

# **Colorectal Cancer Screening Programme (Programme)**

## **Enrolment Guide for Primary Care Doctor**

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

### **About this document**

#### **Target:**

Doctors interested in joining the Programme as an enrolled Primary Care Doctor (enrolled PCD)

#### **Content:**

- (I) Doctors' qualifications
- (II) Registration in Electronic Health Record Sharing System (eHRSS)
- (III) Enrolment in the Programme

#### **(I) Doctors' qualifications**

Doctors can participate in the Programme as an enrolled Primary Care Doctor (enrolled PCD) to provide Faecal Immunochemical Test (FIT) screening service if he/she:-

- (i) is a registered medical practitioner within the meaning of the Medical Registration Ordinance (Cap 161); and
- (ii) holds a valid annual practising certificate issued under that Ordinance; and
- (iii) works in the private sector (including university and non-governmental organisation); and
- (iv) has enrolled in the Electronic Health Record Sharing System (eHRSS) and the Primary Care Directory\*.

#### **\* Prerequisite for Government-subsidised Primary Healthcare Programmes**

*The Government requires doctors participating in Government subsidised primary healthcare programmes, including inter alia, the Colorectal Cancer Screening Programme (CRCSP), to be enlisted in the Primary Care Directory with effect from 6 October 2023. For further details and enrolment on the Primary Care Directory, please refer to [https://www.pcdirectory.gov.hk/files/pre\\_requisite\\_for\\_gov\\_subsidised\\_ph\\_programmes.pdf](https://www.pcdirectory.gov.hk/files/pre_requisite_for_gov_subsidised_ph_programmes.pdf).*

#### **(II) Registration in eHRSS**

For successful enrolment into the Programme, the doctor, the associated medical

organisation(s)<sup>1</sup> (named as Health Care Provider in the Application Form) and the clinic(s) (named as Health Care Institution in the Application Form) for providing the health services, should be registered in eHRSS.

If a doctor has not submitted the requisite forms for registration in eHRSS, he/she should:-

- (i) visit [http://www.ehealth.gov.hk/en/healthcare\\_provider/index.html](http://www.ehealth.gov.hk/en/healthcare_provider/index.html) for the details of and forms for eHRSS registration; and
- (ii) for expedited processing, send the completed requisite forms for both eHRSS enrolment and CRC Screening Programme enrolment together with the requisite supporting documents to the Programme Office (PO) of the Programme. Documents related to eHRSS enrolment will be forwarded to Electronic Health Record Registration Office (eHR RO) for processing.

### **(III) Enrolment in the Programme**

To join the Programme, the doctor is required to enrol WELL IN ADVANCE as it may take up to 30 calendar days to process an enrolment application in the case where all duly signed and completed forms and documents have been received.

#### ***If the doctor is not yet eHRSS-connected, he/she can:-***

- (i) download the application forms from the Prevent Colorectal Cancer website ([https://www.colonscreen.gov.hk/en/service/primary\\_care\\_doctor/before\\_enrollment.html](https://www.colonscreen.gov.hk/en/service/primary_care_doctor/before_enrollment.html)), complete, sign and send the requisite forms and supporting documents to Programme Office (PO)
- (ii) leave the “eHR Health Care Provider Identifier (HCP ID)” and the “eHR Health Care Institution Identifier (HCI ID)” data field blank in the Application Form as this information will only be available after successful registration into eHRSS

#### ***If the doctor is eHRSS-connected, he/she can:-***

- (i) fill in the forms electronically through the eHRSS platform (Click “Administration” and Select “CRC Programme – Primary Care Doctor Enrolment”) and print the online form
- (ii) send the duly signed and completed forms and supporting documents to

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<sup>1</sup> Medical Organisation is named as “**Health Care Provider**” in the covering notes, forms and terms and conditions of agreement which means (a) an organisation (whether incorporated or not) which employs or engages a Registered Medical Practitioner to provide health care service to any person; or (b) an organisation (whether incorporated or not)(i) under whose name a Registered Medical Practitioner provides health care service to any person; 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).

