Gleneagles Hospital
HONG KONG
港怡醫院

Confidential

Application for Clinical Privileges

- Basic pre-requisite for credentialing of all specialties requires the applicant being holder of a current valid Annual Practicing 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 & D.

- 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 Hospital Hong Kong (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) 3153 9388 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	
Marital Status^	☐Single	☐Married	☐Divorced
Mobile Phone No.*		Home No.^	
Pager No.			
Email Address			
Priority Call Telephone No.*	Please rank the following on a scale of "1" (first priority) to "4" Mobile No.:____ Pager No.:____ Office No.:____ Home No.:____		
Emergency Contact Person(s)	(1) Clinical Name:	Contact No.:	
	(2) Personal 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
***Mandatory*, ^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^		

<table>
<tr><td rowspan="3">Medical Indemnity Insurance</td><td colspan="6">MPS No.: or</td></tr>
<tr><td colspan="6">Other No.:</td></tr>
<tr><td colspan="6">Expiry Date:</td></tr>
<tr><td rowspan="6">MPS subscription rate information*
(please refer to the explanatory notes below)</td><td rowspan="6">Risk:</td><td>☐HGI</td><td>☐HGM</td><td>☐HKS</td><td>☐HKC</td><td>☐MOB</td></tr>
<tr><td>☐COS</td><td>☐INN</td><td>☐SHS</td><td>☐VHR</td><td>☐MHR</td></tr>
<tr><td>☐INA</td><td>☐MMR</td><td>☐MLR</td><td>☐PGM</td><td>☐PGZ</td></tr>
<tr><td>☐PGP</td><td>☐PGO</td><td>☐XGP</td><td>☐NSM</td><td>☐PHY</td></tr>
<tr><td>☐DTC</td><td>☐OCU</td><td colspan="2">☐ others:</td></tr>
</table>

***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(s) 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 & Places	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:** The University of Hong Kong or The Chinese University of Hong Kong or Hospital Authority hospital	Educational Activities **Example:** Undergraduate Medical and Nursing students (for HKU, CUHK, 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	☐	☐	
CUHK Medical Centre	☐	☐	
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(s)? Yes / No^. If Yes, please give details :

