reference Table (Annex B) and Letter of Undertaking by Prospective Supervisor (Annex C) are also enclosed for your reference.

4. These changes would apply to the supervision of all doctors currently on conditional and temporary registration in the Register of Medical Practitioners with immediate effect. Kindly bring this notice to the attention of relevant staff in your organisation for compliance where applicable.

5. For clarifications pertaining to above changes, please contact the SMC Secretariat via email at moh_smc@moh.gov.sg. Thank you.

DR TAN CHOR HIANG
EXECUTIVE SECRETARY (ADMINISTRATION, REGISTRATION, ACCREDITATION & SURVEILLANCE)
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CEO, Jurong Health Services (JHS)
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Chairman, Medical Board, JHS (AH)
Chairman, Medical Board, KKH
Chairman, Medical Board, KTPH
Chairman, Medical Board, NUH
Chairman, Medical Board, SGH
Chairman, Medical Board, TTSH
Chairman, Medical Board, WH/IMH
Chairman, Medical Board, NNI
Director, NCC
Medical Director, NHC
Director, NNI
Director, NSC
Director, SNEC
Director, SERI
CEO, HPB
CEO, HSA
Director, Postgraduate Medical Institute, SGH

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Medical Affairs (HR), KKH
Medical Affairs (HR), KTPH
Medical Affairs (HR), NUH
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Medical Affairs (HR), Postgraduate Medical Institute, SGH
Medical Affairs (HR), TTSH
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Medical Affairs (HR), NCC
Medical Affairs (HR), NHC
Medical Affairs (HR), NNI
Medical Affairs (HR), NSC
Medical Affairs (HR), SNEC
Medical Affairs (HR), SERI
Human Resource Dept, HPB
Human Resource Dept, HSA
SUPERVISORY FRAMEWORK FOR CONDITIONAL/ TEMPORARY REGISTERED DOCTORS FOR PATIENTS’ SAFETY

EMPLOYMENT IN A PUBLIC SECTOR INSTITUTION/ HOSPITAL/ SPECIALTY CENTRE

1. Orientation

1.1 All new doctors must undergo an orientation programme before they start work.

1.2 The doctor is to be provided with an Orientation File containing the following:
   a) Important regulations and professional guidelines governing medical practice in Singapore
   b) General information about the organisation of the hospital/institution/specialty centre and the services that it provides
   c) Good practice in record keeping
   d) Procedures for arranging x-rays and other investigations, and obtaining test results during and outside normal working hours
   e) Good prescribing habits for both adult and paediatric patients
   f) Management protocols for the more common conditions treated in the department/centre and for emergency conditions
   g) Hospital drug formulary
   h) SMC Ethical Code & 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 doctor should be informed about how he would be appraised and assessed.

1.5 The doctor is to be given an orientation cum tour of the department/centre/hospital during which the new doctor is introduced to the key staff.

1.6 There must be a structured training programme for clinical fellows/trainees on temporary registration. They are to be given a logbook to log in their cases and procedures. (The supervisor and Head of Department are to inspect and sign in the logbook at the end of the training period.)
2. **Supervision**

2.1 The doctor must work under the supervision of a fully registered medical practitioner (supervisor). The appointed supervisor must meet SMC’s criteria as per Table 1 below. The name and designation of the supervisor must be made known to the Singapore Medical Council (SMC) via the submission of the Letter of Undertaking (Annex C) as Prospective Supervisor.

**Table 1: Eligibility Criteria for Supervisor**

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</table>

Note: Category 2 is only applicable to public hospitals. Supervisors under category 2 can only supervise conditionally / temporarily registered Medical Officers who are in their first or second year in the local healthcare system.

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

2.2 The new doctor should be formally introduced to his supervisor so that the doctor will know who his supervisor is and vice versa. The supervisor is expected to be familiarised and comply with the requirements of SMC’s Supervisory Framework.

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

**Table 2: Supervisor-supervisee Ratio**

<table>
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<tr>
<th>1 supervisor to:</th>
<th>No. of L1 supervised doctor</th>
<th>No. of L2 supervised doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>
**Level One (L1)** supervision – to be applied in the first 6 months of conditional registration where level of supervision by the appointed supervisor will be more intense.

**Level Two (L2)** supervision – A conditionally registered doctor 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 level of supervision can be less intense at the discretion of the appointed supervisor.

A foreign-trained doctor who has completed his housemanship in Singapore satisfactorily will be eligible for L2 supervision provided he fulfills the following:-

- 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.

**Note:** **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 period\(^1\) of supervised practice required for computation towards Full registration.

Subject to the Council’s approval, the conditionally registered doctor must:

- Have valid medical registration and practising certificate; and
- Have received “above average” performance grading for the past 1½ years [minimum period]\(^2\); and
- Not be involved in any adverse complaints and feedback.

\(^1\) The **specified period** of service under conditional registration as indicated in Table A below.

\(^2\) Please note that the 1½ years include the 6 months [minimum period] of “above average” performance that the doctor is eligible to progress to L2 supervision.

