



SINGAPORE MEDICAL COUNCIL

16 College Road, #01-01 College of Medicine Building, Singapore 169854

E-mail Address: moh_smc@moh.gov.sg

Website: <http://www.smc.gov.sg>

Fax Numbers: (65) 6221-0558 (Main) / (65) 6258-2134

Our ref: SMC 13.20.7

13 Sep 2010

CEOs, Chairmen of Medical Boards and Directors of Healthcare Institutions
 HR Directors and Directors of Medical Manpower
 (Please see distribution list)

ENHANCEMENTS TO THE SUPERVISORY FRAMEWORK FOR CONDITIONALLY AND TEMPORARILY REGISTERED DOCTORS

The 2-tier supervisory framework for conditionally and temporarily registered doctors was first introduced by the Singapore Medical Council ("the Council") on 1 Jan 2008. To cater to the changing needs of our healthcare industry, the Council has enhanced the supervisory framework after a thorough review process with due and careful considerations given to patients' safety.

To facilitate smooth transitions, the enhancements to the revised supervisory framework would be implemented in phases. The enhancements for implementation in the current phase are summarised in **Table 1** below.

Table 1: List of Enhancements at a Brief Glance

1	An SMC-approved supervisor may supervise more- L2 doctors; the revised supervisory ratio is as follows:			Or Or	
			No. of L1 supervised doctor		No. of L2 supervised doctor
		1 supervisor to:	0		6
			1		3
2	0				
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 <i>Multi-Rater</i> assessment only in the 6th month of their first year of conditional registration (instead of in the 6 th month and 12 th month).				

The details of the enhancements are elaborated below.

a) Revised Supervisory Ratio for **Conditionally and Temporarily** Registered Doctors on L1 and L2 supervision:-

From **Current** Supervisory Ratio:

	No. of L1 supervised doctor	No. of L2 supervised doctor	
1 supervisor to:	0	4	Or
	1	2	Or
	2	0	

To **Revised** Supervisory Ratio:

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

b) Revised Progression Rule for **Conditionally and Temporarily** Registered Doctors on L1 supervision.

2. A **conditionally** registered doctor who has received at least “above average” performance grading for the past 6 months [minimum period] (*instead of the current requirement of 1 year*), 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.

3. 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] (*instead of the current requirement of 2 years*), would be eligible to move up to L2 supervision if he was not involved in any adverse complaints and feedback, subject to the Council’s approval.

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.

c) Introduction of L3 supervision (new level of supervision) for **Conditionally Registered Doctors Only**

4. A new level of supervision called **L3** supervision has been introduced under the revised framework. **Conditionally** registered doctors who have been ascertained¹ to be ready to work independently, but have yet to fulfill the specified period² of supervised practice required for computation towards Full registration, would be eligible for L3 supervision.

Eligibility for L3 supervision

5. 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]; and
- Not be involved in any adverse complaints and feedback.

6. 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 revised Supervisory Framework as indicated in paragraph (a) above; and
- iv) Prohibited from assuming supervisory role(s) for other junior doctors.

d) Direct Progression to **L2** Supervision for **Conditionally Registered Doctors who have completed Housemanship in Singapore**

7. 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 postgraduate training (PGY1);
- 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.

¹ The doctor's performance, based on assessment reports and multi-rater assessments, has been considered good by the Council.

² The specified period of service under conditional registration as indicated in Table A below.

Table A – Specified Period of Supervised Practice Required of a Conditional Registrant				
Category/ Terms for Conditional Registration	Specialist*		Non-Specialist*	
	Singaporean	Foreigner & PR	Singaporean	Foreigner & PR
Specified period of good performance required before eligibility for Full registration	1 year	2 years	2 years	4 years

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

8. 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 during the transitional period, the employers and HODs are strongly encouraged to put in their requests in writing, if they wish to progress their doctors accordingly.

e) Frequency of Multi-Rater Assessment for **Conditionally** Registered Doctors Only

9. All conditionally registered doctors on L1 supervision will be subjected to Multi-Rater assessment in the 6th month of their first year of conditional registration and as directed by the Council.

10. 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) is also enclosed for your perusal and retention.

11. Except for (d) above, the rest of these changes would apply retrospectively to all doctors currently on conditional and temporary registration in the Register of Medical Practitioners. Item (d) will apply to new doctors converted from provisional registration to conditional registration with effect from 15 Sep 2010. Kindly bring this notice to the attention of relevant staff in your organisation for compliance where applicable.

12. 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)
SINGAPORE MEDICAL COUNCIL

Circulation list – Public Institutions

Director, Clinical Manpower, MOH Holdings Pte Ltd (MOHH)
Group Director (People Matters), Ministry of Health (MOH)
CEO, Alexandra Health
CEO, Jurong Health Services (JHS)
CEO, National Healthcare Group (NHG)
CEO, National Healthcare Group Polyclinics (NHGP)
Chief Executive, National University Health System (NUHS)
Group CEO, SingHealth Services (SHS)
CEO, SingHealth Polyclinics (SHP)
Chairman, Medical Board, CGH
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

Circulation List

Medical Affairs (Clinical Manpower), MOHH
Medical Affairs (HR), MOH
Medical Affairs (HR), NHG
Medical Affairs (HR), NHGP
Medical Affairs (HR), SHS
Medical Affairs (HR), SHP
Medical Affairs (HR), JHS (AH)
Medical Affairs (HR), CGH
Medical Affairs (HR), KKH
Medical Affairs (HR), KTPH
Medical Affairs (HR), NUH
Medical Affairs (HR), SGH
Medical Affairs (HR), Postgraduate Medical Institute, SGH
Medical Affairs (HR), TTSH
Medical Affairs (HR), WH/ IMH
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
Medical Affairs (HR), Johns Hopkins Singapore International Medical Centre
Commanding Officer, Medical Classification Centre, MINDEF Central Manpower Base

