

Application for Clinical Privileges

- Basic pre-requisite for credentialing of all specialties requires the applicant being holder of a current valid Annual Practising Certificate, in accordance with the provisions of sub-section (2) of section 20A of the Medical Registration Ordinance; and, listing in the General Register of the Medical Council of Hong Kong under the Medical Registration Ordinance (Cap.161).
- Both the Initial Criteria and Renewal Criteria for clinical privileging are undergoing continuous development. It is envisaged that each Specialty will periodically modify or update the various criteria for their credentialing requirements as deemed appropriate to reflect the experience and competency of the Medical Practitioners that would ensure safety and quality.
- Please attach copies of the following documents with this application:
 - Certificate of Registration with the Medical Council of Hong Kong
 - Specialist Registration Certificate
 - Hong Kong Annual Practicing Certificate
 - Medical Indemnity Insurance Certificate
- Please complete Parts A, B & C.
- Please provide supporting evidence of related training and experience in support of the application for clinical privileges.
- Please note that it would normally require 10-12 weeks for processing of the application.
- GHK reserves the right to grant particular types of privileges, and all approved privileges are subject to review by GHK.
- Please notify GHK on any changes of the information provided.
- The personal data collected in this application form will only be used by Gleneagles Hong Kong Hospital (GHK) for credentialing. Under the Personal Data (Privacy) Ordinance, you have a right to request access to, and to request correction of, your personal data in relation to your application. If you wish to exercise these rights, please contact GHK Office at Tel: (852) 2528 0028 or Email: credentialing@gleneagles.hk.

PART A
Personal Information

1. Applicant's Personal Particulars				
Applicant's Name			Photo	
Name in Chinese^				
HKID				
Passport No. <small>(Please provide details if you do not possess a HKID card)</small>				
Country of Issue		Expiry Date		
Nationality^				
Date of Birth	DD	MM	YYYY	
Gender*	Female		Male	
Mobile Phone No.				
Email Address				
Marital Status*^	Single	Married	Divorced	
Emergency Contact Person	Name:			
	Relationship:		Contact No.:	
Business Address				
	Contact No.:		Fax No.:	
Residential Address				
Correspondence Address <small>(if different from the above address)</small>				
Current Appointment(s)^ <small>(any paid/unpaid appointment(s) to universities, public organizations or private organizations)</small>				

*Please ☒ as appropriate

^Optional

2. Academic Background		
University Attended		
Degree Obtained		
Year of Graduation		
First registration with Medical Council of Hong Kong	Date (year) :	
	Registration no.:	
	Qualification used:	
Other Quotable Qualifications^	Date (year) :	Qualification:
	Date (year) :	Qualification:
	Date (year) :	Qualification:
	Date (year) :	Qualification:
	Date (year) :	Qualification:
Medical Council of Hong Kong Specialist Registration	Registered in (specialty):	
	Specialist Registration No.:	
Fellowship of Hong Kong Academy of Medicine (specialty)		
Other Specialist Qualifications^		

Medical Indemnity Insurance	MPS No.: _____ or _____					
	Other No.: _____					
	Expiry Date: _____					
MPS subscription rate information* (please refer to the explanatory notes below)	Risk:	HGI	HGM	HKS	HKC	MOB
		COS	INN	SHS	VHR	MHR
		INA	MMR	MLR	PGM	PGZ
		PGP	PGO	XGP	NSM	PHY
		DTC	OCU	others: _____		

*Please ☒ as appropriate
^Optional

Explanatory Notes	
Government and Hospital Authority Rates	<ul style="list-style-type: none"> - HGI: Intern; - HGM: Medical Officer/Medical Officer Trainee/Assistant Professor; - HKS: Senior Medical Officer/Specialist/Associate Professor; - HKC: Consultant/Professor/Director
Private Hospital Rates	<ul style="list-style-type: none"> - MOB: Obstetrics; - COS: Cosmetic/aesthetic practice; - INN: Neurosurgery; - SHS: Super High Risk; - VHR: Very High Risk; - MHR: High Risk; - INA: Anaesthetics; - MMR: Medium Risk; - MLR: Low Risk; - PGM: GP Non Procedural– consultative office procedures and assisting; - PGZ: GP Non Procedural– consultative office procedures and assisting; - PGP: GP Procedural; - PGO: GP Risk with obstetrics; - XGP: Cosmetic and Aesthetic Medicine; - NSM: Non-clinical: advisory services only - PHY: Physiotherapist; - DTC: Dietician; - OCU: Occupational Therapist

3. Referees

Please provide details of three referees including their names, correspondence addresses, faxes/e-mail addresses and indicate their relationship with you after you have obtained their consent. The referees should not be immediate family members or spouse; and should be someone who would be able to comment on your professional attributes.

