

Application for Scope of Clinical Practice

NB: Information included on this application is for Medical Practitioners and Dentists requiring credentialing and Scope of Clinical Practice (SoCP). The information requested on this application form is additional to information contained within your current Curriculum Vitae (CV). Access to this information is limited to the CQHHS Medical, Dental Appointment and Credentialing Advisory Committee, appeals committee, any level of decision maker within these processes and administration staff associated with the credentialing process.

Type of application: ☐ New Application ☐ Renewal Application
☐ Additional / Changed SoCP Application

Facility/ies or Hospital & Health Service/s where SoCP requested:

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Central Qld Hospital & Health Service

Specific Facility/ies

Regional Hospital & Health Services

Personal Details

First name:

Middle name:

Last name:

Preferred name:

Previous name:

(Please include your previous name if that appears on certificates)

Date of birth:

Gender: ☐ Female ☐ Male

Contact Details

Home address:

☐ Preferred address for correspondence

Practice address:

☐ Preferred address for correspondence

Phone:

Fax:

Mobile:

Email (1):

Email (2):

Professional / Medical Indemnity *(please attach)*

Current medical indemnity insurance? ☐ Yes ☐ No ☐ Queensland Health

Insurance company	Category of coverage	Expiry date

Continuing Education and Quality Activities

It is a requirement of the Medical and Dental Boards of Australia that all practitioners undertake Continuing Medical Education (CME) / Continuing Professional Development (CPD) activities as a condition of registration. You must provide evidence of participation in CPD programs and activities consistent with the Board approved standards. If you are not participating in a CPD program then current evidence (last three years) of participation in alternative CPD activities will be required.

NB: For applicants who have obtained a fellowship within the past 12 months, the fellowship certificate will be considered to be sufficient evidence of CPD.

Are you undertaking the requirements for continuing education, re-certification, etc required by the Medical / Dental Boards of Australia?

☐ **Yes** – supporting documentation must be attached to this application ▼

College / Organisation / Program	Currently enrolled	Date completed (if applicable)

☐ **No** – please explain ▼

Clinical Audit / Peer Review Activities

Do you subject your clinical work to quality activity mechanisms including clinical audit, peer review etc?

☐ **Yes** – please describe ▼

Organisation	Type of activity	Frequency	Reports attached
<i>e.g. M&M Meeting</i>	<i>e.g. Quality and Clinical Peer Review</i>	<i>e.g. Monthly</i>	

☐ **No** – please explain ▼

Current Clinical Appointment(s)

List appointments and current SoCP that would continue concurrently at other public and private health care facilities, including period of time.

Appointment	Scope of Clinical Practice	HHS / Organisation

☐ Please refer to CV for supporting information

References

Please nominate a **minimum of two** professional peer referees who can attest to your clinical skills and professional performance **within the past 12 months** in the areas for which you have applied for SoCP.

Referee 1 <i>Designation: Current Line Manager / Professional Peer</i>	Name:	
	Current position:	
	Address:	
	Phone (work):	Mobile:
	Email:	
Referee 2	Name:	
	Current position:	
	Address:	
	Phone (work):	Mobile:
	Email:	
Referee 3	Name:	
	Current position:	
	Address:	
	Phone (work):	Mobile:
	Email:	

Applicant's Declaration and Authorisation

I, make the following declarations and authorisations.

I will ensure that my professional registration with AHPRA remains current, and acknowledge that failure to do so will lead to suspension of employment and SoCP until rectified.

I will actively participate in Continuing Professional Development (CPD) relevant to the SoCP to which I have applied.

In applying for SoCP I agree to abide by the:

- **Code of Conduct for the Queensland Public Service**
<http://www.psc.qld.gov.au/includes/assets/qps-code-conduct.pdf>
- **QH Health Service Directive/Policy**
<http://www.health.qld.gov.au/directives/html/c.asp>
- **Hospital and Health Services and Department of Health Policies and Regulations**
<http://www.health.qld.gov.au/qhpolicy/html/index-c.asp>
- **Terms and conditions which are attached to my SoCP.**

