

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 Practising 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 – Respiratory Medicine

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY ☒ the privileges you apply for)		
Core Privileges in Respiratory Medicine		
☐	Admit, evaluate, diagnose, consult, perform history and physical exam, and provide treatment to patients presenting with conditions, disorders, injuries, and disease of the organs of the thorax or chest, airways and lungs, mediastinal contents, diaphragm, and pulmonary circulatory system	Registered in the Specialist Register on Respiratory Medicine (S22) in the Specialist Register of the Medical Council of Hong Kong AND Documented experience in managing in-patients and out-patients with respiratory problems in public or private healthcare systems for at least 5 years AND In active practice
Special Privileges in Respiratory Medicine (must meet the criteria of Core Privileges as stated above)		
☐	Management of Non-invasive ventilation	Evidence of post-specialist accreditation experience (in-patient) in Respiratory Medicine for at least 5 years AND Total experience of 100 cases managed AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY ☒ the privileges you apply for)		
☐	Management of Invasive mechanical ventilation	Evidence of post-specialist accreditation experience (in-patient) in Respiratory Medicine for at least 5 years AND Total experience of 100 cases managed AND In active practice
☐	Endotracheal Intubation (Elective)	Evidence of post-specialist accreditation experience (in-patient) in Respiratory Medicine for at least 5 years AND Total experience of 100 cases performed AND In active practice
☐	Chest tapping	Evidence of post-specialist accreditation experience (in-patient) in Respiratory Medicine for at least 5 years AND Total experience of 50 procedures performed AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY ☒ the privileges you apply for)		
☐	Ultrasound pleura	Must have received training in ultrasound pleura (certification or reference letter must be provided) AND Total experience of 50 procedures managed and in active practice AND In active practice
☐	Insertion of chest drain (tube thoracostomy)	Evidence of post-specialist accreditation experience (in-patient) in Respiratory Medicine for at least 5 years AND Total experience of 50 procedures performed AND In active practice
☐	Pleurodesis	Must have fulfilled requirement of Chest drain insertion (see above) AND Total experience of 30 procedures performed AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY ☒ the privileges you apply for)		
☐	Insertion and management of Indwelling Tunneled Pleural Catheter	Must have fulfilled requirement for Chest Drain Insertion (see above) AND Evidence of training in insertion of tunneled pleural catheter AND Total experience of 30 procedures performed AND In active practice
☐	Flexible Pleuroscopy	Must have fulfilled requirement for Chest Drain Insertion (see above) AND Have received training in Flexible Pleuroscopy AND Total experience of 10 procedures as chief operator AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY ☒ the privileges you apply for)		
☐	Flexible bronchoscopy OR Flexible bronchoscopy and endobronchial biopsy	Evidence of post-specialist accreditation experience (in-patient) in Respiratory Medicine for at least 5 years AND Total experience of 100 bronchoscopy procedures with minimum of 20 endobronchial biopsies AND In active practice
☐	Flexible bronchoscopy and transbronchial biopsy with or without fluoroscopic guidance	Evidence of post-specialist accreditation experience (in-patient) in Respiratory Medicine for at least 5 years AND Total experience of 100 bronchoscopy procedures with minimum of 20 transbronchial biopsies (with or without fluoroscopic guidance respectively) AND In active practice
☐	Endobronchial ultrasound (EBUS) and transbronchial needle biopsy	Must have fulfilled requirement for flexible bronchoscopy (see above) AND Total experience of 40 EBUS with transbronchial needle biopsy procedures performed as lead operator AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY ☒ the privileges you apply for)		
☐	Flexible bronchoscopy with autofluorescent imaging (AFI)	Must have fulfilled requirement for flexible bronchoscopy (see above) AND Total experience of 40 procedures with minimum of 20 biopsies AND In active practice
☐	Polysomnogram Studies Interpretation and Reporting	Total experience of 100 in-laboratory overnight AASM-compliant polysomnographic studies interpreted 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 : _____