- (a) **Before filling in the form**, a doctor is recommended to:-
- (i) study the following documents accessible at the Prevent Colorectal Cancer website([https://www.colonscreen.gov.hk/en/service/primary\\_care\\_doctor/before\\_enrollment.html](https://www.colonscreen.gov.hk/en/service/primary_care_doctor/before_enrollment.html)):-
    - (1) Covering Notes;
    - (2) Application Form (Appendix A);
    - (3) Authority for Payment to a Bank (Appendix B); and
    - (4) Definitions, Terms and Conditions of Agreement (Appendix C).
  
  - (ii) Have the following information at hand:-
    - (1) Doctor's personal particulars;
    - (2) Doctor's professional registration number assigned by the Medical Council of Hong Kong;
    - (3) Information such as the business registration number and HCP ID (if available) regarding the medical organisation(s) (named as Health Care Provider in the Application Form) which the doctor is working with;
    - (4) Information such as the bilingual address, telephone number regarding the clinic(s) (named as Health Care Institution in the Application Form) intended for providing the colorectal cancer screening services; and
    - (5) Information such as bank account number regarding the nominated bank account(s) for reimbursement.
  
  - (iii) Please note that:-
    - (1) The "Application Form" (Appendix A) and "Authority for Payment to a Bank" (Appendix B) should be completed & signed by both the doctor and Health Care Provider. (For details, please refer to paragraph 4 of the Covering Notes).
    - (2) Separate "Application Form" (Appendix A) and "Authority for Payment to a Bank" (Appendix B) should be completed for each Health Care Provider, if the doctor is engaged by more than one Health Care Provider in providing health care services for the Programme (For details, please refer to paragraph 4 of the Covering Notes).
    - (3) Separate "Authority for Payment to a Bank" (Appendix B) should be used for each bank account.
    - (4) The authorised signatory of Health Care Provider on Appendix A and Appendix B should be the same.

- (5) If the doctor fills in the application form electronically through eHRSS, relevant personal particulars, information of respective Health Care Provider(s) and Health Care Institution(s) would be retrieved from the eHRSS, saving the effort for manual input.
- (b) **After filling in the form** either electronically or manually, doctor should send the duly signed and completed forms and supporting documents (preferably by registered mail for protection of personal information) to the Programme Office (PO) of the Programme at:-

**Programme Office, CRC Screening Programme, Department of Health  
Room 1301, 13/F, Guardian House, 32 Oi Kwan Road, Wan Chai, Hong Kong**

- (i) Below is a checklist of the forms and documents for submission:-
- Duly signed and completed Application Form (Appendix A);
  - Duly signed and completed Authority for Payment to a Bank (Appendix B);
  - Copy of the doctor's Hong Kong Identity Card;
  - Address proof of the doctor and Health Care Providers (e.g. copy of public utility bill or bank statement);
  - Copy of certificate of Business Registration of the Health Care Provider;
  - Certified true copy<sup>2</sup> of bank correspondence (e.g. bank statement) showing the bank name, bank account number and name of the account holder; and
  - Requisite forms and supporting documents for eHRSS registration (if applicable).
- (ii) Please note that:-
- (1) Copies of documentary proof will not be returned; and
  - (2) The application may not be processed by the Government if the doctor or/and Health Care Provider fail(s) to provide all information and documents as required by the Government.

