

SUPERVISORY FRAMEWORK FOR CONDITIONALLY / TEMPORARILY REGISTERED DOCTORS FOR PATIENTS' SAFETY

Contents

1	Orientation	1
2	Supervision	2
	i) Eligibility Criteria for Supervisor	2
	ii) Supervisor-Supervisee Ratio	3
	iii) Objectives of Levels 1 and 2 Supervision	4
	iv) Intensity of Levels 1 and 2 Supervision	4
	v) Level 3 supervision	5
3	Monitoring and Feedback	6
4	Supervisor's Assessment Reports	7
5	Multi-rater Assessment Reports	8
6	Identification of Poor Performers	8
7	Temporary Registrants on Service	9
8	Temporary Registrants on Training (Clinical Fellows / Observers)	10

1. Orientation

- 1.1 All new doctors (herein also referred to as the “supervisees”) must undergo an orientation programme before they start work.
- 1.2 The supervisee should be provided with an Orientation File containing the following where applicable:
- Important regulations and professional guidelines governing medical practice in Singapore
 - General information about the organisation of the healthcare institution and the services that it provides
 - Good practice in record keeping
 - Procedures for arranging x-rays and other investigations, and obtaining test results within and outside normal working hours
 - Good prescribing habits
 - Drug formulary of the healthcare institution
 - Management protocols for the more common conditions treated in the healthcare institution and for emergency conditions. For example, the common acute conditions in a primary care setting may include:
 - Approach to acute respiratory tract infection
 - Approach to gastro-enterological problems
 - Management of common minor ailments
 - Common chronic conditions in a primary care setting
 - Local rules and regulations
 - The latest edition of SMC Ethical Code and Ethical Guidelines – as of Jan 2026 the current (2016 edition) and Handbook on Medical Ethics (2016 edition) is the latest.
- 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 supervisee should be informed about how he would be appraised and assessed and the frequency of such assessments.

Level of Supervision	Conditional	Temporary (Service)	Temporary (Training as Clinical Fellow/ Clinical Observer)
L1	a) 3 rd month, b) 6 th month & c) 6-monthly intervals	a) 3rd month, b) 6-monthly intervals & c) End of term	a) 3rd month, b) 6-monthly intervals & c) End of term
L2	6-monthly intervals	6-monthly intervals	Not Applicable
L3	Annually	Not Applicable	Not Applicable
For more details, please refer to Sections 4, 7 and 8.			

- 1.5 The supervisee is to be given an orientation and tour of the healthcare institution during which supervisee should be introduced to the key staff and the workflow within the institution.

2. Supervision

- 2.1 The supervisee must work under the direct on-site supervision of an SMC-approved supervisor (please refer to Table 1). For the avoidance of doubt, this means that the supervisor must be physically present on-site whenever the supervisee is practising. The name and designation of the supervisor must be made known to the Singapore Medical Council (SMC) via the submission of a Letter of Undertaking (SF Annex C).