Distribution list – Institutions in the private sector

Director, Acumed Medical Group
Director, Complete Healthcare International Pte Ltd
Chief Maritime Doctor, Maritime Medical Centre Pte Ltd
Medical Director, International Medical Clinic
Medical Director & CEO, Johns Hopkins Singapore International Medical Centre
Medical Director, Japan Green Clinic
Medical Practitioner i/c, Mel & Partners Drs
Managing Director, Medical Imaging Pte Ltd
Medical Director, Nihon Premium Clinic Pte Ltd
Medical Director, Nippon Medical Care
Medical Director, Parkway Laboratory Services Ltd
Human Resources Dept, Parkway Shenton Pte Ltd
Medical Director, Raffles Hospital
Medical Director, Raffles Medical Clinics
Medical Director, ST Medical Services Pte Ltd
Resident Doctor, The Medical Practice Pte Ltd
Clinic Manager, The Japanese Association Clinic, Singapore

Distribution list – Institutions in the Community Hospitals/ Hospices

CEO, All Saints Home
HR / Medical Affairs, Ang Mo Kio – Thye Hua Kwan Hospital
Medical Director, Assisi Hospice
CEO, Bright Vision Hospital
Medical Director, Dover Park Hospice
Medical Director, HCA Hospice Care
Medical Director, Kwong Wai Shiu Hospital
Medical Director, Renci Hospital & Medical Centre
Chairman, St Luke's Hospital for the Elderly
Director, Admin & Operations, St Andrew's Community Hospital
Chairman, Sunlove Abode for Intellectually Infirm Ltd

**SUPERVISORY FRAMEWORK FOR CONDITIONAL/ TEMPORARY
REGISTERED DOCTORS FOR PATIENTS' SAFETY**

**EMPLOYMENT IN A RESTRUCTURED 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 who is a registered specialist designated Associate Consultant or above. The name and designation of the supervisor must be made known to the Singapore Medical Council (SMC).
- 2.2 The new doctor should be formally introduced to his supervisor so that the doctor will know who his supervisor is and the supervisor will know who he is expected to supervise.
- 2.3 The supervisor must observe the supervisor-supervisee ratio below.

Table 1: Supervisor-supervisee Ratio

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

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 period¹ 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] ; and
- Not be involved in any adverse complaints and feedback.

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 1; 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.

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

Table A – Specified Period of Supervised Practice Required of a Conditional Registrant				
Category/ Terms for Conditional Registration	Specialist*		Non-Specialist*	
	Singaporean	Foreigner & PR	Singaporean	Foreigner & PR
Specified period of good performance required before eligibility for Full registration	1 year	2 years	2 years	4 years

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

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 or a doctor of at least Associate Consultant grade or equivalent 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 supervision². Close supervision³ 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.

² 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	Details
(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 <u>after</u> 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
(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 <u>after</u> obtaining any of the following Family Physician qualifications: <ul style="list-style-type: none"> • 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) <p><u>Note</u>: 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.</p>

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.

- 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.
- 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.

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 assessments⁴ (Form C2) by peers and fellow colleagues in the 6th 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.

⁴ 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.

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 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

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 **Clinical Observers** must not be involved in the primary management of patients, write in case notes, prescribe treatment or perform procedures independently⁵.
- B4 **Clinical Fellows** must maintain a logbook of cases that were counselled/ audited by the respective supervisors.
- B5 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.

⁵ 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

Supervision Level	Year(s) registered with SMC	Frequency of Assessment	Assessment Forms for Conditional registrants	Assessment Forms for Temporary registrants			Assessment to be completed by
				Service (Short-term employment)	Training ¹ (Applied or registered before 1 Jan 2008)	Training (Clinical Observers & Clinical Fellows)	
Level 1 (L1)	C-reg: First ½ year ² in approved institution	At 3 rd & 6 th month	Form C1			C1- Designated supervisor	
	T-reg (Service): First 1 year ³ in approved institution	At 6 th month	Form C2			C2- Peers (2 medical doctors & 1 Nursing Officer) selected by SMC	
	T-reg (Training): Entire Training duration	At 3 rd month, then at 6-monthly intervals & at end of term. At 3 rd month, then at 6-monthly intervals & at end of term. ⁵		Form T1	Form T3 & Feedback Form T4	T1- Designated supervisor ⁴ T3- Designated supervisor T4- Clinical Fellow/ Observer	
Level 2 (L2)	C-reg: (i) After ½ year if reports are good in approved institution (ii) C-reg (converted) after completion of housemanship in Singapore satisfactorily (iii) C-reg joining private sector directly ⁶	6-monthly intervals	Form C1			T3- Designated supervisor T4- Clinical Fellow/ Observer	
	T-reg (Service): After 1 st year if reports are good in approved institution			Form T1	Form T3 & Feedback Form T4	C1- Designated supervisor T1- Designated supervisor T3- Designated supervisor T4- Clinical Fellow/ Observer	
Level 3 (L3)	C-reg: After 1 year on L2 supervision if reports are good	12-monthly intervals ⁸	Form C1			C1- Designated supervisor	

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.

¹ Refers to all trainees and fellows granted Temporary registration (T-reg), but excludes T-registrants accepted into Basic Specialist or Advanced Specialist Training (BST/ AST).

² Conditional registrant must remain under L1 supervision if 6-monthly assessment reports are average or below average.

³ Temporary registrant (service) must remain under L1 supervision if 6-monthly assessment reports are average or below average.

⁴ Supervisor to be appointed must meet SMC's criteria. On full registration, Associate Consultant (registered specialist) or Family Physician with 5 yrs working experience in Family Practice.

⁵ A trainee must remain under L1 supervision throughout the entire duration of training.

⁶ A conditional registrant belonging to Category (A) or (B) below may apply to join any healthcare institution (private or public) and would practise directly under L2 supervision which can be less intensive at the discretion of the appointed supervisor and will not be subject to multi-rater assessments unless applicable e.g. has received poor assessment reports from supervisors.

Category	Details
(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
(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: <ul style="list-style-type: none"> Member of the Royal College of General Practitioners, MRCPG (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)
	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.

