



Allied Health Professions Council
c/o Secretariat of healthcare Professional Boards (SPB)
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AHPC-2305-RRF-04

RESTRICTED\NON-SENSITIVE

**FORM SF1
READINESS REVIEW FOR ORGANISATIONS/DEPARTMENTS TO
UNDERTAKE SUPERVISION FOR CONDITIONALLY REGISTERED
ALLIED HEALTH PROFESSIONALS**

INTRODUCTION

Organisations/departments which wish to undertake supervision for conditionally registered allied health professionals should apply to the Allied Health Professions Council (AHPC) using this form.

I am applying for a readiness review for my organisation/department to undertake supervision for conditionally registered allied health professionals for the following Allied Health Profession(s):

- | | |
|--|---|
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Diagnostic Radiography |
| <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Radiation Therapy |
| <input type="checkbox"/> Speech-Language Therapy | |

DETAILS OF THE ORGANISATION/DEPARTMENT

Name and address of the organisation/department:

Website (if any):

Name and designation of contact person:

Telephone number:

Email:

DECLARATION

This declaration must be

- i. Signed by the manager or the allied health professional in-charge of the department who has sufficient authority within the organisation to ensure that all AHPC requirements for supervision will be met; AND*
- ii. Signed by the Chief Executive Officer / Chairman, Medical Board / Medical Director / Chief Operating Officer or Allied Health Director.*

I declare that

- i. The particulars, supporting information and documents submitted for the review are complete, true and accurate;**
- ii. I have read and understood the AHPC's Supervised Practice Guidelines, and have made all efforts to comply with the requirements stipulated within;**
- iii. I have completed the organisation self-assessment checklist (including its required Appendices); and**
- iv. I agree to the inspection of my organisation/department by the AHPC as part of the review, if necessary.**

Signed:

Name:

Position in organisation:

Date:

Countersigned:

Name:

Position in organisation:

(Chief Operating Officer / Chairman, Medical Board / Medical Director / Chief Executive Officer / or Allied Health Director.)

Date:

INSTRUCTIONS – INFORMATION REQUIRED FOR READINESS REVIEW

Please complete the 'Readiness Review Organisation Self-Assessment Checklist found on page 5 onwards and the information listed below prior to submitting your application for readiness review.

Note:

Please cross reference to show where the information requested can be found if the organisation/department is submitting existing records/documents/brochures.

A. Information on the Organisation

1. Provide an organizational chart, clearly demonstrating the lines of reporting and staff relationships, particularly for the allied health professionals.
2. Provide information on the staff strength and profile in your organisation using the table in **Annex A (Form SF1A)**.
3. Provide more details on your allied health professionals staff using the table in **Annex B (Form SF1A)**.

B. Description of the Services and Client Groups

Briefly describe the **full** range of services provided by your organisation/department, including information on the following:

1. Client groups served;
2. Client group size (or caseload e.g. number of clients served per week or per month); and
3. Typical range of services provided to each client group.

C. Description of Allied Health Services

Describe briefly the services available to your clients (e.g. diagnostic radiography, occupational therapy, physiotherapy, radiation therapy, speech-language therapy etc.) and specify the following:

1. How clients are admitted and discharged from your organisation/department's services. Please include information on the nature and frequency of assessment of client's needs, particularly in areas related to the profession(s) that you are applying for (if any));
2. Nature of service provided (e.g. group, individual, maintenance or active rehabilitation), including special programmes (if any);
3. Broad goals for each client group receiving the service; and
4. The client load (number of clients served per week/month) for each type of services/programmes.

D. Appendices required to support Checklist items:

Appendix A: Details of orientation/induction programme for newly hired allied health professionals

Appendix B: Details of supervisory arrangements and activities for newly hired allied health professionals

Appendix C: Details of performance review and management practices in your organisation, including the management of poor performers.

Appendix D: Details of training and professional development practices in your organisation, including peer review opportunities.

Appendix E: Details of how complaints and adverse feedback on allied health professionals in your organisation are managed.

Any other information

Please provide separately any other information you would like the AHPC to be aware of.

The duly completed forms and supporting documents are to be emailed to ahpc@spb.gov.sg.

READINESS REVIEW ORGANISATION SELF-ASSESSMENT CHECKLIST

Instructions:

1. Familiarise yourself with the relevant Allied Health Professions Council's (AHPC) Supervised Practice Guidelines which is available on the AHPC website at www.ahpc.gov.sg under the tab "Forms and Downloads".
2. Please ensure that all the questions in the checklist are answered, and the required Appendices are prepared.
3. You may use existing documents or information available within your organisation as the Appendices.
4. Please note that if you have answered 'No' to any of the questions below, your organisation would not have met the AHPC Supervised Practice requirements adequately to hire a conditionally registered allied health professional. You will need to address those gaps prior to applying for a readiness review with the AHPC.

1	Orientation	
(a)	Does the organisation have an orientation programme in place for newly hired allied health professionals? (Please provide orientation programme details as Appendix A)	Yes / No
(b)	Does the orientation programme cover all the areas stipulated in the APHC's Supervised Practice Guidelines?	Yes / No
2	Supervisor requirements	
(a)	Does your organisation have at least 2 Full time, fully registered supervisory grade staff employed by the organisation who are currently in active clinical practice? <i>Note: The supervisory grade staff must have at least 3 years of clinical practice experience in Singapore in the profession that you intend to hire conditionally registered allied health professionals.</i>	Yes / No
(b)	Does your organisation have supervisors [meeting the supervisory grade staff requirements in 2(a)] who are available to provide timely and direct supervision in the event the person assigned as primary supervisor is not onsite with his supervisee? (Please provide details of the supervisory arrangements as Appendix B)	Yes / No
(c)	Does your organisation have at least 2 supervisory grade staff who have attended AHPC's Supervisor Training Workshop? (Note: A certificate of attendance is issued to Allied Health Professionals who have completed the training workshop.)	Yes / No

3	Supervision requirements	
(a)	Does the current supervision practice in your organisation meets the AHPC's requirements for the different levels of supervision (in the profession(s) that you are applying for) as stipulated in Table 3 of the Guidelines?	Yes / No
(b)	Are allied health professionals' supervision activities documented in your organisation? (Please provide a list of supervision activities in your organisation in Appendix B)	Yes / No
4	Performance Review System	
(a)	Does your organisation have in place a performance review and management system for the evaluation of the allied health professionals? (Please provide details of your organisation's performance review and management practices as Appendix C)	Yes / No
(b)	Is there a process to identify and manage poor performers? (Please provide details in Appendix C , including remedial measures available for allied health professionals who do not meet organisational expectations in their performance review.)	Yes / No
5	Training & Development	
(a)	Are there professional development activities in place for peer learning and peer interaction? (e.g. Case discussions and presentations, grand ward rounds, journal clubs, formal and informal training programmes) (Please provide details of the past year activities or planned activities for the upcoming year as Appendix D)	Yes / No
6	Management of Complaints	
(a)	Is there a system in place to investigate and manage complaints and adverse feedback received against allied health professionals? (Please provide details as Appendix E)	Yes / No