Ref: SMC 13.20

13 April 2010

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

COMPLIANCE WITH SINGAPORE MEDICAL COUNCIL'S SUPERVISORY FRAMEWORK FOR ALL CONDITIONALLY & TEMPORARILY REGISTERED DOCTORS IN SINGAPORE

1. The Singapore Medical Council (SMC) wishes to remind all employing institutions the importance of complying with the Guidelines of the SMC's Supervisory Framework for newly registered international medical graduates (IMGs).

2. To ensure that patients' safety and interests are safeguarded, the framework recommends that appropriate levels of supervision and guidance be provided to all newly registered doctors in a timely manner as they may require time to acclimatise with local cultures and practices.

3. SMC would like to highlight the following areas of importance in the framework for the attention of the employing institutions and respective supervisors:

a) Eligibility Criteria of SMC- approved Supervisor

All conditionally and temporarily registered doctors are mandated by the Medical Registration Act (Cap 174) to practise under supervision of a fully registered doctor approved by the SMC. The eligibility criteria for a SMC-approved supervisor are:

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<th>In Hospitals/Specialty Centres, the supervisor must be:</th>
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<td>(i) A fully registered doctor with the SMC; and</td>
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<td>(ii) An Associate Consultant or above; and</td>
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<td>(iii) A registered specialist</td>
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<td>(i) A fully registered doctor with the SMC; and</td>
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<td>(ii) Has at least 5 years of experience in general practice or a postgraduate</td>
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The institution must submit a letter of undertaking (Annex C), signed by the appointed supervisor, to undertake that he/she is able to comply with the SMC's supervisory framework when required by the SMC.

In the event of any changes to the appointed supervisor, the institution must provide a fresh letter of undertaking, duly signed by the respective new/replacement supervisor and submitted to SMC prior to the change.

b) Supervisor-supervisee ratio:

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For Conditionally registered doctors:

- **Level One (L1)** supervision - applied in the first year of conditional registration where level of supervision by the appointed supervisor must be more intense.

- **Level Two (L2)** - applied after the first year of conditional registration. The level of supervision can be less intense at the discretion of the appointed supervisor, provided the performance of the conditional registrant has consistently good grading for the past one year when he was under L1 supervision.

For Temporarily registered doctors (Service):

- **Level One (L1) supervision** - applicable in the first two years 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 - applicable after the first two years of temporary registration (service) in the same department of the hospital. The level of supervision can be less intense at the discretion

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1 All Heads of Department (HOD) are also encouraged to submit the names of conditional registrants whom they have identified for progression from Level 1 (L1 - Intense) to Level 2 (L2 - less intense) supervision. As a guide, a conditional registrant who has been receiving above average performance grading for the past 1 year would be eligible to upgrade to L2 in the following year of registration if they were not involved in any adverse complaints and feedback.

2 All Heads of Department (HOD) are also encouraged to submit the names of temporary registrants whom they have identified for progression from Level 1 (L1 - Intense) to Level 2 (L2 - less intense) supervision. As a guide, a temporary registrant who has been receiving above average performance grading for the past 2 years in the same department would be eligible to upgrade to L2 in the following year of registration if they were not involved in any adverse complaints and feedback.
of the appointed supervisor, provided the performance of the temporary registrant has achieved consistently good grading for the past two years when the supervisee was under L1 supervision.

Note: The temporary registrant will revert to L1 supervision should he change to a different discipline or practice place. Trainees in basic specialist and advanced specialist training or those in the Staff Registrar Scheme are not subjected to this rule whenever they are posted out to another departments or practice place.

For Temporarily registered doctors (Training):

All Clinical Fellows/Observers must remain under **L1 supervision** for the entire duration of their training

c) **Timely Submission of the Supervisors’ Assessment Reports**

Institutions are advised to submit supervisors’ assessment reports promptly. Delays in submission of the reports, in particular adverse reports, will affect SMC’s ability to take timely action. Employing institutions are expected to have a system that allows incompetent or unsafe doctors to exit quickly, so as not to compromise patients’ safety.


5. Kindly disseminate this circular to the relevant staff in your organisation for compliance. Please email moh_smc@moh.gov.sg if you need clarification. Thank you.

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Dr Tan Chor Hiang
EXECUTIVE SECRETARY (ADMINISTRATION, REGISTRATION, ACCREDITATION & SURVEILLANCE)
SINGAPORE MEDICAL COUNCIL
SUPERVISORY FRAMEWORK FOR CONDITIONAL/ TEMPORARY REGISTERED DOCTORS

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.

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**Level One (L1)** supervision - applied in the first year of conditional registration where level of supervision by the appointed supervisor will be more intense.

