Credentialing of Doctors
HKSH Experience

Dr. Joseph CHAN
Deputy Medical Superintendent
Established by doctors in 1922
Strong commitment in teaching & training

1927 – School of Nursing
1932 – School of Midwifery
1998 – Teaching of medical students from HKU
2001 – Accredited as Family Medicine Training Centre (HKCFP)
2004 – Accredited as training centre for Higher Surgical trainee (CSHK)
2004 – Accredited as training centre for Ophthalmology
2012 – Accredited as training centre in Orthopaedics

Hospital managed by practicing clinicians
Background
<table>
<thead>
<tr>
<th>Year</th>
<th>Privileges Granted</th>
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| 1979 | Start of Formal Granting of Privileges  
  • Admission  
  • Operating Theatre |
| 1982 | Addition of Maternity Privileges |
| 1987 | Addition of D.S.A. & Cardiac Catheterization & Lithotripsy Privileges |
| 2003 |  
  • Admission of Inpatient  
  • Operating Theatre Facilities (General, Minimally invasive surgery, Limited facilities (specify))  
  • Maternity  
  • Anaesthesiology  
  • D.S.A. & Cardiac Catheterization  
  • Endoscopy  
  • Lithotripsy  
  • In-Vitro Fertilization |
## Category of Hospital Privileges Granted

| 2008 | • Admission of patients  
|      | • Anaesthesiology  
|      | • OT : Surgical procedures relating to specialty / training  
|      | • OT : Minimally invasive surgical procedures relating to specialty / training  
|      | • OT : Minor surgical procedures only  
|      | • OT : Robotic assisted surgical procedures  
|      | • OT : Procedures as specified  
|      | • Endoscopy : Bronchoscopy  
|      | • Endoscopy : Gastroscopy  
|      | • Endoscopy : Colonoscopy  
|      | • Endoscopy : ERCP  
|      | • Cardiac Catherisation & Intervention  
|      | • Lithotripsy  
|      | • Plastic & Reconstruction Centre  
|      | • Maternity  
|      | • Invitro-Fertilisation  
|      | • Radiotherapy  
|      | • Haemodialysis & Peritoneal Dialysis  
|      | • Refractive Surgery (LASIK)  

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### Category of Hospital Privileges Granted

**2013**

- Admission of patients
- Anaesthesiology
- OT: Surgical procedures relating to specialty / training
- OT: Minimally invasive surgical procedures relating to specialty / training
- OT: Minor surgical procedures only
- OT: Robotic assisted surgical procedures: (i) Da Vinci (ii) Makoplasty
- OT: Procedures as specified
- Endoscopy: Bronchoscopy
- Endoscopy: Gastroscopy
- Endoscopy: Colonoscopy
- Endoscopy: ERCP
- Cardiac Catheterisation & Intervention
- Lithotripsy
- Plastic & Reconstruction Centre
- Maternity
- Invitro-Fertilisation
- Radiotherapy
- Haemodialysis & Peritoneal Dialysis
- Focused Ultrasound (for Gynaecologists only)
- Refractive Surgery (LASIK)
- ICU
- Transcatheter Renal Denervation (RDN)
Establishment of Qualifications & Provision of Quality Medical Care
Any doctor or dentist must satisfy the following requirements before his/her application can be considered by the Hospital:

1. Current Registration with MCHK/DCHK
2. Specialist Registration with MCHK/DCHK; or Awarded FHKAM, or Equivalent Qualification / Training
3. Evidence of Good Clinical Training and Experience (in particular relating to special procedures)
4. Good Character and Professional Standing
5. Subscription to Medical Indemnity Insurance for Private Practice (unlimited & occurrence based)
6. Undertake to Confirm Doctors are Physically & Mentally Fit for Practice (2010)
7. Abide by the “Code of Practice” by Private Hospitals Association & relevant directives issued by Dept. of Health
8. Must give consent to select their cases for presentations at Mortality & Morbidity Meetings & for compilation of audit reports
Undertaking

