Scope of Practice Form – Clinical Oncology

Name of the Applicant: _____

	Clinical Oncology	Number of Procedures Performed	Privileges Applied	Privileges granted
(A)	**Core Privileges**			
1.	To admit, evaluate, diagnose, consult, perform history taking and physical examination and provide treatment or consultative services to patients of all ages presenting with malignant tumours or those in need of radiation treatment		☐	☐
(B)	**Special Privileges**			
(i)	***Special Privileges in Clinical Oncology***			
2.	Prescription and administration of oral or intravenous chemotherapy agents and biological response modifiers		☐	☐
3.	Prescription and administration of oral or intravenous drugs and medicines related to cancer supportive care		☐	☐
4.	Management and maintenance of indwelling venous access catheters		☐	☐
5.	Bone marrow aspiration and biopsy		☐	☐
6.	Paracentesis		☐	☐
7.	Thoracentesis		☐	☐
8.	Lumbar puncture		☐	☐
9.	Fine needle aspiration of tumor mass		☐	☐
10.	Intrathecal injection of chemotherapy agents and biological response modifiers		☐	☐
11.	Injection of drug through an indwelling pleural drain		☐	☐
(ii)	***Special Privileges in Clinical Oncology or Radiation Oncology***			
12.	External beam radiation including stereotactic radiosurgery/ radiotherapy		☐	☐
13.	Brachytherapy – unsealed source e.g. RAI, P32, strontium, Zevalin, SIRTEX		☐	☐
14.	Brachytherapy – sealed source: intracavitary or interstitial treatment		☐	☐
15.	Diagnostic flexible fibreoptic nasopharyngolarynoscopy		☐	☐
(C) Others *(Please specify)*				
_____			☐	☐
_____			☐	☐

_____ _____

Signature of Applicant **Date (dd/mm/yyyy)**

(Form version: 20250314)

For Official Use Only

Approved by:

Signature: _____ Date:_____

Name & Title: _____