

## **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](mailto:credentialing@gleneagles.hk).

**PART A**  
**Personal Information**

<b>1. Applicant's Personal Particulars</b>				
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

<b>2. Academic Background</b>		
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"> <li>- HGI: Intern;</li> <li>- HGM: Medical Officer/Medical Officer Trainee/Assistant Professor;</li> <li>- HKS: Senior Medical Officer/Specialist/Associate Professor;</li> <li>- HKC: Consultant/Professor/Director</li> </ul>
Private Hospital Rates	<ul style="list-style-type: none"> <li>- MOB: Obstetrics;</li> <li>- COS: Cosmetic/aesthetic practice;</li> <li>- INN: Neurosurgery;</li> <li>- SHS: Super High Risk;</li> <li>- VHR: Very High Risk;</li> <li>- MHR: High Risk;</li> <li>- INA: Anaesthetics;</li> <li>- MMR: Medium Risk;</li> <li>- MLR: Low Risk;</li> <li>- PGM: GP Non Procedural– consultative office procedures and assisting;</li> <li>- PGZ: GP Non Procedural– consultative office procedures and assisting;</li> <li>- PGP: GP Procedural;</li> <li>- PGO: GP Risk with obstetrics;</li> <li>- XGP: Cosmetic and Aesthetic Medicine;</li> <li>- NSM: Non-clinical: advisory services only</li> <li>- PHY: Physiotherapist;</li> <li>- DTC: Dietician;</li> <li>- OCU: Occupational Therapist</li> </ul>

### 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)**

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

## 2. PROFESSIONAL SERVICES (OPTIONAL)

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

## 3. EXPERIENCE AS TEACHER / TRAINER (OPTIONAL)

<b>Dates/ Periods</b>	<b>Name of Professional Body</b>  <b>Example:</b> University of Hong Kong or Chinese University of Hong Kong or Hospital Authority hospital	<b>Educational Activities</b>  <b>Example:</b> Undergraduate Medical and Nursing students (for CUHK, HKU, PolyU or others)  Providing specialty training for Colleges of Hong Kong Academy of Medicine	<b>Participation</b>  <b>Example:</b> 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			
<b>Non-local Hospitals</b>	<b>Current</b>	<b>Past</b>	<b>Reason for cessation if no longer current</b>

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 – Pain Medicine**

REQUESTED	PROCEDURE	INITIAL CRITERIA
<b>(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)</b>		
<b>Core Privileges in Pain Medicine</b>		
<input type="checkbox"/>	Apply for <b>ALL</b> core privileges	
<input type="checkbox"/>	Diagnostic intravenous infusion / injection	Registered in the Specialist Register in Anaesthesiology (S1) or Pain Medicine (S55) of the Medical Council of Hong Kong
<input type="checkbox"/>	Intravenous sympatholytic block: lower limb	
<input type="checkbox"/>	Intravenous sympatholytic block: upper limb	
<input type="checkbox"/>	Tendon injection	
<input type="checkbox"/>	Trigger point injection	AND  Holder of Fellowship of Pain Medicine, Hong Kong College of Anaesthesiologists
<input type="checkbox"/>	Brachial plexus block	
<input type="checkbox"/>	Brachial plexus catheter insertion	
<input type="checkbox"/>	Epidural catheter insertion, lumbar, temporary	
<input type="checkbox"/>	Epidural catheter insertion, thoracic, temporary	AND  Practising Pain Medicine in Regular Basis within the last 3 years
<input type="checkbox"/>	Intercostal block: diagnostic	
<input type="checkbox"/>	Intrathecal block: diagnostic	
<input type="checkbox"/>	Joint injection: knee	
<input type="checkbox"/>	Joint injection: others	AND  Evidence for the experience in this area
<input type="checkbox"/>	Joint injection: sacroiliac	
<input type="checkbox"/>	Joint injection: shoulder	
<input type="checkbox"/>	Paravertebral block	
<input type="checkbox"/>	Stellate ganglion block: diagnostic	
<input type="checkbox"/>	Steroid injection, perineuronal	
<input type="checkbox"/>	Steroid injection: epidural, thoracic and lumbar	
<input type="checkbox"/>	Intercostal block: neurolytic	

REQUESTED	PROCEDURE	INITIAL CRITERIA
<b>(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)</b>		
<input type="checkbox"/>	Ganglion impar block: diagnostic	Registered in the Specialist Register in Anaesthesiology (S1) or Pain Medicine (S55) of the Medical Council of Hong Kong
<input type="checkbox"/>	Epidural catheter implantation, cervical	
<input type="checkbox"/>	Epidural catheter implantation, lumbar	
<input type="checkbox"/>	Epidural catheter implantation, thoracic	
<input type="checkbox"/>	Epidural catheter insertion, cervical, temporary	
<input type="checkbox"/>	Facet joint injection, cervical	
<input type="checkbox"/>	Facet joint injection, lumbar	
<input type="checkbox"/>	Facet joint injection, thoracic	
<input type="checkbox"/>	Coeliac plexus block: diagnostic	
<input type="checkbox"/>	Zygapophysial (facet) nerve block	
<input type="checkbox"/>	Intervertebral discography, provocative	Holder of Fellowship of Pain Medicine, Hong Kong College of Anaesthesiologists
<input type="checkbox"/>	Intrathecal catheter temporary insertion	AND
<input type="checkbox"/>	Lumbar sympathetic block: diagnostic	
<input type="checkbox"/>	Phenol injection, perineuronal	AND
<input type="checkbox"/>	Radiofrequency thermocoagulation of facet nerve, cervical	
<input type="checkbox"/>	Radiofrequency thermocoagulation of facet nerve, lumbar	Practising Pain Medicine in Regular Basis within the last 3 years
<input type="checkbox"/>	Radiofrequency thermocoagulation of facet nerve, thoracic	AND
<input type="checkbox"/>	Radiofrequency thermocoagulation of peripheral nerve	
<input type="checkbox"/>	Radiofrequency thermolesion: intervertebral disc	Evidence for the experience in this area
<input type="checkbox"/>	Steroid injection: epidural, cervical	
<input type="checkbox"/>	Superior hypogastric plexus block: diagnostic	
<input type="checkbox"/>	Coeliac plexus block: neurolytic	

