

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. <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*	<input type="checkbox"/> Female		<input type="checkbox"/> Male	
Marital Status^	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> 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) <u>Clinical</u> Name:		Contact No.:	
	(2) <u>Personal</u> 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
*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^		

Medical Indemnity Insurance	MPS No.: _____ or _____					
	Other No.: _____					
	Expiry Date: _____					
MPS subscription rate information* (please refer to the explanatory notes below)	Risk:	<input type="checkbox"/> HGI	<input type="checkbox"/> HGM	<input type="checkbox"/> HKS	<input type="checkbox"/> HKC	<input type="checkbox"/> MOB
		<input type="checkbox"/> COS	<input type="checkbox"/> INN	<input type="checkbox"/> SHS	<input type="checkbox"/> VHR	<input type="checkbox"/> MHR
		<input type="checkbox"/> INA	<input type="checkbox"/> MMR	<input type="checkbox"/> MLR	<input type="checkbox"/> PGM	<input type="checkbox"/> PGZ
		<input type="checkbox"/> PGP	<input type="checkbox"/> PGO	<input type="checkbox"/> XGP	<input type="checkbox"/> NSM	<input type="checkbox"/> PHY
		<input type="checkbox"/> DTC	<input type="checkbox"/> OCU	<input type="checkbox"/> 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(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	<input type="checkbox"/>	<input type="checkbox"/>	
CUHK Medical Centre	<input type="checkbox"/>	<input type="checkbox"/>	
Evangel Hospital	<input type="checkbox"/>	<input type="checkbox"/>	
Hong Kong Adventist Hospital - Stubbs Road	<input type="checkbox"/>	<input type="checkbox"/>	
Hong Kong Adventist Hospital - Tsuen Wan	<input type="checkbox"/>	<input type="checkbox"/>	
Hong Kong Baptist Hospital	<input type="checkbox"/>	<input type="checkbox"/>	
Hong Kong Sanatorium & Hospital	<input type="checkbox"/>	<input type="checkbox"/>	
Matilda International Hospital	<input type="checkbox"/>	<input type="checkbox"/>	
Precious Blood Hospital	<input type="checkbox"/>	<input type="checkbox"/>	
St. Paul's Hospital	<input type="checkbox"/>	<input type="checkbox"/>	
St Teresa's Hospital	<input type="checkbox"/>	<input type="checkbox"/>	
Union Hospital	<input type="checkbox"/>	<input type="checkbox"/>	
Non-local Hospitals	Current	Past	Reason for cessation if no longer current
<p>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 :</p>			

*Please ☒ as appropriate

[^]Please delete as appropriate

PART C

Request for Privileges – General Surgery

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
Core Privileges in General Surgery		
<input type="checkbox"/>	Apply for ALL core privileges	
<input type="checkbox"/>	Excision of skin and subcutaneous lesions without reconstruction	<p>Registered in the Specialist Register in General Surgery (S28) of the Medical Council of Hong Kong</p> <p>OR</p> <p>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 General Surgery</p> <p>AND</p> <p>At least 3 years full time hospital appointment in general surgery (or subspecialty) post fellowship or equivalent qualification, and able to demonstrate that he/she is actively working in general surgery (including subspecialty in his/her practice in the past 3 years. Those with less than 3 years full time hospital appointment will be considered on an individual basis.</p>
<input type="checkbox"/>	Insertion and management of chest tubes	
<input type="checkbox"/>	Open groin hernia repair	
<input type="checkbox"/>	Varicose vein operations confining to ligation and stripping and injection sclerotherapy	
<input type="checkbox"/>	Appendicectomy	
<input type="checkbox"/>	Cholecystectomy	
<input type="checkbox"/>	Simple bowel resection and anastomosis	
<input type="checkbox"/>	Haemorrhoidectomy (conventional excision) and other office treatment for haemorrhoids	
<input type="checkbox"/>	Surgery for simple anorectal fistula-abscess	
<input type="checkbox"/>	Thyroidectomy for small (<80grams) benign nodular goiter or nodule	
<input type="checkbox"/>	Mastectomy	

