



ORTHOPAEDIC SURGERY (SPINE) FELLOWSHIP ATTACHMENT PROGRAMME IN SGH

Components	Information
1. Division/ Department	Musculoskeletal Sciences/ Orthopaedic Surgery, Spine Service
2. Title of Programme	Clinical Fellowship Training in Orthopaedic Surgery (Spine)
3. Relevant Registrations	Temporary Registration with Singapore Medical Council (SMC) Training employment pass application with Ministry of Manpower, Singapore (MOM) (upon successful Temporary Registration with Singapore Medical Council)
4. Overview 4.1 Background information	The main objective of these attachment programmes is for candidates to gain exposure in the spinal surgery and/or learn specific clinical skills.
4.2 Goal/ aim(s)	This attachment programme allows Fellows to gain exposure/experience in: All aspects of spinal medicine & surgery, including clinical evaluation and management, as well as surgical training The 6-month or 12-month programme allows increased opportunities for hands-on-training and participation in significant research projects
4.3 Duration	Minimum: 6 months Maximum: up to 12 months
4.4 Hyperlinks/URL Sites	https://www.sgh.com.sg/departments/ortho/services/pages/spineservice.aspx
5. Target Audience	Orthopaedic surgeons who have specific interest in the subspecialty, preferably coming from the following countries (applicants from other countries are also welcomed to apply as long as they meet the eligibility criteria): India Philippines Malaysia
5.1 Pre-requisite /eligibility requirement(s)	 General requirements for Temporary Registration for training (required by SMC): A basic medical degree from an accredited medical university or medical school Passed the relevant national licensing examination in the country of conferment of conferment of basic degree, where applicable Evidence of at least 12 months houseman-ship / internship with a certificate of satisfactory completion of houseman-ship or equivalent Been registered as a medical practitioner in the country where he is currently practising Been certified to be of good standing by the Medical Council or the relevant national authority Note: The doctor should be in active clinical practice (and been registered as a medical practitioner in the countries of practice) for the 3 years preceding the application for medical registration in Singapore. In addition to the above criteria, Clinical Fellows must: a) Have a minimum of 3 years working experience as a medical officer (or equivalent)

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	 b) Fulfil English Language requirements of SMC if the medium of instruction for the basic medical qualification is not in English c) Preferably have obtained a postgraduate diploma or medical degree in his country or overseas d) Be sponsored by (i) the government, or (ii) regional health authority or (iii) an appropriate institution in the home country. For (d)(iii), the doctor must be on current full-time employment (40 hours or more per week) with the sponsoring institution. As a Clinical Fellow, the doctor will be allowed to be involved in patient care and make entries in patients' case note, communicate care plans to patients and fellow healthcare professionals, and perform procedures under direct supervision or Level 1 supervision under SMC's Supervisory Framework. Department's requirement, if any (only for Clinical Fellows in this subspecialty): 		
	FRCS "Ortho" or equivaleAble to commit a minimattachment	ent mum period of 6 months	in this Clinical Fellowship
6. Learning Objectives	management, as well as The 6-month or 12-mont on-training and participat 12 Month Programme (s program, it will also inclu Writing at least one p Exposure to greater	nedicine & surgery, including surgical training the programme allows increastion in significant research program). The following components paper for publication	ng clinical evaluation and ed opportunities for handsojects In addition to the 6-month
7. Course/Training Syllabus	Hands-on experience Fellows will perform or assist	in the following procedures	under supervision:
	Name of Activity	Frequency of sessions/length of sessions	Teaching Methodology
	Surgery a) Open Surgery - Cervical / thoracic/ lumbar - Fusion Surgery - Disc arthroplasty b) Minimally Invasive Surgery - Decompression - Fusion - Lateral Surgery c) Deformity Surgery	2 days weekly	Under direct supervision - allowed to perform/assist procedures