1. ICU Privilege
2. Maternity Privilege
3. IVF Privilege
4. Radiotherapy Privilege

- Ensure doctors are abide by Code of Practice as required by D of H, MCHK & Licensing Body, etc.
- Ensure patient safety / welfare of child, and ensure practice is safe and up to standard
Undertaking to the Medical Superintendent of
Hong Kong Sanatorium & Hospital
in respect of the Human Reproductive Technology Ordinance

I agree to practice Reproductive Technology Procedures in accordance with the updated Code of Practice of Reproductive Technology & Embryo Research issued by the Council on Human Reproductive Technology and in particular to the following:-

1. Any reproductive technology procedure may be provided only to persons who are parties to a marriage. A copy of the marriage certificate will be sent to the IVF Centre of the Hospital at the start of the procedure for inclusion in the medical records.
2. The Client’s medical conditions will be fully assessed to determine the most appropriate treatment option.
3. Counseling will be given to the couple prior to treatment with particular regard to the welfare of the child and all possible implications pertaining to the Reproductive Technology procedure as listed in the Code of Practice.
4. The IVF Centre will be provided with the complete medical records of the individual clients pertaining to the RT procedure. (The medical record may be inspected by the representative from the Council on Human Reproductive Technology).
5. I shall strictly adhere to the Clinical Protocol of Assisted Reproductive Technology of the IVF Centre of Hong Kong Sanatorium & Hospital.

(Signature)

Printed Name: Dr.
HKID No.: 
Date:
Submission to Hospital Administration:

• Recent Photo
• Completed Application Form
• Copy of HKID Card
• Copies of Diplomas & Certificates
• CV
• Copy of MCHK/DCHK Registration Certificate
• Copy of Current Annual Practicing Certificate
• Copy of Specialist Registration Certificate
• Copy of Current Medical Indemnity Insurance Certificate (in the field of practice)
• Two Reference Letters (Local Medical/Dental Practitioners of Good Standing)
• Evidence of Training in Special Procedures (as applicable)
Requirement for Application

Introducing a Policy to ensure Prompt Attendance to Patients in Case of Emergency or when the Attending Physician is Not Available

Back-Up Doctors For Emergency

All Doctors with Hospital Privileges must nominate a Back-up Doctor in case the Attending Physician is Not Available
Granting of Hospital Privileges
Hospital Privileges Subcommittee (HPS)

**Chairman**
- Deputy Medical Superintendent, Head, Dept. of Paediatrics

**Vice Chairman**
- Deputy Medical Superintendent, Head, Dept. of Women’s Health & Obstetrics

**Members**
- Assistant Medical Superintendent (Infection Control)
- Deputy Manager (Administration), Assistant Head, Dept. of Dentistry
- Director of Nursing Services

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Terms of Reference

• To Vet Applications for Hospital Privileges
• To Make Recommendations to Hospital Management Committee (HMC) for Approval
• To Review & Discuss Matters relating to Hospital Privileges
• To Authorise Changes to Doctors Management System as necessary
• To Make Recommendations on Change of Status of Doctors’ Hospital Privileges
Administration in Credentialing

• An Executive Officer (EO)

Credentialing, Monitoring, Updating of Annual Practicing Licence, Medical Indemnity & Issues of Doctor’s Performance under the Supervision of HMC

• An Administrative Officer (Medical) (AO)

Performance Review
Hospital Privileges Subcommittee (HPS)

Clinical Governance Committee

Hospital Management Committee

MAC  ↔  Hospital Privileges Subcommittee  ↔  Departmental Committee

Centre Directors  ↔  EO & AO
New Procedure Privileges
New Procedure Privileges

1. Gynaecology MIS Privilege
2. OT: Robotic Assisted Surgical Procedures
3. Makoplasty Privilege
New Procedure Privileges

For Gynaecology MIS Privileges

Intermediate Level & Advanced Level ~

- For privileges to perform minor/intermediate procedures:
  - Gynaecologists who have been accredited by the HKCOG at the Intermediate Level (Levels 2 & 3 of the HKCOG Guidelines, excluding all Myomectomy and Hysterectomy operations)

- For privileges to perform major/advanced procedures:
  - Gynaecologists who have been accredited by the HKCOG at the Advanced Level (Levels 4 & 5 of the HKCOG Guidelines, including all Myomectomy and Hysterectomy operations)
For OT: Robotic Assisted Surgical Procedures

Provisional & Full ~
- Surgeons who already have minimally invasive surgery privileges may apply for:

  • **Provisional Privilege**
    Surgeons who already have minimally invasive surgery privileges and have undergone a recognized course of training and have been certified.