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**Table A – Specified Period of Supervised Practice Required of a Conditional Registrant**

<table>
<thead>
<tr>
<th>Category/ Terms for Conditional Registration</th>
<th>Specialist*</th>
<th>Non-Specialist*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialist*</td>
<td>1 year</td>
<td>2 years</td>
</tr>
<tr>
<td>Foreigner &amp; PR</td>
<td>2 years</td>
<td>4 years</td>
</tr>
<tr>
<td>Specified period of good performance required before eligibility for Full registration</td>
<td>1 year</td>
<td>2 years</td>
</tr>
</tbody>
</table>

Please note that this is only a summarised version. For details, please visit the SMC website: [http://www.smc.gov.sg](http://www.smc.gov.sg)
A conditionally registered doctor on L3 supervision will:

i) Continue to practise under supervision of an SMC-approved supervisor;

ii) Be subjected to assessment reports by the respective supervisor(s). The reports will be requested by SMC *annually* until such time that the supervisees complete the specified period of supervised practice required for computation towards the doctor’s eligibility for Full registration;

iii) Be excluded from the ratio count under the Supervisory Framework as indicated in Table 2; and

iv) Prohibited from assuming supervisory role(s) for other junior doctors.

Progressions to the different levels of supervision are not automatic. While every effort is made by the Council to systematically progress doctors to L2/L3 supervision, the employers and HODs are strongly encouraged to put in their requests in writing, if they wish to progress their doctors accordingly.

2.4 The consultant-in-charge of the ward will be responsible for assigning the types of cases to be seen by a new doctor during the initial few weeks or months until such time that the doctor is able to handle the normal caseload.

2.5 A new doctor should not be allowed to do any operation/procedure on his own until such time that his supervisor or Head of Department is satisfied that he has been properly trained and is competent to do the operation/procedure. The doctor must never be assigned a task for which he has insufficient experience or expertise.

2.6 The doctor must have direct and timely access to his supervisor for advice and assistance whenever he has a problem in managing a patient.
3. Monitoring & Feedback

3.1 All newly registered doctors on conditional registration will be subject to Level 1 supervision. Close supervision would be accorded in the first 3 months of the doctor’s registration. The case records of the patients clerked/treated by a new doctor are to be audited daily by his supervisor at least for the first 3 months. This daily auditing may be extended based on the discretion of the supervisor.

3.2 If major flaws are discovered during auditing, the supervisor/consultant-in-charge should sit-in with the new doctor 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 doctor begins to see patients on his own. Once the new doctor’s confidence and competency level builds up, the frequency of feedback could be reduced.

3.4 In addition to the above feedback sessions, the doctor should attend teaching sessions whereby protocols are examined, doubts cleared and case studies of difficult patients discussed.

3.5 The supervisor will provide regular feedback to the Head of Department on the progress of the doctor.

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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 he/she has 5 years clinical experience after obtaining specialty qualification. He/she must be accredited by the Specialist Accreditation Board and registered with SMC as a Specialist before he/she can practise as a specialist in Singapore.

**Category B** - Foreign-trained non-specialists can practise in non-institutional or private Family Medicine practice or other private group practice IF he/she has 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)
- Certificate of College of Family Physicians, CCFP (Canada)
- Fellow of the Hong Kong College of Family Physicians, FHKCFP (Hong Kong)

**Note:** To qualify for this category, the doctor's basic medical qualification must be from a medical school listed in the current Schedule of the Medical Registration Act.

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

4 The case records of patients seen by doctor must be under supervision and are to be audited daily by the supervisor in the first 3 months. Audits include in-patient management decisions made by the doctor and outpatient cases. Doctors performing procedures must have their practical and surgical work supervised and audited in the same way.

Updated 03 Jan 2011 (Restructured Hosp etc)
3.6 The supervisor is required to keep proper documentation of his review of the doctor’s work as these would be audited by the SMC. For example, case notes that have been audited are to be initialled by the supervisor and comments/ amendments clearly written in the notes. Also, where a doctor has been counselled, a short note on the counselling given should be recorded in the doctor’s personal file.

3.7 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) Case records showing evidence of auditing by the individual doctor’s supervisor
   d) Documentation in the doctor’s personal file of any counselling given

3.8 In the event that the audit findings show that the standard of supervision is consistently unsatisfactory, the SMC might not allow any new foreign-trained doctors to work in the department/ centre concerned in the future.

3.9 Any problems faced with the doctor are to be reported to the Chairman Medical Board/ Medical Director and the Associate Dean/ Director, Clinical Training for remedial action.

3.10 Where difficulties arise, especially in adaptation and phasing into the system, the Department is to take appropriate actions and inform the Chairman Medical Board/ Medical Director and the Associate Dean/ Director, Clinical Training or equivalent.

3.11 The Chairman Medical Board/ Medical Director, Divisional Chairman and Head of Department are to monitor the progress of the doctor very closely. Recommendation for termination or continuation of service is to be made when appropriate.

