Traffic Light Supervisory Framework

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Background

Supervisory framework for conditional/temporarily registered doctors was introduced by Singapore Medical Council (SMC) with patient safety in mind. It mandates that all conditional/temporarily registered doctors must be appointed a clinical supervisor until he/she can work independently and is fully registered with SMC. SMC has also set a supervisor-supervisee quota to ensure sufficient level of supervision.

With the huge number of conditional registered doctors rotated to department of Internal Medicine (DIM), the supervisors' assignment was challenging as DIM has insufficient consultants to supervise all conditional registered doctors. Division of Medicine (DoM) had previously obtained SMC agreement to appoint sub-specialty consultants as supervisors. However, the assignment was still challenging as DIM faced difficulties in obtaining quota of the sub-specialty consultants.

Aim

To ensure that all conditional/temporarily registered doctors in Division of Medicine are assigned a supervisor within the first week of their postings.

Analysis & Solution Development

Analysis was conducted to understand the challenges faced for the assignment of supervisor to DIM conditional registered doctors.
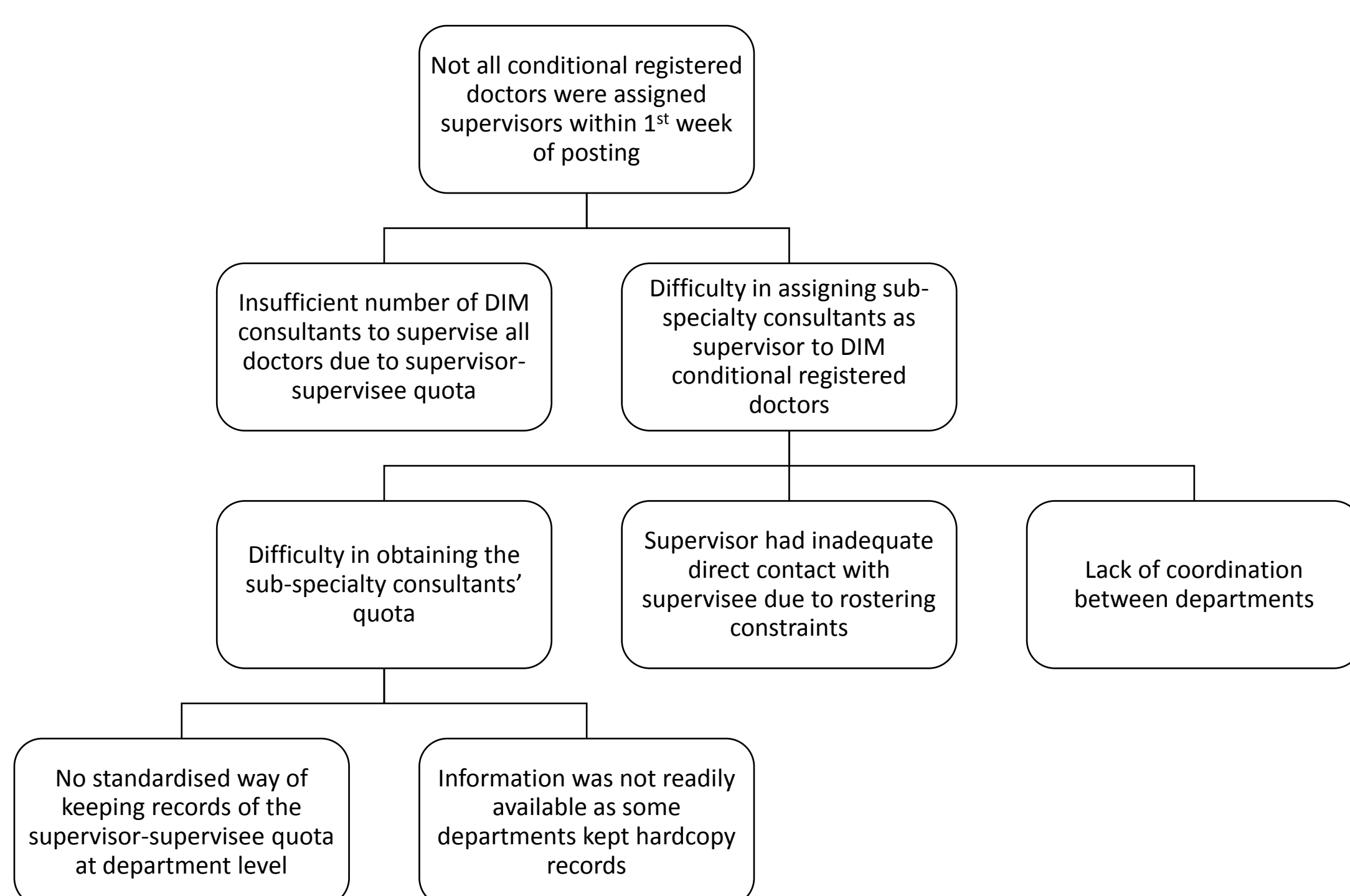