REQUESTED	PROCEDURE	INITIAL CRITERIA
<b>(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)</b>		
<input type="checkbox"/>	Ganglion impar block: neurolytic	<p>Registered in the Specialist Register in Anaesthesiology (S1) or Pain Medicine (S55) of the Medical Council of Hong Kong</p> <p>AND</p> <p>Holder of Fellowship of Pain Medicine, Hong Kong College of Anaesthesiologists</p> <p>AND</p> <p>Practising Pain Medicine in Regular Basis within the last 3 years</p> <p>AND</p> <p>Evidence for the experience in this area</p>
<input type="checkbox"/>	Glossopharyngeal neurolysis	
<input type="checkbox"/>	Intrathecal block: neurolytic	

REQUESTED	PROCEDURE	INITIAL CRITERIA
<b>(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)</b>		
<input type="checkbox"/>	Lumbar sympathetic block: neurolytic	<p>Registered in the Specialist Register in Anaesthesiology (S1) or Pain Medicine (S55) of the Medical Council of Hong Kong for more than 5 years</p> <p>AND</p> <p>Holder of Fellowship of Pain Medicine, Hong Kong College of Anaesthesiologists</p> <p>AND</p> <p>Practising Pain Medicine in Regular Basis within the last 3 years</p> <p>AND</p> <p>Evidence for the experience in this area</p> <p>AND</p> <p>Subject to audit of procedures</p>

REQUESTED	PROCEDURE	INITIAL CRITERIA
<b>(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)</b>		
<input type="checkbox"/>	Spinal nerve root sleeve injection	Registered in the Specialist Register in Anaesthesiology (S1) or Pain Medicine (S55) of the Medical Council of Hong Kong  AND  Holder of Fellowship of Pain Medicine, Hong Kong College of Anaesthesiologists  AND  Practising Pain Medicine in Regular Basis within the last 3 years  AND  Evidence for the experience in this area
<input type="checkbox"/>	Stellate ganglion block: neurolytic	
<input type="checkbox"/>	Superior hypogastric plexus block: neurolytic	
<input type="checkbox"/>	Radiofrequency thermocoagulation of trigeminal nerve: ophthalmic branch	
<input type="checkbox"/>	Radiofrequency thermocoagulation trigeminal nerve: maxillary branch	
<input type="checkbox"/>	Radiofrequency thermocoagulation of trigeminal nerve: mandibular branch	
<input type="checkbox"/>	Spinal cord stimulator implantation: long term	
<b>Special Privileges in Pain Medicine</b> (must meet the criteria of Core Privileges as stated above)		
<input type="checkbox"/>	Spinal cord stimulator insertion: temporary	Holder of Fellowship of Pain Medicine, Hong Kong College of Anaesthesiologists  AND  Practising Pain Medicine in Regular Basis within the last 3 years  AND  Evidence for the experience in this area  AND  A minimum of 5 cases is required
<input type="checkbox"/>	Spinal cord stimulator insertion: permanent	
<input type="checkbox"/>	Nerve stimulator implantation: temporary	
<input type="checkbox"/>	Nerve stimulator implantation: permanent	

REQUESTED	PROCEDURE	INITIAL CRITERIA
<b>(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)</b>		
<input type="checkbox"/>	Epidural catheter and epidural port implantation, cervical	Holder of Fellowship of Pain Medicine, Hong Kong College of Anaesthesiologists
<input type="checkbox"/>	Epidural catheter and epidural port implantation, lumbar	AND  Practising Pain Medicine in Regular Basis within the last 3 years
<input type="checkbox"/>	Epidural catheter and epidural port implantation, thoracic	AND  Evidence for the experience in this area
<input type="checkbox"/>	Intrathecal catheter and intrathecal port implantation	Holder of Fellowship of Pain Medicine, Hong Kong College of Anaesthesiologists  AND  Practising Pain Medicine in Regular Basis within the last 3 years  AND  Evidence for the experience in this area
<input type="checkbox"/>	Epiduroscopy	Holder of Fellowship of Pain Medicine, Hong Kong College of Anaesthesiologists  AND  Practising Pain Medicine in Regular Basis within the last 3 years  AND  Evidence for the experience in this area  AND  A minimum of 5 cases is required

## 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 :** \_\_\_\_\_