

**Appendix 5**

**List of Core and Specialised Procedures for  
Cardiothoracic Surgery**

The list below of privileges for core and specialised procedures is **subject to periodic review** by Farrer Park Hospital and/or Farrer Park Medical Centre from time to time depending on its business needs and/or regulatory changes.

As such, please note that your application for practising privileges is **also subject to review** and where required, Farrer Park Hospital and/or Farrer Park Medical Centre will notify you in writing to make a fresh application.

**Part A: Please tick in the appropriate boxes for the core procedures that you are applying for.**

CORE PROCEDURES	Tick the correct box	
	Yes	No
Adult Cardiac Valvular Repair/Replacement Surgery		
Bronchoscopy		
Paediatric Cardiac Valvular Repair/Replacement Surgery		
Replacement of Ascending Aortic Aneurysm		
Aorta, Descending Aortic Aneurysm, Excision and Insertion of Graft		
Replacement of Transverse Aortic Arch		
Aorta, Thoraco Abdominal Aneurysm, Excision and Insertion of Graft		
Surgical Repair of Aortic Dissection		
Left Ventricular Plasty		
Septal Myectomy		
CABG (Coronary Artery Bypass Grafting)		
Heart, Redo Coronary Artery Bypass Grafting		
Surgical Treatment of Cardiac Tachyarrhythmias		
Heart Arrhythmias, Implantable Cardioverter Defibrillator (ICD) Implantable		

CORE PROCEDURES	Tick the correct box	
	Yes	No
Lung, Various Lesions/Pneumonectomy/Lobectomy/Segmental Resection		
Thorax, Tumour (Mediastinal) Resection		
Thorax, Various Lesions, Chest Wall Resection and Major Reconstruction		
Thorax, Various Lesions, Intra-thoracic Operation on Lungs/Bronchial Tree/Mediastinum		
Thorax, Various Lesions, Pleurectomy/Pleurodesis/Enucleation Hydatid Cyst		
Trachea, Various Lesions, Tracheostomy		
Larynx, Various Lesions, Direct Examination with/without Biopsy		
Lung, Various Lesions, Wedge Resection		
Artery (Neck and Extremities), Embolism, Embolectomy		
Artery, Various Lesions, Transluminal Angioplasty		
Artery-Carotid, Thrombosis, Endarterectomy		
Artery (Major), Trauma, Repair		
Removal of Arteriovenous Shunt		
Creation of Arteriovenous Fistula		
Aorta, Various Lesions, Insertion/Removal of Intra-Aortic Balloon		
Insertion of Central Venous Line		
Vein, Varicosity, Stripping/Excision/Multiple Ligations		
Vein, Various Lesions, Bypass Graft		
Adult Cardiac Valvular Surgery		
Coronary Artery Bypass Graft Surgery		
Aortic Root Replacement / Bentall Procedure		

**Part B: Application to perform specialised procedures requires a referee's affirmation of applicant's clinical competency.**

Name of Referee: _____
Designation: _____
Date: _____
Note to referee: Please sign against the procedures ticked "Yes" by Applicant to affirm that he/she is competent to perform these procedures safely and independently.

SPECIALISED PROCEDURES	Tick the correct box		Signature of Referee
	Yes	No	
Minimally Invasive Heart Surgery			
Mediastinoscopy			
Minimally Invasive Heart Valve Repair			
Thoracoscopic Partial Resection of Lung			
VATS (Video Assisted Thoracoscopic Surgery)			
Endoscopic Vein and Radial Artery Harvesting			

**Signature of applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_