

Covering Notes
for Doctor's Application to Enrol in the
Pilot Public-Private Partnership Programme on Smoking Cessation

(Please read these covering notes carefully before making an application.)

1. A registered medical practitioner (within the meaning of section 2(1) of the Medical Registration Ordinance (Cap. 161) (“Ordinance”)) who (i) holds a valid practising certificate issued under the Ordinance; (ii) works in the private sector (including universities and non-governmental organisations); (iii) has registered in the Electronic Health Record Sharing System (“eHRSS”); (iv) has enrolled in the Primary Care Directory (“PCD”) and (v) has attended the refresher course on smoking cessation as specified by the Department of Health, may apply to enrol in the Pilot Public-Private Partnership Programme on Smoking Cessation (“SCPPP”).

2. Transaction Documents include:
 - Application Form (Appendix A);
 - Authorisation Form for Payment of Subsidy to a Specified Bank Account (Appendix B); and
 - Terms and Conditions of Agreement for the Pilot Public-Private Partnership Programme on Smoking Cessation (Appendix C).

3. To apply for enrolment in the SCPPP, you must submit complete the Application Form (Appendix A) and the Authorisation Form for Payment of Subsidy to a Specified Bank Account (Appendix B) electronically via the eHRSS, then print the completed forms (Appendix A and Appendix B) and submit the duly completed and signed forms and the supporting documents to the Programme Office of the SCPPP.

4. If you are employed or engaged by a Health Care Provider (defined in Note 1 below) to provide smoking cessation services for the SCPPP, or if you intend to provide smoking cessation services for the SCPPP under the name of a Health Care Provider (whether as the sole proprietor, one of the partners, shareholders, directors or other officers of such Health Care Provider), the Health Care Provider must complete and sign Appendix A and Appendix B and all required supporting documents relating to the Health Care Provider must also be submitted.

5. Moreover, if:
- (a) you are employed or engaged by more than one Health Care Provider to provide smoking cessation services for the SCPPP; or
 - (b) you intend to provide smoking cessation services for the SCPPP under the name of more than one Health Care Provider (whether as the sole proprietor, one of the partners, shareholders, directors or other officers of such Health Care Providers); or
 - (c) you intend to provide smoking cessation services for the SCPPP in the circumstances described in both (a) and (b) above,
a separate set of Appendix A and Appendix B in respect of each Health Care Provider must be completed, signed and submitted by you and the respective Health Care Provider.
6. The Government will notify you in writing (“Notification”) the result of your application.
7. If your application is successful, an Agreement (defined under the Terms and Conditions of Agreement for the Pilot Public-Private Partnership Programme on Smoking Cessation (Appendix C)) shall be constituted between the Government, you and the Health Care Provider (if any) specified in the Application Form (Appendix A) on the date of the Notification.
8. Without prejudice to any provision of the Transaction Documents, by submitting the Application Form (Appendix A), you and the Associated Health Care Provider (if any) are taken to have agreed to observe and comply with all the terms and conditions of the Transaction Documents.
9. For enquiries concerning the enrolment application for the SCPPP, please contact:
SCPPP Programme Office, Department of Health
Room 1008, 10/F, Guardian House, 32 Oi Kwan Road, Wan Chai, Hong Kong
Tel no.: 3576 3658

Note 1:

“*Health Care Provider*” is defined under the Terms and Conditions of Agreement for the SCPPP (“T&C”) to mean:

- (a) an organisation registered in the eHRSS and enrolled in the PCD, which employs or engages a Registered Medical Practitioner to provide healthcare services; or
- (b) an organisation registered in the eHRSS and enrolled in the PCD: (i) under whose name a Registered Medical Practitioner provides healthcare services; and

(ii) of which the Registered Medical Practitioner is the sole proprietor, partner, shareholder, director or other officer (other than in a capacity referred to in (a) above).