⁷ 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.

⁸ One assessment report will be requested every year, unless there is a change in employer/practice place/supervisor etc.

LETTER OF UNDERTAKING

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

SMC 13.1.V7

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 Framework¹ issued by the Medical Council and undertake to comply with these guidelines.
- (ii) I will be the supervisor² for Dr _____ Conditional / Temporary*
(as shown on Practising Certificate)
- (iii) I am a full-time employee working in the same institution and department as the above-mentioned supervisee.

Signature and Name Stamp
of Supervisor:

Name of Institution/Department:

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

- (i) Posting period of the above-mentioned supervisee (if applicable) _____ To _____
(dd/mm/yyyy) (dd/mm/yyyy)

Note: To complete part (ii) only if the above-mentioned supervisee in Section (A) is on L1 or L2 supervision³.

- (ii) The supervisor is currently supervising⁴ _____ Conditional & _____ Temporary Registrant(s) on L1/L2:
1. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)
2. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)
3. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)
4. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)
5. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)
6. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)

¹ The guidelines are available on SMC website: <http://www.smc.gov.sg>. Please print a hardcopy for your own reference.² Eligibility Criteria for Supervisor under SMC's Framework

In Hospitals, supervisors must be:	In Polyclinics/ GPs/ Medical Centres/ VWOs/ Hospice, supervisors must be:
(i) fully registered with the SMC; and (ii) registered specialist designated Associate Consultant or above	(i) fully registered with SMC; and (ii) have at least 5 years of experience in general practice or a recognised postgraduate medical qualification

³ Conditionally registered doctors on L3 supervision are excluded from Supervisor-supervisee ratio.⁴ Supervisor-supervisee ratio under SMC's Supervisory Framework:

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

**SUPERVISORY FRAMEWORK FOR CONDITIONAL/ TEMPORARY
REGISTERED DOCTORS FOR PATIENTS' SAFETY**

EMPLOYMENT IN A PRIVATE HOSPITAL

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 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 within 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 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 and hospital during which the new doctor is introduced to the key staff.

2. Supervision

- 2.1 The doctor must work under the supervision of a fully registered medical practitioner who is a registered specialist designated Associate Consultant or above. The name and designation of the supervisor must be made known to the Singapore Medical Council (SMC).
- 2.2 The new doctor should be formally introduced to his supervisor so that the doctor will know who his supervisor is and the supervisor will know who he is expected to supervise.
- 2.3 The supervisor must observe the supervisor-supervisee ratio below.

Table 1: Supervisor-supervisee Ratio

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

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 fulfills 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 period¹ 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] ; and
- Not be involved in any adverse complaints and feedback.

A conditionally registered doctor on L3 supervision will:

- Continue to practise under supervision of an SMC-approved supervisor;
- 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;
- Be excluded from the ratio count under the Supervisory Framework as indicated in Table 1; and
- 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.

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

Table A – Specified Period of Supervised Practice Required of a Conditional Registrant				
Category/ Terms for Conditional Registration	Specialist*		Non-Specialist*	
	Singaporean	Foreigner & PR	Singaporean	Foreigner & PR
Specified period of good performance required before eligibility for Full registration	1 year	2 years	2 years	4 years

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

- 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 or a doctor of at least Associate Consultant grade or equivalent 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 supervision². Close supervision³ would be accorded in the first 3 months of the doctor's registration. The case records of the patients

² 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	Details
(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 <u>after</u> 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
(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 <u>after</u> obtaining any of the following Family Physician qualifications: <ul style="list-style-type: none"> • 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) <p><u>Note</u>: 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.</p>

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.

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.
- 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 registered doctors
 - b) Record of attendance at the orientation programmes by conditionally 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 conditionally registered doctors to work in the department concerned/ hospital in the future.
- 3.9 Any problems faced with the doctor are to be reported to the Chairman Medical Board or equivalent and the 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 and the Director, Clinical Training or equivalent.
- 3.11 The Chairman Medical Board or equivalent, 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.

5. Multi-rater Assessment Reports

- 5.1 The purpose of the multi-rater assessment reports by peers and fellow colleagues is to provide SMC with a holistic view of the conditional registrant's performance whilst practising under supervision.
- 5.2 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 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.

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

Annex B

Supervision Level	Years registered with SMC	Frequency of Assessment	Assessment Forms for Conditional registrants		Assessment Forms for Temporary registrants			Assessment to be completed by.
			Form C1	Form C2	Service (Short-term employment)	Training (Applied for registered before 1 Jan 2008)	Training (Clinical Observers & Clinical Fellows)	
Level 1 (L1)	C-reg: First ½ year ² in approved Institution	At 3 rd & 6 th month	Form C1					C1- Designated supervisor
	T-reg (Service): First 1 year ² in approved Institution	At 6 th month	Form C2					C2- Peers (2 medical doctors & 1 Nursing Officer) selected by SMC
	T-reg (Training): Entire Training duration	At 3 rd month, then at 6-monthly intervals & at end of term. At 3 rd month, then at 6-monthly intervals & at end of term. ⁵			Form T1	Form T3 & Feedback Form T4	Form T3 & Feedback Form T4	T1- Designated supervisor T3- Designated supervisor T4- Clinical Fellow/ Observer
Level 2 (L2)	C-reg: (i) After ½ year if reports are good in approved institution (ii) C-reg (converted) after completion of housemanship in Singapore satisfactorily (iii) C-reg joining private sector directly ⁵	6-monthly intervals	Form C1		Form T1	Form T3 & Feedback Form T4		C1- Designated supervisor T3- Designated supervisor T4- Clinical Fellow/ Observer
	T-reg (Service): After 1 st year ⁷ if reports are good in approved institution	12-monthly intervals ⁸	Form C1		Form T1	Form T3 & Feedback Form T4		C1- Designated supervisor

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.

¹ Refers to all trainees and fellows granted Temporary registration (T-reg), but excludes T-registrants accepted into Basic Specialist or Advanced Specialist Training (BST/AST).