Name	
Position	
Correspondence Address	
Telephone Number	
E-mail Address/ Fax No.	
Relationship with Applicant	

Name	
Position	
Correspondence Address	
Telephone Number	
E-mail Address/ Fax No.	
Relationship with Applicant	

Name	
Position	
Correspondence Address	
Telephone Number	
E-mail Address/ Fax No.	
Relationship with Applicant	

Unless otherwise specified, consent is deemed given by the applicant to the Hospital to approach the above referees whenever appropriate without prior notification. Please also inform your referees that such consent has been given by you.

PART B
Professional Information

1. WORK EXPERIENCE (in descending chronological order)

Dates (month/year)		Name of Employment Institution	Position Held and Specialty (if part-time please state this clearly)
From	To		

2. PROFESSIONAL SERVICES (OPTIONAL)

Dates & Place	Name/ Type of Service programme (guidelines) / Clinic/ Skills Example: HA Professional bodies (Colleges, Medical Councils, Professional Associations) Private Hospital	Role of Involvement Example: As Council Member As Chairman As President As Board Member

3. EXPERIENCE AS TEACHER / TRAINER (OPTIONAL)

Dates/ Periods	Name of Professional Body Example: University of Hong Kong or Chinese University of Hong Kong or Hospital Authority hospital	Educational Activities Example: Undergraduate Medical and Nursing students (for CUHK, HKU, PolyU or others) Providing specialty training for Colleges of Hong Kong Academy of Medicine	Participation Example: In capacity as honorary teacher: Honorary Associate Professor/ Clinical Teaching In capacity of trainer

4. CURRENT AND PAST ADMISSION RIGHTS AND PRIVILEGES GRANTED BY OTHER PRIVATE HOSPITALS*

Hospitals in Hong Kong	Current	Past	Reason for cessation if no longer current
Canossa Hospital			
Evangel Hospital			
Hong Kong Adventist Hospital - Stubbs Road			
Hong Kong Adventist Hospital - Tsuen Wan			
Hong Kong Baptist Hospital			
Hong Kong Sanatorium & Hospital			
Matilda International Hospital			
Precious Blood Hospital			
St. Paul's Hospital			
St Teresa's Hospital			
Union Hospital			
Non-local Hospitals	Current	Past	Reason for cessation if no longer current

Have you ever had your clinical privileges being refused, evoked or restricted in any way by any hospital? Yes / No^ . If Yes, please give details :

*Please ☒ as appropriate

^Please delete as appropriate

PART C

Request for Privileges – General Surgery

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
Core Privileges in General Surgery		
	Apply for ALL core privileges	
	Excision of skin and subcutaneous lesions without reconstruction	<p>Registered in the Specialist Register in General Surgery (S28) of the Medical Council of Hong Kong</p> <p>AND</p> <p>At least 3 years full time hospital appointment in general surgery (or subspecialty) post fellowship or equivalent qualification, and able to demonstrate that he/she is actively working in general surgery (including subspecialty in his/her practice in the past 3 years</p>
	Insertion and management of chest tubes and central venous catheters	
	Open groin hernia repair	
	Varicose vein operations confining to ligation and stripping and injection sclerotherapy	
	Appendicectomy	
	Cholecystectomy	
	Simple bowel resection and anastomosis	
	Haemorrhoidectomy (conventional excision) and other office treatment for haemorrhoids	
	Surgery for simple anorectal fistula-abscess	
	Thyroidectomy for small (<80grams) benign nodular goiter or nodule	
	Mastectomy	
	OGD (diagnostic and simple polypectomy)	
	Colonoscopy (diagnostic and simple polypectomy)	