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 supervisor’s assessment (Form C1) for a new conditional L2 registrant belonging to Category (A) or (B) or who have completed housemanship in Singapore satisfactorily will be every 6 months.

4.3 The frequency of supervisor’s assessment (Form C1) for a conditional L3 registrant will be on an annual basis.

4.4 All assessment reports completed by SMC supervisors must be countersigned by the respective Head of Department (HOD) for validation and objectivity across the department.

5. Multi-rater Assessment Reports

5.1 The purpose of the multi-rater assessment reports is to provide the SMC with a holistic view of the conditional registrant’s performance whilst practising under supervision.

5.2 New conditionally registered doctors under Level 1 supervision will be subjected to multi-rater assessments\(^5\) (Form C2) by peers and fellow colleagues in the 6\(^{th}\) month of their first year of registration.

5.3 Depending on circumstances, conditionally registered doctors 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 doctor has received poor assessment reports from his 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/colleagues is consistently poor or those with poor attitude.

6.2 The feedback and auditing sessions would enable the identification of new doctors 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.

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\(^5\) Conditional registered doctors approved to practise directly under L2 supervision will not be subject to multi-rater assessments unless where directed by the Medical Council e.g. doctor has received poor assessment reports from supervisors.
6.3 A doctor with poor attitude is usually identified from feedback from fellow doctors, nurses and paramedical staff within the clinic. 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.

6.5 If there is no improvement seen within one month after counselling, the supervisor should notify the Head of Department and the hospital management, who should then take appropriate action.

**Note:** The above Supervisory Framework would discretionarily apply to doctors on temporary registration for Service and for Training (i.e. Clinical Fellows or Clinical Observers).

**Service**

The additional Supervisory Framework guidelines applicable to temporary registrants on Service are set out as follows.

A1 **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 (service) will revert to L1 supervision should he change practice place or employer. Changes in postings for Temporary registrants under Staff Registrar Schemes, specialist (Basic Specialist & Advanced Specialist Training) or family medicine training are not subjected to this rule.

A2 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
A3 All assessment reports completed by SMC supervisors must be countersigned by the respective Head of Department (HOD) for validation and objectivity across the department.

**Training (Clinical Fellows/ Clinical Observers)**

The additional Supervisory Framework guidelines applicable to Clinical Fellows/ Observers are set out as follows.

B1 Clinical Fellows/ Observers must remain under Level 1 supervision for the entire duration of their training.

B2 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

B3 All assessment reports completed by SMC supervisors must be countersigned by the respective Head of Department (HOD) for validation and objectivity across the department.

B4 **Clinical Observers** must **not** be involved in the primary management of patients, write in case notes, prescribe treatment or perform procedures independently.

B5 **Clinical Fellows** must maintain a logbook of cases that were counselled/ audited by the respective supervisors.

B6 At the end of the Clinical Fellow/ Observer’s training, the trainee doctor must complete a feedback form (Form T4) and have it submitted to the SMC before the doctor leaves the institution.

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6 Hands-on training must be done under direct supervision. The institution, hospital, supervisor and temporary registrant will be held accountable should this condition be breached.
SUPERVISORY FRAMEWORK FOR CONDITIONAL/ TEMPORARY REGISTERED DOCTORS FOR PATIENTS’ SAFETY

EMPLOYMENT IN A POLYCLINIC

1. Orientation

1.1 All new doctors must undergo an orientation programme before they start work.

1.2 Each doctor is to be provided with an Orientation File containing the following:
   a) Important regulations and professional guidelines governing medical practice in Singapore
   b) General information about the workflow of the polyclinic
   c) Good practice in record keeping
   d) Good prescribing habits for both adult and paediatric patients
   e) Common acute conditions in a primary care setting
      - approach to acute respiratory tract infection
      - approach to gastro-enterological problems
      - approach to urinary tract infection
      - management of common minor ailments
      - common chronic conditions in a primary care setting
      - local rules and regulations
   f) SMC Ethical Code & Ethical Guidelines

1.3 A briefing is to be given to highlight 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 on the clinic, e.g. operating hours, services provided and support facilities available
   - an insight into the local culture and working environment

1.4 The doctor should be informed about how he would be appraised and assessed.

1.5 The doctor is to be given an orientation cum tour of the clinic during which he is introduced to the staff and the workflow in the clinic.
2. **Supervision**

2.1 The doctor must work under the supervision of a fully registered medical practitioner (supervisor). The appointed supervisor must meet SMC’s criteria as per Table 1 below. The name and designation of the supervisor must be made known to the Singapore Medical Council (SMC) via the submission of the Letter of Undertaking (Annex C) as Prospective Supervisor.

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**Category 2:**

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

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A foreign-trained doctor who has completed his housemanship in Singapore satisfactorily will be eligible for L2 supervision provided he fulfills the following:-

- 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.

Note: 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 period\(^1\) of supervised practice required for computation towards Full registration.

Subject to the Council’s approval, the conditionally registered doctor must:

- Have valid medical registration and practising certificate; and
- Have received “above average” performance grading for the past 1½ years [minimum period]\(^2\); and
- Not be involved in any adverse complaints and feedback.