² Conditional registrant must remain under L1 supervision if 6-monthly assessment reports are average or below average.

³ Temporary registrant (service) must remain under L1 supervision if 6-monthly assessment reports are average or below average.

⁴ Supervisor to be appointed must meet SMC's criteria: On full registration; Associate Consultant (registered specialist) or Family Physician with 5 yrs working experience in Family Practice.

⁵ A trainee must remain under L1 supervision throughout the entire duration of training.

⁶ A conditional registrant belonging to Category (A) or (B) below may apply to join any healthcare institution (private or public) and would practise directly under L2 supervision which can be less intensive at the discretion of the appointed supervisor and will not be subject to multi-rater assessments unless applicable e.g. has received poor assessment reports from supervisors.

Details	
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 speciality 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: <ul style="list-style-type: none"> • 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) 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.

⁷ 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.

⁸ One assessment report will be requested every year, unless there is a change in employer/practice place/supervisor etc.

LETTER OF UNDERTAKING

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

SMC 13.1.V7

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 Framework¹ issued by the Medical Council and undertake to comply with these guidelines.
- (ii) I will be the supervisor² for Dr _____ Conditional / Temporary*
(as shown on Practising Certificate)
- (iii) I am a full-time employee working in the same institution and department as the above-mentioned supervisee.

Signature and Name Stamp
of Supervisor:

Name of Institution/Department:

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

- (i) Posting period of the above-mentioned supervisee (if applicable) _____ To _____
(dd/mm/yyyy) (dd/mm/yyyy)

Note: To complete part (ii) only if the above-mentioned supervisee in Section (A) is on L1 or L2 supervision³.

- (ii) The supervisor is currently supervising⁴ _____ Conditional & _____ Temporary Registrant(s) on L1/L2:
1. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)
2. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)
3. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)
4. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)
5. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)
6. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)

¹ The guidelines are available on SMC website: <http://www.smc.gov.sg>. Please print a hardcopy for your own reference.² Eligibility Criteria for Supervisor under SMC's Framework

In Hospitals, supervisors must be:	In Polyclinics/ GPs/ Medical Centres/ VWOs/ Hospice, supervisors must be:
(i) fully registered with the SMC; and (ii) registered specialist designated Associate Consultant or above	(i) fully registered with SMC; and (ii) have at least 5 years of experience in general practice or a recognised postgraduate medical qualification

³ Conditionally registered doctors on L3 supervision are excluded from Supervisor-supervisee ratio.⁴ Supervisor-supervisee ratio under SMC's Supervisory Framework:

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

**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 practising in the same location. The supervisor must have at least **5** years of experience in general practice or a recognised postgraduate medical qualification. The name of the supervisor and his/her number of years of experience in general practice must be made known to the Singapore Medical Council (SMC).
- 2.2 The doctor should be formally introduced to his supervisor so that the doctor will know who his supervisor is and the supervisor will know who he is expected to supervise.
- 2.3 The supervisor must observe the supervisor-supervisee ratio below.

Table 1: Supervisor-supervisee Ratio

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

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 period¹ 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] ; and
- Not be involved in any adverse complaints and feedback.

A conditionally registered doctor on L3 supervision will:

- Continue to practise under supervision of an SMC-approved supervisor;
- 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;
- Be excluded from the ratio count under the Supervisory Framework as indicated in Table 1; and
- 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.

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

Table A – Specified Period of Supervised Practice Required of a Conditional Registrant				
Category/ Terms for Conditional Registration	Specialist*		Non-Specialist*	
	Singaporean	Foreigner & PR	Singaporean	Foreigner & PR
Specified period of good performance required before eligibility for Full registration	1 year	2 years	2 years	4 years

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

- 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 or a senior colleague 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 supervision². Close supervision³ would be accorded in the first

² 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	Details
(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 <u>after</u> 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
(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 <u>after</u> obtaining any of the following Family Physician qualifications: <ul style="list-style-type: none"> • 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) <p><u>Note</u>: 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.</p>

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 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 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.
- 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.

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 assessments⁴ (Form C2) by peers and fellow colleagues in the 6th 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.

⁴ 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.

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.

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

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 Clinical Observers must not be involved in the primary management of patients, write in case notes, prescribe treatment or perform procedures independently⁵.

B4 Clinical Fellows must maintain a logbook of cases that were counselled/ audited by the supervisor.

B5 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.

⁵ 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

Supervision Level	Year(s) registered with SMC	Frequency of Assessment	Assessment Forms for Conditional registrants	Assessment Forms for Temporary registrants			Assessment to be completed by:
				Service (Short-term employment)	Training ¹ (Applied or registered before 1 Jan 2008)	Training (Clinical Observers & Clinical Fellows)	
Level 1 (L1)	C-reg: First ½ year ² in approved institution	At 3 rd & 6 th month	Form C1				C1- Designated supervisor
	T-reg (Service): First 1 year ³ in approved institution	At 6 th month	Form C2				C2- Peers (2 medical doctors & 1 Nursing Officer) selected by SMC
	T-reg (Training): Entire Training duration	At 3 rd month, then at 6-monthly intervals & at end of term. At 3 rd month, then at 6-monthly intervals & at end of term. ³			Form T1	Form T3 & Feedback Form T4	T1- Designated supervisor ⁴ T3- Designated supervisor T4- Clinical Fellow/ Observer
Level 2 (L2)	C-reg: (i) After ½ year if reports are good in approved institution (ii) C-reg (converted) after completion of housemanship in Singapore satisfactorily (iii) C-reg joining private sector directly ⁶	6-monthly intervals					T3- Designated supervisor T4- Clinical Fellow/ Observer
	T-reg (Service): After 1 st year ⁷ if reports are good in approved institution		Form C1		Form T1		C1- Designated supervisor T3- Designated supervisor T4- Designated supervisor T4- Clinical Fellow/ Observer
Level 3 (L3)	C-reg: After 1 year on L2 supervision if reports are good	12-monthly intervals ⁸	Form C1				C1- Designated supervisor

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.