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
	Laparoscopic cholecystectomy and appendicectomy	<p>Registered in the Specialist Register in General Surgery (S28) of the Medical Council of Hong Kong</p> <p>AND</p> <p>At least 3 years full time hospital appointment in general surgery (or subspecialty) post fellowship or equivalent qualification, and able to demonstrate that he/she is actively working in general surgery (including subspecialty in his/her practice in the past 3 years</p> <p>AND</p> <p>with proven laparoscopic training</p> <p>AND</p> <p>Total experience of 10 cases as independent surgeon</p>

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
Special Privileges in General Surgery (must meet the criteria of Core Privileges as stated above)		
	<u>Breast surgery</u> Sentinel LN surgery	5 years post fellowship or equivalent qualification for specialist training in general surgery (including specialty) and able to demonstrate that he is actively working as a full time in general surgery (subspecialty) in his/her practice in the past 3 years and have adequate experience in specific individual procedures AND Total experience of 10 cases
	<u>Breast surgery</u> Oncoplastic surgery	
	<u>Breast surgery</u> Breast reconstruction after mastectomy	
	<u>Breast surgery</u> Wire guided surgery	
	<u>Breast surgery</u> Microdochoectomy	
	<u>Breast surgery</u> Mammotome Procedures	
	<u>Breast surgery</u> Reduction mammoplasty	
	<u>Colorectal Surgery</u> Surgery for complex anorectal fistula, including rectovaginal fistula	
	<u>Colorectal Surgery</u> Stapled haemorrhoidopexy	
	<u>Colorectal Surgery</u> Surgery for rectal prolapse	

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
	<u>Colorectal Surgery</u> Rectal resection for cancer/neoplasm, including local excision	5 years post fellowship or equivalent qualification for specialist training in general surgery (including specialty) and able to demonstrate that he is actively working as a full time in general surgery (subspecialty) in his/her practice in the past 3 years and have adequate experience in specific individual procedures AND Total experience of 20 cases
	<u>Colorectal Surgery</u> Laparoscopic colon surgery	
	<u>Colorectal Surgery</u> Laparoscopic rectal surgery for benign and malignant disease	5 years post fellowship or equivalent qualification for specialist training in general surgery (including specialty) and able to demonstrate that he is actively working as a full time in general surgery (subspecialty) in his/her practice in the past 3 years and have adequate experience in specific individual procedures AND Total experience of 10 cases
	<u>Colorectal Surgery</u> Exenterative surgery	
	<u>Colorectal Surgery</u> Transanal endoscopic microsurgery/ Transanal endoscopic operation	
	<u>Colorectal Surgery</u> Laparoscopic enterolysis	

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
	<u>Colorectal Surgery</u> Peritonectomy	<p>5 years post fellowship or equivalent qualification for specialist training in general surgery (including specialty) and able to demonstrate that he is actively working as a full time in general surgery (subspecialty) in his/her practice in the past 3 years and have adequate experience in specific individual procedures</p> <p>AND</p> <p>Total experience of 5 cases</p>
	<u>Colorectal Surgery</u> Robotic assisted colorectal surgery	<p>5 years post fellowship or equivalent qualification for specialist training in general surgery (including specialty) and able to demonstrate that he is actively working as a full time in general surgery (subspecialty) in his/her practice in the past 3 years and have adequate experience in specific individual procedures</p> <p>AND</p> <p>Total experience of 10 cases as console surgeon</p>

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
	<u>Colorectal Surgery</u> Laparoscopic incisional and groin hernia repair	5 years post fellowship or equivalent qualification for specialist training in general surgery (including specialty) and able to demonstrate that he is actively working as a full time in general surgery (subspecialty) in his/her practice in the past 3 years and have adequate experience in specific individual procedures AND Total experience of 10 cases
	<u>Colorectal Surgery</u> Advanced colonoscopic intervention (ESD, EMR, stent insertion)	
	<u>Endocrine surgery</u> Re-operative thyroid surgery	5 years post fellowship or equivalent qualification for specialist training in general surgery (including specialty) and able to demonstrate that he is actively working as a full time in general surgery (subspecialty) in his/her practice in the past 3 years and have adequate experience in specific individual procedures AND Total experience of 10 cases
	<u>Endocrine surgery</u> Thyroidectomy for large (>80grams) retrosternal goiter or Graves's disease	
	<u>Endocrine surgery</u> Thyroidectomy for thyroid cancer that necessitates a concomitant neck dissection	
	<u>Endocrine surgery</u> Thyroidectomy for locally advanced thyroid cancer	
	<u>Endocrine surgery</u> Central and/or lateral neck dissection for recurrent thyroid cancer	
	<u>Endocrine surgery</u> Parathyroid surgery for primary or renal hyperparathyroidism	
	<u>Endocrine surgery</u> Minimally invasive thyroid surgery	

