

Scope of Practice Form – Obstetrics & Gynaecology

Name of the Applicant: _____

Please provide a copy of the documents listed in the column “Requirement” (if any) with the completed scope of practice form.

Privileges applied by Applicant	Privileges granted by CUHKMC	Procedure	Requirement
(A) Core Privileges			
		<u>Obstetrics</u> 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 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
		<u>Gynaecology</u> To provide care on general gynaecological health check-up and management of female genital tract diseases	
(B) Special Privileges			
		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
		Complicated congenital tract abnormality	Proof of relevant experience (number required depending on complexity)
		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:			
		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:			
		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)	
		5. Adhesiolysis for severe pelvic adhesions, enterolysis and ureteric dissection	
Procedures under a gynaecological oncology subspecialist:			
		1. Lymphadenectomy	(Registered in the Specialist Register in Obstetrics and Gynaecology of MCHK with accreditation as Subspecialist in Gynaecologic Oncology by HKCOG OR
		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)
		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:			
		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
		2. Sacrospinous ligament fixation (vaginal procedure for vault or uterine suspension)	
		3. Sacrocolpopexy (for vault prolapse, either laparoscopic or laparotomy)	
		4. Colposuspension (for urinary incontinence either laparotomy or laparoscopic)	
		5. Presacral neurectomy	

Signature of Applicant

Date (dd/mm/yyyy)

(Form version: 20241004)

For Official Use Only

Approved by:

Signature: _____

Date: _____

Name & Title: _____