

Pilot Public-Private Partnership Programme on Smoking Cessation Enrolment Guide for Doctors

(Please study this enrolment guide carefully and follow the instructions to facilitate a streamlined application process. Please contact the SCPPP Programme Office in case of doubt.)

About this enrolment guide

Target:

Doctors interested in joining the Pilot Public-Private Partnership Programme on Smoking Cessation (“SCPPP”) as an enrolled doctor.

Content:

- (I) Eligibility criteria for enrolment
- (II) Registration in the Electronic Health Record Sharing System (“eHRSS”) and enrolment in the Primary Care Directory (“PCD”)
- (III) Enrolment in the SCPPP

(I) Eligibility criteria for enrolment

Doctors can participate in the SCPPP as an enrolled doctor to provide smoking cessation services if he/she:

- (i) is a registered medical practitioner within the meaning of section 2(1) of the Medical Registration Ordinance (Cap. 161) (“Ordinance”);
- (ii) holds a valid practising certificate issued under the Ordinance;
- (iii) works in the private sector (including universities and non-governmental organisations);
- (iv) has registered in the eHRSS;
- (v) has enrolled in the PCD; and
- (vi) has attended the refresher course on smoking cessation, namely the “Connecting with Patients for Tobacco Free Living” provided by the Mayo Clinic of the United States (<https://ce.mayo.edu/public-health/content/connecting-patients-tobacco-free-living-online#group-tabs-node-course-default1>) as specified by the Department of Health and passed the post-test.

(II) Registration in the eHRSS and enrolment in the PCD

To successfully enrol as an enrolled doctor in the SCPPP, the doctor, the medical organisation which the doctor is working with (to be stipulated as the “Health Care Provider”¹ in the Application Form (Appendix A)) and the clinic(s) where the doctor is practising as a registered medical practitioner (to be stipulated as the “Health Care Institution(s)”² in the Application Form (Appendix A)) should have been registered in the eHRSS and enrolled in the PCD.

If a doctor has not registered in the eHRSS, he/she should visit the eHRSS website at www.ehealth.gov.hk/en/healthcare_provider/index.html for the details of eHRSS registration.

If a doctor has not enrolled in the PCD, he/she should visit the PCD website at <https://apps.pcdirectory.gov.hk/SP/Main/Main.aspx> for the details of PCD enrolment.

(III) Enrolment in the SCPPP

To join the SCPPP, the doctor is required to submit an application for enrolment in the SCPPP. It will take at least 30 calendar days to process an enrolment application for the SCPPP after the Department of Health has received all duly completed and signed forms and the supporting documents.

Doctors interested in joining the SCPPP should make its application for enrolment by following the steps set out in the flow chart attached to this enrolment guide. Accordingly, they should fill in the required information in the electronic application form through the “SCPPP Programme - Doctor Enrolment” module on eHRSS platform, follow the steps as shown to print the completed electronic Application Form (Appendix A) and the Authorisation Form for Payment of Subsidy to a Specified Bank Account (Appendix B), and submit the duly completed and signed

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).]

² “Health Care Institution” is defined under the T&C to mean the clinic (under the Associated Health Care Provider, if any) where the Enrolled Doctor practises as a Registered Medical Practitioner and provides smoking cessation services in the SCPPP, and which is registered in the eHRSS and enrolled in the PCD.

forms and the supporting documents to the SCPPP Programme Office.

Before filling in the Application Form, a doctor should:

- (i) read the following documents available at the PCD website at https://www.pcdirectory.gov.hk/english/scppp/for_doctor.html :
 - (1) the Covering Notes for Doctor’s Application to Enrol in the Pilot Public-Private Partnership Programme on Smoking Cessation (“Covering Notes”); and
 - (2) the Terms and Conditions of Agreement for the Pilot Public-Private Partnership Programme on Smoking Cessation (at Appendix C).

- (ii) have the following information available:
 - (1) doctor’s personal particulars;
 - (2) doctor’s registration number assigned by the Medical Council of Hong Kong;
 - (3) the business registration number and the eHRSS “Healthcare Provider Identifier (HCP ID) of the medical organisation which the doctor is working with (to be stipulated as the “Health Care Provider” in the Application Form (Appendix A));
 - (4) the bilingual address(es), telephone number(s) of the clinic(s) where the doctor is practising as a registered medical practitioner (to be stipulated as the “Health Care Institution(s)” in the Application Form (Appendix A)) and intended to be the place(s) for providing smoking cessation services for the SCPPP; and
 - (5) bank account number(s) of the doctor’s specified bank account(s) for payment of the subsidy.