¹ Refers to all trainees and fellows granted Temporary registration (T-reg), but excludes T-registrants accepted into Basic Specialist or Advanced Specialist Training (BST/AST).

² Conditional registrant must remain under L1 supervision if 6-monthly assessment reports are average or below average.

³ Temporary registrant (service) must remain under L1 supervision if 6-monthly assessment reports are average or below average.

⁴ Supervisor to be appointed must meet SMC's criteria. On full registration; Associate Consultant (registered specialist) or Family Physician with 5 yrs working experience in Family Practice.

⁵ A trainee must remain under L1 supervision throughout the entire duration of training.

⁶ A conditional registrant belonging to Category (A) or (B) below may apply to join any healthcare institution (private or public) and would practise directly under L2 supervision which can be less intensive at the discretion of the appointed supervisor and will not be subject to multi-rater assessments unless applicable e.g. has received poor assessment reports from supervisors.

Category	Details
(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
(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: <ul style="list-style-type: none"> • 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) 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.

⁷ 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.

⁸ One assessment report will be requested every year, unless there is a change in employer/practice place/supervisor etc.

LETTER OF UNDERTAKING

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

SMC 13.1.V7

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 Framework¹ issued by the Medical Council and undertake to comply with these guidelines.
- (ii) I will be the supervisor² for Dr _____ Conditional / Temporary*
(as shown on Practising Certificate)
- (iii) I am a full-time employee working in the same institution and department as the above-mentioned supervisee.

Signature and Name Stamp
of Supervisor:

Name of Institution/Department:

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

- (i) Posting period of the above-mentioned supervisee (if applicable) _____ To _____
(dd/mm/yyyy) (dd/mm/yyyy)

Note: To complete part (ii) only if the above-mentioned supervisee in Section (A) is on L1 or L2 supervision³.

- (ii) The supervisor is currently supervising⁴ _____ Conditional & _____ Temporary Registrant(s) on L1/L2:
1. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)
2. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)
3. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)
4. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)
5. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)
6. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)

¹ The guidelines are available on SMC website: <http://www.smc.gov.sg>. Please print a hardcopy for your own reference.² Eligibility Criteria for Supervisor under SMC's Framework

In Hospitals, supervisors must be:	In Polyclinics/ GPs/ Medical Centres/ VWOs/ Hospice, supervisors must be:
(i) fully registered with the SMC; and (ii) registered specialist designated Associate Consultant or above	(i) fully registered with SMC; and (ii) have at least 5 years of experience in general practice or a recognised postgraduate medical qualification

³ Conditionally registered doctors on L3 supervision are excluded from Supervisor-supervisee ratio.⁴ Supervisor-supervisee ratio under SMC's Supervisory Framework:

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

**SUPERVISORY FRAMEWORK FOR CONDITIONAL/ TEMPORARY
REGISTERED DOCTORS FOR PATIENTS' SAFETY**

EMPLOYMENT IN A MEDICAL CENTRE / GENERAL PRACTICE

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 group practice clinic
 - 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 medical centre/ clinic during which he is introduced to the staff and the workflow in the medical centre/ clinic.

2. **Supervision**

- 2.1 The doctor must work under the supervision of a fully registered medical practitioner practising in the same location. The supervisor must have at least **5** years of experience in general practice or a recognised postgraduate medical qualification. The name of the supervisor and his/her number of years of experience in general practice must be made known to the Singapore Medical Council (SMC).
- 2.2 The doctor should be formally introduced to his supervisor so that the doctor will know who his supervisor is and the supervisor will know who he is expected to supervise.
- 2.3 The supervisor must observe the supervisor-supervisee ratio below.

Table 1: Supervisor-supervisee Ratio

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

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 period¹ 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] ; and
- Not be involved in any adverse complaints and feedback.

A conditionally registered doctor on L3 supervision will:

- Continue to practise under supervision of an SMC-approved supervisor;
- 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;
- Be excluded from the ratio count under the Supervisory Framework as indicated in Table 1; and
- 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.

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

Category/ Terms for Conditional Registration	Specialist*		Non-Specialist*	
	Singaporean	Foreigner & PR	Singaporean	Foreigner & PR
Specified period of good performance required before eligibility for Full registration	1 year	2 years	2 years	4 years

Please note that this is only a summarised version. For details, please visit the SMC website: <http://www.smc.gov.sg>
Updated 13 Sep 2010 (Medical Centre & GP etc)

- 2.4 A new doctor is expected to do sit-in sessions with his supervisor/mentor everyday for the first 1 to 2 weeks to gain an insight of the spectrum of work of the clinic and to be familiarized with the drugs used to manage the different conditions.
- 2.5 The doctor must always have direct and timely access to his supervisor or a senior colleague 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/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 supervision². Close supervision³ would be accorded in the first

² 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	Details
(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 <u>after</u> 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
(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 <u>after</u> obtaining any of the following Family Physician qualifications: <ul style="list-style-type: none"> • 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) <p><u>Note</u>: 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.</p>

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.

- 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 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.
 - 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 registered doctors
 - b) Record of attendance at the orientation programmes by conditionally 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 the practice to employ conditionally registered doctors directly 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.

5. Multi-rater Assessment Reports

- 5.1 The purpose of the multi-rater assessment reports by peers and fellow colleagues is to provide SMC with a holistic view of the conditional registrant's performance whilst practising under supervision.
- 5.2 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.

