

Scope of Practice Form – Obstetrics & Gynaecology

Name of the Applicant: _____

Please provide a copy of the following certificate(s) (if any) with the completed scope of practice form:

Certificate of Accreditation in intermediate / advanced level of gynaecological laparoscopic surgery of Hong Kong College of Obstetricians and Gynaecologists (HKCOG)

| Privileges applied by Applicant | Privileges granted by CUHKMC | Procedure | Requirement |
|--|------------------------------|---|---|
| (A) Core Privileges | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Obstetrics To provide antenatal, intra-partum, and post-natal care to pregnant women | Registered in the Specialist Register in Obstetrics and Gynaecology of the Medical Council of Hong Kong (MCHK) OR |
| <input type="checkbox"/> | <input type="checkbox"/> | Gynaecology To provide care on general gynaecological health check-up and management of female genital tract diseases | Registered in the Specialist Register of MCHK in another Specialty and Fellow of the Hong Kong Academy of Medicine (HKAM) with accreditation in Obstetrics and Gynaecology |
| (B) Special Privileges | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Robotics Specialized endoscopic operations utilizing robotic instrumentation | Prior training in workshop AND Proof of relevant experience (number required depending on complexity) AND For gynaecological oncology procedures, please refer to section under gynaecological oncology |
| <input type="checkbox"/> | <input type="checkbox"/> | Complicated congenital tract abnormality | Proof of relevant experience (number required depending on complexity) |
| <input type="checkbox"/> | <input type="checkbox"/> | CMR: Robotics Specialized endoscopic operations utilizing robotic instrumentation | Completion of CMR specific training programme AND Obtained core privileges for the relevant laparoscopic procedures |
| Intermediate level of gynaecological laparoscopic procedures: | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <ol style="list-style-type: none"> 1. Diagnostic laparoscopy 2. Laparoscopic tubal occlusion 3. Simple adhesiolysis 4. Salpingectomy 5. Ablation of minor stage endometriosis (AFS Stage I-II disease) 6. Myolysis 7. Ovarian drilling | Certificate of Accreditation in intermediate level of Gynaecological laparoscopic surgery of Hong Kong College of Obstetricians and Gynaecologists (HKCOG) |

| | | | |
|--|--------------------------|---|---|
| | | <ul style="list-style-type: none"> 8. Aspiration / fenestration of cyst 9. Oophorectomy or cystectomy for ovarian cysts of 8 cm or less 10. Resection of moderate endometriosis (AFS Stage III disease) 11. Salpingostomy / Salpingotomy 12. Myomectomy for pedunculated fibroid or non-pedunculated fibroid of 3 cm or less | |
| Advanced level of gynaecological laparoscopic procedures: | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Hysterectomy | Certificate of Accreditation in advanced level of Gynaecological laparoscopic surgery of HKCOG |
| | | 2. Myomectomy for non-pedunculated fibroid greater than 3 cm | |
| | | 3. Excision of ovarian tumours greater than 8 cm | |
| | | 4. Resection of severe endometriosis (AFS Stage IV disease) | |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Adhesiolysis for severe pelvic adhesions, enterolysis and ureteric dissection | |
| Procedures under a gynaecological oncology subspecialist: | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Lymphadenectomy | (Registered in the Specialist Register in Obstetrics and Gynaecology of MCHK with accreditation as Subspecialist in Gynaecologic Oncology by HKCOG OR |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Radical hysterectomy for malignant conditions | Registered in the Specialist Register of MCHK in another Specialty and Fellow of HKAM with accreditation in Gynaecologic Oncology) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Administration of chemotherapy agents for Hyperthermic Intraperitoneal Chemotherapy (HIPEC) | (Registered in the Specialist Register in Obstetrics and Gynaecology of MCHK with accreditation as Subspecialist in Gynaecologic Oncology by HKCOG OR Registered in the Specialist Register of MCHK in another Specialty and Fellow of HKAM with accreditation in Gynaecologic Oncology) AND Proof of relevant experience |

| Procedures under a urogynaecology subspecialist: | | | |
|---|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Tension free vaginal tape (retropubic or transobturator) | (Registered in the Specialist Register in Obstetrics and Gynaecology of MCHK with accreditation as Subspecialist in urogynaecology by HKCOG OR Registered in the Specialist Register of MCHK in another Specialty and Fellow of HKAM with accreditation in urogynaecology) AND Certificate of Accreditation in advanced level of Gynaecological laparoscopic surgery of HKCOG |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Sacrospinous ligament fixation (vaginal procedure for vault or uterine suspension) | |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Sacrocolpopexy (for vault prolapse, either laparoscopic or laparotomy) | |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Colposuspension (for urinary incontinence either laparotomy or laparoscopic) | |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Presacral neurectomy | |

For Official Use Only

Approved by:

Signature: _____

Date: _____

Name & Title: _____