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
<input type="checkbox"/>	OGD (diagnostic and simple polypectomy)	<p>Registered in the Specialist Register in General Surgery (S28) of the Medical Council of Hong Kong</p> <p>OR</p> <p>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 General Surgery</p> <p>AND</p> <p>At least 3 years full time hospital appointment in general surgery (or subspecialty) post fellowship or equivalent qualification, and able to demonstrate that he/she is actively working in general surgery (including subspecialty in his/her practice in the past 3 years. Those with less than 3 years full time hospital appointment will be considered on an individual basis.</p>
<input type="checkbox"/>	Colonoscopy (diagnostic and simple polypectomy)	
<input type="checkbox"/>	Paracentesis	
<input type="checkbox"/>	Ventilator Management	
<input type="checkbox"/>	Endotracheal Intubation	
<input type="checkbox"/>	Arterial Catheter Insertion and Management	
<input type="checkbox"/>	TPN Management	
<input type="checkbox"/>	Central Venous Lines Insertion	
<input type="checkbox"/>	Tube Thoracostomy	
<input type="checkbox"/>	Pleurocentesis	
<input type="checkbox"/>	Fibreoptic bronchoscopy and bronchoalveolar lavage	
<input type="checkbox"/>	Circumcision	

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
<input type="checkbox"/>	Laparoscopic cholecystectomy and appendicectomy	<p>Registered in the Specialist Register in General Surgery (S28) of the Medical Council of Hong Kong</p> <p>OR</p> <p>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 General Surgery</p> <p>AND</p> <p>At least 3 years full time hospital appointment in general surgery (or subspecialty) post fellowship or equivalent qualification, and able to demonstrate that he/she is actively working in general surgery (including subspecialty in his/her practice in the past 3 years. Those with less than 3 years full time hospital appointment will be considered on an individual basis.</p> <p>AND</p> <p>with proven laparoscopic training</p> <p>AND</p> <p>Total experience of at least 10 cases as independent surgeon</p>

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
Special Privileges in General Surgery (must meet the criteria of Core Privileges as stated above)		
<input type="checkbox"/>	<u>Breast surgery</u> Sentinel LN surgery	5 years post fellowship or equivalent qualification for specialist training in general surgery (including specialty) and able to demonstrate that he/she is actively working as a full time in general surgery (subspecialty) in his/her practice in the past 3 years and has adequate experience in specific individual procedures AND Total experience of at least 10 cases
<input type="checkbox"/>	<u>Breast surgery</u> Oncoplastic surgery	
<input type="checkbox"/>	<u>Breast surgery</u> Breast reconstruction after mastectomy	
<input type="checkbox"/>	<u>Breast surgery</u> Wire guided surgery	
<input type="checkbox"/>	<u>Breast surgery</u> Microdochectomy	
<input type="checkbox"/>	<u>Breast surgery</u> Mammotome Procedures	
<input type="checkbox"/>	<u>Breast surgery</u> Reduction mammoplasty	
<input type="checkbox"/>	<u>Colorectal Surgery</u> Surgery for complex anorectal fistula, including rectovaginal fistula	
<input type="checkbox"/>	<u>Colorectal Surgery</u> Stapled haemorrhoidopexy	
<input type="checkbox"/>	<u>Colorectal Surgery</u> Surgery for rectal prolapse	

