

**Appendix 5**

**List of Core and Specialised Procedures for Orthopaedic 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 |
| Arthrotomy and Debridement of Joints   |                      |    |
| Arthrodesis of Joints  |                      |    |
| Immobilisation of Fractures  |                      |    |
| Release of Entrapment Syndromes of Upper and lower limbs                                   |                      |    |
| Immobilisation/Traction for Fracture/Dislocation of Upper and lower limbs including Pelvis |                      |    |
| Osteotomy of Pelvis, and long bones  |                      |    |
| Reduction of Dislocation of Joints   |                      |    |
| Arthroscopic or Open Meniscal Resection/Repair and Ligament Repair                         |                      |    |
| Amputation/Disarticulation of Upper and Lower Limbs  |                      |    |
| Repair/Reconstruction of Tendons or Ligaments of Upper and Lower Limbs                     |                      |    |
| Reconstruction of Joints, including Osteotomy, Arthroplasty and Prosthetic Replacement     |                      |    |
| Correction of Bony Deformities   |                      |    |
| Debridement of Soft tissue Infection and Osteomyelitis                                     |                      |    |
| Biopsy of Bone Tumours   |                      |    |
| Laminectomy/Discectomy/Spinal Decompression (with malpractice cover for spine surgery)     |                      |    |
| Joint Aspiration and Injections  |                      |    |
| Administration of Agent Around Spinal and Peripheral Nerves                                |                      |    |
| Closed or Open Reduction with or without Internal Fixation of Fractures                    |                      |    |

| CORE PROCEDURES   | Tick the correct box |    |
|---|----------------------|----|
|   | Yes                  | No |
| Local soft tissue and flap cover for defects of the upper and lower limbs |                      |    |
| Partial- and full-thickness Skin grafting                                 |                      |    |
| Excision of benign bone tumours   |                      |    |

**Part B: Application to perform specialised procedures requires a Qualified Referee's affirmation of applicant's clinical competency (Provide documentation of competency and training).**

|   |
|---|
| Name of Qualified Referee: _____<br>Designation: _____<br>Date: _____<br>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 |                      |
| Nucleoplasty                                   |                      |    |                      |
| Vertebroplasty                                 |                      |    |                      |
| Microdiscectomy                                |                      |    |                      |
| Kyphoplasty                                    |                      |    |                      |
| Orthopaedic LASER Surgery                      |                      |    |                      |
| Keyhole Surgery for the Spine                  |                      |    |                      |
| Spinal fusions with or without instrumentation |                      |    |                      |
| Radical resections of malignant bone sarcomas  |                      |    |                      |
| Robotic Joint Replacement                      |                      |    |                      |

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

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