Please respond to each of the questions below by ticking the appropriate box.	Yes	No
1. Have you ever had an adverse finding/s made against you by a medical/dental registration authority or any other professional, disciplinary or similar bodies, including outside Australia?		
2. Have you ever had conditions or undertakings attached to your registration or had your registration suspended or cancelled by a medical/dental registration authority or similar body, including overseas?		
3. Are you currently under investigation by a medical registration authority, other regulatory authority or health facility in Australia or overseas?		
4. Has your right to practice and/or scope of clinical practice ever been denied, restricted, suspended, terminated or otherwise modified by any health care organisation, health facility, learned college or other official body, including in Australia or overseas?		
5. Has a medical defence insurer of which you have been a member ever applied conditions or refused to renew your cover or membership in Australia or overseas?		
6. Do you have any physical or other medical conditions, including substance abuse, which may limit your ability to exercise the scope of clinical practice for which you have applied?		
7. Do you have any disclosable criminal convictions i.e. convictions as an adult that form part of your criminal history and which have not been rehabilitated under the <i>Criminal Law (Rehabilitation of Offenders) Act 1986</i> ? If you are unsure about the status of any criminal convictions which you have you may wish to seek legal advice in responding to this question.		

★ **If you responded 'Yes' to any of the above questions, please attach a statement with details, dates and include any relevant documentation.**

Details:

I undertake to immediately notify a medical administrator (e.g. EDMS, DMS, DDMS, Clinical Director, Department Head or Medical Manager), Director of Oral Health and the Chair of the Credentialing and SoCP Committee:

1. If I become aware that I have developed a condition which would affect my ability to safely provide care to my patients.
2. Of any changes to my Australian Health Practitioner Regulation Agency (AHPRA) registration.
3. Of any current or new undertakings given or conditions, endorsements, suspensions, reprimands or notations imposed on my registration by AHPRA.
4. If I cease engagement with QH or cease private practice at a QH facility or service.
5. If I experience a restriction, withdrawal or alteration of SoCP at another health care facility or service, whether public or private.
6. Of my annual membership details for personal medical indemnity insurance (if applicable).
7. When any other changes occur to my clinical circumstances that may impact on my granted SoCP.
8. If my contact details (i.e. home/business/email/phone details) change.
9. In accordance with my obligations under the *Public Service Act 2008 QLD* and the Human Resources Policy E4 (QH-POL-127) employees are to notify supervisor if charged with or convicted of an indictable offence.

I authorise Queensland Health and its officers and/or agencies to:

- Obtain information from the Registration Body, Indemnity Insurance Organisation, Specialist College/s or Societies to which I am associated as nominated in this application, regarding the currency of my registration and/or membership of that body or organisation and regarding any other matter relevant to my application and ongoing SoCP.
- Verify details of this application with relevant individuals, external organisations, previous employer/s and to seek confidential references from nominated referees.

I declare that the facts and my response to this Application are accurate at time of application.

I fully understand that providing false information or documents may result in my SoCP not being granted, and may further result in my being subject to criminal charges and/or disciplinary action.

Print applicant name:	Print witness name:
Applicant signature:	Witness signature:
Date:	Date:

Application/Renewal Checklist

Attach a copy of your credentials (e.g. qualifications, CME/CPD, referee's reports, registration etc) which support your requested SoCP.

- ☐ Yes, photo identification attached
- ☐ Yes, current CV attached (signed and dated as true and correct – gaps in employment explained)
- ☐ Yes, base degree attached
- ☐ Yes, specialist qualifications attached
- ☐ Yes, training certification attached
- ☐ Yes, contacts for referees provided
- ☐ Yes, current CME/CPD evidence attached ☐ No, fellowship qualification less than 12 months old
- ☐ Yes, Professional Indemnity – certificate of currency attached (if applicable)

Scope of Clinical Practice Requested



- This list was compiled using current college reference sources, AHPRA specialties and fields of specialty practice not aligned with AHPRA registrations.
- Evidence of fellowship, training and currency of practice in the requested SoCP must be provided with the application.

