

Checklist for Processing of Specialist Practising and/or Admitting Privileges Application Submission

Name of Doctor	
MCR No	
Date of Specialist Registration	
Type of Registration	
Registration Expiry Date	
Specialty	

Required Documents

- A non-refundable application fee of S\$1,090 via PayNow to UEN 201118222M or QR code, **OR** cheque made payable to "Farrer Park Hospital Pte Ltd"
- Recent passport size colour photograph taken within the last 12 months
- Photocopy of NRIC (front and back) or FIN (with photo page for foreign applicant)
- Completion of application form
- Appendix 5 – Core & Specialised Procedures
- Certified True Copies of Basic Degree (MBBS or its equivalent), Higher and Professional Qualification
- Certified True Copies of Valid Singapore Medical Council (SMC) or Singapore Dental Council (SDC) Practising Certificate
- Registration Validation from SMC or SDC Online Portal
- Certified True Copies of Specialist Registration Certificate from Specialist Accreditation Board or Dental Specialist Accreditation Board, Ministry of Health (Singapore)
- Proof of Immunisation Records (MMR, TDAP)
- Photocopy of Medical Malpractice Indemnity Insurance
- Photocopy of Current Basic Cardiac Life Support (BCLS) Certificate
- Photocopy of Advance Cardiac Life Support (ACLS) Certificate (if applicable)
- Photocopy of Advance Trauma Life Support (ATLS) Certificate (if applicable)
- Photocopy of Certification to perform minimal (anxiolysis) to moderate sedation (if applicable)
- Peer Review Learning (PRL) attendance for preceding two years

Application for Specialist Practising and/or Admitting Privileges

Dear Doctor,

Thank you for your interest to practise at Farrer Park Hospital and Farrer Park Medical Centre.

To apply for Specialist Practising and/or Admitting Privileges with Farrer Park Hospital and/or Farrer Park Medical Centre, kindly complete the attached application form.

The criteria for application for practising and/or admitting privileges of Specialists and the required documents to be submitted with your application are listed on page 2 (overleaf). If the space provided is insufficient, a separate sheet of paper may be used and enclosed with the application form.

For electronic submission

A scanned copy (in PDF format) of the completed application form together with its appendices and supporting documents should be emailed to medicalaffairs@farrerpark.com. Original hardcopies should be produced when requested. Please note that documents sent via a link to a cloud service like iCloud, Google Cloud, Dropbox will not be accepted.

We strongly encourage that as a good cybersecurity practice, please encrypt all your documents with a password when sending it to us.

For hardcopy submission

Alternatively, hardcopy of completed application form together with its appendices and supporting documents can be mailed to:

Farrer Park Hospital Pte Ltd
c/o Medical Affairs and Quality Management Department

1 Farrer Park Station Road
#13-04, Connexion
Farrer Park Medical Centre
Singapore 217562

Your application will be submitted to the respective Practising Privileges Committee and/or Medical Board for review at the next Hospital Privileging and Credentialing Committee (HPCC) meeting. Any request for an application to be processed before the next HPCC meeting must be supported by a written reason subject to review by the relevant Practising Privileges Committee and/or Medical Board in its sole and absolute discretion. Please note that incomplete documentation may delay the processing of or affect your application. We will notify you of the outcome thereafter.

Should you have any further enquiries, please do not hesitate to contact Medical Affairs and Quality Management Department, Farrer Park Hospital at Tel: 6705 2740.

Criteria for Application for Specialist Practising and/or Admitting Privileges:

1. Hold a Basic Degree (MBBS or its equivalent) from a University or Medical School recognised by MOH
2. Full registration with the Singapore Medical Council (for medical specialists) or Singapore Dental Council (for dental specialists)
3. Hold the Singapore Medical Council Certificate of Specialist Registration for a minimum of **5 years** and served at least **2 years as a Consultant** (excluding time as an Associate Consultant) in a public restructured hospital or equivalent / similar teaching hospital setting*.

(Applications will not be accepted for doctors on conditional registration by the SMC or SDC.)

Required documents to be submitted for each application:

1. A non-refundable application fee of S\$1090 (inclusive of GST) via
 - a. cheque made payable to "Farrer Park Hospital Pte Ltd" OR
 - b. PayNow to UEN 201118222M or the appended QR code below. Proof of payment via PayNow shall be submitted together with this application.