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

Annex B

Supervisor Level	Year(s) registered with SMC	Frequency of Assessment	Assessment Forms for Conditional registrants		Assessment Forms for Temporary registrants			Assessment to be completed by:
			Form C1	Form C2	Service (Short-term employment)	Training ¹ (Applied or registered before 1 Jan 2008)	Training (Clinical Observers & Clinical Fellows)	
Level 1 (L1)	C-reg: First ½ year ² in approved institution	At 3 rd & 6 th month	Form C1					C1- Designated supervisor
	T-reg (Service): First 1 year ³ in approved institution	At 6 th month	Form C2					C2- Peers (2 medical doctors & 1 Nursing Officer) selected by SMC
	T-reg (Training): Entire Training duration	At 3 rd month, then at 6-monthly intervals & at end of term. At 3 rd month, then at 6-monthly intervals & at end of term. ⁵			Form T1	Form T3 & Feedback Form T4	Form T3 & Feedback Form T4	T1- Designated supervisor ⁴ T2- Designated supervisor T4- Clinical Fellow/ Observer
Level 2 (L2)	C-reg: (i) After ½ year if reports are good in approved institution (ii) C-reg (converted) after completion of housemanship in Singapore satisfactorily (iii) C-reg joining private sector directly ⁵	6-monthly intervals	Form C1					T3- Designated supervisor T4- Clinical Fellow/ Observer
	T-reg (Service): After 1 st year ⁷ if reports are good in approved institution				Form T1	Form T3 & Feedback Form T4		C1- Designated supervisor T1- Designated supervisor T3- Designated supervisor T4- Clinical Fellow/ Observer
Level 3 (L3)	C-reg: After 1 year on L2 supervision if reports are good	12-monthly intervals ⁸	Form C1					C1- Designated supervisor

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.

¹ Refers to all trainees and fellows granted Temporary registration (T-reg), but excludes T-registrants accepted into Basic Specialist or Advanced Specialist Training (BST/AST).

² Conditional registrant must remain under L1 supervision if 6-monthly assessment reports are average or below average.

³ Temporary registrant (service) must remain under L1 supervision if 6-monthly assessment reports are average or below average.

⁴ Supervisor to be appointed must meet SMC's criteria: On full registration; Associate Consultant (registered specialist) or Family Physician with 5 yrs working experience in Family Practice.

⁵ A trainee must remain under L1 supervision throughout the entire duration of training.

⁶ A conditional registrant belonging to Category (A) or (B) below may apply to join any healthcare institution (private or public) and would practise directly under L2 supervision which can be less intensive at the discretion of the appointed supervisor and will not be subject to multi-rater assessments unless applicable e.g. has received poor assessment reports from supervisors.

Category	Details
(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
(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: <ul style="list-style-type: none"> Member of the Royal College of General Practitioners, MRCCGP (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) 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.

⁷ 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.

⁸ One assessment report will be requested every year, unless there is a change in employer/practice place/supervisor etc.

LETTER OF UNDERTAKING

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

SMC 13.1.V7

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 Framework¹ issued by the Medical Council and undertake to comply with these guidelines.
- (ii) I will be the supervisor² for Dr _____ Conditional / Temporary*
(as shown on Practising Certificate)
- (iii) I am a full-time employee working in the same institution and department as the above-mentioned supervisee.

Signature and Name Stamp
of Supervisor:

Name of Institution/Department:

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

- (i) Posting period of the above-mentioned supervisee (if applicable) _____ To _____
(dd/mm/yyyy) (dd/mm/yyyy)

Note: To complete part (ii) only if the above-mentioned supervisee in Section (A) is on L1 or L2 supervision³.

- (ii) The supervisor is currently supervising⁴ _____ Conditional & _____ Temporary Registrant(s) on L1/L2:
1. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)
2. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)
3. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)
4. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)
5. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)
6. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)

¹ The guidelines are available on SMC website: <http://www.smc.gov.sg>. Please print a hardcopy for your own reference.² Eligibility Criteria for Supervisor under SMC's Framework

In Hospitals, supervisors must be:	In Polyclinics/ GPs/ Medical Centres/ VWOs/ Hospice, supervisors must be:
(i) fully registered with the SMC; and (ii) registered specialist designated Associate Consultant or above	(i) fully registered with SMC; and (ii) have at least 5 years of experience in general practice or a recognised postgraduate medical qualification

³ Conditionally registered doctors on L3 supervision are excluded from Supervisor-supervisee ratio.⁴ Supervisor-supervisee ratio under SMC's Supervisory Framework:

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

**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 who is a registered specialist designated Associate Consultant or above. The name and designation of the supervisor must be made known to the Singapore Medical Council (SMC).
- 2.2 The new doctor should be formally introduced to his supervisor so that the doctor will know who his supervisor is and the supervisor will know who he is expected to supervise.
- 2.3 The supervisor must observe the supervisor-supervisee ratio below.

Table 1: Supervisor-supervisee Ratio

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

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 period¹ 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] ; and
- Not be involved in any adverse complaints and feedback.

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 1; 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.

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

Table A – Specified Period of Supervised Practice Required of a Conditional Registrant				
Category/ Terms for Conditional Registration	Specialist*		Non-Specialist*	
	Singaporean	Foreigner & PR	Singaporean	Foreigner & PR
Specified period of good performance required before eligibility for Full registration	1 year	2 years	2 years	4 years

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

- 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 or a doctor of at least Associate Consultant grade or equivalent for advice and assistance whenever he has a problem.

3. Monitoring & Feedback

- 3.1 All newly registered doctors on conditional registration will be subject to Level 1 supervision². Close supervision³ 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

² 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	Details
(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 <u>after</u> 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
(B)	<p>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 <u>after</u> obtaining any of the following Family Physician qualifications:</p> <ul style="list-style-type: none"> • 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) <p><u>Note</u>: 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.</p>

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.

- 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.
 - 3.7 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.

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 assessments⁴ (Form C2) by peers and fellow colleagues in the 6th 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.

⁴ 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.

- 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.

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

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 Clinical Observers must not be involved in the primary management of patients, write in case notes, prescribe treatment or perform procedures independently⁵.

B4 Clinical Fellows must maintain a logbook of cases that were counselled/ audited by the supervisor.

B5 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.