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
<input type="checkbox"/>	<u>Colorectal Surgery</u> Rectal resection for cancer/neoplasm, including local excision	5 years post fellowship or equivalent qualification for specialist training in general surgery (including specialty) and able to demonstrate that he/she is actively working as a full time in general surgery (subspecialty) in his/her practice in the past 3 years and has adequate experience in specific individual procedures
<input type="checkbox"/>	<u>Colorectal Surgery</u> Laparoscopic colon surgery	
		AND
		Total experience of at least 20 cases
<input type="checkbox"/>	<u>Colorectal Surgery</u> Laparoscopic rectal surgery for benign and malignant disease	5 years post fellowship or equivalent qualification for specialist training in general surgery (including specialty) and able to demonstrate that he/she is actively working as a full time in general surgery (subspecialty) in his/her practice in the past 3 years and has adequate experience in specific individual procedures
<input type="checkbox"/>	<u>Colorectal Surgery</u> Exenterative surgery	
<input type="checkbox"/>	<u>Colorectal Surgery</u> Transanal endoscopic microsurgery/ Transanal endoscopic operation	AND
<input type="checkbox"/>	<u>Colorectal Surgery</u> Laparoscopic enterolysis	
		Total experience of at least 10 cases
<input type="checkbox"/>	<u>Colorectal Surgery</u> Peritonectomy	5 years post fellowship or equivalent qualification for specialist training in general surgery (including specialty) and able to demonstrate that he/she is actively working as a full time in general surgery (subspecialty) in his/her practice in the past 3 years and has adequate experience in specific individual procedures
		AND
		Total experience of at least 5 cases

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
<input type="checkbox"/>	<u>Colorectal Surgery</u> Robotic assisted colorectal surgery	5 years post fellowship or equivalent qualification for specialist training in general surgery (including specialty) and able to demonstrate that he/she is actively working as a full time in general surgery (subspecialty) in his/her practice in the past 3 years and has adequate experience in specific individual procedures AND Total experience of at least 10 cases as console surgeon
<input type="checkbox"/>	<u>Colorectal Surgery</u> Laparoscopic incisional and groin hernia repair	5 years post fellowship or equivalent qualification for specialist training in general surgery (including specialty) and able to demonstrate that he/she is actively working as a full time in general surgery (subspecialty) in his/her practice in the past 3 years and has adequate experience in specific individual procedures AND Total experience of at least 10 cases
<input type="checkbox"/>	<u>Colorectal Surgery</u> Advanced colonoscopic intervention (ESD, EMR, stent insertion)	
<input type="checkbox"/>	<u>Colorectal Surgery</u> <u>Transanal Total Mesorectal Excision (TATME)</u>	
<input type="checkbox"/>	<u>Colorectal Surgery</u> CMR: Laparoscopic colorectal surgery	Completion of CMR specific training programme AND Obtained privileges for the relevant laparoscopic procedures AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
<input type="checkbox"/>	- <u>Hyperthermic Intraperitoneal Chemotherapy (HIPEC)</u>	Total experience of at least 5 cases
<input type="checkbox"/>	<u>Endocrine surgery</u> Re-operative thyroid surgery	5 years post fellowship or equivalent qualification for specialist training in general surgery (including specialty) and able to demonstrate that he/she is actively working as a full time in general surgery (subspecialty) in his/her practice in the past 3 years and has adequate experience in specific individual procedures AND Total experience of at least 10 cases
<input type="checkbox"/>	<u>Endocrine surgery</u> Thyroidectomy for large (>80grams) retrosternal goiter or Graves's disease	
<input type="checkbox"/>	<u>Endocrine surgery</u> Thyroidectomy for thyroid cancer that necessitates a concomitant neck dissection	
<input type="checkbox"/>	<u>Endocrine surgery</u> Thyroidectomy for locally advanced thyroid cancer	
<input type="checkbox"/>	<u>Endocrine surgery</u> Central and/or lateral neck dissection for recurrent thyroid cancer	
<input type="checkbox"/>	<u>Endocrine surgery</u> Parathyroid surgery for primary or renal hyperparathyroidism	
<input type="checkbox"/>	<u>Endocrine surgery</u> Minimally invasive thyroid surgery	