2. Recent passport size colour photograph taken within the last 12 months
3. Photocopy of NRIC (front and back) or FIN (with photo page for foreign applicant)
4. Certified True Copies of the following:
 - a. Basic Degree (MBBS or its equivalent), Higher and Professional Qualification
 - b. Valid Singapore Medical Council (SMC) or Singapore Dental Council (SDC) Practising Certificate
 - c. Specialist Registration Certificate from Specialist Accreditation Board or Dental Specialist Accreditation Board (Singapore)
5. Photocopies of the following:
 - a. Medical Malpractice Indemnity Insurance
 - b. Current Basic Cardiac Life Support (BCLS) Certificate
 - c. Advance Cardiac Life Support (ACLS) Certificate (if applicable)
 - d. Advance Trauma Life Support (ATLS) Certificate (if applicable)
 - e. Certification to perform minimal (anxiolysis) to moderate sedation (if applicable)
 - f. Peer Review Learning (PRL) attendance records for the past 2 years

* Refer to Clause 1 of Appendix 4 (Terms & Conditions for Practising Privileges at Farrer Park Hospital and/or Farrer Park Medical Centre)

Notes to Applicant:

1. Applicant is required to complete of ALL pages of Application for Specialist Practising and/or Admitting Privileges, and appendices 1, 2, 3 and 5.
2. Appendix 1 – “Affirmation of Professional Competence And Conduct” must be completed by two referees who are the applicant’s (i) Head of Department or Immediate supervisor, or (ii) a Peer who has at least 3 years’ experience as a Specialist Consultant or above in the same specialty as the applicant. Referees must have worked with the applicant in the immediate past 3 years and should not be the applicant’s immediate family members.
3. Appendix 2 – Applicant is required to provide specimen signature.
4. Appendix 3 – Applicant is required to read and acknowledge the ‘Declaration’.
5. Appendix 4 – The grant of practising privileges at the Farrer Park Hospital and/or Medical Centre is subject to the applicant’s full compliance with the terms & conditions.
6. Appendix 5 – Applicant is required to indicate his/her core and specialised procedures. Applicant is also required to tick under the “No” column for the core and specialized procedures that are not relevant. You may retrieve the list of core and specialized procedures via the following URL:
<https://www.farrerpark.com/medical-professionals/apply-for-practicing-privileges/application-for-recognised-specialties-sub-specialties.html>
7. All approved applicants are required to update the Medical Affairs and Quality Management Department immediately of any changes to contact details such as telephone numbers, email addresses, and/or clinic names/addresses.
8. A document update and re-privileging exercise will be conducted once every 3 years.

Affix Photo Here

APPLICATION FOR SPECIALIST PRACTISING AND/OR ADMITTING PRIVILEGES

I wish to apply for Specialist Practising and/or Admitting Privileges with the following facility (please tick (✓) **ONE** only):

Farrer Park Hospital	Farrer Park Medical Centre	Both

1. Personal Particulars

Title:	<input type="checkbox"/> Prof <input type="checkbox"/> A/Prof <input type="checkbox"/> Adj Asst Prof <input type="checkbox"/> Dr		
Full Name: <i>(Underline Surname)</i>	<u>Please indicate below your preferred name on ID Tag, which should not be more than 14 characters, including space</u>		
MCR/DCR No & Practising Certificate Validity Date:		Date of Birth: (DD/MM/YYYY)	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality:	
Telephone/Fax:	(Home)	(Mobile)	
	(Clinic)	(Fax)	
Email Address:	(Personal)	<input type="checkbox"/>	Please tick preferred email address for correspondence
	(Clinic)	<input type="checkbox"/>	
Home Address:	Postal code:		
Current Practice:			
Address:	Postal code:		
Type of Current Practice:	<input type="checkbox"/> Single <input type="checkbox"/> Group <input type="checkbox"/> institution		
*Name of Proposed Practice or Clinic at Farrer Park Medical Centre:			
Address of Clinic or Practice at FPMC			
Postal code: (217562)			
<small>*The name of proposed practice or clinic at Farrer Park Medical Centre is not to contain the words "Farrer", "Farrer Park" and/ or "Connexion" unless the word or words are added at the end of the practice or clinic name to denote the location or branch of the practice or clinic. For example, clinic names like 'Lee Heart Clinic @ Farrer Park', 'Lee Heart Clinic @ Farrer', and 'Lee Heart Clinic @ Connexion', would be acceptable. Practice or clinic names like 'Farrer Park Heart Clinic', 'Farrer Cardiac Clinic' and 'Connexion Heart Clinic' would not be acceptable.</small>			

Application for Recognised Specialties & Sub-specialties

In Singapore, the Specialist Accreditation Board (Ministry of Health) currently oversees accreditation for 35 specialties and 10 sub-specialties whilst the Dental Specialist Accreditation Board (Ministry of Health) currently oversees accreditation for 7 specialties.