\(^1\) The specified period of service under conditional registration as indicated in Table A below.

\(^2\) Please note that the 1½ years include the 6 months [minimum period] of “above average” performance that the doctor is eligible to progress to L2 supervision.

Please note that this is only a summarised version. For details, please visit the SMC website: [http://www.smc.gov.sg](http://www.smc.gov.sg)
A conditionally registered doctor on L3 supervision will:

i) Continue to practise under supervision of an SMC-approved supervisor;

ii) Be subjected to assessment reports by the respective supervisor(s). The reports will be requested by SMC annually until such time that the supervisees complete the specified period of supervised practice required for computation towards the doctor’s eligibility for Full registration;

iii) Be excluded from the ratio count under the Supervisory Framework as indicated in Table 2; and

iv) Prohibited from assuming supervisory role(s) for other junior doctors.

Progressions to the different levels of supervision are not automatic. While every effort is made by the Council to systematically progress doctors to L2/L3 supervision, the employers and HODs are strongly encouraged to put in their requests in writing, if they wish to progress their doctors accordingly.

2.4 A new doctor is expected to do sit-in sessions with a mentor everyday for the first 1 to 2 weeks to gain an insight of the spectrum of work of the clinic and to be familiarised with the drugs used to manage the different conditions.

2.5 The doctor must always have direct and timely access to his supervisor for advice and assistance whenever he has a problem in managing a patient.

2.6 The doctor must never be allowed to undertake a task for which he has insufficient experience and expertise.

2.7 During the first week when the doctor sees new patients with acute problems by himself, the doctor should report his plan of management to his supervisor or mentor, before carrying through with the treatment, in the event that a review by the senior doctor is required.
3. **Monitoring & Feedback**

3.1 All newly registered doctors on conditional registration will be subject to Level 1 supervision\(^3\). Close supervision\(^4\) would be accorded in the first 3 months of the doctor’s registration. The case records of the patients clerked/ treated by a new doctor are to be audited daily by his supervisor at least for the first 3 months. This daily auditing may be extended based on the discretion of the supervisor.

3.2 If major flaws are discovered during auditing, the supervisor/ mentor should sit-in with the new doctor 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 doctor begins to see patients on his own. Once the new doctor’s confidence and competency level builds up, the frequency of feedback could be reduced.

3.4 In addition to the above feedback sessions, the doctor should attend teaching sessions whereby protocols would be examined, doubts cleared and case studies of difficult patients discussed.

3.5 Where difficulties arise, especially in adaptation and phasing into the system, the supervisor is to take appropriate actions and inform the management of the practice/ polyclinic.

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\(^3\) 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 he/she has 5 years clinical experience after obtaining specialty qualification. He/she must be accredited by the Specialist Accreditation Board and registered with SMC as a Specialist before he/she can practise as a specialist in Singapore.

**Category B - Foreign-trained non-specialists** can practise in non-institutional or private Family Medicine practice or other private group practice IF he/she has 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)
- Certificate of College of Family Physicians, CCFP (Canada)
- Fellow of the Hong Kong College of Family Physicians, FHKCFP (Hong Kong)

*Note:* To qualify for this category, the doctor’s basic medical qualification must be from a medical school listed in the current Schedule of the Medical Registration Act.

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

\(^4\) The case records of patients seen by doctor are to be audited daily by the supervisor in the first 3 months. Audits include in-patient management decisions made by the doctor and outpatient cases. Doctors performing procedures must have their practical and surgical work supervised and audited in the same way.
3.6 The supervisor is required to keep proper documentation of his review of the doctor's work as these would be audited by the SMC. For example, case notes that have been audited are to be initialled by the supervisor and comments/amendments clearly written in the notes. Also, where a doctor has been counselled, a short note on the counselling given should be recorded in the doctor's personal file.

3.7 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) Case records showing evidence of auditing by the individual doctor's supervisor
   d) Documentation in the doctor's personal file of any counselling given

3.8 In the event that the audit findings show that the standard of supervision is consistently unsatisfactory, the SMC might not allow new foreign-trained doctors to work in the polyclinic in the future.

3.9 The supervisor is to monitor the progress of the doctor very closely. Recommendation for termination or continuation of service is to be made when appropriate.

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 supervisor's assessment (Form C1) for a new conditional L2 registrant belonging to Category (A) or (B) or who have completed housemanship in Singapore satisfactorily will be every 6 months.

4.3 The frequency of supervisor's assessment (Form C1) for a conditional L3 registrant will be on an annual basis.

4.4 All assessment reports completed by SMC supervisors must be countersigned by the respective Head of Department (HOD) for validation and objectivity across the department.
5. **Multi-rater Assessment Reports**

5.1 The purpose of the multi-rater assessment reports is to provide the SMC with a holistic view of the conditional registrant’s performance whilst practising under supervision.

5.2 New conditionally registered doctors under Level 1 supervision will be subjected to multi-rater assessments\(^5\) (Form C2) by peers and fellow colleagues in the 6\(^{th}\) month of their first year of registration.