Table 1: Eligibility Criteria for Supervisor under SMC's Framework

<p>For Hospitals/Specialty Centres, supervisors must be:</p> <ul style="list-style-type: none"> (i) Fully registered with SMC; and (ii) Designated Registrar*/ Senior Resident and above or registered specialist <p>Designated Registrars*/ Senior Residents can only supervise conditionally/temporarily registered <u>Medical Officers (or equivalent)</u> who are in their <u>first or second year</u> in the local healthcare system.</p> <p>* Designated Registrars must have a postgraduate qualification which is considered as an intermediate qualification relevant to the specialty/department.</p> <p>For General Practices (Polyclinics, GP clinics), supervisors must:</p> <ul style="list-style-type: none"> (i) be fully registered with SMC; and (ii) have at least 5 years of experience in general practice <u>in Singapore</u>; OR (iii) be a registered Family Physician <u>in Singapore</u> <p>For Step-down Care (VWOs, Community Hospitals, Hospices), supervisors must:</p> <ul style="list-style-type: none"> (i) be fully registered with SMC; and (ii) have at least 5 years of experience in relevant hospital/community services (VWOs, community hospitals, hospices) <u>in Singapore</u>; OR (iii) be an on-site registered Family Physician or Specialist (e.g. Geriatrician, Palliative Medicine Physician, Rehabilitation Physician, General Physician) <u>in Singapore</u>
<p>The supervisor[#] must work on a full-time basis in the same department or practice place as the supervisee and provide timely and direct supervision.</p> <p>[#] The supervisor should be equivalent or of a higher designation than the supervisee. Where the supervisee is a specialist, the supervisor must be of higher seniority. SMC may also consider other criteria when assessing the suitability of the supervisor.</p> <p>In cases where the doctor works in an approved secondary practice place(s) or is training under the Residency Program, the SMC-approved primary supervisor is required to solicit feedback from the secondary supervisor(s) and Residency Program Director (if applicable) in completing the doctor's periodic assessment reports.</p> <p>With effect from 1 January 2021, fully registered doctors are required to be trained under the SMC's Supervisory Framework before they can be appointed as SMC-approved supervisors for conditionally and temporarily registered doctors.</p>

- 2.2 The supervisee 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 supervisee must not act as a supervisor or assume any supervisory duties under SMC's supervisory framework.
- 2.4 When the primary supervisor is away, his/her supervisory duties are to be undertaken by a "covering" supervisor (also termed "relief supervisor" – vide infra). This arrangement should not extend beyond a period of one month, or a new supervisor must be assigned to replace the primary supervisor who will be away for an extended period.
- 2.5 The primary supervisor also undertakes to solicit feedback from other secondary supervisor(s) who have had sufficient contact time with the supervisee and, where applicable, from the on-site supervisor(s) in any other practice place(s) and the Residency Program Director, for the purpose of completing SMC's assessment form. The supervisee (on full or part-time basis) will be treated as one (1) full head count under the primary supervisor's ratio stipulated in Section 2.7.
- 2.6 The SMC-approved supervisor undertakes the responsibility to provide an accurate and objective assessment of the supervisee to the Council. Although the supervisor can obtain feedback from senior doctors assigned to look after the supervisee during his/her absence (soliciting feedback from the covering supervisor, if any), there must be sufficient contact time between the supervisor and supervisee. It would be inappropriate to rely solely on feedback from other doctors.
- 2.7 The supervisor must observe the supervisor-supervisee ratio below.

Table 2: Supervisor-supervisee Ratio

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

Note: Conditionally-registered doctors on L3 supervision are excluded from the Supervisor-supervisee ratio.

- 2.8 **Level One (L1)** supervision - To be applied in the first 6 months of conditional registration where the degree of supervision by the appointed supervisor will be expected to be most intense. For temporary registrants, please refer to Sections 7 and 8.

Level Two (L2) supervision - A conditionally registered supervisee who has received at least "Satisfactory" performance grading for the past 6 months [minimum period¹] would be eligible to progress to L2 supervision if he does not have any adverse complaints and feedback, subject to the Council's approval. The degree of supervision

¹ For part-time doctors (who practise at least 20 hours per week), the computation method used for calculating their eligibility for progressing to the next level of supervision will be double the time norm of full-time doctors.

can be less intense at the discretion of the appointed supervisor. For temporary registrants, please refer to Sections 7 and 8.

Please refer to Table 3 and Table 4 for guidelines on the objectives and intensity of L1 and L2 supervision.