**Level Two (L2)** - applied after the first year of conditional registration. The level of supervision can be less intense at the discretion of the appointed supervisor provided the performance of the conditional registrant has been graded to be consistently good for the past one year when he was under L1 supervision.

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 supervision\(^1\). Close supervision\(^2\) would be accorded in the first 3 months of the doctor’s registration. The case records of the patients clerked/ treated by a new doctor are to be audited daily by his supervisor at least for the first 3 months. This daily auditing may be extended based on the discretion of the supervisor.

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

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\(^1\) 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.

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<td><strong>Foreign-trained (except European-trained) specialists</strong> 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</td>
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| (B) | **Foreign-trained non-specialists** can practise in non-institutional or private Family Medicine practice or other private group practice if he/she has at least 5 years practice in Family Medicine after obtaining any of the following Family Physician qualifications:  
  - Member of the Royal College of General Practitioners, MRCGP (UK)  
  - Fellow of the Royal Australian College of General Practitioners, FRACGP (Australia only)  
  - American Board Certification in Family Medicine, USA  
  - Certificate of College of Family Physicians (CCFP, Canada)  
  - Fellow of the Hong Kong College of Family Physicians (FHKCFP)  
  **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. |

\(^2\) The case records of patients seen by doctor must be under supervision and are to be audited daily by the supervisor in the first 3 months. Audits include in-patient management decisions made by the doctor and outpatient cases. Doctors performing procedures must have their practical and surgical work supervised and audited in the same way.

Updated 12 Apr 2010 (Comm Hosp/ Hospice etc)
3.6 The supervisor is required to keep proper documentation of his review of the doctor’s work as these would be audited by the SMC. For example, case notes that have been audited are to be initialised 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) will be due every 6 months.
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) are generally not subjected to multi-rater assessments unless required by the Council e.g. the doctor has continuously 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 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 - applicable in the first two years 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 - applicable after the first two years of temporary registration (service) in the same department & hospital. The level of supervision can be less intense at the discretion of the appointed supervisor provided the performance of the temporary registrant has been graded to be consistently good for the past two years when the supervisee was under L1 supervision.

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 independently³.

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.

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³ 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.
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
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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**

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   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.

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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.
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**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.

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\(^3\) Hands-on training must be done under direct supervision. The institution, hospital, supervisor and temporary registrant will be held accountable should this condition be breached.
SUPERVISORY FRAMEWORK FOR CONDITIONAL/ TEMPORARY
REGISTERED DOCTORS

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 is his supervisor and the supervisor will know who he is expected to supervise.

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

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**Level One (L1)** supervision - applied in the first year of conditional registration where level of supervision by the appointed supervisor will be more intense.

**Level Two (L2)** - applied after the first year of conditional registration. The level of supervision can be less intense at the discretion of the appointed supervisor provided the performance of the conditional registrant has been graded to be consistently good for the past one year when he was under L1 supervision.

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 supervision\(^1\). Close supervision\(^2\) would be accorded in the first 3 months of the doctor’s registration. The case records of the patients clerked/treated by a new doctor are to be audited daily by his supervisor at least for the first 3 months. This daily auditing may be extended based on the discretion of the supervisor.

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

\(^1\) 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.

\[^{\text{A}}\text{Conditionally registered doctors belonging to Category (A) or (B) below would practise directly under L2 supervision which can be less intense at the discretion of the appointed supervisor.}\]

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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.

\(^2\) 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.
3.5 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) will be due every 6 months.
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) are generally not subjected to multi-rater assessments unless required by the Council e.g. the doctor has continuously 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 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 - applicable in the first two years 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 - applicable after the first two years of temporary registration (service) in the same department & hospital. The level of supervision can be less intense at the discretion of the appointed supervisor provided the performance of the temporary registrant has been graded to be consistently good for the past two years when the supervisee was under L1 supervision.

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;
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**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 independently.

**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.

---

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

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 at least of Associate Consultant grade or equivalent. 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 is his supervisor and the supervisor will know who he is expected to supervise.

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

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**Level Two (L2)** - applied after the first year of conditional registration. The level of supervision can be less intense at the discretion of the appointed supervisor provided the performance of the conditional registrant has been graded to be consistently good for the past one year when he was under L1 supervision.

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 supervision\(^1\). Close supervision\(^2\) would be accorded in the first 3 months of the doctor’s registration. The case records of the patients clerked/ treated by a new doctor are to be audited daily by his supervisor at least for the first 3 months. This daily auditing may be extended based on the discretion of the supervisor.

3.2 If major flaws are discovered during auditing, the supervisor/consultant-in-charge should sit-in with the new doctor to observe his clerking sessions to give immediate feedback.