5.3 Depending on circumstances, conditionally registered doctors 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 doctor has received poor assessment reports from his 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/colleagues is consistently poor or those with poor attitude.

6.2 The feedback and auditing sessions would enable the identification of new doctors 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 doctors, nurses and paramedical staff within the clinic. Feedback from patients is also extremely important.

6.4 A doctor who is a poor performer is to be given counselling by the doctor-in-charge once the problem is highlighted.

6.5 If there is no improvement seen within one month after counselling, the supervisor should notify the management, who should then take appropriate action.

\(^5\) 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.

Updated 03 Jan 2011 (RI Polyclinic)
Note: The above Supervisory Framework would discretionarily apply to doctors on temporary registration for Service and for Training (i.e. Clinical Fellows or Clinical Observers).

Service

The additional Supervisory Framework guidelines applicable to temporary registrants on Service are set out as follows.

A1 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).

A2 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

A3 All assessment reports completed by SMC supervisors must be countersigned by the respective Head of Department (HOD) for validation and objectivity across the department.
Training (Clinical Fellows/ Clinical Observers)

The additional Supervisory Framework guidelines applicable to Clinical Fellows/ Observers are set out as follows.

B1 Clinical Fellows/ Observers must remain under Level 1 supervision for the entire duration of their training.

B2 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

B3 All assessment reports completed by SMC supervisors must be countersigned by the respective Head of Department (HOD) for validation and objectivity across the department.

B4 Clinical Observers must not be involved in the primary management of patients, write in case notes, prescribe treatment or perform procedures independently.

B5 Clinical Fellows must maintain a logbook of cases that were counselled/ audited by the respective supervisors.

B6 At the end of the Clinical Fellow/ Observer’s training, the trainee doctor must complete a feedback form (Form T4) and have it submitted to the SMC before the doctor leaves the institution.

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6 Hands-on training must be done under direct supervision. The institution, hospital, supervisor and temporary registrant will be held accountable should this condition be breached.
SUPERVISORY FRAMEWORK FOR CONDITIONAL/ TEMPORARY
REGISTERED DOCTORS FOR PATIENTS’ SAFETY

EMPLOYMENT IN THE HEALTH SCIENCES AUTHORITY OR HEALTH
PROMOTION BOARD

1. Orientation

1.1 All new doctors must undergo an orientation programme before they start work.

1.2 The doctor is to be provided with an Orientation File containing the following:
   a) Important regulations and professional guidelines governing medical practice in Singapore
   b) General information about the organisation of the statutory board and the centre/ division/ department where he is deployed and the services that it provides
   c) Good practice in record keeping
   d) Procedures for arranging x-rays and other investigations (if applicable)
   e) SMC Ethical Code & 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 doctor should be informed about how he would be appraised and assessed.

1.5 The doctor is to be given an orientation cum tour of the centre/ department during which he is introduced to the key staff.
2. **Supervision**

2.1 The doctor must work under the supervision of a fully registered medical practitioner (supervisor). The appointed supervisor must meet SMC’s criteria as per Table 1 below. The name and designation of the supervisor must be made known to the Singapore Medical Council (SMC) via the submission of the Letter of Undertaking (Annex C) as Prospective Supervisor.

**Table 1: Eligibility Criteria for Supervisor**

<table>
<thead>
<tr>
<th>In Hospitals setting, supervisors must be:</th>
<th>In Polyclinics / GP clinics / Medical Centres / VWOs / Hospice, supervisors must:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Category 1:</strong></td>
<td></td>
</tr>
<tr>
<td>(i) fully registered with the SMC; and</td>
<td>(i) be fully registered with SMC; and</td>
</tr>
<tr>
<td>(ii) registered specialist designated</td>
<td>(ii) designated Registrar; or</td>
</tr>
<tr>
<td>Associated Consultant and above;</td>
<td>(iii) has at least 5 years of experience in general practice; or</td>
</tr>
<tr>
<td><strong>OR</strong></td>
<td>(iv) has a recognised postgraduate medical qualification</td>
</tr>
<tr>
<td><strong>Category 2:</strong></td>
<td></td>
</tr>
<tr>
<td>(i) fully registered with the SMC; and</td>
<td></td>
</tr>
<tr>
<td>(ii) designated Registrar</td>
<td></td>
</tr>
<tr>
<td>Note:</td>
<td></td>
</tr>
<tr>
<td>Category 2 is only applicable to public</td>
<td></td>
</tr>
<tr>
<td>hospitals. Supervisors under category 2</td>
<td></td>
</tr>
<tr>
<td>can only supervise conditionally /</td>
<td></td>
</tr>
<tr>
<td>temporarily registered Medical Officers</td>
<td></td>
</tr>
<tr>
<td>who are in their first or second year in</td>
<td></td>
</tr>
<tr>
<td>the local healthcare system.</td>
<td></td>
</tr>
</tbody>
</table>

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

2.2 The new doctor should be formally introduced to his supervisor so that the doctor will know who his supervisor is and vice versa. The supervisor is expected to be familiarised and comply with the requirements of SMC’s Supervisory Framework.