AHPRA Registration Number:

☐ **Specialist**

☐ **General Registration**

☐ **Limited Registration** (please state):

Addiction Medicine

☐ **Addiction Medicine**

Anaesthesia

☐ **Anaesthesia**

☐ Intensive Care for Anaesthetists

☐ Diagnostic Perioperative Transoesophageal Echocardiography (TOE) in Adults

☐ Extracorporeal Perfusion (ECP)

☐ Neonatal

☐ Transplant

☐ Other (please state):

Breast Medicine

☐ **Breast Medicine**

☐ Breast Imaging (interpretation of screening and diagnostic mammography)

☐ Performance and interpretation of breast ultrasound

☐ Image-guided interventional procedures

Dental Practice

☐ **General Dental Practice**

☐ Treatment under general anaesthetic (in hospital operating theatre)

☐ Relative Analgesia (using Nitrous Oxide and Oxygen)

☐ Intravenous Sedation

Dental Therapist Oral Health Therapist

undertaking permanent teeth extractions

undertaking orthodontic procedures

undertaking dental treatment under

General Anaesthesia

☐ **Specialist Dental Practice**

☐ Endodontics

☐ Public Health Dentistry

☐ Oral Pathology

☐ Dento-Maxillofacial Radiology

☐ Periodontics

☐ Prosthodontics

☐ Oral Medicine

☐ Forensic Odontology

☐ Orthodontics

☐ Oral and Maxillofacial Surgery

☐ Special Needs Dentistry

☐ Oral Surgery

☐ Paediatric Dentistry

Dermatology

☐ **Dermatology**

Emergency Medicine

☐ **Emergency Medicine**

Forensic Medicine

☐ **Forensic Medical Officer**

☐ **Government Medical Officer**

General Practice

☐ General Practice

Unless otherwise specified, routine scope of clinical practice in General Practice includes all primary care areas including geriatrics, paediatrics, palliative care, antenatal care, psychiatry, internal medicine, closed orthopaedics, care of health service inpatients and patients in QH Residential Aged Care Facilities, emergency care, primary and outpatient care.

Specify any exclusions:

General Practice Advanced Specialised Skills

If requesting Scope of Clinical Practice in an Advanced Specialised Skill, please include for the Committee's consideration:

- Evidence of any certified post graduate training in the advanced skill.
- Evidence of recent relevant experience e.g. log books.
- Evidence of recent CME/CPD and upskilling in the advanced skill.
- A reference commenting on recent competence in the advanced skill.

OR

- Without formal training – evidence of substantial recent relevant experience, evidence of CME, upskilling within the past 3 years and copies of relevant documents to support your requested Scope of Clinical Practice e.g. log books.

☐ Obstetrics (DRANZCOG Advanced)

- ☐ Perform normal deliveries, assisted deliveries (excluding Keilland's forceps) and caesarean sections
- ☐ Perform basic elective and emergency gynaecological procedures including laparotomies in emergency gynaecological situations
- ☐ Operative Laparoscopy (Level 1)
- ☐ Colposcopy

☐ Anaesthetics (JCCA)

- ☐ Adults
- ☐ Children – state minimum age or weight:
- ☐ Epidural Anesthesia

Rural Generalist Anaesthesia (is inclusive of the following)

- General Anaesthesia & Regional Anaesthesia
- Epidural Anaesthesia
- Children minimum age 5 years OR
Children above 5 years (list age)

☐ Rural Generalist Surgery (24 months advanced skill training with ACRRM)

- ☐ Attached list of specific procedures

☐ Aboriginal and Torres Strait Islander Health (12 months advanced skill training with RACGP or ACRRM)

☐ Adult Internal Medicine (12 months advanced skill training with ACRRM)

☐ Child and Adolescent Health / Paediatrics (12 months advanced skill training with RACGP or ACRRM)

☐ Generalist Emergency Medicine (18 months post FACRRM training)

☐ GP Emergency Medicine (12 months advanced skill training with RACGP or ACRRM)

☐ Mental Health (12 months advanced skill training with RACGP or ACRRM)

☐ Population Health (12 months advanced skill training with ACRRM)

☐ Remote Medicine (12 months advanced skill training with ACRRM)

☐ Gastroscopy (GESA Certification)

☐ Colonoscopy (GESA Certification)

☐ Other (please state):

Intensive Care Medicine

☐ Intensive Care Medicine

- ☐ Echocardiography
- ☐ Gastrointestinal Endoscopy
- ☐ Extracorporeal Membrane Oxygenation (ECMO)
- ☐ Other (please state):