***Please ☑ as appropriate**

^Please delete as appropriate

PART C

Request for Privileges – Orthopaedics & Traumatology

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY ☑ the privileges you apply for)		
Core Privileges in Orthopaedics & Traumatology		
☐	Admit, evaluate, diagnose, consult, perform history and physical and provide non-surgical care to correct or treat various conditions, illnesses, or injuries of the musculoskeletal system. Privileges include: - Trauma, including multisystem trauma - Initial management of urgent and emergent pediatric orthopaedic disease and injury - Spine disease - Arthritis and Inflammatory Joint Disease - Hand and foot problems - Athletic injuries - Non-operative Sports Medicine - Musculoskeletal infection - Orthopaedic oncology - Orthopaedic rehabilitation, including amputations and postamputation care - Rehabilitation of neurologic injury and disease - Spinal cord injury rehabilitation - Musculoskeletal imaging, including use of fluoroscopy equipment (or supervision of other staff using the equipment) - Joint aspiration; joint injection - Suture and packing of wounds - Application of moderate sedation and local anaesthetic in (e.g. field block, local regional block, haematoma and Bier block) - Debridement and Surgical toilet - Incision and Drainage of abscess - Limb amputation - Closed reduction of fracture and dislocation of joint - Cast application, reinforcement and removal procedures - Orthotics and prosthetics - Carpal tunnel release - Trigger finger/thumb release - Hand and foot ligament repair	Registered in the Specialist Register in Orthopaedic and Traumatology (S08) of the Medical Council of Hong Kong OR Registered in the Specialist Register of the Medical Council of Hong Kong in another Specialty and Fellow of the Hong Kong Academy of Medicine with accreditation in Orthopaedics and Traumatology AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY ☑ the privileges you apply for)		
Special Privileges in Orthopaedics & Traumatology (must meet the criteria of Core Privileges as stated above)		
☐	**<u>Joint Replacement Surgery</u>** - Total Hip Replacement (THR)	Total experience of 50 THR AND In active practice
☐	**<u>Joint Replacement Surgery</u>** - Robotic-arm assisted Total Hip Replacement (THR)	Obtained special privilege in THR AND Obtained certificate showing successful completion of the related robotic-arm assisted THR training program organized by the company AND Fulfilled either one of the following criteria: (a) After certification, have been certified to have performed not less than 3 cases independently in another institution and assessed to be competent OR (b) After certification, have undertaken a minimum of 3 cases as a primary surgeon operating together with a surgeon who has the privilege for robotic arm-assisted THR
☐	**<u>Joint Replacement Surgery</u>** - Total Knee Replacement (TKR)	Total experience of 100 TKR AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY ☑ the privileges you apply for)		
☐	**<u>Joint Replacement Surgery</u>** - Robotic-arm assisted Total Knee Replacement (TKR)	Obtained special privilege in TKR AND Obtained certificate showing successful completion of the related robotic-arm assisted TKR training program organized by the company AND Fulfilled either one of the following criteria: (a) After certification, have been certified to have performed not less than 3 cases independently in another institution and assessed to be competent OR (b) After certification, have undertaken a minimum of 3 cases as a primary surgeon operating together with a surgeon who has the privilege for robotic arm-assisted TKR
☐	**<u>Joint Replacement Surgery</u>** - Unicompartmental Knee Replacement (UKR)	Total experience of 20 UKR AND Evidence of attendance of training course or hands on training AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY ☑ the privileges you apply for)		
☐	**<u>Joint Replacement Surgery</u>** - Robotic-arm assisted Partial Knee Replacement (PKR)	Obtained special privilege in UKR AND Obtained certificate showing successful completion of the related robotic-arm assisted PKR training program organized by the company AND Fulfilled either one of the following criteria: (a) After certification, have been certified to have performed not less than 3 cases independently in another institution and assessed to be competent OR (b) After certification, have undertaken a minimum of 3 cases as a primary surgeon operating together with a surgeon who has the privilege for robotic arm-assisted PKR
☐	**<u>Musculoskeletal oncology</u>** - Biopsy +/- Excision for an appendicular malignant or borderline malignant tumour (including soft tissue, bone and pelvic lesion)	Total experience of at least 100 cases AND In active practice
☐	**<u>Musculoskeletal oncology</u>** - Resection +/- Reconstruction for appendicular malignant or borderline malignant tumour: soft tissue	Total experience of at least 40 cases AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY ☑ the privileges you apply for)		
☐	**<u>Musculoskeletal oncology</u>** - Resection +/- Reconstruction for appendicular malignant or borderline malignant tumour: bone	Total experience of at least 20 cases AND In active practice
☐	**<u>Foot and Ankle Surgery</u>** - Hallux and lesser toe surgery, open or videoscope assisted	Total experience of at least 100 cases AND In active practice
☐	**<u>Foot and Ankle Surgery</u>** - Midfoot, Hindfoot and ankle surgery, open or videoscope assisted	Total experience of at least 100 cases AND In active practice
☐	**<u>Sports Medicine</u>** - Knee surgery (ligament, tendon, cartilage or bone), open or videoscope assisted	Total experience of at least 100 cases AND In active practice
☐	**<u>Sports Medicine</u>** - Shoulder surgery (ligament, tendon, cartilage or bone), open or videoscope assisted	Total experience of at least 100 cases AND In active practice
☐	**<u>Spine Surgery</u>** - Cervical spine surgery without instrumentation	Total experience of at least 50 cases AND In active practice
☐	**<u>Spine Surgery</u>** - Cervical spine surgery with instrumentation	Total experience of at least 50 cases AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY ☑ the privileges you apply for)		
☐	**Spine Surgery** - Thoracolumbar spine surgery without instrumentation	Total experience of at least 50 cases AND In active practice
☐	**Spine Surgery** - Thoracolumbar spine surgery with instrumentation	Total experience of at least 50 cases AND In active practice
☐	**Paediatric Orthopaedics** - Surgery for Paediatric Hip conditions	Total experience of least 100 cases AND In active practice
☐	**Paediatric Orthopaedics** - Reconstruction for limb congenital anomalies	Total experience of at least 100 cases AND In active practice
☐	**Hand and Microvascular surgery** - Tendon surgery – release or reconstruction	Total experience of at least 50 cases AND In active practice
☐	**Hand and Microvascular surgery** - Nerve surgery – release (other than carpal tunnel syndrome) or reconstruction	Total experience of at least 100 cases AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY ☑ the privileges you apply for)		
☐	**Hand and Microvascular surgery** - Surgery requiring microvascular anastomosis and pedicled flap surgery	Total experience of at least 40 cases AND In active practice
☐	**Hand and Microvascular surgery** - Small joint arthroplasty & fusion (DRUJ, wrist, CMCJ, MCPJ, PIPJ)	Total experience of at least 40 cases AND In active practice
☐	**Hand and Microvascular surgery** - Hand and wrist arthroscopy	Total experience of at least 30 cases AND In active practice
☐	**Orthopaedic Trauma** - Fracture of upper limb	Total experience of at least 100 cases AND In active practice
☐	**Orthopaedic Trauma** - Fracture of lower limb	Total experience of at least 100 cases AND In active practice
☐	**Orthopaedic Trauma** - Limb lengthening in skeletally matured individuals	Total experience of at least 10 cases AND Evidence of attendance of training course or hands on training AND In active practice

PART D

Request for Sedation Privileges

Self-Declaration

Are you seeking for sedation privileges at GHK? ☐ Yes* ☐ No

*If “Yes”, applicant has to be fully conversant with the sedation *policy* of GHK.

I hereby confirm that I have read and fully understood the policy.

_____

Self-Declaration Signature

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 Hospital Hong Kong. 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 :** _____

Applicant Name : _____