UNION HOSPITAL

Doctor Liaison Office **Application Form for Privilege – Surgical Procedures (OT)**

Remark: This application for clinical privilege is applicable to use Operating Theatres located at Main Operating Theatres (OPT), Plastic and Aesthetic Multidisciplinary Centre (PAC) and Endoscopy and Day Surgery Centre (EDC).

Instruction Notes:

(i) For new applicants (no existing admission right or clinical privilege in UH), please complete the form CHM-001 Application Form for Admission Right & Clinical Privileges and attach this form (+/- other privilege forms) as supplementary document(s).

(ii) Application of new procedures and interventions requires separate approval by the Clinical Heads Committee. Please complete the form CHM-021 Application for New Intervention and Procedure.

(iii) Please submit completed application forms together with supporting documents by post to Doctor Liaison Office, Union Hospital, 18 Fu Kin Street, Tai Wai, NT. Please mark "Application for Admission Right & Clinical Privileges" on the envelope.

(iv) Application processing normally **takes about 12 weeks**. To check status of your application, please contact Doctor Liaison Office at 2608 3125 or email to vms@union.org.

(v) All personal data collected will be treated in strict confidence and be used for application purposes only.

For Hospital Use Only
Date received: _____
App. Ref. No.:_____
Doctor's code:_____

Please complete this form in BLOCK letters.

I. Personal Particulars

Doctor's Name		Doctor's Code in Union Hospital	

II. Training and Experience

Practicing Specialty		Practicing Sub-specialty	

Are you a Fellow of the Hong Kong Academy of Medicine?
❑ No ❑ Yes, since: _____

Have you ever been granted the privilege to practice in any operating theatres in Hong Kong or overseas?
❑ No ❑ Yes, please list: _____

Have you ever been suspended or refused the privilege to practice in any operating theatres in Hong Kong or overseas?
❑ No ❑ Yes, please specify: _____

III. Previous training and experience (if relevant)

Institution 1		Supervisor	
Year		Email	
Institution 2		Supervisor	
Year		Email	

Remarks: supervisors may be contacted via mail or email to verify information of this application.

IV. Application for Privilege

	Applied	For Hospital Use Only Granted	Remarks
Core Privileges applied for:			
Surgical Procedures relating to specialty / sub-specialty			
Ultra major operations ***Please specify procedures in Section IVa***	❑	❑	
Major operations	❑	❑	
Intermediate operations	❑	❑	
Minor operations	❑	❑	
Minimally invasive surgical procedures relating to specialty / sub-specialty			
For gynaecology, Advanced Level	❑	❑	
Intermediate Level	❑	❑	
Laser Procedures relating to specialty / sub-specialty	❑	❑	

Section IVa: Specific Procedures for Ultra Major Operations

Please provide supporting evidence of relevant training and experience. For application to perform ULTRAMAJOR operations, proof of experience and training record such as log book is required.

	Specific Procedures for Ultra Major Operations	No. of case performed in the past 5 years	Independent or Under supervision *
1.			Independent / Under supervision
2.			Independent / Under supervision
3.			Independent / Under supervision
4.			Independent / Under supervision
5.			Independent / Under supervision

Please add supplementary sheet if necessary

	Applied	For Hospital Use Only Granted	Remarks
Privileges applied for special procedures:			
General Surgery			
Specified Procedures: _____	❑	❑	
Obstetrics and Gynaecology			
Fistula Repair (Use of Colonoscopy)	❑	❑	
TVT-O / Prolift	❑	❑	
Invasive Fetal Procedures	❑	❑	
Surgical Management of Gynecologic Cancer	❑	❑	
Specified Procedures: _____	❑	❑	

(Cont'd)

	Applied	For Hospital Use Only: Granted	For Hospital Use Only: Remarks
Orthopaedic Surgery			
Endoscopic Lumber Spine Surgeries	❑	❑	
Vertebroplasty	❑	❑	
Radiofrequency-assisted	❑	❑	
Kyphoplasty	❑	❑	
Specified Procedures: _____	❑	❑	
Otolaryngology			
BAHA Implantation	❑	❑	
Cochlear Implant	❑	❑	
Balloon Sinuplasty	❑	❑	
Bone Bridge Implantation	❑	❑	
Specified Procedures: _____	❑	❑	
Cardiothoracic Surgery			
Open Heart Surgeries	❑	❑	
Rigid Bronchoscopy + Bronchostent	❑	❑	
NUSS Procedure	❑	❑	
Specified Procedures: _____	❑	❑	
Urology			
Specified Procedures: _____	❑	❑	
Neurosurgery			
Specified Procedures: _____	❑	❑	
Ophthalmic			
Specified Procedures: _____	❑	❑	
Plastic Surgery			
Specified Procedures: _____	❑	❑	

Note: The privilege will be reviewed every 2 years.

V. Declaration

I declare that the information provided above is accurate and true.

Name in BLOCK Letters		HKID No.			
Signature		Initials		Date	

CHM-052-20-3132 (R5)

❑Please ✓ as appropriate. * Please delete as appropriate.

VI. Internal Vetting (For Hospital Use Only)

Chairman of Operating Theatre Governance Committee

Comment	❑ Supported / ❑ Not supported		
Signature		Date	

Deputy Medical Director (DMD)

Comment	❑ Supported / ❑ Not supported		
Signature		Date	

Chief Hospital Manager & Medical Director

Comment	❑ Approved / ❑ Declined		
Signature		Date	

VII. Administration (<u>For Hospital Use Only</u>)

Date of completing PMI Data Entry		Signature					