

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 fiberoptic nasopharyngolaryngoscopy				
(C) Others (Please specify)					

Signature of Applicant

Date (dd/mm/yyyy)

(Form version: 20240930)

For Official Use Only

Approved by:

Signature: _____

Date: _____

Name & Title: _____