

Appendix 5

**List of Core and Specialised Procedures for
Ophthalmology**

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
To Examine, Evaluate and Diagnose Disorders of the Eye	<input type="checkbox"/>	<input type="checkbox"/>
To Provide Medical and Surgical Treatment of Disorders of the Eye (In All Age Groups), other than the Specialised Procedures listed in Part B	<input type="checkbox"/>	<input type="checkbox"/>

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	
Botulimum Toxin Injection for Strabismus			
CO ₂ Laser Blapharoplasty			
Corneal Transplantation			
Endoscopic Brow Surgery			
Endoscopic Dacryo-Cystorhinostomy			
Excimer Laser Prk			
Glaucoma Drainage Implant Surgery			
Goniotomy/Trabeculectomy for Paediatric Glaucoma			
LASIK			
Oblique Muscle Surgery			
Orbital Surgery- Orbital Decompression and Lateral Orbitotomy			
Retinal Detachment			
Retinoblastoma Management			
Retinopathy of Prematurity Laser or Cryopexy			
Sedation for Procedures			
Trabeculectomy with Mitomycin			
Pars Plana Vitrectomy			
Retinal Laser Surgery			

Signature of applicant: _____

Date: _____