⁵ 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

Supervision Level	Year(s) registered with SMC	Frequency of Assessment	Assessment Forms for Conditional registrants		Assessment Forms for Temporary registrants			Assessment to be completed By:
			Form C1	Form C2	Service (Short-term employment)	Training ¹ (Applied or registered before 1 Jan 2008)	Training (Clinical Observers & Clinical Fellows)	
Level 1 (L1)	C-reg: First ½ year ² in approved institution	At 3 rd & 6 th month	Form C1					C1- Designated supervisor
	T-reg (Service): First 1 year ² in approved institution	At 6 th month	Form C2					C2- Peers (2 medical doctors & 1 Nursing Officer) selected by SMC
	T-reg (Training): Entire Training duration	At 3 rd month, then at 6-monthly intervals & at end of term. At 3 rd month, then at 6-monthly intervals & at end of term. ⁵			Form T1	Form T3 & Feedback Form T4	Form T3 & Feedback Form T4	T1- Designated supervisor ⁴ T3- Designated supervisor T4- Clinical Fellow/ Observer
Level 2 (L2)	C-reg: (i) After ½ year if reports are good in approved institution (ii) C-reg (converted) after completion of housemanship in Singapore satisfactorily (iii) C-reg joining private sector directly ⁶	6-monthly intervals	Form C1					C1- Designated supervisor T3- Designated supervisor T4- Clinical Fellow/ Observer
	T-reg (Service): After 1 st year ⁷ if reports are good in approved institution				Form T1	Form T3 & Feedback Form T4		C1- Designated supervisor T3- Designated supervisor T4- Clinical Fellow/ Observer
Level 3 (L3)	C-reg: After 1 year on L2 supervision if reports are good	12-monthly intervals ⁸	Form C1					C1- Designated supervisor

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.

¹ Refers to all trainees and fellows granted Temporary registration (T-reg), but excludes T-registrants accepted into Basic Specialist or Advanced Specialist Training (BST/AST).

² Conditional registrant must remain under L1 supervision if 6-monthly assessment reports are average or below average.

³ Temporary registrant (serv/ice) must remain under L1 supervision if 6-monthly assessment reports are average or below average.

⁴ Supervisor to be appointed must meet SMC's criteria: On full registration; Associate Consultant (registered specialist) or Family Physician with 5 yrs working experience in Family Practice.

⁵ A trainee must remain under L1 supervision throughout the entire duration of training.

⁶ A conditional registrant belonging to Category (A) or (B) below may apply to join any healthcare institution (private or public) and would practise directly under L2 supervision which can be less intensive at the discretion of the appointed supervisor and will not be subject to multi-rater assessments unless applicable e.g. has received poor assessment reports from supervisors.

Category	Details
(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
(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: <ul style="list-style-type: none"> • 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 (FHKCFPP) <p>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.</p>

⁷ The temporary registrant (serv/ice) 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.

⁸ One assessment report will be requested every year, unless there is a change in employer/practice place/supervisor etc.

LETTER OF UNDERTAKING

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

SMC 13.1.V7

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 Framework¹ issued by the Medical Council and undertake to comply with these guidelines.
- (ii) I will be the supervisor² for Dr _____ Conditional / Temporary*
(as shown on Practising Certificate)
- (iii) I am a full-time employee working in the same institution and department as the above-mentioned supervisee.

Signature and Name Stamp
of Supervisor:

Name of Institution/Department:

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

- (i) Posting period of the above-mentioned supervisee (if applicable) _____ To _____
(dd/mm/yyyy) (dd/mm/yyyy)

Note: To complete part (ii) only if the above-mentioned supervisee in Section (A) is on L1 or L2 supervision³.

- (ii) The supervisor is currently supervising⁴ _____ Conditional & _____ Temporary Registrant(s) on L1/L2:
1. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)
2. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)
3. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)
4. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)
5. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)
6. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)

¹ The guidelines are available on SMC website: <http://www.smc.gov.sg>. Please print a hardcopy for your own reference.² Eligibility Criteria for Supervisor under SMC's Framework

In Hospitals, supervisors must be:	In Polyclinics/ GPs/ Medical Centres/ VWOs/ Hospice, supervisors must be:
(i) fully registered with the SMC; and (ii) registered specialist designated Associate Consultant or above	(i) fully registered with SMC; and (ii) have at least 5 years of experience in general practice or a recognised postgraduate medical qualification

³ Conditionally registered doctors on L3 supervision are excluded from Supervisor-supervisee ratio.⁴ Supervisor-supervisee ratio under SMC's Supervisory Framework:

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

**SUPERVISORY FRAMEWORK FOR CONDITIONAL/ TEMPORARY
REGISTERED DOCTORS FOR PATIENTS' SAFETY**

EMPLOYMENT IN A COMMUNITY HOSPITAL / HOSPICE

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/ hospice 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 within and outside normal working hours
 - e) Good prescribing habits
 - f) Management protocols for the more common conditions treated in the hospital/ hospice and for emergency conditions
 - g) List of drugs available in the hospital/ hospice and their recommended dosages, side effects etc
 - 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 hospital/ hospice during which the new doctor is introduced to the key staff.

2. Supervision

- 2.1 The doctor must work under the supervision of a fully registered medical practitioner. The name and designation of the supervisor must be made known to the Singapore Medical Council (SMC).
- 2.2 The new doctor should be formally introduced to his supervisor so that the doctor will know who his supervisor is and the supervisor will know who he is expected to supervise.
- 2.3 The supervisor must observe the supervisor-supervisee ratio below.

Table 1: Supervisor-supervisee Ratio

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

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 fulfills 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 period¹ 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] ; and
- Not be involved in any adverse complaints and feedback.

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 1; 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.

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

Table A – Specified Period of Supervised Practice Required of a Conditional Registrant				
Category/ Terms for Conditional Registration	Specialist*		Non-Specialist*	
	Singaporean	Foreigner & PR	Singaporean	Foreigner & PR
Specified period of good performance required before eligibility for Full registration	1 year	2 years	2 years	4 years

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

- 2.4 The doctor-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 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 or a senior colleague 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 supervision². Close supervision³ 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.