REQUESTED	PROCEDURE	INITIAL CRITERIA
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	<u>Endocrine surgery</u> Robotic-assisted thyroid surgery	5 years post fellowship or equivalent qualification for specialist training in general surgery (including specialty) and able to demonstrate that he is actively working as a full time in general surgery (subspecialty) in his/her practice in the past 3 years and have adequate experience in specific individual procedures AND Total experience of 10 cases as console surgeon
	<u>Endocrine surgery</u> Open adrenalectomy	5 years post fellowship or equivalent qualification for specialist training in general surgery (including specialty) and able to demonstrate that he is actively working as a full time in general surgery (subspecialty) in his/her practice in the past 3 years and have adequate experience in specific individual procedures AND Total experience of 10 cases
	<u>Endocrine surgery</u> Laparoscopic adrenalectomy	
	<u>Endocrine surgery</u> Robotic-assisted adrenalectomy	
	<u>Endocrine surgery</u> Pancreatic surgery for neuroendocrine tumor	
	<u>Endocrine surgery</u> Laparoscopic pancreatic surgery for neuroendocrine tumor	

REQUESTED	PROCEDURE	INITIAL CRITERIA
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	<u>Head and neck surgery</u> Reconstruction of major defects of the head and neck region, involving the use of regional flaps and microvascular free flaps	5 years post fellowship or equivalent qualification for specialist training in general surgery (including specialty) and able to demonstrate that he is actively working as a full time in general surgery (subspecialty) in his/her practice in the past 3 years and have adequate experience in specific individual procedures
	<u>Head and neck surgery</u> Resection of benign and malignant pathology in the head and neck region (including parotid pathology, tumor in the nasal cavity, nasopharynx, oral cavity, oropharynx, larynx, hypopharynx, skull base, paranasal sinuses and parapharyngeal space), with or without the need for lymph node dissection and reconstruction	AND Total experience of 10 cases as principal surgeon
	<u>Hepatobiliary and pancreatic surgery and liver transplantation</u> Major liver resection	5 years post fellowship or equivalent qualification for specialist training in general surgery (including specialty) and able to demonstrate that he is actively working as a full time in general surgery (subspecialty) in his/her practice in the past 3 years and have adequate experience in specific individual procedures AND Total experience of 10 cases
	<u>Hepatobiliary and pancreatic surgery and liver transplantation</u> Shunt operation for portal hypertension	
	<u>Hepatobiliary and pancreatic surgery and liver transplantation</u> Bile duct surgery except simple bile duct exploration	
	<u>Hepatobiliary and pancreatic surgery and liver transplantation</u> Pancreatic resection including Whipple's operation	
	<u>Hepatobiliary and pancreatic surgery and liver transplantation</u> Laparoscopic pancreatic surgery	

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
	<u>Hepatobiliary and pancreatic surgery and liver transplantation</u> Laparoscopic liver resection and other liver surgery	5 years post fellowship or equivalent qualification for specialist training in general surgery (including specialty) and able to demonstrate that he is actively working as a full time in general surgery (subspecialty) in his/her practice in the past 3 years and have adequate experience in specific individual procedures AND Total experience of 10 cases
	<u>Hepatobiliary and pancreatic surgery and liver transplantation</u> Laparoscopic splenectomy	
	<u>Hepatobiliary and pancreatic surgery and liver transplantation</u> Laparoscopic bile duct procedures	
	<u>Hepatobiliary and pancreatic surgery and liver transplantation</u> Robotic hepatobiliary and pancreatic surgery	
	<u>Hepatobiliary and pancreatic surgery and liver transplantation</u> RFA and other energy treatment for liver tumor	
	<u>Hepatobiliary and pancreatic surgery and liver transplantation</u> Living donor hepatectomy	
	<u>Hepatobiliary and pancreatic surgery and liver transplantation</u> Liver transplantation	
	<u>Hepatobiliary and pancreatic surgery and liver transplantation</u> Procurement of deceased donor liver	
	<u>Upper Gastrointestinal and Esophageal Surgery</u> Gastrectomy (open)	
	<u>Upper Gastrointestinal and Esophageal Surgery</u> Open surgery for GERD	
	<u>Upper Gastrointestinal and Esophageal Surgery</u> Laparoscopic gastrectomy	

