



Surgical Privileges Form: Orthopedic Surgery (Core Privileges)

Clinical Privileges Request

Applicant's Name: Scope of Practice:

License No. (If Any): Facility:

Date:

Core Privileges

Category I: Emergency Surgery

Privileges	Requested (To be completed by the applicant)	Recommended (For committee use)		Not Recommended (For committee use)
		Under Supervision	Independent	
1. Application of Traction Pins				
2. Closed manipulation of fractures / dislocations/ splints / casts				
3. Closed manipulation and Percutaneous wire /screw fixation				
4. Open reduction and tension wiring				
5. Open reduction with intramedullary device				
6. Closed reduction with intramedullary device				
7. Open reduction and application of external fixation				
8. Closed reduction and Application of external fixation				
9. Operative treatment of intra articular fractures				
10. Operative treatment of Soft Tissue Injuries				
11. Tendon / ligament repair				



12. Fasciotomy				
13. Wound debridement				
14. Operative treatment of Acute bone, joint & 15. Soft tissue infection				
16. Bone grafting				
17. Hemi / Bipolar Arthroplasty of Hip Fractures				
18. Operative fixation using DHS / DCS / Cannulated screws				

Category II: Pediatric Surgery Procedures

Privileges	Requested (To be completed by the applicant)	Recommended (For committee use)		Not Recommended (For committee use)
		Under Supervision	Independent	
Bone tumors				
1. Excision of osteochondroma				
2. Excision of Osteoma				



Category III: Amputations

Privileges	Requested (To be completed by the applicant)	Recommended (For committee use)		Not Recommended (For committee use)
		Under Supervision	Independent	
Upper Extremity				
1. Transarticular Amputation of Elbow				
2. Amputation of Elbow				
3. Amputation of Wrist				
4. Amputation of Hand				
5. Amputation of Digits				
Lower Extremity				
1. Above Knee Amputation				
2. Below Knee Amputation				
3. Amputations around Ankle				
4. Amputations through Tarsus				
5. Amputations through Metacarpals /				
6. Metatarsals				
7. Ray Amputations				
8. Amputations/ Terminalisations through				
9. Phalanges				



Category IV: Shoulder surgery

Privileges	Requested (To be completed by the applicant)	Recommended (For committee use)		Not Recommended (For committee use)
		Under Supervision	Independent	
1. Manipulation of frozen shoulders				
2. Subacromial and Intraarticular injections				
3. Scapular bursa injection: excision – open				
4. Subacromial decompression: open				
5. A/C joint resection: acromioplasty open				
6. ORIF of fractures of humeral head/humeral shaft				

Category V: Wrist and neck surgery

Privileges	Requested (To be completed by the applicant)	Recommended (For committee use)		Not Recommended (For committee use)
		Under Supervision	Independent	
1. Tendon Repair Basic Techniques				
2. Nerve Entrapment surgery (Medial Nerve,				



Ulnar nerve)				
3. Surgical treatment of Tenosynovitis				
4. Surgical treatment of special hand infections (Palmer spaces, web spaces ... etc)				
5. Surgical treatment of tendon sheets infection				
6. Trigger finger, Mallet Finger, Dequarvian (stenosing tenosynovitis)				

Category VI: Pelvis and Hip Surgery

Privileges	Requested (To be completed by the applicant)	Recommended (For committee use)		Not Recommended (For committee use)
		Under Supervision	Independent	
1. Closed reduction with clamp / Fix Pelvic Ring disruptions				

Category VII: Knee Surgery

Privileges	Requested (To be completed by the applicant)	Recommended (For committee use)		Not Recommended (For committee use)
		Under Supervision	Independent	
1. Aspiration of Knee				



Category VIII: Foot and Ankle Surgery

Privileges	Requested (To be completed by the applicant)	Recommended (For committee use)		Not Recommended (For committee use)
		Under Supervision	Independent	
1. Removal, excision of soft tissue swelling and Morton's neuroma				
2. Hallux Valgues surgery (soft tissue procedures, Fusion, Excision Arthroplasty, osteomies proximal and distal)				
3. Ingrown toenail operation				

Note: You must submit along with this application all necessary document(s) to support your request. If documentation is incomplete, your request will not be accepted.

By signing below, I acknowledge that I have read, understand, and agree to abide by QCHP standards for privileging. I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and wish to exercise, and I understand that:

- a) In exercising any clinical privileges granted, I am constrained by QCHP's policies and rules applicable generally and any applicable to the particular situation.
- b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the recognized policies and rules.

.....
Applicant's signature (Stamp if any)

.....
Date

1.
Medical Director (of the facility the applicant will perform surgeries in) Stamp & Signature

.....
Date



QCHP
المجلس القطري للتخصصات الصحية
Qatar Council for Healthcare Practitioners
التسجيل والترخيص
Registration & Licensing



For Committee use only

Evaluation Committee Chairman:

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and I have made the above-noted recommendation(s).

.....
Chairperson's Stamp & signature

.....
Date

Other Committee Members:

.....
1) Name

.....
Date

.....
2) Name

.....
Date