² 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	Details
(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 <u>after</u> 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
(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 <u>after</u> obtaining any of the following Family Physician qualifications: <ul style="list-style-type: none"> • 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) <p><u>Note</u>: 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.</p>

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.

- 3.2 If major flaws are discovered during auditing, the supervisor 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, arrangements should be made for the doctor to attend teaching sessions during which protocols are examined, doubts cleared and case studies of difficult patients discussed.
- 3.5 The supervisor will provide regular feedback to the medical administrator in charge of the hospital/ hospice 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, 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 conditionally registered doctors to work in the hospital / hospice concerned in the future.
- 3.9 Any problems faced with the doctor are to be reported to the medical administrator in charge of the hospital/ hospice for remedial action.
- 3.10 Where difficulties arise, especially in adaptation and phasing into the system, the supervisor and medical administrator in charge of the hospital/ hospice is to take appropriate actions and inform the management.

- 3.11 The medical administrator in charge of the hospital/ hospice 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.

5. **Multi-rater Assessment Reports**

- 5.1 The purpose of the multi-rater assessment reports by peers and fellow colleagues is to provide SMC with a holistic view of the conditional registrant's performance whilst practising under supervision.
- 5.2 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 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 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

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 Clinical Observers must not be involved in the primary management of patients, write in case notes, prescribe treatment or perform procedures independently⁴.
- B4 Clinical Fellows must maintain a logbook of cases that were counselled/ audited by the supervisor.
- B5 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.

⁴ 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

Supervision Level	Year(s) registered with SMC	Frequency of Assessment	Assessment Forms for Conditional registrants		Assessment Forms for Temporary registrants			Assessment to be completed by
			Form C1	Form C2	Service (Short-term employment)	Training (Applied or registered before 1 Jan 2008)	Training (Clinical Observers & Clinical Fellows)	
Level 1 (L1)	C-reg: First ½ year ² in approved institution	At 3 rd & 6 th month	Form C1					C1- Designated supervisor
	T-reg (Service): First 1 year ² in approved institution	At 6 th month	Form C2					C2- Peers (2 medical doctors & 1 Nursing Officer) selected by SMC
	T-reg (Training): Entire Training duration	At 3 rd month, then at 6-monthly intervals & at end of term. At 3 rd month, then at 6-monthly intervals & at end of term. ⁵			Form T1	Form T3 & Feedback Form T4	Form T3 & Feedback Form T4	T1- Designated supervisor ⁴ T3- Designated supervisor T4- Clinical Fellow/ Observer
Level 2 (L2)	C-reg: (i) After ½ year if reports are good in approved institution (ii) C-reg (converted) after completion of housemanship in Singapore satisfactorily (iii) C-reg joining private sector directly ⁶	6-monthly intervals						C1- Designated supervisor T1- Designated supervisor T3- Designated supervisor T4- Clinical Fellow/ Observer
	T-reg (Service): After 1 st year if reports are good in approved institution	12-monthly intervals ⁸	Form C1		Form T1	Form T3 & Feedback Form T4		C1- Designated supervisor
Level 3 (L3)	C-reg: After 1 year on L2 supervision if reports are good		Form C1					C1- Designated supervisor

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.

¹ Refers to all trainees and fellows granted Temporary registration (T-reg), but excludes T-registrants accepted into Basic Specialist or Advanced Specialist Training (BST/AST).

² Conditional registrant must remain under L1 supervision if 6-monthly assessment reports are average or below average.

³ Temporary registrant (service) must remain under L1 supervision if 6-monthly assessment reports are average or below average.

⁴ Supervisor to be appointed must meet SMC's criteria: On full registration; Associate Consultant (registered specialist) or Family Physician with 5 yrs working experience in Family Practice.

⁵ A trainee must remain under L1 supervision throughout the entire duration of training.

⁶ A conditional registrant belonging to Category (A) or (B) below may apply to join any healthcare institution (private or public) and would practise directly under L2 supervision which can be less intensive at the discretion of the appointed supervisor and will not be subject to multi-rater assessments unless applicable e.g. has received poor assessment reports from supervisors.

Category	Details
(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
(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: <ul style="list-style-type: none"> 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) 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.

⁷ 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.

⁸ One assessment report will be requested every year, unless there is a change in employer/practice place/supervisor etc.

LETTER OF UNDERTAKING

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

SMC 13.1.V7

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 Framework¹ issued by the Medical Council and undertake to comply with these guidelines.
- (ii) I will be the supervisor² for Dr _____ Conditional / Temporary*
(as shown on Practising Certificate)
- (iii) I am a full-time employee working in the same institution and department as the above-mentioned supervisee.

Signature and Name Stamp
of Supervisor:

Name of Institution/Department:

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

- (i) Posting period of the above-mentioned supervisee (if applicable) _____ To _____
(dd/mm/yyyy) (dd/mm/yyyy)

Note: To complete part (ii) only if the above-mentioned supervisee in Section (A) is on L1 or L2 supervision³.

- (ii) The supervisor is currently supervising⁴ _____ Conditional & _____ Temporary Registrant(s) on L1/L2:
1. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)
2. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)
3. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)
4. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)
5. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)
6. Dr _____ Conditional / Temporary*; (L1 / L2*)
(as shown on Practising Certificate)

¹ The guidelines are available on SMC website: <http://www.smc.gov.sg>. Please print a hardcopy for your own reference.² Eligibility Criteria for Supervisor under SMC's Framework

In Hospitals, supervisors must be:	In Polyclinics/ GPs/ Medical Centres/ VWOs/ Hospice, supervisors must be:
(i) fully registered with the SMC; and (ii) registered specialist designated Associate Consultant or above	(i) fully registered with SMC; and (ii) have at least 5 years of experience in general practice or a recognised postgraduate medical qualification

³ Conditionally registered doctors on L3 supervision are excluded from Supervisor-supervisee ratio.⁴ Supervisor-supervisee ratio under SMC's Supervisory Framework:

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

* Please check where applicable

Updated 13 Sep 2010