

## **Application for Specialist Practising and/or Admitting Privileges**

Dear Doctor,

Thank you for your interest to practise at Farrer Park Hospital. 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 in Appendix 1 (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](mailto:medicalaffairs@farrerpark.com). Original hardcopies should be produced when requested.

### **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**  
#13-01, Connexion  
1 Farrer Park Station Road  
Farrer Park Medical Centre  
Singapore 217562

Your application will be submitted to the respective Practising Privileges Committee and/or Medical Board for review and a minimum of 90 working days is required to process each application. Any request for an application to be processed in less than 90 working days 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.

Thank you.

**Medical Affairs and Quality Management Department for and on behalf of  
Practising Privileges Committee of Hospital Medical Board,  
Farrer Park Hospital Pte Ltd and  
Farrer Park Medical Centre Medical Board**

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

- Hold a Basic Degree (MBBS or its equivalent) from a recognised university
- Full registration with the Singapore Medical Council (for medical specialists) or Singapore Dental Council (for dental specialists)
- Hold the Certificate of Specialist Registration or equivalent for at least 3 years.

Required documents to be submitted for each application:

- Recent passport size colour photograph taken within the last 12 months
- Photocopy of NRIC copy (front and back) or FIN (with photo page for foreign applicant)
- Certified True Copies of the following:
  - Basic Degree (MBBS or its equivalent), Higher and Professional Qualification
  - Valid Singapore Medical Council (SMC) or Singapore Dental Council (SDC) Practising Certificate
  - Specialist Registration Certificate from Ministry of Health (Singapore)
  - Specialist Registration Certificate from Specialist Accreditation Board or Dental Specialist Accreditation Board (Singapore)
- Photocopies of the following:
  - Medical Malpractice Indemnity Insurance
  - Current Basic Cardiac Life Support (BCLS) Certificate
  - Advance Cardiac Life Support (ACLS) Certificate (if applicable)
  - Advance Trauma Life Support (ATLS) Certificate (if applicable)
  - Certification to perform minimal (anxiolysis) to moderate sedation (if applicable)

Notes to Applicant:

- Applicant is required to complete of ALL pages of application form and appendices 1, 2, 3, 4 and 5.
- Appendix 1 - "Affirmation of Professional Competence And Conduct" should be completed by two referees who are Specialist Consultants and above, with at least past 3 years of post graduate experience in the same specialty as the applicant, and who can provide testimony of the applicant's professional and moral standing.
- Appendix 2 – Applicant is required to provide specimen signature.
- Appendix 3 – Applicant is required to read and acknowledge the 'Declaration of Good Standing form'.
- 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.
- Appendix 5 - Applicant is required to indicate his/her core and specialised procedures.
- 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.
- A document update and re-privileging exercise will be conducted once every 3 years.

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## 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

<b>Title:</b>	<input type="checkbox"/> Prof <input type="checkbox"/> A/Prof <input type="checkbox"/> Adj Asst Prof <input type="checkbox"/> Dr <input type="checkbox"/> Others: _____		
<b>Full Name:</b> <i>(Underline Surname)</i>	_____ <i><b>Please indicate preferred name on ID Tag, which should not be more than 14 characters, including space</b></i>		
<b>MCR/DCR No &amp; Validity Date:</b>		<b>Date of Birth:</b> (DD/MM/YYYY)	
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Nationality:</b>	
<b>Telephone/Fax:</b>	(Home)	(Mobile)	
	(Clinic)	(Fax)	
<b>Email Address:</b> <u>Please indicate (*) preferred email address for correspondence</u>	(Personal)		
	(Clinic)		
<b>Home Address:</b>	<b>Postal code:</b>		
<b>Current Practice:</b>			
<b>Address:</b>	<b>Postal code:</b>		
<b>Type of Current Practice:</b>	<input type="checkbox"/> Single <input type="checkbox"/> Group <input type="checkbox"/> institution		
<b>*Name of Proposed Practice or Clinic at Farrer Park Medical Centre:</b>			
<b>Address of Clinic or Practice at FPMC</b>			
<b>Postal code:</b>			
<b>(217562)</b>			
<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>			

## 2. Application for Recognised Specialties & Sub-specialties

In Singapore, the Specialist Accreditation Board (Ministry of Health) currently oversees accreditation for 35 specialties and 4 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	Year Conferred

**4. Privileges Granted At Other Hospitals**

Name of Hospital	Privileges Granted

**5. Professional Membership**

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

**6. Employment History** (list in chronological order)

Institution	Appointment	From (year)	To (year)

**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. Nomination Alternative in Event of Absence

In the event of any absence for leave or being unable to be contacted for a clinical emergency, it is my responsibility to nominate a fellow practitioner (the "Alternate Doctor's Information") in the same specialty within the same facility who has agreed to continue similar professional care for the patient(s) for me. This information should be conveyed to the relevant departments, including Medical Affairs and Quality Management Department, for reference purpose prior to my absence.

