

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 – Ophthalmology

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY ☒ the privileges you apply for)		
Core Privileges in Ophthalmology		
☐	Apply for ALL core privileges	
☐	To examine, evaluate and diagnose disorders of the eye	Registered in the Specialist Register in Ophthalmology (S07) of the Medical Council of Hong Kong AND In active practice
☐	To provide medical and surgical treatment of disorders of the eye (in all age groups), other than the procedures requiring additional proof of training and competence	
Special Privileges in Ophthalmology (must meet the criteria of Core Privileges as stated above)		
☐	Phacoemulsification	To carry out at least 50 per year AND In active practice
☐	Botulinum Toxin Injection for Strabismus	To specialize in oculoplastic and have had training in this procedure and have competency endorsed by trainer or a recognized oculoplastic specialist AND In active practice
☐	CO2 Laser Blapharoplasty	
☐	Corneal Transplantation	To have carried out at least 50 such procedures in the past AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY ☒ the privileges you apply for)		
☐	Endoscopic Brow Surgery	To specialize in oculoplastic and have had training in this procedure and have competency endorsed by trainer or a recognized oculoplastic specialist AND In active practice
☐	Endoscopic Dacryo-Cystorhinostomy	
☐	Excimer Laser PRK	Special training from recognized centre AND Malpractice insurance to cover specifically for this type of refractive surgery AND In active practice
☐	Glaucoma Drainage Implant Surgery	Need to have carried out at least 10 glaucoma surgeries (of any type) for the last 1 year and a total of at least 100 in the past
☐	LASIK	Special training from recognized centre AND Malpractice insurance to cover specifically for this type of refractive surgery AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY ☒ the privileges you apply for)		
☐	Oblique Muscle Surgery	In active practice
☐	Orbital Surgery - Orbital Decompression and Lateral Orbitotomy	Specialised training in oculoplastic surgery with a minimum of at least 10 orbitotomies in the past AND In active practice
☐	Retinal Detachment	In active practice
☐	Retinoblastoma Management	As a member of multi-disciplinary team including paediatricians and oncologists AND In active practice
☐	Retinopathy of Prematurity Laser or Cryopexy	Specialised training specific in examining babies for ROP and have carried out 25 such examination in the past AND In active practice
☐	Sedation for Procedures	Agree to follow hospital guidelines on sedation AND In active practice
☐	Trabeculectomy with Mitomycin	Need to have carried out at least 10 glaucoma surgeries (of any type) for the last 1 year and a total of at least 100 in the past

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY ☒ the privileges you apply for)		
☐	Vitrectomy (Posterior)	Evidence of training in vitreoretinal surgery and to have carried out 25 in the last one year and a total of at least 100 in the past

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 : _____