Medical Administration

☐ Medical Administration

☐ Clinical Administration in (please state):

Obstetrics and Gynaecology

☐ Obstetrics and Gynaecology

- ☐ Advanced Operative Laparoscopy Level 4
- ☐ Advanced Operative Laparoscopy Level 5
- ☐ Advanced Operative Laparoscopy Level 6
- ☐ Advanced Endoscopic Surgery
- ☐ Lower Genital Tract Laser Surgery
- ☐ Robotic Surgery

Subspecialties

- ☐ Gynaecological Oncology
- ☐ Maternal-Fetal Medicine
- ☐ Urogynaecology
- ☐ Obstetrics and Gynaecological Ultrasound
- ☐ Reproductive Endocrinology and Infertility

Extra Training

- ☐ Paediatric Gynaecology
- ☐ Video Colposcopy of Children

Occupational and Environmental Medicine

☐ Occupational & Environmental Medicine

Ophthalmology

☐ Ophthalmology

- ☐ Post Fellowship Training (please state):

Paediatrics and Child Health

☐ General Paediatrics and Child Health

☐ Child Protection

- ☐ Level 2 – Medical staff working predominantly with children, young people and parents
- ☐ Level 3 – Designated medical child protection practitioner

☐ Clinical Genetics (Paediatric)

☐ Community Child Health

☐ Neonatology and Perinatal Medicine

- ☐ Echocardiography
- ☐ Ultrasound
- ☐ Other (please state):

☐ Paediatric Cardiology

- ☐ Transthoracic Echocardiography
- ☐ Transoesophageal Echocardiography
- ☐ Fetal Echocardiography
- ☐ Paediatric Cardiac Catheterisation – Level 1 Procedures
- ☐ Paediatric Cardiac Catheterisation – Level 2 Procedures
- ☐ Paediatric Cardiac Catheterisation – Level 3 Procedures
- ☐ Paediatric Cardiac Catheterisation – Level 4 Procedures

☐ Paediatric Clinical Pharmacology

☐ Paediatric Emergency Medicine

☐ Paediatric Endocrinology

☐ Paediatric Endocrinology and Chemical Pathology

☐ Paediatric Gastroenterology and Hepatology

- ☐ Liver Biopsy
- ☐ Endoscopic Retrograde Cholangiopancreatography (ERCP)
- ☐ Gastroscopy
- ☐ Endoscopic Ultrasound (EUS)
- ☐ Colonoscopy
- ☐ Balloon Enteroscopy
- ☐ Capsule endoscopy
- ☐ Other endoscopy (please state):

Paediatrics and Child Health continued
<input type="checkbox"/> Paediatric Haematology
<input type="checkbox"/> Paediatric Haematology and Pathology
<input type="checkbox"/> Paediatric Immunology and Allergy
<input type="checkbox"/> Paediatric Immunology, Allergy and Immunopathology
<input type="checkbox"/> Paediatric Infectious Diseases
<input type="checkbox"/> Paediatric Infectious Diseases and Microbiology
<input type="checkbox"/> Paediatric Intensive Care Medicine
<input type="checkbox"/> Paediatric Medical Oncology
<input type="checkbox"/> Paediatric Nephrology <input type="checkbox"/> Renal Biopsy <input type="checkbox"/> Acute Vascular Access <input type="checkbox"/> Peritoneal Access Placement
<input type="checkbox"/> Paediatric Neurology
<input type="checkbox"/> Paediatric Nuclear Medicine
<input type="checkbox"/> Paediatric Palliative Medicine
<input type="checkbox"/> Paediatric Rehabilitation Medicine
<input type="checkbox"/> Paediatric Respiratory and Sleep Medicine <input type="checkbox"/> Paediatric Bronchoscopy
<input type="checkbox"/> Paediatric Rheumatology
Pain Medicine
<input type="checkbox"/> Pain Medicine
Palliative Medicine
<input type="checkbox"/> Palliative Medicine <input type="checkbox"/> Paracentesis and Thoracocentesis
Pathology
<input type="checkbox"/> General Pathology
<input type="checkbox"/> Anatomical Pathology
<input type="checkbox"/> Anatomical Pathology and Cytopathology
<input type="checkbox"/> Chemical Pathology
<input type="checkbox"/> Haematology
<input type="checkbox"/> Immunology
<input type="checkbox"/> Microbiology
<input type="checkbox"/> Forensic Pathology
<input type="checkbox"/> Other Postgraduate Programs <input type="checkbox"/> Clinical Pathology <input type="checkbox"/> Genetic Pathology <input type="checkbox"/> Molecular Pathology <input type="checkbox"/> Paediatric Pathology <input type="checkbox"/> Neuropathology