Table 3: Objectives of L1 and L2 Supervision

<p><u>Objective of L1 Supervision:</u> The supervisee is expected to meet the basic standard expected in the following areas before he is considered as a safe doctor in the system:</p> <p>a) Personal qualities and ethical behaviour relevant to the profession b) Basic medical knowledge and clinical competency c) Demonstrates medical competencies required of him to function effectively and safely at his current level of appointment</p> <p><i>Note: The emphasis would be on points a) & b). For specialists, point c) must also be assessed.</i></p>
<p><u>Objective of L2 Supervision:</u> The supervisee expected to:</p> <p>a) Demonstrate medical competencies required of him to function effectively and safely at his current level of appointment b) Continue to meet the other requirements stipulated under L1 supervision</p> <p><i>Note: The emphasis would be on point a).</i></p>

Table 4: Intensity of L1 and L2 Supervision

Level of Supervision	Duration	% of cases seen by the supervisee which must be audited
L1	1 st 3 months of registration	50%
	Remaining duration	10%
L2	Entire duration	10%

Note: Department will be responsible to ensure that the audit team can review a list of all cases that the supervisee has attended to.

2.9 A foreign-trained doctor who has completed his housemanship in Singapore satisfactorily will be eligible for L2 supervision provided he fulfils the following (this policy applies to doctors who are conditionally registered with SMC with effect from 15 Sep 2010):-

- 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 Training & Assessment Standards 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. (For application criteria for conditional registration, please visit the SMC website: <http://www.smc.gov.sg>.)

2.10 **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 fulfil the specified period² of supervised practice required for computation towards full registration. The objective of L3 supervision is to ascertain the readiness of a doctor to work independently on a sustained basis, i.e. the interim period prior to full registration.

Subject to the Council's approval, the conditionally registered supervisee must:

- Have valid medical registration and a practising certificate; and
- Have received at least "Satisfactory" performance grading for the past 1 year under L2 supervision [minimum period³]; and
- No adverse complaints and feedback.

2.11 A conditionally registered supervisee on **L3** supervision will:

- Continue to practise under supervision of an SMC-approved supervisor;
- Be subject to assessment by the respective supervisor(s). The assessment reports will be requested by SMC **annually** until such time that the supervisee completes the specified period of supervised practice required for computation towards his / her eligibility for Full registration;
- Be excluded from the ratio count under SMC's supervisory framework as indicated in Table 2; and
- Prohibited from being designated as a supervisor under SMC's supervisory framework.

2.12 Progression to a higher level of supervision is not automatic. The employers or HODs should request SMC to review the supervisee's performance for progression in the level of supervision. The employer will be notified after SMC has approved the progression to a less intense level of supervision.

2.13 The supervisor will be responsible for assigning the types of cases to be seen by a new supervisee during the initial few weeks or months until such time that the supervisee is able to handle the normal caseload.

2.14 A new supervisee is expected to do sit-in sessions with his supervisor every day for the first 1 to 2 weeks to gain an insight of the spectrum of work and to be familiarised with the drugs used to manage the different conditions.

2.15 A new supervisee should not be allowed to perform 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 so. The supervisee must never be assigned a task for which he has insufficient experience or expertise.

2.16 The supervisee 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.

² Please visit the SMC website: <http://www.smc.gov.sg> for more information on the **specified period** of service under conditional registration.

³ For part-time doctors (who practise at least 20 hours per week), the computation method used for calculating their eligibility for progressing to the next level of supervision will be double the time norm of full-time doctors.

- 2.17 During the first week when the supervisee sees new patients with acute problems by himself, the supervisee should report his plan of management to his supervisor, before carrying through with the treatment, in the event that a review by the senior doctor is required.

3. **Monitoring and Feedback**

- 3.1 All newly registered doctors on conditional registration will be subjected to Level 1 supervision⁴. Close supervision should be accorded in the first 3 months of the supervisee's registration. 50% of the cases of the patients clerked / treated by a new supervisee are to be audited for the first 3 months. Evidence of audits must be properly documented. This intensity of auditing may be extended at the discretion of the supervisor. For details on the percentage of cases to be audited during L1 and L2 supervision, please refer to Table 4 in Section 2.
- 3.2 If major flaws are discovered during auditing, the supervisor should personally attend the supervisee's clinic sessions to observe his clerking and to give immediate feedback.
- 3.3 One-to-one verbal feedback should also be given daily from the time the supervisee begins to see patients on his own. Once the supervisee's confidence and competency level builds up, the frequency of feedback can be reduced. There must be documentation of any formal feedback or counselling given to the supervisee.
- 3.4 In addition to the above feedback sessions, arrangements should be made for the supervisee 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 management of the healthcare institution on the progress of the supervisee. Where difficulties arise, especially in adaptation and phasing into the system, the supervisor is to take appropriate actions and inform the management of the healthcare institution.
- 3.6 The management of the healthcare institution is to monitor the progress of the supervisee very closely. Recommendation for termination or continuation of service is to be made when appropriate.

