



TITLE:	EFFECTIVE DATE:	REVISION DATE:
Intermediate Exam Sponsorship for Residents	29 April 2011	10 May 2024
PROCESS OWNER:	PAGES: 5	
Healthcare Manpower Division	APPROVAL:	
	Director, Healthcare Manpower Division	

OBJECTIVE

1. This policy provides guidelines on the application for intermediate exam sponsorship for Residents.

POLICY

2. This policy sets the application and approval procedure for the sponsorship, claimable items and reimbursement of expense claims.
3. All MOHH-employed Residents are eligible to apply for this sponsorship.
4. The Sponsorship provided is intended as a form of financial assistance to Residents and it may not cover all expenses that arise. Residents may expect to incur some expenses on their own.

APPLICATION CRITERIA

5. Residents must be in active service with MOHH during the period of the exam.
6. Each Resident is eligible to apply for one sponsorship per relevant exam.
7. Resident may only seek sponsorship for one intermediate exam which is approved by the Residency Accreditation Committee (RAC) / Ministry of Health (MOH) for promotion for their specialty.
8. Sponsorship extends only to local postgraduate exams organised by Division of Graduate Medical Studies, NUS. (Appendix 1).

APPLICATION PROCESS & APPROVAL

11. Applicants are required to complete the 'Application for Intermediate Exam Sponsorship for Residents' (Appendix 2).
12. Applications must be approved by the Programme Director.
13. Residents must apply with Division of Graduate Medical Studies, NUS or examination organising body for registration on their own.
14. Application forms should be submitted by email to physician@mohh.com.sg at least 2 weeks from the date of the exams.
15. The outcome of the application will be notified via email.



LEAVE

16. Applicants are advised to apply and obtain approval for leave of absence to attend the exam. At the discretion of the approver, leave type may include Training Leave, Annual Leave or Leave of Absence (mutually agreed by your leave approver). Please refer to the Employee Handbook for MOHH Staff Deployed to Public Healthcare for leave application guidelines.

SPONSORSHIP

17. The sponsorship will provide for the exam fees and one preparatory course. The preparatory course must be taken with the exam in the same sitting. Sponsorship will not be provided for the preparatory course alone.
18. The sponsorship will not provide for supplementary / additional examination fees incurred as a result of failing to qualify for the intended sitting.
19. There will be no course leave, study leave or exam leave provided with this sponsorship.

TRAINING BOND

21. There is no service bond associated with the sponsorship for local examinations.

REIMBURSEMENT

22. Reimbursement claims for both the exam and preparatory course must be **consolidated in 1 claim** and submitted together via SuccessFactors (SF) within **3 months** from the date of the exams.
23. For payments made in foreign currency, reimbursement will be based on the conversion rate provided in the credit card statement/bank draft. In the absence of the conversion rate, the receipt date will be used to determine the conversion rate from the Monetary Authority of Singapore (MAS) Financial Database to calculate the claim amount.
24. Reimbursement will be credited via payroll.

ENQUIRY

For enquiries, please contact:

The Secretariat for Intermediate Exam Sponsorship
physician@mohh.com.sg
DID: 6622-0987 / 6622-0979



APPENDIX 1

LIST OF POSTGRADUATE EXAMINATIONS

Updated as of 13 January 2023. This list is not exhaustive and is subject to change.

Discipline	Examination
Anaesthesiology	Master of Medicine (Anaesthesiology) Part A Examination
	Master of Medicine (Anaesthesiology) Part B Examination (SAQ Examination and OSCE Examination)
Diagnostic Radiology	FRCR Part 1 (Radiology) - Anatomy & Physics
	FRCR Part 2A (Radiology)
	Joint Final MMed (Diagnostic Radiology) / Final FRCR (Part B) Examination [FRCR Part 2B (Radiology)]
Emergency Medicine	Master of Medicine (Emergency Medicine) Part A (MCQ) Examination
	Master of Medicine (Emergency Medicine) Part B Examination
	Master of Medicine (Emergency Medicine) Part C Examination
Family Medicine	Family Medicine Applied Knowledge Test (FM AKT)
	Final Master of Medicine (Family Medicine) Examination (only claim after exam)
Internal Medicine	Joint Primary MMed (Internal Medicine) / MRCP (UK) Part 1 Examination
	Joint Final MMed (Internal Medicine) / MRCP (UK) Part 2 Written Examination
	Joint Final MMed (Internal Medicine) / MRCP PACES Examination
Obstetrics & Gynaecology	MRCOG Part 2 Oral Assessment Form
	MMed (Obstetrics & Gynaecology) / MRCOG Part 3
Ophthalmology	FRCOphth Refraction Certificate or Refraction Assessment
	FRCOphth Part 1 Examination
	FRCOphth Part 2 Oral Examination
	FRCOphth Part 2 Written Examination
	Master of Medicine (Ophthalmology) Programme
Orthopaedic Surgery	Master of Medicine (Orthopaedic Surgery) Examination
Otorhinolaryngology	Master of Medicine (Otorhinolaryngology) Examination
Paediatric Medicine	MRCPCH (UK) Foundation of Practice and Theory and Science Examination
	MRCPCH (UK) Applied Knowledge in Practice Examination
	Final Master of Medicine (Paediatric Medicine) / MRCPCH (UK) Clinical Examination
Psychiatry	Master of Medicine (Psychiatry) Examination or MRCPsych CASC
Radiation Oncology	FRCR Part 2A (Clinical Oncology)
General Surgery	Master of Medicine (Surgery) Examination



APPENDIX 2

APPLICATION FOR POSTGRADUATE EXAMINATIONS SPONSORSHIP FOR RESIDENTS

I) To be completed by Applicant

Name : _____ MCR No.: _____

Email : _____ Contact No.: _____

Address: _____

Residency (Speciality : _____)

Current Posting Hospital/Dept: _____

Have you applied for this or a similar exam sponsorship before? Yes No

Details of Examination (Please attach examination & Preparatory Course details with your application)

Examination Title : _____

Organiser: _____

Preparatory Course Title: _____

Organiser: _____

Date of Preparatory Course : _____ Preparatory Course Fees: _____

Date of Examination : _____ Examination Fees: _____

I declare that the information which I have provided in this application is true and that I have not sought other reimbursements or sponsorships for the above examination. I understand that breach of regulations or inaccurate information in the application will result in liability for severe punishment and approval of funding is conditional and subjected to the approval of the Director, Healthcare Manpower Division.

Applicant's Signature

Date

II) To be completed by Programme Director

Supported Please specify relevance/benefits to Applicant's job functions

Not recommended _____

Name/Designation/Signature

Date



III) To be completed by Approving Personnel

Approved

Not Approved Reasons for not approving : _____

Director, Healthcare Manpower Division, MOHH
Signature & Date

Instructions :

Application forms should be forwarded by email to physician@mohh.com.sg