

# 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:**

**Central Qld Hospital & Health Service**

**Specific Facility/ies**

**Regional Hospital & Health Services**

| Personal Details   |   |
|--|---|
| First name:  | Middle name:  |
| Last name:   |   |
| Preferred name:  |   |
| Previous name:<br><small>(Please include your previous name if that appears on certificates)</small> |   |
| Date of birth:   | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male |

| Contact Details  |  |         |
|--|--|---------|
| Home address:<br><input type="checkbox"/> Preferred address for correspondence | Practice address:<br><input type="checkbox"/> 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 |
|-------------------|----------------------|-------------|
|                   |                      |             |
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## 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) |
|----------------------------------|--------------------|--------------------------------|
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**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 |
|------------------|---------------------------------------|--------------|------------------|
| e.g. M&M Meeting | e.g. Quality and Clinical Peer Review | e.g. Monthly |                  |
|                  |                                       |              |                  |
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|                  |                                       |              |                  |

**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 |
|-------------|----------------------------|--------------------|
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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.

|  |                          |                |
|--|--------------------------|----------------|
| <b>Referee 1</b><br><br><i>Designation:<br/>Current Line<br/>Manager /<br/>Professional Peer</i> | <b>Name:</b>             |                |
|  | <b>Current position:</b> |                |
|  | <b>Address:</b>          |                |
|  | <b>Phone (work):</b>     | <b>Mobile:</b> |
|  | <b>Email:</b>            |                |

|                      |                          |
|----------------------|--------------------------|
| <b>Referee 2</b>     | <b>Name:</b>             |
|                      | <b>Current position:</b> |
|                      | <b>Address:</b>          |
| <br><br><br>         |                          |
| <b>Phone (work):</b> | <b>Mobile:</b>           |
| <br><br><br>         |                          |
| <b>Email:</b>        |                          |

|                  |   |
|------------------|---|
| <b>Referee 3</b> | <b>Name:</b><br><br><b>Current position:</b><br><br><b>Address:</b> |
|                  | <b>Phone (work):</b> _____  |
|                  | <b>Mobile:</b> _____  |
|                  | <b>Email:</b> _____   |

## Applicant's Declaration and Authorisation

I, [redacted] 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.**

| <b>Please respond to each of the questions below by ticking the appropriate box.</b>  | <b>Yes</b> | <b>No</b> |
|---|------------|-----------|
| 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

Prosthodontics

Oral and Maxillofacial Surgery

Public Health Dentistry

Oral Medicine

Special Needs Dentistry

Oral Pathology

Forensic Odontology

Oral Surgery

Dento-Maxillofacial Radiology

Orthodontics

Paediatric Dentistry

Periodontics

### 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 Keillard'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**

|   |   |
|---|---|
| <input type="checkbox"/> Gynaecological Oncology                    | <input type="checkbox"/> Maternal-Fetal Medicine                  |
| <input type="checkbox"/> Urogynaecology                             | <input type="checkbox"/> Obstetrics and Gynaecological Ultrasound |
| <input type="checkbox"/> Reproductive Endocrinology and Infertility |   |

### **Extra Training**

|   |   |
|---|---|
| <input type="checkbox"/> Paediatric Gynaecology | <input type="checkbox"/> 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

|  |  |
|--|--|
| <input type="checkbox"/> Liver Biopsy      | <input type="checkbox"/> Endoscopic Retrograde Cholangiopancreatography (ERCP) |
| <input type="checkbox"/> Gastroscopy       | <input type="checkbox"/> Endoscopic Ultrasound (EUS)                           |
| <input type="checkbox"/> Colonoscopy       | Balloon Enteroscopy  |
| <input type="checkbox"/> Capsule endoscopy | <input type="checkbox"/> Other endoscopy (please state): .....                 |

## Paediatrics and Child Health continued

- Paediatric Haematology
- Paediatric Haematology and Pathology
- Paediatric Immunology and Allergy
- Paediatric Immunology, Allergy and Immunopathology
- Paediatric Infectious Diseases
- Paediatric Infectious Diseases and Microbiology
- Paediatric Intensive Care Medicine
- Paediatric Medical Oncology
- Paediatric Nephrology
  - Renal Biopsy
  - Acute Vascular Access
  - Peritoneal Access Placement
- Paediatric Neurology
- Paediatric Nuclear Medicine
- Paediatric Palliative Medicine
- Paediatric Rehabilitation Medicine
- Paediatric Respiratory and Sleep Medicine
  - Paediatric Bronchoscopy