⁴ **Exception 1:** Conditional registered doctors belonging to Category (A) or (B) below would practise directly under L2 supervision which can be less intense at the discretion of the appointed supervisor.

Category A - Foreign-trained (except European-trained) specialists can practise under supervision of an appropriate specialist in a private specialist practice **IF** they have **5 years*** or more of related specialist clinical experience after obtaining an exit specialty qualification recognised by the Specialists Accreditation Board (SAB). They must be accredited by the SAB and registered with SMC as Specialists before they can practise as specialists in Singapore.

Category B – All other Foreign-trained doctors can practise in non-institutional or private Family Medicine practice or other private group practice **IF** they have at least **5 years*** of 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
- Fellow of the Hong Kong College of Family Physicians (FHKCFP)

** the 5 years is counted based on full-time practice of at least 40 hours per week.*

Please visit the SMC website: <http://www.smc.gov.sg> for the prevailing conditions for medical registration.

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

- 3.7 Random audits conducted by SMC may be carried out to ensure that the employers and supervisors are consistently adhering to the requirements and standard of supervision of Conditional / Temporary registered doctors as stipulated by SMC.
- 3.8 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) Cases showing evidence of auditing; department is responsible to ensure that the audit team can review a list of all the cases that the doctor has attended to
 - d) Documentation of any formal feedback or counselling given
- 3.9 In the event that the audit shows that the standard of supervision is consistently unsatisfactory, SMC may not allow any new foreign-trained doctors to work in the healthcare institution in future.

4. Supervisor's Assessment Reports

- 4.1 The frequency of supervisor's assessment 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 the supervisor's assessment of a new conditional L2 registrant belonging to Category (A) or (B) or who has completed housemanship in Singapore satisfactorily will be every 6 months.
- 4.3 The frequency of supervisor's assessment of a conditional L3 registrant will be on an annual basis, unless there is a change in employer / practice place / supervisor, etc.
- 4.4 A consistent rating of "Satisfactory" denotes a "satisfactory" performer. A supervisee who consistently fails to obtain a "Satisfactory" rating in the assessment report would be considered a poor performer.

5. Multi-rater Assessment Reports

- 5.1 The purpose of the multi-rater assessment reports is to provide SMC with a holistic view of the conditional registrant's performance whilst practising under supervision.
- 5.2 New conditionally registered supervisees under Level 1 supervision will be subjected to multi-rater assessments by fellow medical practitioners and other healthcare professionals in the 6th month of their first year of registration.
- 5.3 Depending on circumstances, conditionally registered supervisees 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 supervisee has received poor assessment reports from his supervisors.