- (iii) note that:
 - (1) the Application Form (Appendix A) and the Authorisation Form for Payment of Subsidy to a Specified Bank Account (Appendix B) should be completed and signed by both the doctor and the Health Care Provider (if any) (for details, please refer to paragraph 4 of the Covering Notes);
 - (2) separate Application Forms (Appendix A) and Authorisation Forms for Payment of Subsidy to a Specified Bank Account (Appendix B) should be used for each of the Health Care Providers, if the doctor is employed or engaged by more than one Health Care Provider to provide smoking cessation services for the SCPPP and/or if the doctor

intends 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) (for details, please refer to paragraph 5 of the Covering Notes);

- (3) separate Authorisation Forms for Payment of Subsidy to a Specified Bank Account (Appendix B) should be used for each bank account if more than one bank account is used for different Health Care Institutions, even in the case where such Health Care Institutions are under the same Health Care Provider;
- (4) the authorised signatory(ies) of the Health Care Provider on the Application Form (Appendix A) and the Authorisation Form for Payment of Subsidy to a Specified Bank Account (Appendix B) should be the same; and
- (5) as the Application Form (Appendix A) is required to be filled in electronically through the eHRSS, relevant personal particulars, information of the respective Health Care Provider(s) and Health Care Institution(s) will be generated from the eHRSS automatically, saving the effort for manual input. The doctor should however check and ensure that such personal particulars and information generated from the eHRSS are accurate and correct.

The doctor should send the duly completed and signed forms and the supporting documents to the SCPPP Programme Office by mail (preferably by registered mail) at:

SCPPP Programme Office, Department of Health
Room 1008, 10/F, Guardian House, 32 Oi Kwan Road, Wan Chai, Hong Kong

- (i) Below is a checklist of the forms and supporting documents required to be submitted:
 - duly completed and signed Application Form (Appendix A);
 - duly completed and signed Authorisation Form(s) for Payment of Subsidy to a Specified Bank Account (Appendix B);
 - copy of the doctor's Hong Kong Identity Card;
 - address proof of the doctor and the Health Care Provider (e.g. copy of public utility bill or bank statement) issued within the last 3 months before the application date;

- copy of the Business Registration Certificate of the Health Care Provider; and
 - certified true copy³ of bank correspondence(s) (e.g. bank statement) showing the name of the bank, bank account number and the full name of the account holder of the specified bank account(s) for payment of the subsidy.
 - copy of the record of attendance for the refresher course on “Connecting with Patients for Tobacco Free Living” as specified by the Department of Health.
- (ii) Please note that:
- (1) copies of all supporting documents submitted to the Department of Health will not be returned; and
 - (2) the application may not be processed if the doctor or/and Health Care Provider fail(s) to provide all information and documents as required by the Department of Health.

For enquiries concerning the SCPPP, please contact the SCPPP Programme Office at 3576-3658 or pco@dh.gov.hk. For enquiries concerning the eHRSS, please contact the Electronic Health Record Registration Office at 3467-6230 or ehr@ehealth.gov.hk.

³ If the bank correspondence relates to the doctor, the copy thereof must be certified to be true and complete by the doctor. If the bank correspondence relates to the Health Care Provider, the copy must be certified to be true and complete by the authorised signatory(ies) of the Health Care Provider appearing in Part 2 of the Authorisation Form for Payment of Subsidy to a Specified Bank Account (Appendix B).

Flow Chart for making an application for enrolment in the SCPPP

1. Login the eHRSS (Click “Administration” and select “SCPPP Programme – Doctor Enrolment”)



2. Fill in the required information in the electronic application form, then follow the steps as shown to print the completed Application Form (Appendix A) and Authorisation Form for Payment of Subsidy to a Specified Bank Account (Appendix B).



3. Sign the printed Application Form (Appendix A) at Part IV – Execution
 by the applicant
 by the authorised signatory(ies) of the Health Care Provider



4. Sign the printed Authorisation Form for Payment of Subsidy to a Specified Bank Account (Appendix B) at Part 2 - Declaration
 by the applicant
 by the authorised signatory(ies) of the Health Care Provider



5. Send the following to the SCPPP Programme Office by mail (preferably by registered mail):

- (1) duly completed and signed Application Form (Appendix A);
- (2) duly completed and signed Authorisation Form(s) for Payment of Subsidy to a Specified Bank Account (Appendix B);
- (3) copy of the doctor’s Hong Kong Identity Card;
- (4) address proof of the doctor and the Health Care Provider (e.g. copy of public utility bill or bank statement) issued within the last 3 months before the application date;
- (5) copy of the Business Registration Certificate of the Health Care Provider;
- (6) certified true copy of bank correspondence(s) (e.g. bank statement) showing the name of the bank, bank account number and the full name of the account holder of the specified bank account(s) for payment of the subsidy; and
- (7) copy of the record of attendance for the refresher course on “Connecting with Patients for Tobacco Free Living” as specified by the Department of Health.