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
	<u>Upper Gastrointestinal and Esophageal Surgery</u> Laparoscopic surgery for reflux	5 years post fellowship or equivalent qualification for specialist training in general surgery (including specialty) and able to demonstrate that he is actively working as a full time in general surgery (subspecialty) in his/her practice in the past 3 years and have adequate experience in specific individual procedures AND Total experience of 10 cases
	<u>Upper Gastrointestinal and Esophageal Surgery</u> Laparoscopic and open bariatric surgery	
	<u>Upper Gastrointestinal and Esophageal Surgery</u> Advanced endoscopic procedures of GI tract: Haemostasis for gastric and oesophageal lesion, ESD, EMR	
	<u>Upper Gastrointestinal and Esophageal Surgery</u> Advanced endoscopic procedures of GI tract: Haemostasis for gastric and oesophageal lesion, POEM	
	<u>Upper Gastrointestinal and Esophageal Surgery</u> Advanced endoscopic procedures of GI tract: Haemostasis for gastric and oesophageal lesion, Antireflux procedure	
	<u>Upper Gastrointestinal and Esophageal Surgery</u> Open esophagectomy	
	<u>Upper Gastrointestinal and Esophageal Surgery</u> Minimally invasive esophagectomy	

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
	<p><u>Upper Gastrointestinal and Esophageal Surgery</u></p> <p>Open surgery and MIS for benign and/or functional esophageal diseases</p>	<p>5 years post fellowship or equivalent qualification for specialist training in general surgery (including specialty) and able to demonstrate that he is actively working as a full time in general surgery (subspecialty) in his/her practice in the past 3 years and have adequate experience in specific individual procedures.</p> <p>AND</p> <p>Total experience of 10 cases or credentialing open or MIS esophagectomy</p>
	<p><u>Upper Gastrointestinal and Esophageal Surgery</u></p> <p>Robotic assisted upper GI surgery</p>	<p>5 years post fellowship or equivalent qualification for specialist training in general surgery (including specialty) and able to demonstrate that he is actively working as a full time in general surgery (subspecialty) in his/her practice in the past 3 years and have adequate experience in specific individual procedures.</p> <p>AND</p> <p>Total experience of 10 cases as console surgeon</p>

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
	<u>Vascular Surgery</u> Procedures for varicose vein other than ligation and stripping and injection sclerotherapy : Arterial operation (Open): <ul style="list-style-type: none"> - Carotids and vertebral - Ascending aorta and arch - Thoracic aorta - Thoracoabdominal aorta - Abdominal aorta - Visceral and renal arteries - Iliac arteries - Lower limb arteries - Upper limb arteries 	
	<u>Vascular Surgery</u> Procedures for varicose vein other than ligation and stripping and injection sclerotherapy : Arterial operation (Endosvascular): Carotids and vertebral <ul style="list-style-type: none"> - Ascending aorta and arch - Thoracic aorta - Thoracoabdominal aorta - Abdominal aorta - Visceral and renal arteries - Iliac arteries - Lower limb arteries - Upper limb arteries 	5 years post fellowship or equivalent qualification for specialist training in general surgery (including specialty) and able to demonstrate that he is actively working as a full time in general surgery (subspecialty) in his/her practice in the past 3 years and have adequate experience in specific individual procedures
	<u>Vascular Surgery</u> Procedures for varicose vein other than ligation and stripping and injection sclerotherapy : Veins - iliac and lower limb	
	<u>Vascular Surgery</u> Procedures for varicose vein other than ligation and stripping and injection sclerotherapy : IVC and SVC	

ACKNOWLEDGMENTS OF THE PRACTITIONER:

I have hereby requested only those privileges for which, by education, training, experience and demonstrated past performance, I am qualified to perform, and that I wish to exercise at the Gleneagles Hong Kong Hospital. I also acknowledge that my professional malpractice and indemnity insurance extends to all privileges that I have requested.

I understand that in exercising any clinical privileges granted, I will abide by hospital and medical staff policies and rules.

Applicant signature : _____ **Date (dd-mmm-yy):** _____

Applicant Name : _____