Fig 1. 5-whys cause analysis of the challenges in assigning supervisor to DIM conditional registered doctors.
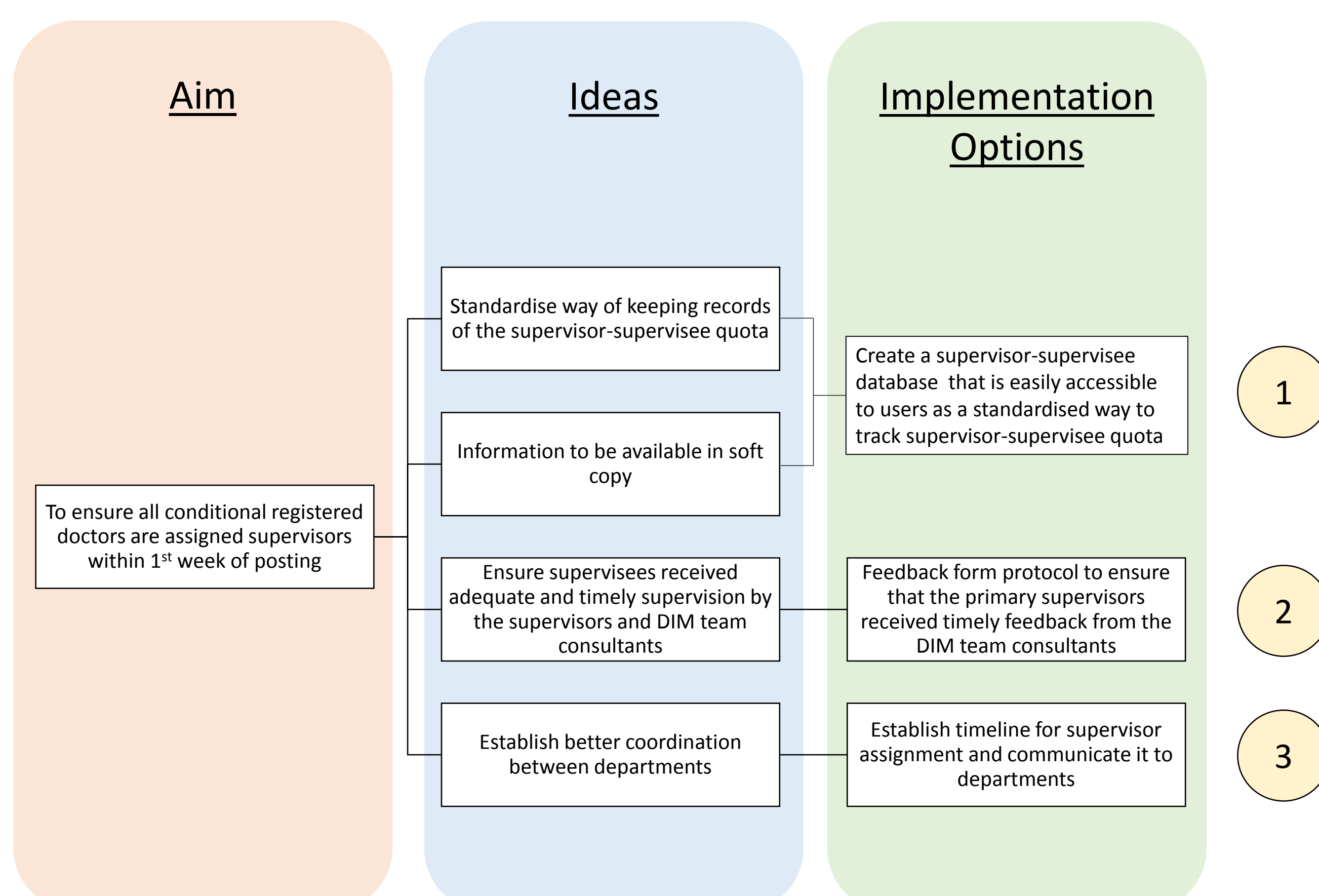

Fig 2. Tree Diagram

Implementations

The framework was piloted in 2 departments (Endocrinology and Haematology). It was further refined based on feedback from users to meet the needs of the departments before rolling out to the rest of the departments.

1) Supervisor-supervisee database in Excel was implemented to serve as a common platform to keep records of all the supervisees under the respective doctors and to enable the tracking of each supervisor's quota. It comprises of a summary page whereby the user can have an overview of which consultant still has available quota for supervisee. Furthermore, with the traffic light system, if the quota is exceeded, the particular cell will be highlighted. Supervisor-supervisee database was fully rolled out to the departments* in Division of Medicine by July 2016. The database was placed on the intranet for staff to have access to the consultant's supervisor-supervisee quota.

*Total of 12 departments: Internal Medicine, Endocrinology, Respiratory & Critical Care Medicine, Infectious Diseases, Rehabilitation Medicine, Haematology, Rheumatology, Dermatology, Geriatric Medicine, Neurology, Gastroenterology and Renal Medicine.

Fig 3. Example of the database summary page which displays the consultant's supervisor-supervisee quota

Fig 4. Example of the database tab which displays the list of supervisees under the supervision of the consultant for the respective months

2) Feedback form protocol

DIM feedback forms which had a similar format as SMC evaluation forms were collated from the DIM team consultants of the supervisees. These forms were sent to the respective supervisors on a monthly basis to allow timely feedback so that supervisors can provide counselling to supervisees when required.

3) Timeline

HR informs of posting details → Dept assigns supervisors (7 days) → DIM assigns supervisors → Posting Period

- Departments have the priority to assign a supervisor to their own department conditional/temp registered doctors.
- Department staff to enter the assignment to the database.
- DIM staff will assign subspecialty consultants as supervisors thereafter. As far as possible, the assignment of supervisors will be according to the supervisee's rostered team consultants to allow direct supervision.
- Supervisees arrange meet-up sessions with supervisor within the first week of their postings in DIM.

Results

The DoM supervisory framework has standardised the tracking of supervisor-supervisee quota for the 12 departments under Division of Medicine.

All conditional/temporarily registered doctors were assigned a supervisor within the first week of posting since the rolled out of the DoM supervisory framework in July 2016. A total of 146 DIM supervisees were appointed a supervisor from July 2016 to Apr 2017.

Database gave an overview of supervisors and supervisees and provided accountability.

The framework helped in the coordination of the supervisor assignment between the 12 departments and allowed timely supervision.

Conclusion

With the support from the Division Chair, HODs and administrative staff, the supervisory framework was successfully implemented and allowed timely supervision to ensure patient safety.