

HONG KONG ACADEMY OF MEDICINE

GUIDANCE NOTES

Application for Support for Temporary Medical Registration for Clinical Teaching or Research in a Private Hospital

1. The Academy always encourages and supports hospitals and institutions, private or public, to organise CME/CPD programmes for doctors in Hong Kong. As far as temporary registration is concerned, the Academy must follow certain principles and rules governed by the law.
2. Section 14B (3) of the MRO states "Where the Academy of Medicine supports the engagement by a private hospital of a person referred to in subsection (1) **exclusively in performing clinical teaching or research in the private hospital**,.....".

Section 14B (5) of the MRO states "Where the Council is satisfied that it is appropriate and necessary for the person, the subject of an applicant under subsection (1) or (3), to be registered, the Council may direct the Registrar to register him as a medical practitioner with temporary registration for a period **not exceeding 14 days**."

3. **HKAM will only support an engagement by a private hospital of a person to exclusively perform clinical teaching or research. The request for support must come from the hospital signed by the medical superintendent or the chairman of the relevant specialist CME/CPD committee. HKAM will not support any engagement where some other form of service is involved, or where the person involved receives remuneration other than a tuition fee, teaching honorarium, or research grant from the hospital.**
4. An application for support by the Academy should come from a private hospital and be submitted to the Academy. The relevant College would help assess the application and make a recommendation to the Academy Education Committee. The application would then be submitted to the Academy Council for approval.
5. A defined programme of clinical teaching or research must be submitted. This should include a description of the programme and objectives, the dates of the engagement (not more than 2 weeks), which local doctors would have access to the programme, and the proposed financial arrangements.
6. Wherever patients are involved, the hospital must obtain explicit written consent from the patient in advance for participation in the training programme.
7. The College concerned should vet the proposed programme and the curriculum vitae of the person to be engaged by the hospital to ensure that the programme has adequate educational value and that the person possesses qualities (knowledge and skill) that are not normally available in Hong Kong.
8. The College should examine the programme carefully to ensure that the person is engaged **exclusively in performing clinical teaching or research**. This is prescribed by law, and the advising College should ensure that its and the Academy's decisions are not called into question.
9. If an application for clinical teaching is supported, the private hospital would be required to submit to the Academy within two weeks after the activity: (a) a list of attendees, and (b) an evaluation report (via questionnaires completed by attendees) for the teaching. The Academy may request submission of the completed questionnaires if necessary. Future applications from the private hospital would be rejected, if they fail to submit the documents as required.

*Note to private hospitals: It normally takes 2 to 3 months to process a TMR application, as it has to go through the College, Education Committee and Council of the Academy. **Completed application forms submitted less than 2 months before the date of teaching will NOT be processed.** The Medical Council may need to take another month to approve your application; you may therefore need to allow more time buffer for this.*

HONG KONG ACADEMY OF MEDICINE
Application for Support for Temporary Medical Registration
for Clinical Teaching or Research in a Private Hospital

Section A: Basic Information

Please complete ALL boxes and provide information as detailed as possible (read the guidance notes carefully before completing this form).

Name of applicant for temporary registration	
Professional qualifications held by the applicant <i>(please enclose certified true copies of diploma)</i>	
Purpose of temporary registration <i>(Please refer to paragraph (3) in the Guidance Notes)</i>	To perform (Please tick): <input type="checkbox"/> Clinical teaching <input type="checkbox"/> Research
Topic(s) of teaching/research <i>(Detailed programme/content outlines must be attached to this form)</i>	
Patient's written consent to participate in the training programme <i>(wherever patients are involved)</i>	Please tick: <input type="checkbox"/> Has been obtained <input type="checkbox"/> Will be obtained
Intended benefits to the local medical community <i>(e.g. new procedure/approach/equipment)</i>	
Who are the target audience or learners?	
Size of learning group	
Duration of teaching programme with dates	
Source of funding	<input type="checkbox"/> Sponsored by (Please give name and details) _____ (*Industry/Research grant/Hospital/Other organization) <input type="checkbox"/> Self-financed by applicant
Remuneration / honorarium / tuition fee / research grant to be received by the applicant for the teaching / researching work? Please specify.	
Intended Registration Period <i>(Dates, not more than 2 weeks)</i>	

**Delete as appropriate*

Section B: Sponsor and Certification

Name of person sponsoring the applicant: _____

College (if a Fellow of HKAM): _____

Name and Address of Hospital: _____

I certify that the information provided in this form is true to the best of my knowledge; and that the applicant will be engaged **exclusively in performing clinical teaching or research.**

Signature : _____

Date: _____

Section C: Endorsement by Hospital Medical Superintendent or Chairman of Relevant Hospital Committee

We note the requirement as stipulated in paragraph (9) of the Guidance Notes [see below] and agree to submit to the Academy the required documents within two weeks after the activity.

(9) If an application for clinical teaching is supported, the private hospital would be required to submit to the Academy within 2 weeks after the activity: (a) a list of attendees, and (b) an evaluation report (via questionnaires completed by attendees) for the teaching. The Academy may request submission of the completed questionnaires if necessary. Future applications from the private hospital would be rejected, if they fail to submit the documents as required.

Name of person: _____

Position: _____

Signature: _____

Date: _____

Application for Support for Temporary Medical Registration for Clinical Teaching or Research in a Private Hospital

Sample Teaching Evaluation Form

Date _____

Activity/Topic _____

Speaker _____

Venue _____

EVALUATION OF PROGRAM (Please circle)

1 = *Most Disagree* 2 = *Disagree* 3 = *Agree* 4 = *Most Agree*

1. The Program is well organized	1	2	3	4
2. The Program has enhanced your understanding / skills in this area	1	2	3	4
3. You have learnt much knowledge / skills from the Program	1	2	3	4
4. Your time is well spent in the Program	1	2	3	4
5. The Program is going to change your practice	1	2	3	4
6. Speaker has good presentation skill and ability to arouse interest from learners	1	2	3	4
7. The question / interaction time is adequate	1	2	3	4
8. The quality of teaching handouts (if applicable) is good	1	2	3	4
9. You are satisfied with the Program	1	2	3	4

Other Comments: _____

Are you a Fellow of HKAM?

Yes (College: _____)

No

Name (optional): _____