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	Role of Involvement
	Example: HA Professional bodies (Colleges, Medical Councils, Professional Associations) Private Hospital	**Example:** As Council Member As Chairman As President As Board Member

3. EXPERIENCE AS TEACHER / TRAINER (OPTIONAL)

Dates/ Periods	Name of Professional Body	Educational Activities	Participation
	Example: The University of Hong Kong or The Chinese University of Hong Kong or Hospital Authority hospital	**Example:** Undergraduate Medical and Nursing students (for HKU, CUHK, PolyU or others) Providing specialty training for Colleges of Hong Kong Academy of Medicine	**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 – Clinical Oncology

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY ☑ the privileges you apply for)		
Core Privileges in Clinical Oncology		
☐	To admit, evaluate, diagnose, consult, perform history taking and physical examination and provide treatment or consultative services to patients of all ages presenting with malignant tumors or those in need of radiation treatment	Registered in the Specialist Register in Clinical Oncology (S26) 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 Clinical Oncology AND In active practice
Special Privileges in Clinical Oncology (must meet the criteria of Core Privileges as stated above)		
☐	Prescription and administration of oral or intravenous chemotherapy agents and biological response modifiers	In active practice
☐	Prescription and administration of oral or intravenous drugs and medicines related to cancer supportive care	In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY ☑ the privileges you apply for)		
☐	Bone marrow aspiration and biopsy	Proof of relevant experience AND Endorsed by COS taking overall experience and competency into account AND In active practice
☐	Management and maintenance of indwelling venous access catheters	
☐	Paracentesis	
☐	Thoracentesis	
☐	Lumbar puncture	
☐	Fine needle aspiration of tumor mass	
☐	Intrathecal injection of chemotherapy agents and biological response modifiers	
☐	Injection of drug through an indwelling pleural drain which is already inserted by an accredited specialist	Proof of relevant experience in the management of a chest drain AND Proof of relevant experience in the use of the drug / agent intended to be administered intra-pleurally AND Endorsed by COS taking overall experience and competency into account AND In active practice

REQUESTED	PROCEDURE	INITIAL CRITERIA
(Please ONLY ☑ the privileges you apply for)		
Special Privileges in Clinical Oncology or Radiation Oncology (must meet the criteria of Core Privileges as stated above)		
☐	External beam radiation including stereotactic radiosurgery/ radiotherapy	Proof of relevant experience AND In active practice
☐	Brachytherapy – unsealed source e.g. RAI, P32, strontium, Zevalin, SIRTEX	Proof of relevant experience AND Endorsed by COS taking overall experience and competency into account AND In active practice
☐	Brachytherapy – sealed source: intracavitary or interstitial treatment	
☐	Diagnostic flexible fibreoptic nasopharyngolarynoscopy	
☐	Chemical pleurodesis	

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 : _____