

**HANDS-OFF OBSERVERSHIP AGREEMENT**  
*(To be completed by the 'Hands-off' Observer)*

**Instructions:**

- a) The original of the signed agreement is to be submitted to the hospital/ specialty centre (Address: To be filled in by hospital/ specialty centre) for retention.
- b) The hospital/ specialty centre shall extend a copy of the signed agreement to the Singapore Medical Council for statistics.

I, Dr./Mr./Ms. \_\_\_\_\_ of City/State \_\_\_\_\_  
Country \_\_\_\_\_ in consideration of being allowed to participate in a hands-off  
observership (the "Observership") at \_\_\_\_\_ do hereby agree that:

- 1. I understand and agree that my Observership will be for a period from \_\_\_\_\_ to \_\_\_\_\_, and that it shall consist of observing the activities of (department/division/institute:) \_\_\_\_\_.
- 2. I agree that I will obtain a visa or other temporary visitor status from the appropriate authorities for the purpose of participating in my Observership and I agree to maintain and comply with all the requirements of such status for the duration of the Observership.
- 3. I understand that as a hands-off Observer, I will not be registered with the Singapore Medical Council (SMC). In this regard, I am **NOT** recognised as a "medical practitioner" in The Republic of Singapore under the Medical Registration Act (MRA). Consequentially, I am **NOT** to hold myself out as a medical practitioner registered with the SMC, otherwise, I may be liable for prosecution.
- 4. I understand that my Observership is for observation **ONLY** and to learn from those observations. I will not be permitted to participate in patient care or contact, examination, diagnosis, clerking of case notes, writing of prescriptions, writing of reports, medical procedures, research or other work during the Observership. Furthermore, I understand that I will not be permitted to communicate with the patients or their relatives on any diagnosis, management or prognosis of their medical conditions.
- 5. In the event of observing direct patient care, I understand that the patients are entitled to confidentiality and I agree **NOT** to disclose, discuss or reveal any details about such patients to anyone other than those involved in the Observership.
- 6. I understand that I will be observing the activities at a clinical facility and I therefore agree to act appropriately and in a professional, courteous manner during my Observership.

Signed on:

\_\_\_\_\_  
(Participant's Signature)

\_\_\_\_\_  
(Date)