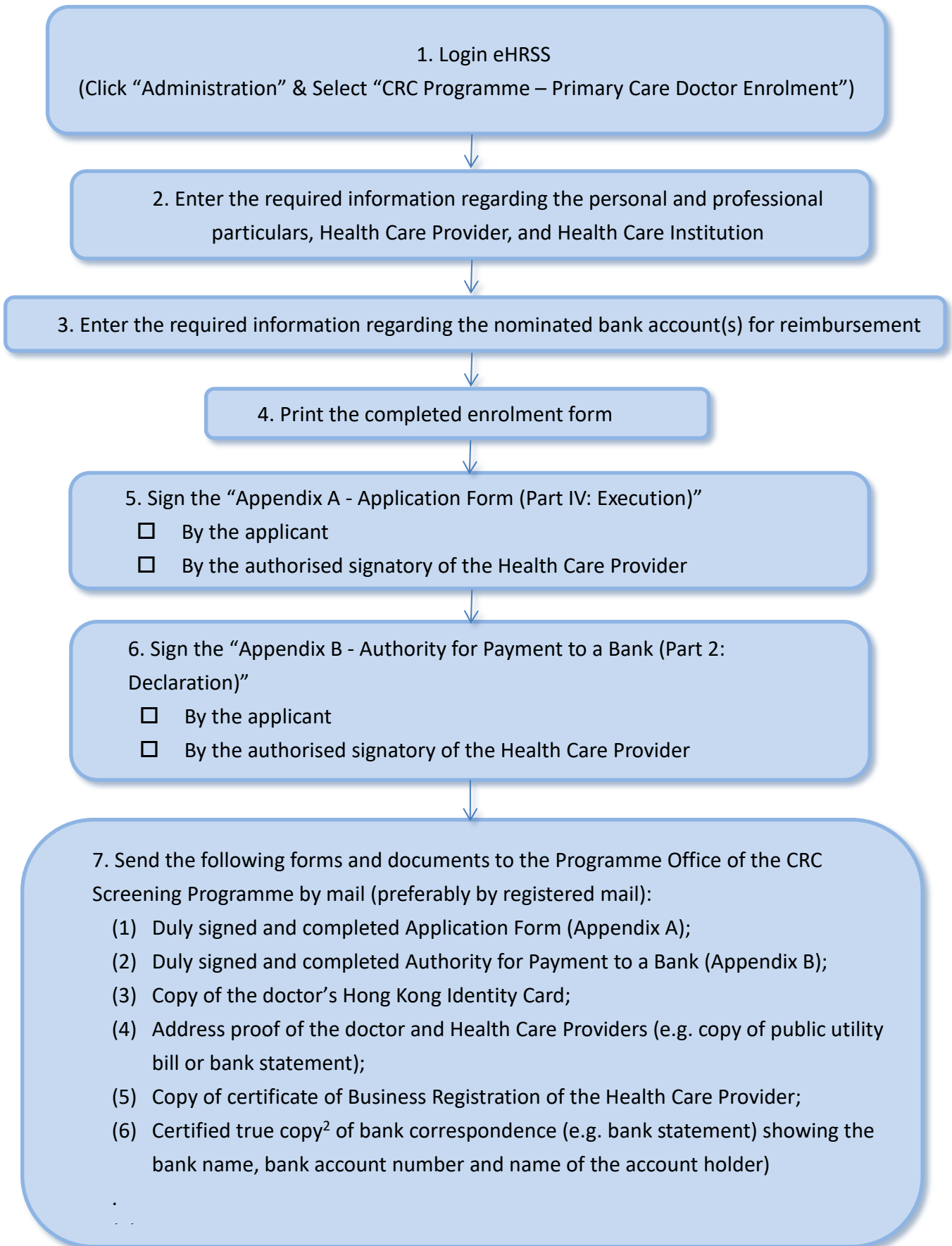
For enquiries concerning Colorectal Cancer Screening Programme, please contact the Programme Office at 3565 5665 or [colonscreen@dh.gov.hk](mailto:colonscreen@dh.gov.hk).

For enquiries concerning Electronic Health Record Sharing System, please contact Electronic Health Record Registration Office at 3467 6230 or [ehr@ehealth.gov.hk](mailto:ehr@ehealth.gov.hk).

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<sup>2</sup> If the bank correspondence relates to the doctor, the copy must be certified by the doctor. If the bank correspondence relates to a medical organisation (Health Care Provider), the copy must be certified by the authorised signatory of the medical organisation (Health Care Provider) appearing in part 2 – declaration of the “Authority for Payment to a Bank” form.

### Flowchart (For doctors who is eHRSS-connected)



## Flowchart (For doctors who is not yet eHRSS-connected)

