

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. <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 – Urology

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
Core Privileges in Urology		
<input type="checkbox"/>	Apply for ALL core privileges	
<input type="checkbox"/>	Minor procedure of the genital area	<p>Registered in the Specialist Register in Urology (S29) of the Medical Council of Hong Kong</p> <p>AND</p> <p>5 years post fellowship or equivalent qualification for specialist urologist training, and able to demonstrate that he is actively working as a full time urologist in his practice in the past 3 years</p>
<input type="checkbox"/>	Hernia repair for groin area	
<input type="checkbox"/>	Cystoscopy	
<input type="checkbox"/>	Cystoscopy and retrograde pyelogram/catheterization/ stent insertion	
<input type="checkbox"/>	Penile surgery, including circumcision and partial penectomy	
<input type="checkbox"/>	Simple anterior urethral surgery, anastomotic urethroplasty	
<input type="checkbox"/>	Scrotal surgery, include Vasectomy and operation on the testis	
<input type="checkbox"/>	Transrectal ultrasound guided prostate biopsy	
<input type="checkbox"/>	Biopsies – bladder, genitalia, lymph node, prostate, urethra Transurethral surgery for the prostate and the bladder. Including TURBT, TURP, TUIP using monopolar or bipolar resection, laser prostatectomy etc.	
<input type="checkbox"/>	Ureteroscopy, diagnostic or therapeutic under X-ray control	
<input type="checkbox"/>	Percutaneous Nephrolithotomy, PCNL, PCN	
<input type="checkbox"/>	Simple open bladder operation for stones, partial cystectomy, diverticulectomy etc.	
<input type="checkbox"/>	Peritoneal dialysis catheter insertion	
<input type="checkbox"/>	Sling procedure for urinary incontinence	
<input type="checkbox"/>	Extracorporeal Shock Wave Lithotripsy (ESWL) for urinary stones	

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
Special Privileges in Urology (must meet the criteria of Core Privileges as stated above)		
<input type="checkbox"/>	Vascular Access surgery, AV fistula or AV graft	5 years post fellowship or equivalent qualification for specialist urologist training and able to demonstrate that he is actively working as a full time urologist in his practice in the past 3 years and have adequate experience in specific individual procedures AND Total experience of 5 cases as unsupervised surgeon
<input type="checkbox"/>	Open major renal surgery of the kidney, total nephrectomy; ureter, ureterolithotomy	
<input type="checkbox"/>	Open Pelvic lymphadenectomy	
<input type="checkbox"/>	Open radical cystectomy/anterior exenteration and urinary diversion/reconstruction	5 years post fellowship or equivalent qualification for specialist urologist training and able to demonstrate that he is actively working as a full time urologist in his practice in the past 3 years and have adequate experience in specific individual procedures AND Total experience of 10 cases as unsupervised surgeon
REQUESTED	PROCEDURE	INITIAL CRITERIA

(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
<input type="checkbox"/>	Total penectomy +/- groin lymph node dissection	5 years post fellowship or equivalent qualification for specialist urologist training and able to demonstrate that he is actively working as a full time urologist in his practice in the past 3 years and have adequate experience in specific individual procedures
<input type="checkbox"/>	Retroperitoneal lymph node dissection open/laparoscopic	AND Total experience of 5 cases as principal surgeon
<input type="checkbox"/>	Complex urethroplasty procedure of the posterior urethra or urethroplasty involving free graft transfer	5 years post fellowship or equivalent qualification for specialist urologist training and able to demonstrate that he is actively working as a full time urologist in his practice in the past 3 years and have adequate experience in specific individual procedures.
	Laparoscopic total nephrectomy/ nephro ureterectomy	AND Total experience of 5 cases as unsupervised surgeon

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
<input type="checkbox"/>	Laparoscopic partial nephrectomy	<p>5 years post fellowship or equivalent qualification for specialist urologist training and able to demonstrate that he is actively working as a full time urologist in his practice in the past 3 years and have adequate experience in specific individual procedures</p>
<input type="checkbox"/>	Laparoscopic radical cystectomy and urinary diversion	<p>AND</p> <p>Total experience of 10 cases as unsupervised surgeon</p>
<input type="checkbox"/>	Robotic assisted procedures: console surgeon	<p>5 years post fellowship or equivalent qualification for specialist urologist training and able to demonstrate that he is actively working as a full time urologist in his practice in the past 3 years and have adequate experience in specific individual procedures</p> <p>AND</p> <p>Attended the 2 days Intuitive training course, 5 cases assisted by approved surgeons, 10 case proctored by an approved surgeon</p>

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
<input type="checkbox"/>	Robotic assisted procedures: bed side surgeon	<p>5 years post fellowship or equivalent qualification for specialist urologist training and able to demonstrate that he is actively working as a full time urologist in his 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 bed side assistance</p>
<input type="checkbox"/>	Kidney Transplant	<p>5 years post fellowship or equivalent qualification for specialist urologist training and able to demonstrate that he is actively working as a full time urologist in his practice in the past 3 years and have adequate experience in specific individual procedures</p> <p>AND</p> <p>Provide evidence to satisfy the board that the surgeon has the good experience in kidney transplant operations</p>

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 : _____