Appendix 5

List of Core and Specialised Procedures for Anaesthesiology

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**
Acute Pain Management (Including Caudal, Interscalene, Epidural or Intrathecal Injections)		
Administration of Regional Anaesthesia		
Airway Management Technique		
Arterial Line & Central Venous Line		
Central Line Insertion		
Cricothyroidotomy		
General Anaesthesia & Monitored Anaesthesia Care		
Intra-vascular Catheterisation		
Intubation and laryngeal mask insertion and Retrograde intubation		
Lumbar Epidural or Combined Spinal-Epidural Anaesthesia		
Percutaneous Tracheostomy		
Peripheral Nerve Blocks		
Pleural Tap and Drain Insertion		
Pulmonary Artery Catheterisation Insertion		
Sedation for Procedures		
Spinal Anaesthesia		
Spinal and Paravertebral block		
TPN Management		
Ultrasound Focus/ Point of Care Ultrasound		
Ventilator Management		

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

Please list the procedures that you are performing (if any) for review by the Farrer Park Hospital and/or Farrer Park Medical Centre and/or Medical Boards. Further information and/or interview may be requested after the review.

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	

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