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
<input type="checkbox"/>	<u>Endocrine surgery</u> Robotic-assisted thyroid surgery	5 years post fellowship or equivalent qualification for specialist training in general surgery (including specialty) and able to demonstrate that he/she is actively working as a full time in general surgery (subspecialty) in his/her practice in the past 3 years and has adequate experience in specific individual procedures AND Total experience of at least 10 cases as console surgeon
<input type="checkbox"/>	<u>Endocrine surgery</u> Open adrenalectomy	5 years post fellowship or equivalent qualification for specialist training in general surgery (including specialty) and able to demonstrate that he/she is actively working as a full time in general surgery (subspecialty) in his/her practice in the past 3 years and has adequate experience in specific individual procedures AND Total experience of at least 10 cases
<input type="checkbox"/>	<u>Endocrine surgery</u> Laparoscopic adrenalectomy	
<input type="checkbox"/>	<u>Endocrine surgery</u> Robotic-assisted adrenalectomy	
<input type="checkbox"/>	<u>Endocrine surgery</u> Pancreatic surgery for neuroendocrine tumor	
<input type="checkbox"/>	<u>Endocrine surgery</u> Laparoscopic pancreatic surgery for neuroendocrine tumor	

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
<input type="checkbox"/>	<u>Head and neck surgery</u> Reconstruction of major defects of the head and neck region, involving the use of regional flaps and microvascular free flaps	5 years post fellowship or equivalent qualification for specialist training in general surgery (including specialty) and able to demonstrate that he/she is actively working as a full time in general surgery (subspecialty) in his/her practice in the past 3 years and has adequate experience in specific individual procedures AND Total experience of at least 10 cases as principal surgeon
<input type="checkbox"/>	<u>Head and neck surgery</u> Resection of benign and malignant pathology in the head and neck region (including parotid pathology, tumor in the nasal cavity, nasopharynx, oral cavity, oropharynx, larynx, hypopharynx, skull base, paranasal sinuses and parapharyngeal space), with or without the need for lymph node dissection and reconstruction	
<input type="checkbox"/>	<u>Hepatobiliary and pancreatic surgery</u> Endoscopic Retrograde Cholangiopancreatography (ERCP)	5 years post fellowship or equivalent qualification for specialist training in general surgery (including specialty) and able to demonstrate that he/she is actively working as a full time in general surgery (subspecialty) in his/her practice in the past 3 years and has adequate experience in specific individual procedures
<input type="checkbox"/>	<u>Hepatobiliary and pancreatic surgery</u> Major liver resection	5 years post fellowship or equivalent qualification for specialist training in general surgery (including specialty) and able to demonstrate that he/she is actively working as a full time in general surgery (subspecialty) in his/her practice in the past 3 years and has adequate experience in specific individual procedures AND Total experience of at least 10 cases
<input type="checkbox"/>	<u>Hepatobiliary and pancreatic surgery</u> Shunt operation for portal hypertension	
<input type="checkbox"/>	<u>Hepatobiliary and pancreatic surgery</u> Bile duct surgery except simple bile duct exploration	
<input type="checkbox"/>	<u>Hepatobiliary and pancreatic surgery</u> Pancreatic resection including Whipple's operation	

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
<input type="checkbox"/>	<u>Hepatobiliary and pancreatic surgery</u> Laparoscopic pancreatic surgery	5 years post fellowship or equivalent qualification for specialist training in general surgery (including specialty) and able to demonstrate that he/she is actively working as a full time in general surgery (subspecialty) in his/her practice in the past 3 years and has adequate experience in specific individual procedures AND Total experience of at least 10 cases
<input type="checkbox"/>	<u>Hepatobiliary and pancreatic surgery</u> Laparoscopic liver resection and other liver surgery	
<input type="checkbox"/>	<u>Hepatobiliary and pancreatic surgery</u> Laparoscopic splenectomy	
<input type="checkbox"/>	<u>Hepatobiliary and pancreatic surgery</u> Laparoscopic bile duct procedures	
<input type="checkbox"/>	<u>Hepatobiliary and pancreatic surgery</u> Robotic hepatobiliary and pancreatic surgery	
<input type="checkbox"/>	<u>Hepatobiliary and pancreatic surgery</u> RFA and other energy treatment for liver tumor	
<input type="checkbox"/>	ESWL for Pancreatic Stone	Total experience of at least 5 cases And In active Practice
<input type="checkbox"/>	<u>Liver transplantation</u> Living donor hepatectomy	5 years post fellowship or equivalent qualification for specialist training in general surgery (including specialty) and able to demonstrate that he/she is actively working as a full time in general surgery (subspecialty) in his/her practice in the past 3 years and has adequate experience in specific individual procedures AND Total experience of at least 10 cases
<input type="checkbox"/>	<u>Liver transplantation</u> Liver transplantation	
<input type="checkbox"/>	<u>Liver transplantation</u> Procurement of deceased donor liver	