Physician	
<input type="checkbox"/> General Medicine <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Echocardiography <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Bronchoscopy </div> <div> <input type="checkbox"/> Gastroscopy <input type="checkbox"/> Liver Biopsy <input type="checkbox"/> Obstetric Medicine </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Other (please state): </div>	
<input type="checkbox"/> Cardiology <input type="checkbox"/> Adult Echocardiography <div style="margin-top: 5px;"> <input type="checkbox"/> Level 1 – Transthoracic Echocardiography <input type="checkbox"/> Level 2 – Transoesophageal Echocardiography <input type="checkbox"/> Level 3 – Stress Echocardiography </div>	
<input type="checkbox"/> Cardiac Implantable Electronic Devices (CIED) and Electrophysiology <div style="margin-top: 5px;"> <input type="checkbox"/> Track 1 – Cardiac Implantable Electronic Devices <input type="checkbox"/> Track 2 – Cardiac Implantable Electronic Devices <input type="checkbox"/> Adult Cardiac Electrophysiology </div>	
<input type="checkbox"/> Coronary Angiography <div style="margin-top: 5px;"> <input type="checkbox"/> Diagnostic Cardiac Catheterisation and Coronary Angiography <input type="checkbox"/> Percutaneous Coronary Intervention (PCI) <input type="checkbox"/> Level 2 – Stress Echocardiography <input type="checkbox"/> CT Coronary Angiography (CTCA) Level A Specialist <input type="checkbox"/> CT Coronary Angiography (CTCA) Level B Specialist <input type="checkbox"/> Lead Extraction Certification </div>	
<input type="checkbox"/> Clinical Genetics	
<input type="checkbox"/> Clinical Pharmacology	
<input type="checkbox"/> Endocrinology	
<input type="checkbox"/> Endocrinology and Chemical Pathology	
<input type="checkbox"/> Gastroenterology and Hepatology (attach GESA / Conjoint Committee Certificate if applicable) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Liver Biopsy <input type="checkbox"/> Gastroscopy <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Endoscopic Ultrasound (EUS) </div> <div> <input type="checkbox"/> Endoscopic Retrograde Cholangiopancreatography (ERCP) <input type="checkbox"/> Balloon Enteroscopy <input type="checkbox"/> Capsule Endoscopy <input type="checkbox"/> Other endoscopy (please state): </div> </div>	
<input type="checkbox"/> Geriatric Medicine	
<input type="checkbox"/> Haematology	
<input type="checkbox"/> Haematology and Pathology	
<input type="checkbox"/> Clinical Immunology and Allergy	
<input type="checkbox"/> Clinical Immunology, Allergy and Immunopathology	
<input type="checkbox"/> Infectious Diseases Infectious Diseases providing Tuberculosis Services (Regional SoCP)	
<input type="checkbox"/> Infectious Diseases and Microbiology	
<input type="checkbox"/> Medical Oncology	
<input type="checkbox"/> Nephrology <div style="margin-top: 5px;"> <input type="checkbox"/> Renal Biopsy <input type="checkbox"/> Peritoneal Access Placement <input type="checkbox"/> Acute Vascular Access </div>	

Physician continued☐ **Neurology**☐ **Nuclear Medicine**

- ☐ Positron Emission Tomography (PET)
- ☐ CT Coronary Angiography (CTCA)

☐ **Respiratory** ☐ **Sleep Medicine**

- ☐ Flexible Bronchoscopy
- ☐ Endobronchial Stents
- ☐ Endobronchial ultrasound-guided transbronchial needle aspiration (EBUS) TBNA
- ☐ Endobronchial ultrasound-guided transbronchial needle aspiration (EBUS) Guide Sheath
- ☐ Medical Thoracoscopy
- ☐ Endobronchial Electrosurgery
- ☐ Rigid Bronchoscopy
- ☐ Autofluorescence bronchoscopy
- ☐ Laser Bronchoscopy

