

List of Core and Specialised Procedures for Cardiology

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
NON-INVASIVE PROCEDURES		
Treadmill Stress ECG		
Transthoracic Echocardiography		
Dobutamine Stress Echocardiography		
Cardioversion		
INVASIVE PROCEDURES		
Central Venous Catheterization		
Swan-Ganz PA Catheter Insertion		
Pericardiocentesis		
Balloon Pericardiostomy		
Intra-aortic Balloon Insertion		
Temporary Cardiac Pacing		
Coronary Angiography		
Carotid Angiography		
Peripheral Angiography & Intervention		
Cardiac Catheterization Studies		

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	
NON-INVASIVE PROCEDURES			
Transesophageal Echocardiography			
Nuclear Cardiology			
Cardiac MR			
INVASIVE PROCEDURES			
Permanent Cardiac Pacing			
Cardiac Resynchronization Therapy (CRT)			
ICD Implantation			
Cardiac Electrophysiology Studies & Therapy			
Insertion of IVC Umbrella			
Endomyocardial Biopsy			
Percutaneous Coronary Intervention (PCI)			
Coronary Optical Coherence Tomography (OCT)			
Percutaneous Cardiac Valve Intervention			
Percutaneous Aortic Intervention			
Percutaneous Atrial Appendage Occlusion			
Transcatheter Arterial Embolization			
Percutaneous Renal Denervation			
Intravascular Ultrasonography (IVUS)			

Signature of applicant: _____ **Date:** _____