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
<input type="checkbox"/>	<u>Upper Gastrointestinal and Esophageal Surgery</u> Gastrectomy (open)	<p>5 years post fellowship or equivalent qualification for specialist training in general surgery (including specialty) and able to demonstrate that he/she is actively working as a full time in general surgery (subspecialty) in his/her practice in the past 3 years and has adequate experience in specific individual procedures</p> <p>AND</p> <p>Total experience of at least 10 cases</p>
<input type="checkbox"/>	<u>Upper Gastrointestinal and Esophageal Surgery</u> Open surgery for GERD	
<input type="checkbox"/>	<u>Upper Gastrointestinal and Esophageal Surgery</u> Laparoscopic gastrectomy	
<input type="checkbox"/>	<u>Upper Gastrointestinal and Esophageal Surgery</u> Laparoscopic surgery for reflux	
<input type="checkbox"/>	<u>Upper Gastrointestinal and Esophageal Surgery</u> Laparoscopic and open bariatric surgery	
<input type="checkbox"/>	<u>Upper Gastrointestinal and Esophageal Surgery</u> Advanced endoscopic procedures - haemostasisfor upper GI lesions - injection, thermal, mechanical, spray, energy	
<input type="checkbox"/>	<u>Upper Gastrointestinal and Esophageal Surgery</u> Advanced endoscopic procedures - resection, myotomy, or ablation -RFA, EMR, ESD, POEM	
<input type="checkbox"/>	<u>Upper Gastrointestinal and Esophageal Surgery</u> Advanced endoscopic procedures - antireflux	

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
<input type="checkbox"/>	<u>Upper Gastrointestinal and Esophageal Surgery</u> Advanced endoscopic procedures – bariatric	<p>5 years post fellowship or equivalent qualification for specialist training in general surgery (including specialty) and able to demonstrate that he/she is actively working as a full time in general surgery (subspecialty) in his/her practice in the past 3 years and has adequate experience in specific individual procedures</p> <p>AND</p> <p>Total experience of at least 10 cases</p>
<input type="checkbox"/>	<u>Upper Gastrointestinal and Esophageal Surgery</u> Open esophagectomy	
<input type="checkbox"/>	<u>Upper Gastrointestinal and Esophageal Surgery</u> Minimally invasive esophagectomy	
<input type="checkbox"/>	<u>Upper Gastrointestinal and Esophageal Surgery</u> Endoscopic ultrasound	
<input type="checkbox"/>	<u>Upper Gastrointestinal and Esophageal Surgery</u> Open surgery and MIS for benign and/or functional esophageal diseases	<p>5 years post fellowship or equivalent qualification for specialist training in general surgery (including specialty) and able to demonstrate that he/she is actively working as a full time in general surgery (subspecialty) in his/her practice in the past 3 years and has adequate experience in specific individual procedures.</p> <p>AND</p> <p>Total experience of 10 cases or credentialing open or MIS esophagectomy</p>

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY <input checked="" type="checkbox"/> the privileges you apply for)		
<input type="checkbox"/>	<u>Upper Gastrointestinal and Esophageal Surgery</u> Robotic assisted upper GI surgery	5 years post fellowship or equivalent qualification for specialist training in general surgery (including specialty) and able to demonstrate that he/she is actively working as a full time in general surgery (subspecialty) in his/her practice in the past 3 years and has adequate experience in specific individual procedures. AND Total experience of at least 10 cases as console surgeon
<input type="checkbox"/>	CMR: Laparoscopic upper gastrointestinal surgery	Completion of CMR specific training programme AND Obtained privileges for the relevant laparoscopic procedures AND In active practice
<input type="checkbox"/>	Linx Reflux Management System	Completion of a didactic course (organised by JnJ) AND Need to be observed/proctored with three cases before the surgeon can perform independently

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 : _____