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

**Table 2: Supervisor-supervisee Ratio**

<table>
<thead>
<tr>
<th>No. of L1 supervised doctor</th>
<th>No. of L2 supervised doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>
**Level One (L1)** supervision - to be applied in the first 6 months of conditional registration where level of supervision by the appointed supervisor will be more intense.

**Level Two (L2)** - supervision – A conditionally registered doctor 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 level of supervision can be less intense at the discretion of the appointed supervisor.

A foreign-trained doctor who has completed his housemanship in Singapore satisfactorily will be eligible for L2 supervision provided he fulfills the following:-

- 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.

**Note:** **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 period\(^1\) of supervised practice required for computation towards Full registration.

Subject to the Council’s approval, the conditionally registered doctor must:

- Have valid medical registration and practising certificate; and
- Have received “above average” performance grading for the past 1½ years [minimum period]\(^2\); and
- Not be involved in any adverse complaints and feedback.

\(^1\) The **specified period** of service under conditional registration as indicated in Table A below.

<table>
<thead>
<tr>
<th>Category/ Terms for Conditional Registration</th>
<th>Specialist*</th>
<th>Non-Specialist*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Singaporean</td>
<td>Foreigner &amp; PR</td>
</tr>
<tr>
<td>Specified period of good performance required before eligibility for Full registration</td>
<td>1 year</td>
<td>2 years</td>
</tr>
</tbody>
</table>

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

\(^2\) Please note that the 1½ years include the 6 months [minimum period] of “above average” performance that the doctor is eligible to progress to L2 supervision.

Updated 03 Jan 2011 (HSA & HPB)
A conditionally registered doctor on L3 supervision will:

i) Continue to practise under supervision of an SMC-approved supervisor;
ii) Be subjected to assessment reports by the respective supervisor(s). The reports will be requested by SMC *annually* until such time that the supervisees complete the specified period of supervised practice required for computation towards the doctor’s eligibility for Full registration;
iii) Be excluded from the ratio count under the Supervisory Framework as indicated in Table 2; and
iv) Prohibited from assuming supervisory role(s) for other junior doctors.

Progressions to the different levels of supervision are not automatic. While every effort is made by the Council to systematically progress doctors to L2/L3 supervision, the employers and HODs are strongly encouraged to put in their requests in writing, if they wish to progress their doctors accordingly.

2.4 The Head of Department will be responsible for assigning the types of cases to be handled by a new doctor during the initial few weeks or months until such time that the doctor is able to deal with the normal caseload.

2.5 A new doctor should not be allowed to do any operation/ procedure on his own until such time that his supervisor or Head of Department is satisfied that he has been properly trained and is competent to do the operation/ procedure. The doctor must never be assigned a task for which he has insufficient experience or expertise.

2.6 The doctor must have direct and timely access to his supervisor for advice and assistance whenever he has a problem in managing a patient.
3. **Monitoring & Feedback**

3.1 All newly registered doctors on conditional registration will be subject to Level 1 supervision. Close supervision would be accorded in the first 3 months of the doctor's registration. The case records of the patients clerked/treated by a new doctor are to be audited daily by his supervisor at least for the first 3 months. This daily auditing may be extended based on the discretion of the supervisor.

3.2 If major flaws are discovered during auditing, the supervisor should give immediate feedback.

3.3 One-to-one verbal feedback should also be given daily. Once the new doctor’s confidence and competency level builds up, the frequency of feedback could be reduced.

3.4 In addition to the above feedback sessions, the doctor should attend teaching sessions whereby protocols are examined, doubts cleared and case studies of difficult cases discussed.

3.5 The supervisor will provide regular feedback to the Head of Department on the progress of the doctor.

3.6 The supervisor is required to keep proper documentation of his review of the doctor’s work as these would be audited by the SMC. For example, those records of the doctor’s cases that have been audited are to be initialled by the supervisor and comments/amendments clearly written in the notes. Also, where a doctor has been counselled, a short note on the counselling given should be recorded in the doctor’s personal file.

---

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 he/she has 5 years clinical experience after obtaining specialty qualification. He/she must be accredited by the Specialist Accreditation Board and registered with SMC as a Specialist before he/she can practise as a specialist in Singapore.

**Category B** - Foreign-trained non-specialists can practise in non-institutional or private Family Medicine practice or other private group practice IF he/she has 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)
- Certificate of College of Family Physicians, CCFP (Canada)
- Fellow of the Hong Kong College of Family Physicians, FHKCFP (Hong Kong)

**Note**: To qualify for this category, the doctor’s basic medical qualification must be from a medical school listed in the current Schedule of the Medical Registration Act.

---

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

---

3 The case records of patients seen by doctor must be under supervision and are to be audited daily by the supervisor in the first 3 months. Audits include in-patient management decisions made by the doctor and outpatient cases. Doctors performing procedures must have their practical and surgical work supervised and audited in the same way.