## Paediatric Rheumatology

### Pain Medicine

- Pain Medicine

### Palliative Medicine

- Palliative Medicine
  - Paracentesis and Thoracocentesis

### Pathology

- General Pathology

- Anatomical Pathology

- Anatomical Pathology and Cytopathology

- Chemical Pathology

- Haematology

- Immunology

- Microbiology

- Forensic Pathology

### Other Postgraduate Programs

- Clinical Pathology
- Genetic Pathology
- Molecular Pathology
- Paediatric Pathology
- Neuropathology

**Physician** **General Medicine**

|   |   |
|---|---|
| <input type="checkbox"/> Echocardiography | <input type="checkbox"/> Gastroscopy        |
| <input type="checkbox"/> Colonoscopy      | <input type="checkbox"/> Liver Biopsy       |
| <input type="checkbox"/> Bronchoscopy     | <input type="checkbox"/> Obstetric Medicine |

Other (please state): .....

 **Cardiology** **Adult Echocardiography**

|  |
|--|
| <input type="checkbox"/> Level 1 – Transthoracic Echocardiography    |
| <input type="checkbox"/> Level 2 – Transoesophageal Echocardiography |
| <input type="checkbox"/> Level 3 – Stress Echocardiography           |

 **Cardiac Implantable Electronic Devices (CIED) and Electrophysiology**

|   |
|---|
| <input type="checkbox"/> Track 1 – Cardiac Implantable Electronic Devices |
| <input type="checkbox"/> Track 2 – Cardiac Implantable Electronic Devices |
| <input type="checkbox"/> Adult Cardiac Electrophysiology                  |

 **Coronary Angiography**

|  |
|--|
| <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                               |

 **Clinical Genetics** **Clinical Pharmacology** **Endocrinology** **Endocrinology and Chemical Pathology** **Gastroenterology and Hepatology** (attach GESA / Conjoint Committee Certificate if applicable)

|  |  |
|--|--|
| <input type="checkbox"/> Liver Biopsy                | <input type="checkbox"/> Endoscopic Retrograde Cholangiopancreatography (ERCP) |
| <input type="checkbox"/> Gastroscopy                 | <input type="checkbox"/> Balloon Enteroscopy                                   |
| <input type="checkbox"/> Colonoscopy                 | <input type="checkbox"/> Capsule Endoscopy                                     |
| <input type="checkbox"/> Endoscopic Ultrasound (EUS) | <input type="checkbox"/> Other endoscopy (please state): .....                 |

 **Geriatric Medicine** **Haematology** **Haematology and Pathology** **Clinical Immunology and Allergy** **Clinical Immunology, Allergy and Immunopathology** **Infectious Diseases**      **Infectious Diseases providing Tuberculosis Services (Regional SoCP)** **Infectious Diseases and Microbiology** **Medical Oncology** **Nephrology**

|  |
|--|
| <input type="checkbox"/> Renal Biopsy                |
| <input type="checkbox"/> Peritoneal Access Placement |
| <input type="checkbox"/> Acute Vascular Access       |

**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**

- Medical Coordination**
- Pre-hospital and Retrieval Medicine**
- Retrieval Medicine (Paediatric)**
- Retrieval Medicine (Neonatal)**

**Sexual Health Medicine**

- Sexual Health Medicine**

**Sports Medicine**

- Sports Medicine**

**Vascular Medicine**

- Vascular Medicine**

**Surgery****General Surgery**

- Gastroscopy
- Colonoscopy
- Other endoscopy (please state): .....

**Post Fellowship Training**

- Colorectal Surgery
- Upper Gastrointestinal (GI)
- Hepato-Pancreato-Biliary (HPB)
- Bariatric Surgery
- Transplant Surgery (please state): .....
- Other (please state): .....

**Cardio-Thoracic Surgery (Adult)****Cardio-Thoracic Surgery (Paediatric)****Neurosurgery**

- Post Fellowship Training (please state): .....

**Orthopaedic Surgery**

- Post Fellowship Training (please state): .....

**Otolaryngology – Head and Neck Surgery**

- Post Fellowship Training (please state): .....

**Oral and Maxillofacial Surgery****Paediatric Surgery****Plastic Surgery**

- Post Fellowship Training (please state): .....

**Urology**

- Post Fellowship Training (please state): .....

**Vascular Surgery**

- Peripheral Endovascular Therapy
- Post Fellowship Training (please state): .....