Please indicate your area of specialty by ticking in the appropriate box.

2A: AREA OF SPECIALTY

No.	Clinical Specialties	Tick	No.	Clinical Specialties	Tick
1	Anaesthesiology		19	Obstetrics & Gynaecology	
2	Cardiology		20	Occupational Medicine	
3	Cardiothoracic Surgery		21	Ophthalmology	
4	Dermatology		22	Orthopaedic Surgery	
5	Diagnostic Radiology		23	Otorhinolaryngology/ Ear, Nose, Throat (ENT) Surgery	
6	Emergency Medicine		24	Paediatric Medicine	
7	Endocrinology		25	Paediatric Surgery	
8	Gastroenterology		26	Pathology	
9	General Surgery		27	Plastic Surgery	
10	Geriatric Medicine		28	Psychiatry	
11	Haematology		29	Public Health	
12	Hand Surgery		30	Radiation Oncology	
13	Infectious Diseases		31	Rehabilitation Medicine	
14	Internal Medicine		32	Renal Medicine	
15	Medical Oncology		33	Respiratory Medicine	
16	Neurology		34	Rheumatology	
17	Neurosurgery		35	Urology	
18	Nuclear Medicine				

No.	Dental Specialties	Tick	No.	Dental Specialties	Tick
1	Endodontics		5	Periodontics	
2	Oral & Maxillofacial Surgery		6	Prosthodontics	
3	Orthodontics		7	Dental Public Health	
4	Paediatric Dentistry				

Please indicate your sub-specialty by ticking in the appropriate box (if applicable).

2B: AREA OF SUB-SPECIALTY

No.	Clinical Sub-specialties	Tick	No.	Clinical Sub-specialties	Tick
1	Intensive Care Medicine		6	Paediatric Nephrology	
2	Neonatology		7	Paediatric Cardiology	
3	Palliative Medicine		8	Paediatric Intensive Care	
4	Sports Medicine		9	Paediatric Gastroenterology	
5	Aviation Medicine		10	Paediatric Haematology & Oncology	

2C: CORE & SPECIALISED PROCEDURES

Please indicate the core and specialized procedures that you are performing in Appendix 5.

3. Academic / Professional Qualifications (list in chronological order)

Qualifications	Conferring Institution / Country	Month/Year Conferred

4. Practicing Privileges Granted at Other Hospitals

	Previously Accredited Hospital	From (MM/YY)	To (MM/YY)
1.			
2.			
3.			
4.			
5.			
	Currently Accredited Hospital	From (MM/YY)	To (MM/YY)
1.			
2.			
3.			
4.			
5.			

5. Professional Membership

	Professional Body/ Association	Type of Membership	From (MM/YY)	To (MM/YY)
1.				
2.				
3.				
4.				
5.				
6.				

6. Employment History (list in chronological order)

Institution	Appointment	From (MM/YY)	To (MM/YY)

7. Publications in Academic & Professional Journals (Optional)

Title of Published Journal	Year of Publication

8. Other Information

Please provide other relevant information that you feel are worthy of mention in this application e.g., awards & recognition received, research, new techniques:

Year	Type of Information

9. Leave of Absence

In the event of any absence for leave or being unable to be contacted for a clinical emergency, you shall notify Medical Affairs and Quality Management Department at least seven (7) days before the effectivity of leave. Notification shall be made in writing using the Leave of Absence Form.

The Medical Affairs and Quality Management Department shall disseminate the notice of leave and coverage of FPH accredited doctors to the relevant departments in the hospital, including all inpatient wards.