Updated 03 Jan 2011 (HSA & HPB)
3.7 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) The records showing evidence of auditing by the individual doctor's supervisor
   d) Documentation in the doctor's personal file of any counselling given

3.8 In the event that the audit findings show that the standard of supervision is consistently unsatisfactory, the SMC might not allow any new foreign-trained doctors to work in the department/centre concerned in the future.

3.9 The supervisor is to report any problems faced with the doctor to the Director of the Centre/Divisional Head and Chief Executive Officer with recommendations on the remedial actions to be taken.

3.10 The Chief Executive Officer and Director of the Centre/Divisional Head are to monitor the progress of the doctor very closely. Recommendation for termination or continuation of service is to be made when appropriate.

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 supervisor's assessment (Form C1) for a new conditional L2 registrant belonging to Category (A) or (B) or who have completed housemanship in Singapore satisfactorily will be every 6 months.

4.3 The frequency of supervisor's assessment (Form C1) for a conditional L3 registrant will be on an annual basis.

4.4 All assessment reports completed by SMC supervisors must be countersigned by the respective Head of Department (HOD) for validation and objectivity across the department.
5. **Multi-rater Assessment Reports**

5.1 The purpose of the multi-rater assessment reports is to provide the SMC with a holistic view of the conditional registrant’s performance whilst practising under supervision.

5.2 New conditionally registered doctors under Level 1 supervision will be subjected to multi-rater assessments\(^5\) (Form C2) by peers and fellow colleagues in the 6\(^{th}\) month of their first year of registration.

5.3 Depending on circumstances, conditionally registered doctors 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 doctor has received poor assessment reports from his 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/colleagues is consistently poor or those with poor attitude.

6.2 The feedback and auditing sessions would enable the identification of new doctors 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 doctors and ancillary staff.

6.4 A doctor who is a poor performer is to be given counselling by his supervisor once the problem is highlighted.

6.5 If there is no improvement seen within one month after counselling, the supervisor should notify the Director of the Centre/Divisional Head and Chief Executive Officer who should then take appropriate action.

---

\(^5\) 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.

Updated 03 Jan 2011 (HSA & HPB)
Note: The above Supervisory Framework would discretionarily apply to doctors on temporary registration for Service and for Training (i.e. Clinical Fellows or Clinical Observers).

Service

The additional Supervisory Framework guidelines applicable to temporary registrants on Service are set out as follows.

A1 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).

A2 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

A3 All assessment reports completed by SMC supervisors must be countersigned by the respective Head of Department (HOD) for validation and objectivity across the department.
Training (Clinical Fellows/ Clinical Observers)

The additional Supervisory Framework guidelines applicable to Clinical Fellows/ Observers are set out as follows.

B1 Clinical Fellows/ Observers must remain under Level 1 supervision for the entire duration of their training.

B2 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

B3 All assessment reports completed by SMC supervisors must be countersigned by the respective Head of Department (HOD) for validation and objectivity across the department.

B4 Clinical Observers must not be involved in the primary management of patients, write in case notes, prescribe treatment or perform procedures independently.

B5 Clinical Fellows must maintain a logbook of cases that were counselled/ audited by the respective supervisors.

B6 At the end of the Clinical Fellow/ Observer’s training, the trainee doctor must complete a feedback form (Form T4) and have it submitted to the SMC before the doctor leaves the institution.

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6 Hands-on training must be done under direct supervision. The institution, hospital, supervisor and temporary registrant will be held accountable should this condition be breached.
# SMC Reference Table for Progression and Assessment of Conditional & Temporary Registrants

## Annex B

<table>
<thead>
<tr>
<th>Assessment Forms for Temporary Registrants</th>
<th>Level 1 (L1)</th>
<th>Level 2 (L2)</th>
<th>Level 3 (L3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>T-reg (Training):</td>
<td><img src="image" alt="Form C1" /></td>
<td><img src="image" alt="Form T1" /></td>
<td><img src="image" alt="Form C1" /></td>
</tr>
<tr>
<td>Entire Training duration</td>
<td>At 1st year in approved institution</td>
<td>At 3rd month, then at 6-monthly intervals &amp; at end of term.</td>
<td>At 3rd &amp; 6th month after 1 year of L2 supervision if reports are good.</td>
</tr>
<tr>
<td>T-reg (Service):</td>
<td><img src="image" alt="Form C1" /></td>
<td><img src="image" alt="Form T1" /></td>
<td><img src="image" alt="Form C1" /></td>
</tr>
<tr>
<td>Entire Training duration</td>
<td>At 1st year in approved institution</td>
<td>At 3rd month, then at 6-monthly intervals &amp; at end of term.</td>
<td>At 3rd &amp; 6th month after 1 year of L2 supervision if reports are good.</td>
</tr>
</tbody>
</table>

### Note
- Depending on circumstances, multi-rater (MR) assessments (Form C2) of C-registrants beyond the first ½ year, T-registrants and P-registrants may be conducted as directed by Council e.g. has received poor assessment reports from supervisors.