  • **Full Privilege**
    Surgeons who already have minimally invasive surgery privileges, and
    - Have performed not less than 5 cases of robotic surgery independently in another institution and assessed to be competent; or
    - Have undertaken a minimum of 5 cases as a primary surgeon operating together with a mentor-surgeon, preferably in the same specialty, appointed by the Hospital and are assessed to possess the necessary skill by the Hospital Management Committee.
New Procedure Privileges

Makoplasty Privilege - for Specialists in Orthopaedics & Traumatology

(A) Provisional Privilege
- Recognised course of training & certified by MAKO Surgical Corp.
- Could perform Makoplasty procedures with the presence of a doctor with Full Privilege.

(B) Full Privilege
- Recognised course of training & certified by MAKO Surgical Corp.; and
- Have performed not less than 3 cases of Makoplasty surgery independently; or
- Have undertaken a minimum of 3 cases as a primary surgeon operating together with a surgeon who has full privilege.
- Could perform Makoplasty surgery independently.
Update & Review
Update & Review

• Every 3 years
2008 ~ 2011

• Strict Enforcement of Annual Practicing Certificate Submission (*Mechanism to revoke privileges if not submitting updated APC before 30 June*)

• Special Privilege Update from 2008
  - CCIC, IVF, Lithotripsy, PRSC

• Medical Indemnity Insurance Update & Category Defined

• Update all Doctors on the Requirement of Audit & Health
Performance Review System
To indicate adverse cases of some doctors: 

By using the Adverse Event Report

A summary of the lists would be circulated in the meeting every 3 months

(A) General Cases:
- Cases Requiring Referral to Coroner’s Office
- Patient Complaints with Potential Medico-legal Implications
- Case Admitted to ICU without Prior Arrangement
- Unplanned Re-admission to Hospital within 24 Hours
- Unplanned Return to OT within 24 Hours
- Post-operative Wound Infections
- Intra- or Post-operative Death
- Post-operative Pulmonary Embolism before Discharge
- Post-operative Cerebrovascular Accident before Discharge
- Post-operative Myocardial Infarction before Discharge
- Damaged Organs or Injury following Surgical Procedure
- Medication Errors involving Patients
- Serious Complications arising from Procedures / Treatment
(B) Obstetrics Cases

- Stillbirth and Neonatal Death
- Major Birth Trauma
- Postpartum Shock or Massive Transfusion (>1000ml) following Delivery
- Maternal Death
- Postpartum Hysterectomy
- Major Injury to Genital Organs, Bowels Urinary Tract
- Low Apgar Score at Birth
- Eclampsia
- Amniotic Fluid Embolism
(C) Patient Complaints referred by Hospital Management Committee to Internal Review Committee
Performance Review System

2008 ~ 2011

• Internal Review Committee
• External Review Committee
• Clinical Governance Committee
• Patient Complaints Referred by Hospital Management Committee to Internal Review Committee
Improving Transparency
Improving Transparency

Updates on the Granting of Privileges, Credentialing and Related Policies
Information available at Doctors Corner in Hospital’s Website and Hospital Newsletter

Detail and Clear Explanatory Notes for the Application of Privileges For Different Specialties would be Updated from Time to Time
Management of Hospital Privileges (Doctors Data Management System)
Doctors Data Management System

- Doctor’s Console Provided with all the Required Information
  - e.g. Doctor’s Photo and Signature
  - Specimen are also Included

- All Nursing Staff and Key Persons e.g. OT Booking Clerk can Get Access to the Information Regarding the Doctor’s Scope of Practice
2008 ~ 2011

• Enhancements:
  - Communicate **Type of Insurance** to Front Line Staff
  - **Continuous Updating** of Doctors’ Clinical Practice in the Hospital to **Facilitate** the **Update**
After Thought
After Thought

• Supply & Demand of Private Hospitals
• New procedure?
• Input from Academy & College
• Input from the Industry
• Continuous Improvement
Thank You