10. Disclosure

		Please tick as appropriate
a	Have you ever had any restrictions placed on your medical registration by the Ministry of Health, Singapore Medical Council or Singapore Dental Council?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Have you ever had your accreditation or clinical privileges previously refused, withdrawn, suspended or revoked or declined renewal of accreditation or clinical privileges on the basis of clinical competency or due to a lapse in patient safety at another healthcare facility and had your clinical privileges been limited at another healthcare facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c	Do you have any complaints or pending complaints against you that have been brought to the attention of the Singapore Medical Council, a Medical Board, a Health Authority, a Coroner, a Court or any other professional disciplinary or similar body locally or overseas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d	Have you ever been investigated or involved in any criminal case or civil case* or is any such case pending against you in any court of law in Singapore or overseas? *Made a defendant or third party in legal proceedings	<input type="checkbox"/> Yes <input type="checkbox"/> No
e	Have you ever been subject to any investigation for professional misconduct or disciplinary action by any professional medical body such as the Singapore Medical Council, Singapore Dental Council or their equivalent in other countries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f	Have you ever been investigated or convicted for a criminal offence in Singapore or overseas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g	Have you ever been prohibited or denied entry, or deported from any country or state by the government of that country or state for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h	Have you ever been advised to work under supervision at another healthcare facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i	Are you aware of any personal limitations (medical, psychological or physical) that will affect your performance or safe delivery of care to patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide a separate addendum if the answer is "YES" to any of the above

11. References

Please provide details of two peer references who are the applicant's (i) Head of Department or Immediate supervisor, or (ii) a Peer who has at least 3 years' experience as a Specialist Consultant or above in the same specialty as the applicant. Referees must have worked with the applicant in the immediate past 3 years and should not be the applicant's immediate family members.

These two references should be independent. However, where there is a relationship which can lead to a bias, such as a referee and the applicant are in business together as a partnership or are employer/employee, then this relationship must be disclosed by you to Practising Privileges Committee through Medical Affairs and Quality Management Department. By providing the referees' information below, you are deemed to have obtained the referees' consent to the collection, use and disclosure of his/her personal information by us that is necessary in connection with the evaluation of your application.

The referees are to complete Appendix 1 of this application form.

AFFIRMATION OF PROFESSIONAL COMPETENCE AND CONDUCT
To be completed by 1st Referee

With reference to Dr _____ MCR No: _____
Name of Applicant

I confirm with the following details that:

Name and MCR No. of Referee 1:	
Designation:	
Name of Institution / Clinic	
Address:	
Telephone Number:	(Mobile)
	(Clinic)
Email:	
Fax:	

- I am the Applicant's (i) Head of Department or Immediate supervisor, or (ii) a Peer who has at least 3 years' experience as a Specialist Consultant in the same specialty as the applicant. I have worked with the applicant in the immediate past 3 years.
- I am in a position to assess the Applicant's **current competence** in practising _____ (Specialty) and in performing the indicated Specialty and Clinical Privileges safely and independently.
- I have worked closely with the Applicant for the period from _____ (Year) to _____ (Year).
- I declare the following relationship with the Applicant which can lead to a bias (please tick):
 - Applicant's Employer
 - Business Associate/Partner
 - Others (Please Specify: _____)
 - None
- By providing the information in this document, I have consented to the collection, use and disclosure of information by Farrer Park Hospital's Management, the Medical Affairs and Quality Management Department, the Hospital Privileging and Credentialing Committee and the Medical Boards in connection with the evaluation of this application.

Any other comments:

 Signature and Stamp of 1st Referee

 Date

AFFIRMATION OF PROFESSIONAL COMPETENCE AND CONDUCT
To be completed by 2nd Referee

With reference to Dr _____ MCR No: _____
Name of Applicant

I confirm with the following details that:

Name and MCR No. of Referee 2:	
Designation:	
Name of Institution / Clinic	
Address:	
Telephone Number:	(Mobile)
	(Clinic)
Email:	
Fax:	

- I am the Applicant's (i) Head of Department or Immediate supervisor, or (ii) a Peer who has at least 3 years' experience as a Specialist Consultant in the same specialty as the applicant. I have worked with the applicant in the immediate past 3 years.
- I am in a position to assess the Applicant's **current competence** in practising _____ (Specialty) and in performing the indicated Specialty and Clinical Privileges safely and independently.
- I have worked closely with the Applicant for the period from _____ (Year) to _____ (Year).
- I declare the following relationship with the Applicant which can lead to a bias (please tick):
 - Applicant's Employer
 - Business Associate/Partner
 - Others (Please Specify: _____)
 - None
- By providing the information in this document, I have consented to the collection, use and disclosure of information by Farrer Park Hospital's Management, the Medical Affairs and Quality Management Department, the Hospital Privileging and Credentialing Committee and the Medical Boards in connection with the evaluation of this application.