<table>
<thead>
<tr>
<th>Supervision by:</th>
<th>C-reg:</th>
<th>T-reg (Training):</th>
<th>T-reg (Service):</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-reg:</td>
<td>After ½ year if reports are good in approved institution or disease control clincs.</td>
<td>At 1st year if reports are good in approved institution</td>
<td>At 1st year if reports are good in approved institution</td>
</tr>
<tr>
<td>T-reg (Training):</td>
<td>After ½ year if reports are good in approved institution or disease control clincs.</td>
<td>At 3rd month, then at 6-monthly intervals &amp; at end of term.</td>
<td>At 3rd &amp; 6th month after 1 year of L2 supervision if reports are good.</td>
</tr>
<tr>
<td>T-reg (Service):</td>
<td>After ½ year if reports are good in approved institution or disease control clincs.</td>
<td>At 3rd month, then at 6-monthly intervals &amp; at end of term.</td>
<td>At 3rd &amp; 6th month after 1 year of L2 supervision if reports are good.</td>
</tr>
</tbody>
</table>

---

**SMC Reference Table for Progression and Assessment of Conditional & Temporary Registrants**

<table>
<thead>
<tr>
<th>Supervision</th>
<th>Assessment Forms for Conditional &amp; Temporary Registrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-reg:</td>
<td>C1-Designated supervisor</td>
</tr>
<tr>
<td></td>
<td>T2-Designated supervisor</td>
</tr>
<tr>
<td></td>
<td>T3-Designated supervisor</td>
</tr>
<tr>
<td></td>
<td>T4-Designated supervisor</td>
</tr>
<tr>
<td></td>
<td>T5-Designated supervisor</td>
</tr>
</tbody>
</table>

**Assessment Forms**

- C1: Designated supervisor
- T2: Designated supervisor
- T3: Designated supervisor
- T4: Clinical Fellow/Observer
- T5: Clinical Fellow/Observer

---

**Category A**

- Foreign-trained specialists (except European-trained) specialisms can practise under supervision of an appropriate specialist in private specialist practice IF
  - has at least 5 years clinical experience in Family Practice.

**Category B**

- Foreign-trained non-specialists can practise in non-institutional or private Family Medicine practice or other private group practice IF
  - has at least 5 years clinical experience in Family Practice.

---

**Additional Registrants**

<table>
<thead>
<tr>
<th>Assessment Forms for Additional Registrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service (Short-term)</td>
</tr>
<tr>
<td>Approved or Clinical Fellow</td>
</tr>
</tbody>
</table>

---

**Feedback Forms**

- Form T2 & Form T4
- Form T3 & Form T4

---

**Feedback to be completed**

- Form T2 & Form T4
- Form T3 & Form T4

---

**Assessment to be completed**

- Form T2 & Form T4
- Form T3 & Form T4

---

**Updation on 03 Jan 2011**
LETTER OF UNDERTAKING  
(To be completed by Prospective Supervisor and Human Resource/Medical Affairs) 

SMC 13.1.V8  

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 have read the guidelines under the SMC’s Supervisory Framework\(^1\) issued by the Medical Council and undertake to comply with these guidelines.  

(ii) I will be the supervisor\(^2\) for Dr ____________________________  

(as shown on Practising Certificate)  

☐ Conditional / ☐ Temporary*  

(iii) I am a full-time employee working in the same institution and department as the above-mentioned supervisee.  

Signature and Name Stamp:  

Designation:  

Institution/Department:  

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

(i) Posting period of the above-mentioned supervisee (if applicable)  

(dd/mm/yyyy)  

To  

(dd/mm/yyyy)  

Note: To complete part (ii) only if the above-mentioned supervisee in Section (A) is on L1 or L2 supervision\(^3\).  

(ii) The supervisor is currently supervising\(^4\) Conditional & Temporary Registrant(s) on L1/L2:  

<table>
<thead>
<tr>
<th>No. of L1 supervised doctor</th>
<th>No. of L2 supervised doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 supervisor to:</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>


\(^2\) Eligibility Criteria for Supervisor under SMC’s Framework  

In Hospitals, supervisors must be:  

- Category 1:  
  - (i) fully registered with the SMC; and  
  - (ii) registered specialist designated Associated Consultant and above  

OR  

- Category 2:  
  - (i) fully registered with the SMC; and  
  - (ii) designated Registrar  

Note: Category 2 is only applicable to public hospitals. Supervisors under category 2 can only supervise conditionally/ temporarily registered Medical Officers who are in their first or second year in the local healthcare system.  

In Polyclinics/ GPs/ Medical Centres/ VWOs/ Hospice, supervisors must be:  

- (i) be fully registered with SMC; and  
- (ii) designated Registrar; or  
- (iii) has at least 5 years of experience in general practice; or  
- (iv) has a recognised postgraduate medical qualification   

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

\(^3\) Conditionally registered doctors on L3 supervision are excluded from Supervisor-supervisee ratio.  

\(^4\) Supervisor-supervisee ratio under SMC’s Supervisory Framework:  

* Please check where applicable  

Updated 03 Jan 2011