6. Identification of Poor Performers

- 6.1 The SMC supervisory framework is structured to ensure that poor performers are identified and, where such poor performance is not remedied after an extended period of time, weeded out. Poor performers, in this regard, refers to doctors whose medical competence is not up to par or whose communication with patients / fellow medical practitioners and other healthcare professionals is consistently poor, or who exhibit poor professional work behaviour.
- 6.2 The feedback and audit sessions would enable the identification of new supervisees 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. There must be documentation of any formal feedback or counselling given to the supervisee.
- 6.3 A doctor with poor attitude is usually identified from feedback from fellow medical practitioners and other healthcare professionals. 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. This is to be documented and acknowledged by the supervisee.
- 6.5 If there is no improvement seen within one month after counselling, the supervisor should notify the healthcare institution's management to take appropriate action.
- 6.6 When dealing with doctors who exhibit consistently poor performance, the Council adopts a multi-tiered approach in its review of doctors. If the doctor does not improve his performance after having received less than satisfactory reports from supervisor(s) and peer(s), some recourse is taken. Some of the options for dealing with doctors who display consistently less than satisfactory performance is set out below: (note that whether all of these steps or some steps apply would be dependent on the facts of each case.)
- (a) Letter of Advice (LOA) – The doctor will be informed on the areas that he/she is performing poorly and he/she needs to improve his/her performance in order to stay on SMC's register.
 - (b) Notification of Review (NoRev) – If the supervisee's performance is consistently less than satisfactory, or particularly grave concerns arise from the feedback of the supervisors in the supervisory framework, the Council may issue a Notification of Review to the doctor without having first issued an LOA. The Council will carry out a review of the doctor's performance. The Council may, at the conclusion of its review, decide to cancel the doctor's medical registration. Thereafter, where appropriate, he/she will be asked to explain as to why his/her name ought not to be removed from the register.
 - (c) Notification of Removal (NoRem) – On the assumption Council has decided to consider the removal of the doctor from the register and had asked the doctor

to explain why such removal ought not to be effected, if the Council is not satisfied by the reasons provided, it may proceed to issue a Notification of Removal to cancel the doctor's medical registration and have his/her name removed from SMC's register.

- (d) In addition, doctors who are poor performers would be added to SMC's monitoring list even after they have left the local healthcare workforce so that information pertaining to their past performance will be surfaced to the Council for consideration should the doctors apply for medical registration with SMC again in the future.

Please note that the doctor's past performance will be taken into consideration should the doctor apply for medical registration with SMC in the future.

Note: In addition to Sections 1 to 6 above, temporary registrants on Service must observe the guidelines in Section 7 below, temporary registrants on Training as Clinical Fellows / Clinical Observers must observe the guidelines in Section 8 below.

7. Temporary Registrants on Service

- 7.1 The additional supervisory framework guidelines applicable to temporary registrants on Service are set out as follows.

- 7.2 **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 - Subject to the Council's approval, a temporarily registered doctor (excluding clinical fellows and clinical observers) who has received at least "Satisfactory" performance grading for the past 1 year [minimum period⁵] would be eligible to progress to L2 supervision if he was not involved in any adverse complaints and feedback. The level of supervision can be less intense at the discretion of the appointed supervisor.

A temporary registered doctor is not eligible to progress to Level Three (L3) supervision.

Please refer to Tables 3 & 4 in Section 2 for ***guidelines on the objective and intensity of L1 supervision***.

- 7.3 The frequency of supervisor's assessment 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
- 7.4 Temporarily registered doctors (service) 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.

⁵ For part-time doctors (who practise more than 20 hours per week), the computation method used for calculating their eligibility for progressing to the next level of supervision will be double the time norm of full-time doctors.

7.5 Temporarily registered doctors (service) must maintain a logbook of cases.

8. **Temporary Registrants on Training (Clinical Fellows / Observers)**

8.1 The additional supervisory framework guidelines that apply to Clinical Fellows and Clinical Observers are set out as follows.

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

Please refer to Tables 3 & 4 in Section 2 above for ***guidelines on the objective and intensity of L1 supervision***.

8.3 The frequency of supervisor's assessment is as follows:

- (a) First assessment report at 3rd month;
- (b) Subsequent assessment reports at 6-monthly intervals;
- (c) End of term assessment report.

8.4 Temporarily registered doctors (training) 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.

8.5 Clinical Observers cannot:

- i) be involved in direct patient care; nor
- ii) be allowed to make entries in patients' case notes or write prescriptions for patients.

Nevertheless, they can be allowed to assist in procedures under direct supervision⁶ and will be subjected to Level 1 supervision by their supervisor at all times.

8.6 Clinical Fellows must maintain a logbook of cases.

⁶ The institution, hospital, supervisor and temporary registrant will be held accountable should this condition be breached.