Any other comments:

Signature and Stamp of 2nd Referee

Date

Specimen Signature Form for Approved Hospital Practising Privileges Specialist

Please be informed that the hospital is required to compile both signatures and initials of all Specialist Doctors who are practising at Farrer Park Hospital.

Medical Affairs and Quality Management Department will be providing a record of both your signature and initial herein to our Pharmacy department for identification purposes.

I, Dr _____, provide herewith a specimen of both my signature and initial in accordance with the guidelines stipulated above.

Full Signature of Doctor

Initial of Doctor

Date: _____

MCR/DCR No: _____

Declaration

I, Dr _____, MCR No./ DCR No. _____ in my application for privileges with *Farrer Park Hospital and/ or *Farrer Park Medical Centre ("**FPMC**") confirm that as at the date stated below:

1. I declare that the information provided by me through Medical Affairs and Quality Management Department to the Hospital Privileging and Credentialing Committee in this application and in connection with this application is true, accurate and complete and is not misleading or deceiving or likely to mislead or deceive.
2. I understand that in exercising any clinical privileges granted, I am constrained by Farrer Park Medical Centre and/or the hospital and medical staff policies and rules, code of conduct / practice applicable generally and applicable to any particular situation including that:

(a) the name of my clinic or the clinic which I will practise in at Farrer Park Medical Centre shall not contain the words "Farrer", "Farrer Park" and/or "Connexion" unless the word or words are added at the end of the clinic name to denote the location or branch of the clinic, and

(b) I shall not act in any manner which in the opinion of the Hospital or the FPH Group (as defined below) or FPMC Medical Board is prejudicial to the Hospital and/ or to any of the companies or entities within or associated with the FPH group including The Farrer Park Company Pte Ltd ("**TFPC**") and One Farrer Pte Ltd and their respective companies and businesses (collectively "**the FPH Group**") and/ or to Farrer Park Medical Centre, such as bringing patient(s) in Farrer Park Hospital or potential patient(s) who require a test/investigation/procedure outside of Farrer Park Hospital or Farrer Park Medical Centre when such services are available in Farrer Park Hospital and/ or Farrer Park Medical Centre;

and that in the event of any breach by me or otherwise, any or all privileges may be withdrawn or suspended at the sole and absolute discretion of Farrer Park Hospital and/ or Farrer Park Medical Centre (where applicable).

3. I agree that I will notify Medical Affairs and Quality Management Department in writing of any material changes to the information provided by me in connection with this application as soon as possible after the change.
4. I hereby give my consent to have my personal information contained herein to be disclosed to Farrer Park's Medical Affairs and Quality Management Department, Hospital Privileging and Credentialing Committee, the Medical Boards of Farrer Park Hospital and Farrer Park Medical Centre and to Farrer Park Hospital's Management and any other relevant third party as Farrer Park Hospital or the Medical Boards deem necessary solely for the purpose of evaluating my application, the practising and/or admission privileges (if any) granted to me and/or regarding my practice in Farrer Park Medical Centre and/ or Farrer Park Hospital where applicable.
5. I hereby give consent to Farrer Park Hospital and the Medical Boards to use my personal data contained herein for further correspondence between any of us (including to send via email, notices and other formal communications regarding and not limited to compliance or non-compliance with Farrer Park Hospital's medical staff policies, rules and code of conduct/ practice (if any) and/or my

practice in Farrer Park Medical Centre and/or Farrer Park Hospital where applicable).

6. I understand that the privileges applied for in Farrer Park Hospital and/or Farrer Park Medical Centre, if granted by Farrer Park Hospital and/ or Farrer Park Medical Centre, will be valid for 3 years from the date of grant of the privileges and may be renewable at the sole and absolute discretion of Farrer Park Hospital and/or Farrer Park Medical Centre upon my provision of information and documents satisfactory to Farrer Park Hospital and/or Farrer Park Medical Centre.
7. I have fulfilled the requirement of PRL review and CME points by Singapore Medical Council;
8. I agree that the privileges applied for in Farrer Park Hospital and/ or FPMC may be suspended and/or revoked at any time by the Hospital Privileging and Credentialing Committee ("**HPCC**"), the Hospital Medical Board and/ or the FPMC Medical Board respectively deems fit. Appeals may be considered on a case by case basis;
9. I shall not have any objection with the rejection of my application or the suspension and/or revocation of accreditation and privileges including if at any later stage the information provided in this form or any subsequent document is found to be false or incorrect or it is found that I have withheld any material information in my application or in the process of my application for practicing privileges.
10. I agree to the terms and conditions for Application of Practising Privileges at Farrer Park Hospital and/or FPMC as set out by the Hospital Medical Board and/ or the FPMC Medical Board in Appendices 4 and 5 of the Application for Specialist Practising and/or Admitting Privileges form.