By providing the Alternate Doctors' Information, I am deemed to have obtained the Alternate Doctor's consent to be responsible for the continued care of the patient(s) while complying with the policy guidelines stipulated by Farrer Park Hospital and/or the Medical Boards in relation to the collection, use and/or disclosure of personal information.

### 10. Disclosure

a. Have you ever had any restrictions placed on your medical registration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Have you previously been refused, withdrawn, suspended or not renewed on the basis of clinical competency at another healthcare facility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Have there ever been any serious adverse findings made against you which would be relevant to your appointment (for example: breach of insurance / medical laws, professional misconduct) by 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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Have you, at any time before and at the time of submission of this application, ever been convicted in a court of law or have any pending criminal charges (save from traffic fines or parking fines) in any country that may affect the outcome of your application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Are you aware of any personal limitations (medical, psychological or physical) that will affect your performance or safe delivery of care to patient?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p><i>If your answer to any of the above is Yes, Kindly provide further details on a separate paper.</i></p>		

### 11. References

Please provide details of two peer references who are Specialist Consultants and above in the same specialty as the applicant for at least the past 3 years and who can provide testimony of your professional and moral standing.

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 2 of this application form.**

	<b>Name</b>	<b>Place of Practice</b>	<b>Years Known</b>
1.			
2.			



**12. Declaration by Applicant**

- I declare that the information provided by me through Medical Affairs and Quality Management Department to Practising Privileges 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.
- 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 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 that 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).
- 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.
- I hereby give my consent to have my personal information contained herein being disclosed to Farrer Park's Medical Affairs and Quality Management Department, Practising Privileges 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 this 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.
- 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).
- 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.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**AFFIRMATION OF PROFESSIONAL COMPETENCE AND CONDUCT**
*(To be completed by 1<sup>st</sup> Referee)*

 With reference to Dr \_\_\_\_\_ MCR No: \_\_\_\_\_  
*Name of Applicant*

I confirm with the following details that:

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

- I am a Specialist Consultant or above with post graduate experience in the same specialty as the applicant for at least the past 3 years and can provide testimony of the above named applicant's professional and moral standing.
- I am in a position to assess the Applicant's **current competence** in practising \_\_\_\_\_ (Specialty) and in performing the indicated Specialty and Clinical Privilege 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):
 

<input type="checkbox"/> Applicant's Employee	<input type="checkbox"/> Applicant's Employer
<input type="checkbox"/> Business Partner	<input type="checkbox"/> Family member
<input type="checkbox"/> None	(please specify: _____)
- 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 Practising and Privileges Committee and the Medical Boards in connection with the evaluation of this application.

Any other comments:

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 \_\_\_\_\_  
 Signature of Referee

 \_\_\_\_\_  
 Date

**AFFIRMATION OF PROFESSIONAL COMPETENCE AND CONDUCT**
*(To be completed by 2<sup>nd</sup> Referee)*

 With reference to Dr \_\_\_\_\_ MCR No: \_\_\_\_\_  
*Name of Applicant*

I confirm with the following details that:

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

- I am a Specialist Consultant or above with post graduate experience in the same specialty as the applicant for at least the past 3 years and can provide testimony of the above named applicant's professional and moral standing.
- I am in a position to assess the Applicant's **current competence** in practising \_\_\_\_\_ (Specialty) and in performing the indicated Specialty and Clinical Privilege 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):
 

<input type="checkbox"/> Applicant's Employee	<input type="checkbox"/> Applicant's Employer
<input type="checkbox"/> Business Partner	<input type="checkbox"/> Family member
<input type="checkbox"/> None	(please specify: _____)
- 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 Practising and Privileges Committee and the Medical Boards in connection with the evaluation of this application.

Any other comments:

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 \_\_\_\_\_  
 Signature of 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.

Under Guideline 4.36c (Regulation 27) of The Private Hospitals and Medical Clinics (PHMC) Act (1980) and Regulations (1991), the hospital is required to "maintain a means of identifying the signatures of all medical practitioners authorized to use the pharmaceutical services for prescriptions."

