

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. (Please provide details if you do not possess a HKID card)			
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 (if different from the above address)			
Current Appointment(s)^ (any paid/unpaid appointment(s) to universities, public organizations or private organizations)			

*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	- HGI: Intern; - HGM: Medical Officer/Medical Officer Trainee/Assistant Professor; - HKS: Senior Medical Officer/Specialist/Associate Professor; - HKC: Consultant/Professor/Director
Private Hospital Rates	- 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 – Gynaecology & Obstetrics

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY ☒ the privileges you apply for)		
Core Privileges in Gynaecology & Obstetrics		
☐	Apply for ALL core privileges	
☐	<u>Gynaecology</u> Admit, evaluate, diagnose, consult, perform history and physical exam, and provide pre-operative, intraoperative, and post-operative care necessary in the outpatient clinic and hospital for management of female patients presenting with illness, injuries, and disorders of the gynecologic or genitourinary system, and nonsurgical treatment of illnesses and injuries of the mammary glands. Cystoscopy, diagnostic and operative hysteroscopy and laparoscopy	Registered in the Specialist Register in Obstetrics and Gynaecology (S06) of the Medical Council of Hong Kong AND In active practice
☐	<u>Obstetrics</u> Admit, treat, perform history and physical exam, or provide follow-up care to female patients presenting in any condition or stage of pregnancy, including injuries and disorders of the reproductive system	Registered in the Specialist Register in Obstetrics and Gynaecology (S06) of the Medical Council of Hong Kong AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY ☒ the privileges you apply for)		
Special Privileges in Gynaecology & Obstetrics (must meet the criteria of Core Privileges as stated above)		
☐	<u>Gynaecology</u> Level I, II, III laparoscopic procedures in General Gynaecology: Level 1 Basic Procedures: 1. Diagnostic laparoscopy 2. Laparoscopic tubal occlusion Level 2 Minor Procedures: 1. Salpingectomy for tubal pregnancy 2. Simple adhesiolysis 3. Salpingectomy for hydrosalpinx with mild pelvic adhesions 4. Ablation of minor stage endometriosis (AFS Stage I-II disease) 5. Myolysis 6. Ovarian drilling 7. Aspiration / fenestration of cyst Level 3 Intermediate Procedures: 1. Oophorectomy or cystectomy for ovarian cysts of 8 cm or less 2. Resection of moderate endometriosis (AFS Stage III disease) 3. Salpingostomy / Salpingotomy 4. Myomectomy for pedunculated fibroid or non-pedunculated fibroid of 3 cm or less 5. 5. Hysterectomy for prolapse	Certificate of Accreditation in intermediate level of Gynaecological laparoscopic surgery of HKCOG AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY ☒ the privileges you apply for)		
☐	<u>Gynaecology</u> Level IV and above laparoscopic procedures in General Gynaecology: Level 4 Major Procedures: 1. Hysterectomy 2. Myomectomy for non-pedunculated fibroid greater than 3 cm 3. Excision of ovarian tumours greater than 8 cm 4. Resection of severe endometriosis (AFS Stage IV disease) 5. Adhesiolysis for severe pelvic adhesions, enterolysis and ureteric dissection 6. Management of pelvic abscess 7. Retropubic bladder neck suspension Level 5 Advanced Procedures: 1. Lymphadenectomy 2. Radical hysterectomy for malignant conditions 3. Pelvic floor support other than colposuspension 4. Presacral neurectomy	Certificate of Accreditation in advanced level of Gynaecological laparoscopic surgery of HKCOG AND In active practice
☐	<u>Obstetrics</u> Hysterectomy of gravid uterus	Total experience of 4 cases or having assisted in performing a surgery by a gynaecological oncologist AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY ☒ the privileges you apply for)		
☐	Vaginal hysterectomy and repair	Total experience of 10 cases AND In active practice
☐	Use of fluoroscopy equipment (or supervision of other staff using the equipment)	Proof of relevant experience AND In active practice
☐	Advanced Family Planning Dilation and evacuation of the pregnant uterus beyond 14 weeks intrauterine pregnancy	Total experience of 10 cases AND In active practice
☐	Central Venous Catheter Insertion	Total experience of 10 cases AND In active practice
☐	Robotics Specialized endoscopic operations utilizing robotic instrumentation	Prior training in workshop as well as demonstration of experience under supervision and independent operation should be examined and permission granted on individual basis as different operation has different degree of complexity AND Proof of relevant experience (number required depending on complexity) AND For gynaecological oncology, refer to procedures under gynaecological oncology AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY ☒ the privileges you apply for)		
☐	Complicated congenital tract abnormality	Proof of relevant experience (number required depending on complexity) AND In active practice

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 : _____