Name: _____

Signature: _____

Date: _____

* Strikethrough whichever is not desired and countersign against the strikethrough.

Terms & Conditions for Practising Privileges at Farrer Park Hospital and/or Farrer Park Medical Centre

1. You, the applicant ("**You**") agrees and acknowledges that the grant of such practicing privileges is at the sole and absolute discretion of the Farrer Park Hospital ("the **Hospital**") and/or Medical Centre Medical Boards ("**FPMC Medical Boards**"). The Hospital and such Medical Boards are entitled respectively to limit, vary, suspend and/ or revoke an applicant's practicing privileges at any time which they may respectively deem fit for any reason whatsoever, whether related or connected to your accreditation or clinical privileges or otherwise, regardless of whether you have complied or not complied with any of these Terms & Conditions (the "**Terms**"). At the sole discretion of the Hospital and/ or FPMC Medical Boards, you will be issued with written notice ("**Notice**") which will take immediate effect and you shall agree and accept the respective decision (including a decision to limit, vary, suspend and/ or revoke your practicing privileges due to a breach of any of the terms and/or conditions in these Terms at any time). The Hospital and/or FPMC Medical Boards reserves the rights and may proceed to refer you to the Singapore Medical Council and/or Ministry of Health ("**MOH**") (as the case may be) should you be deemed to be unfit to practise.
2. The Hospital and/or FPMC Medical Boards are not required to give any, and you shall not be entitled to, any reasons whatsoever in the written notice(s), or otherwise howsoever, for any action taken in connection with such practising privileges and/ or any renewal or non-renewal of practising privileges, and/or any action in connection with the limitation, varying, suspension and/or revocation of such practising privileges.
3. Subject to clauses mentioned above:
 - (a) the grant of practising privileges at the Hospital and/or FPMC is for a period of up to **3 years** from the date of the grant, after which it shall lapse automatically unless renewed in accordance with these Terms;
 - (b) for renewal of the grant of practising privileges at the Hospital and/or FPMC, you shall submit an application for renewal in the format prescribed by the Hospital and/ or FPMC Medical Board together with such supporting documents as required by the Hospital and/or FPMC Medical Board. The renewal of practising privileges at the Hospital and/or FPMC if granted by the Hospital and/ or FPMC Medical Board is for a period of up to **3 years** from the date of the Hospital and/or FPMC Medical Board's letter granting the renewal, after which it shall lapse automatically unless renewed in accordance with these Terms.
4. Should you be granted practising privileges ("**Granted Privileges**"), you agree to:
 - (a) confine your practice to the scope of the Granted Privileges in the Notice from the Hospital and/ or FPMC Medical Board;
 - (b) not act in any manner which in the opinion of the Hospital or the FPH Group (as defined below) or FPMC Medical Board is prejudicial to the Hospital and/ or to any of the companies or entities within or associated with the FPH group including The Farrer Park Company Pte Ltd ("**TFPC**") and One Farrer Pte Ltd and their respective companies and businesses (collectively "**the FPH Group**") and/or to FPMC, such as bringing patient(s) to the Hospital or potential

patient(s) who require a test/investigation/procedure outside of the Hospital or FPMC when such services are available in the Hospital and/or FPMC;