☐ **Rheumatology**

- ☐ Biopsy of relevant tissues and organs
- ☐ Musculoskeletal Ultrasound
- ☐ Arthroscopy
- ☐ Injection techniques under imaging guidance
- ☐ Radioactive or Chemical Synovectomy

Psychiatry☐ **Psychiatry****Psychiatry for Court Liaison Service (Regional SoCP)**

- ☐ Administration of ECT ☐ Advanced certification in (please state):

☐ **General Psychiatry associated with Statewide Disaster Response****Public Health Medicine**☐ **Public Health Medicine (Regional SoCP)****Radiation Oncology**☐ **Radiation Oncology****Radiology**☐ **Diagnostic Radiology**

- ☐ MRI
- ☐ Mammography
- ☐ Peripheral Endovascular Therapy

☐ **Tier A Procedures**☐ **Tier B Procedures**

- | | |
|--|--|
| <input type="checkbox"/> Thoracic intervention | <input type="checkbox"/> Gastro-intestinal intervention |
| <input type="checkbox"/> Urological intervention | <input type="checkbox"/> Gynaecological intervention |
| <input type="checkbox"/> Orthopaedic intervention | <input type="checkbox"/> Neuro-interventional procedures intracranial and extracranial |
| <input type="checkbox"/> Vascular interventional procedures other than basic diagnostic angiography | |
| <input type="checkbox"/> Venous and arterio-venous graft interventions other than basic diagnostic venography or fistulography | |
| <input type="checkbox"/> Biliary intervention including T.I.P.S. | |

☐ **Nuclear Medicine****Rehabilitation Medicine**☐ **Rehabilitation Medicine**

Retrieval Services	
<input type="checkbox"/>	Medical Coordination
<input type="checkbox"/>	Pre-hospital and Retrieval Medicine
<input type="checkbox"/>	Retrieval Medicine (Paediatric)
<input type="checkbox"/>	Retrieval Medicine (Neonatal)
Sexual Health Medicine	
<input type="checkbox"/>	Sexual Health Medicine
Sports Medicine	
<input type="checkbox"/>	Sports Medicine
Vascular Medicine	
<input type="checkbox"/>	Vascular Medicine
Surgery	
<input type="checkbox"/>	General Surgery
<input type="checkbox"/>	Gastroscopy
<input type="checkbox"/>	Colonoscopy
<input type="checkbox"/>	Other endoscopy (please state):
<input type="checkbox"/>	Post Fellowship Training
<input type="checkbox"/>	Colorectal Surgery
<input type="checkbox"/>	Upper Gastrointestinal (GI)
<input type="checkbox"/>	Hepato-Pancreato-Biliary (HPB)
<input type="checkbox"/>	Bariatric Surgery
<input type="checkbox"/>	Transplant Surgery (please state):
<input type="checkbox"/>	Other (please state):
<input type="checkbox"/>	Cardio-Thoracic Surgery (Adult)
<input type="checkbox"/>	Cardio-Thoracic Surgery (Paediatric)
<input type="checkbox"/>	Neurosurgery
<input type="checkbox"/>	Post Fellowship Training (please state):
<input type="checkbox"/>	Orthopaedic Surgery
<input type="checkbox"/>	Post Fellowship Training (please state):
<input type="checkbox"/>	Otolaryngology – Head and Neck Surgery
<input type="checkbox"/>	Post Fellowship Training (please state):
<input type="checkbox"/>	Oral and Maxillofacial Surgery
<input type="checkbox"/>	Paediatric Surgery
<input type="checkbox"/>	Plastic Surgery
<input type="checkbox"/>	Post Fellowship Training (please state):
<input type="checkbox"/>	Urology
<input type="checkbox"/>	Post Fellowship Training (please state):
<input type="checkbox"/>	Vascular Surgery
<input type="checkbox"/>	Peripheral Endovascular Therapy
<input type="checkbox"/>	Post Fellowship Training (please state):