3.3 One-to-one verbal feedback should also be given daily from the time when the new doctor begins to see patients on his own. Once the new doctor’s confidence and competency level builds up, the frequency of feedback could be reduced.

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

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\(^1\) 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.

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Updated 12 Apr 2010 (Private Hospital etc)
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.

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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.

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SUPERVISORY FRAMEWORK FOR CONDITIONAL/ TEMPORARY REGISTERED DOCTORS

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
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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 at least of Associate Consultant grade or equivalent. 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 is his supervisor and the supervisor will know who he is expected to supervise.

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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.

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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.

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4.2 The frequency of supervisor’s assessment (Form C1) for a new conditional L2 registrant belonging to Category (A) or (B) will be due every 6 months.

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 subject to multi-rater assessments\(^3\) (Form C2) by peers and fellow colleagues in the first year of registration at 6-monthly intervals.

5.3 Depending on circumstances, conditionally registered doctors may be subject to multi-rater assessments beyond the first year of registration as determined by the Council.

5.4 New conditional L2 registrants belonging to Category (A) or (B) are generally not subjected to multi-rater assessments unless required by the Council e.g. the doctor has continuously received poor assessment reports from his supervisors.

6. **Identification of Poor Performers**

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6.2 The feedback and auditing sessions would enable the identification of new doctors who are weak in their work. The specific areas of weakness are to be identified early so that corrective action can be taken without delay.

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\(^3\) 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.
6.5 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 - applicable in the first two years 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 - applicable after the first two years of temporary registration (service) in the same department & hospital. The level of supervision can be less intense at the discretion of the appointed supervisor provided the performance of the temporary registrant has been graded to be consistently good for the past two years when the supervisee was under L1 supervision.

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 independently.

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.

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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.
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 is his supervisor and the supervisor will know who he is expected to supervise.

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

<table>
<thead>
<tr>
<th>No. of L1 supervised doctor</th>
<th>No. of L2 supervised doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

**Level One (L1)** supervision - applied in the first year of conditional registration where level of supervision by the appointed supervisor will be more intense.

**Level Two (L2)** - applied after the first year of conditional registration. The level of supervision can be less intense at the discretion of the appointed supervisor provided the performance of the conditional registrant has been graded to be consistently good for the past one year when he was under L1 supervision.

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 supervision\(^1\). Close supervision\(^2\) would be accorded in the first 3 months of the doctor’s registration. The case records of the patients clerked/treated by a new doctor are to be audited daily by his supervisor at least for the first 3 months. This daily auditing may be extended based on the discretion of the supervisor.

3.2 If major flaws are discovered during auditing, the supervisor/mentor should sit-in with the new doctor to observe his clerking sessions to give immediate feedback.

3.3 One-to-one verbal feedback should also be given daily from the time when the new doctor begins to see patients on his own. Once the new doctor’s confidence and competency level builds up, the frequency of feedback could be reduced.

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

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\(^1\) 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.

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<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td><strong>Foreign-trained (except European-trained) specialists</strong> 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</td>
</tr>
<tr>
<td>(B)</td>
<td><strong>Foreign-trained non-specialists</strong> 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:</td>
</tr>
<tr>
<td></td>
<td>• Member of the Royal College of General Practitioners, MRCGP (UK)</td>
</tr>
<tr>
<td></td>
<td>• Fellow of the Royal Australian College of General Practitioners, FRACGP (Australia only)</td>
</tr>
<tr>
<td></td>
<td>• American Board Certification in Family Medicine, USA</td>
</tr>
<tr>
<td></td>
<td>• Certificate of College of Family Physicians (CCFP, Canada)</td>
</tr>
<tr>
<td></td>
<td>• Fellow of the Hong Kong College of Family Physicians (FHKCFP)</td>
</tr>
</tbody>
</table>

**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.

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\(^2\) 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.

Updated 12 Apr 2010 (RI Polyclinic)
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) will be due every 6 months.
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 subject to multi-rater assessments\(^3\) (Form C2) by peers and fellow colleagues in the first year of registration at 6-monthly intervals.

5.3 Depending on circumstances, conditionally registered doctors may be subject to multi-rater assessments beyond the first year of registration as determined by the Council.

5.4 New conditional L2 registrants belonging to Category (A) or (B) are generally not subjected to multi-rater assessments unless required by the Council e.g. the doctor has continuously 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 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.

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\(^3\) 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.
**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 - applicable in the first two years 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 - applicable after the first two years of temporary registration (service) in the same department & hospital. The level of supervision can be less intense at the discretion of the appointed supervisor provided the performance of the temporary registrant has been graded to be consistently good for the past two years when the supervisee was under L1 supervision.

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 independently\(^4\).

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.