- (c) comply with:
- (i) all of the Hospital's and/ or FPMC Medical Board's policies, by-laws, rules, regulations, guidelines and decisions (as may be amended, introduced, updated, varied or supplemented from time to time);
 - (ii) the Singapore Medical Council Ethical Code and Ethical Guidelines or the Singapore Dental Council Ethical Code and Ethical Guidelines (as the case may be);
 - (iii) all regulations, circulars, directives and guidelines issued by the Health Sciences Authority, MOH, the Singapore Medical Council ("**SMC**") and the Singapore Dental Council ("**SDC**") and relevant Singapore healthcare laws, rules and regulations including but limited to the Healthcare Services Act 2020 and/or Medical Registration Act 1997 and/or Dental Registration Act 1999 and/ or any Act(s) which replaces and/or succeeds the same;
 - (iv) any direction by the Hospital which requires you to do any of the following:
 - (1) attend such courses or seminars within a period of time as specified and deemed fit by the Hospital;
 - (2) submit your clinical records, books, information and/or documents at any time upon written demand by the Hospital within a specified time period for the purpose of an audit of the same, and/or
 - (3) provide a signed undertaking not to repeat any act or omission complained of against you;
- (d) upon request by the Hospital at any time and from time to time, undergo a medical examination in Singapore by an independent medical practitioner of your choice to assess your physical and mental fitness to practice medicine or dentistry (as the case may be). You hereby consent to the disclosure of any medical report(s) prepared by the said independent medical practitioner after your medical examination to the Hospital, its legal advisors and insurers;
- (e) treat all fellow doctors, members of the healthcare staff, Hospital management, administrative team and members of the FPH Group and the FPMC Medical Board with respect and dignity;
- (f) have, at all times:
- (i) a valid practicing certificate under the Medical Registration Act or Dental Registration Act (as the case may be);
 - (ii) a valid medical or dental malpractice indemnity organization membership or insurance policy which covers the scope of clinical privileges granted to you;

- (g) Submit to the Medical Affairs and Quality Management Department a copy of the following licenses/certificates at every renewal:
 - (i) Valid medical malpractice indemnity organization membership or insurance policy;
 - (ii) Laser license (if applicable);
 - (iii) Annual practising certificate from the SMC;
 - (iv) Basic cardiac life support certificate and/ or advanced cardiac life support certificate;
 - (v) a copy of the grant of accreditation and clinical privileges letter from your current place of practice;
 - (vi) any such other documents as the Hospital and/ or FPMC Medical Board might require.
- (h) Notify the Medical Affairs and Quality Management Department immediately of:**
 - (i) any changes in personal details, contact details and professional details (including phone numbers and email/physical addresses);**
 - (ii) any criminal convictions;**
 - (iii) any change of your accreditation and clinical privileges status at any hospital that is not owned by the FPH Group, including but not limited to any limitation, suspension, revocation or grant of accreditation and clinical privileges;**
 - (iv) Any change in medical status that could impair or compromise (1) your ability to provide patient care and/ or perform exposure-prone procedures and/ or (2) your mental or physical fitness to practise medicine or dentistry;
 - (v) Any complaints made against you in relation to and/ or in connection with your medical practice;
 - (vi) any condition, restrictions, suspension, revocation, or lapse of your SMC or SDC registration;
 - (vii) any orders made against you by a Disciplinary Tribunal or Disciplinary Committee pursuant to the Medical Registration Act 1997 and/ or Dental Registration Act 1999.
- (i) attend and actively participate in:
 - (i) Specialty interest group and Town hall meetings organised by the Hospital;
 - (ii) Any quality assurance committee meeting as may be established under the Healthcare Services Act 2020 (or any Act(s) which replaces and/ or succeeds the same) for which you have been appointed as a member of

and/ or as and when required by the Hospital. Such quality assurance meetings include but are not limited to Serious Reportable Event (as defined in MOH's directives) meetings, mortality and morbidity reviews and incident reviews.

- (j) allow any of the entities in FPH Group and/ or FPMC Medical Board to collect, process, use, and disclose your personal data for internal audit, privileging, financial transactions, medical record documentation, promotional, and business development purposes; you agree that the consent provided in this clause shall amount to valid and continuing consent as may be required under the PDPA;
 - (k) Report promptly to the Hospital and/ or the FPMC Medical Board of any mortality and morbidity case, any Serious Reportable Event and/ or patient safety incident.
 - (l) Ascertain the validity of FPH accreditation status of the referred doctor when making a referral, so as to ensure that only accredited Doctors may render clinical services at FPH.
5. Should your Granted Privileges include performing of surgeries at FPH, you are:
- (a) to complete and submit the "Declaration Form by Attending Surgeon" and "Surgical Assistant Registration Form" if you intend to bring in a different Surgical Assistants (Doctors and Nurses) to assist in your surgeries at FPH.
 - (b) to adhere to the policies and regulations as stipulated by FPH on the Roles and Responsibilities of a Surgical Assistant; and
 - (c) adhere to all regulatory requirements, policies and regulations in relation to the surgical use of any of your own surgical instrument(s), equipment and/or consumable(s) ("**Surgeons' Own Instruments**").
6. You undertake that:
- (a) you will indemnify and hold harmless the FPH Group, its officers, directors and employees from and against all or any losses, claims (including any third-party claims), damages, expenses (including court fees and fees of solicitors (on a full indemnity basis) and other professionals), injuries, fees, penalties, judgments, fines, liabilities, demands, proceedings and actions which the FPH Group may sustain or incur or which may be brought or established against the FPH Group by any person and which in any case arises out of, in relation to or by reason of the negligence, recklessness or wilful misconduct of you, your employees (including your Surgical Assistants) or breach of any of the Terms;
 - (b) you will not directly or indirectly, solicit or hire any person who is employed or was under the employment of the FPH Group in the 12-month period following the resignation of such an employee, without the prior written consent of the FPH Group;
 - (c) you will keep confidential and not to disclose any Confidential Information (as defined below) save as may be required in the proper course of the discharge of your professional practice or obligations under the Terms, by law, by any relevant regulatory authority or by any regulations of local government, and