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 of Good Standing**

I, Dr \_\_\_\_\_, NRIC No./ Passport No. \_\_\_\_\_, 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:

- I do not have any complaints or pending complaints against me 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;
- I have not 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;
- I have not been previously refused, withdrawn, suspended or declined renewal on the basis of clinical competency at another healthcare facility and I have not had my clinical privileges limited at another healthcare facility;
- I have not been investigated or convicted for a criminal offence in Singapore or overseas;
- I am not involved in any criminal case or in any such case pending against me in any court of law in Singapore or overseas;
- I have fulfilled the requirement of PRL review and CME points by Singapore Medical Council;
- I declare that my physical, medical, mental and legal status will not affect my performance or safe delivery of care to patients;
- I hereby give consent for the Hospital and/ or FPMC Medical Board to obtain and verify information from or with any source as they deem fit for the evaluation of my application for practicing privileges;
- 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 Practising Privileges Committee ("**HPPC**"), the Hospital Medical Board and/ or the FPMC Medical Board respectively deems fit. Appeals may be considered on a case by case basis;
- I shall not have any objection with the suspension and/or revocation 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.
- 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 Appendix 5 of the Application for Specialist Practising and/or Admitting Privileges form.

- I declare that all given statements made in my application are correct and true to the best of my knowledge, information and belief;

\_\_\_\_\_  
**Signature of Doctor**

\_\_\_\_\_  
**Date**

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

## **Terms & Conditions for Application of Practising Privileges at Farrer Park Hospital and/ or Farrer Park Medical Centre**

1. Applicant agrees and acknowledges that the grant of such practising privileges is at the sole discretion of the Farrer Park Hospital and/ or Medical Centre Medical Boards. Such Medical Boards are entitled to suspend and/ or revoke an applicant's practising privileges at any time which they deem fit for any reason whatsoever. At the discretion of the Hospital and/ or FPMC Medical Boards, the applicant will be issued with a notice in writing which will take immediate effect and the applicant shall agree and accept the decision. The Hospital and/ or FPMC Medical Boards reserves the rights and may proceed to refer the applicant to the Singapore Medical Council and/ or Ministry of Health respectively when applicant is deemed to be unfit to practise.
2. The Hospital and/ or FPMC Medical Boards are not required to give any, and the applicant 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 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. You agree to do the following:
  - a. Confine your practice to the practising privileges granted by 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 Farrer Park Medical Centre;
  - c. Comply with 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);

- d. Comply with the Singapore Medical Council Ethical Code and Ethical Guidelines or the Singapore Dental Council Ethical Code and Ethical Guidelines (as the case may be);
- e. Comply with all regulations, circulars, directives and guidelines issued by the Ministry of Health, the Singapore Medical Council ("**SMC**") and the Singapore Dental Council ("**SDC**") and Singapore laws;
- f. Treat all fellow doctors, members of the healthcare staff and members of the FPH Group and the FPMC Medical Board with respect and dignity;
- g. At all times have a valid practicing certificate under the Medical Registration Act or Dental Registration Act (as the case may be);
- h. At all times have a valid medical malpractice indemnity organization membership or insurance policy;
- i. 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. Such other documents as the Hospital and/ or FPMC Medical Board might require.
- j. Promptly inform the Medical Affairs and Quality Management Department 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 your ability to provide patient care; and
  - v. Any complaints made against you in relation to and/ or in connection with your medical practice.
- k. Allow any of the entities in FPH Group and/ or FPMC Medical Board to collect, use, and disclose your personal data for privileging, financial transaction, medical record documentation, promotional, and business development purposes;
- l. Arrange and procure another doctor accredited with the Hospital who will cover you when you go on leave or when you are absent from the Hospital, and inform the Hospital of the same;
- m. Arrange and procure for on-call cover when you are rostered to be on-call at the Hospital and will not be available;



- n. Report promptly to the Hospital and/ or the FPMC Medical Board of any patient safety incident.
5. You agree and undertake to 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:

- a. Information relating to these Terms and these Terms;
- b. Information obtained from the FPH Group and/ or FPMC Medical Board;
- b. Information regarding the business, operations or activities of any of the entities within the FPH Group; and
- c. 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).

This clause 4 and the undertakings contained herein shall survive even if the practising privileges granted to you have lapsed, expired, been suspended, been terminated or revoked.

- 6. For the avoidance of doubt, the grant of practising privileges at the Hospital and/or FPMC is subject to your registration with the SMC or SDC. The suspension of your registration with the SMC or SDC or your removal from the register of medical practitioners or dentists will result in the automatic revocation of the grant of practising privileges at the Hospital and/or FPMC.
- 7. Any written notice under these Terms shall be served to you by leaving the written notice at any of your clinic premises, last known clinic premises, or addresses furnished to the Hospital and/ or FPMC Medical Board.
- 8. The Terms supersedes any prior written or oral agreements between the Hospital and you and between the FPMC Medical Board and you respectively.
- 9. 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.
- 10. 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.

11. 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.
12. This agreement shall be governed by and interpreted in accordance with the laws of Singapore and the parties each submit to the non-exclusive jurisdiction of the Singapore Court.

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