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8. Training Method	Method of Supervision: Direct observation and feedback. Fellow will be supervised by an assigned supervisor at all times both in outpatient clinics and in operating theatres. - Continuous direct supervision Hands-On Experience: Fellows will perform or assist in the following procedures under supervision: As per table under item 7 No job rotation to other departments within SGH is required. No job rotation to other institutions is required.		
	TRAINING ACTIVITIES & METHODOLOGY Name of Activity Frequency of sessions/lengt h of sessions		Teaching Methodology
	Outpatient clinic exposure and assessment	3 days weekly: 1 day - 2 sessions (am & pm) Per session: 3 to 4 hrs	Under direct supervision – Involved in patient care, write patients' case notes, communicate care plans to patients and fellow healthcare professionals
	Surgery a) Open Surgery - Cervical / thoracic/ lumbar - Fusion Surgery - Disc arthroplasty	2 days weekly	Under direct supervision - allowed to perform/assist procedures
	b) Minimally Invasive Surgery - Decompression - Fusion - Lateral Surgery		
	c) Deformity Surgery		
	Spine Rounds - Case Discussion	Once / weekly / 1 to 2 hrs	Case discussion of complex or complicated spine cases
	- Radiology Rounds	3 rd week / monthly / 1 to 2 hrs	Case discussion of complex or complicated spine cases – Combined Session with DDR and Spine Team





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	- Oncology Rounds	Once / weekly / 1 to 2 hrs	Case discussion of complex or complicated spine cases
	Journal Clubs	Once / monthly	Discuss on latest journal publications selected by Senior Consultant hosting the journal club. For these teaching sessions, fellows/residents will be assigned to present the journals, followed by in-depth case discussion.
	Mortality & Morbidity Rounds	Every Thursday (1 to 2 hrs)	Clinical incidents (include patient mortalities and morbidities & serious reportable events) are reported via online to the Quality Assurance Committee. These are discussed and reviewed by the department. Purpose is to address areas and issues identified so as to prevent further occurrences of similar events for quality assurance purposes.
9. Assessment and Evaluation	Fellows will need to demonstrate their proficiency level based on the following competencies: 1) Patient Care - History and physical examination 2) Medical Knowledge - Spinal conditions and treatment 3) Practice-Based Learning and Improvement - Surgical techniques		
			ment
	4) Interpersonal and Communication Skills - Discussion of risk and options in spinal surgery 5) Professionalism		
	- Punctually and good attendance 6) Systems-Based Practice - Team collegiality		





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9.1 Assessment approaches	Formative assessment: (Passing %: 50%) Regular evaluation between Fellow and Supervisor / Head of Department Reflective journal- logbook recordings of training activities Summative assessment: (Passing %: 50%) Periodical assessment reports as required by Singapore Medical Council Feedback: End-of-training feedback form as required by Singapore Medical Council End-of-training feedback session with SGH-PGMI		
9.2 Evaluation Process 9.2.1 General overall grading system	The general overall grading system evaluates the Clinical Fellow's performance upon completion of the fellowship programme. All Clinical Fellow will be given a general overall grading status at the end of the fellowship programme based on the grading criteria requirements incorporating the six competencies based knowledge, skills and performance that Clinical Fellow must demonstrate throughout the programme. Grading Description Grading Criteria Requirements		
	СМР	Completes the programme	At least 80% attendance for all meetings and training activities. Active participation in most training activities.
	USP	Unsatisfactory performance	Less than 30% attendance for all meetings and training activities. Consistently demonstrates poor training skills and patient care. Demonstrates no respect towards Supervisor or other Health Professionals' advice. Lack of responsibility throughout the programme and lack of interest to learn.
	DCP	Did not complete the programme	Does not attend any meeting or attend any training activities. No supporting documents for absence or valid reason for not completing the programme (e.g. medical certificate / hospitalisation leave).
	WDN	Withdrawn from the programme	Absolutely nil participation in the programme.
9.3 Criteria for Early Termination			ed early on the ground of the Clinical isconduct, negligence or breach of any

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	terms stipulated or referred to in the Clinical Fellowship Letter of Offer and Institution Terms and Conditions.
	The Clinical Fellow may also request to terminate the attachment programme for reasons such as serious illness or other personal obligations.
	The institution will review all requests for early termination with the Clinical Fellow and the Supervisor / Head of Department.
10. Course Administration	Type of Certification: Certificate of Training
	Training Fee: S\$3,210 per month
	Programme Funding source:
	Self-funded Ortho / Spine Fellowship Fund
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11. Number of Clinical Fellow to be accepted at any one time	5

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