shall only use the Confidential Information for the purpose of the discharge of your professional practice or obligations under the Terms.

Confidential Information means:

- (i) Information relating to these Terms and these Terms;
 - (ii) Information obtained from the FPH Group and/ or FPMC Medical Board;
 - (iii) Information regarding the business, operations or activities of any of the entities within the FPH Group; and
 - (iv) Information relating to any patient obtaining services from any of the entities within the FPH Group and FPMC (unless such patient has expressly consented to the release of such information, e.g. for third-party payer claims or as part of a managed-care scheme).
- (d) you shall not collect any Personal Data as defined in the Personal Data Protection Act 2012 (No. 26 of 2012 of Singapore) ("**PDPA**") unless otherwise permitted under the PDPA as may be amended from time to time, together with all regulations and subsidiary legislation enacted, issued or made thereunder.

This clause and the undertakings contained herein shall survive even if the practising privileges granted to you have lapsed, expired, been suspended, been terminated or revoked.

7. For the avoidance of doubt, the Granted Privilege is subject to your registration with the SMC or SDC. Your Granted Privileges will be automatically revoked where:
- (a) your registration with the SMC or SDC has been suspended;
 - (b) you are removed from the register of medical practitioners or dentists;
 - (c) your practising/clinical privileges at another hospital or healthcare facility have been suspended;
 - (d) you are involved in a patient safety incident as a result of a lapse on your part.
8. Any written notice under these Terms shall be served to you by leaving the written notice at or sending the written notice by prepaid post to any of your clinic premises, last known clinic premises, or addresses furnished to the Hospital and/ or FPMC Medical Board or by fax or electronic mail to your last known fax number or electronic mail address.
9. The Terms supersedes any prior written or oral agreements between the Hospital and you and between the FPMC Medical Board and you respectively.
10. The Hospital and/ or FPMC Medical Board may amend or vary the Terms at any time as the Hospital and/ or the FPMC Medical Board deems fit respectively. Such amendment(s) and variation(s) shall be published in their respective policies and/ or emailed or sent to you in writing. In the event of any conflict between the Terms and any other hospital policies, rules, regulations or guidelines, and/ or FPMC Medical Board policies, rules, regulations or guidelines, the Terms shall prevail.

11. The illegality, invalidity or unenforceability of any provision of the Terms under the law of any jurisdiction shall not affect their legality, validity or enforceability under the law of any other jurisdiction nor the legality, validity or enforceability of any other provision.
12. No failure or delay by the Hospital and/or FPMC Medical Board to exercise any right, power or remedy under this agreement shall operate as a waiver of it nor will any partial exercise preclude any further exercise of the same, or of some other right, power or remedy.
13. This agreement shall be governed by and interpreted in accordance with the laws of Singapore.
14. Any dispute arising out of or in connection with these Terms (including the existence, validity or termination of the agreement between the parties pursuant to these Terms) must be submitted for mediation at the Singapore Mediation Centre in accordance to the Singapore Mediation Centre's Mediation Procedure in force for the time being. Any party may submit a request to the SMC upon which the other party will be bound to participate in the mediation within 45 days thereof. You shall be present at the mediation which will take place in Singapore in the English language. Unless otherwise agreed by the parties, the mediator(s) will be appointed by the SMC. Parties agree to be bound by any settlement agreement reached. If the dispute is not settled by mediation pursuant to this clause, the parties shall each submit to the exclusive jurisdiction of the Singapore Court to settle such dispute.

***** End of Document *****