

The Hong Kong College of Obstetricians and Gynaecologists
Application for Accreditation of Gynaecological Specialist Service
CONFIDENTIAL

Hospital: _____

Address: _____

Contact person: _____ Tel.: _____ Fax: _____

No. of gynaecology beds: _____

No. of major operations in _____ (year): _____

No. of minor operations in _____ (year): _____

Outpatient Service

Availability of facilities for gynaecological procedures in the outpatient clinic

- Cervical cytology smear (yes/no)
- Vaginal swab for microbiological test (yes/no)
- Endometrial biopsy/aspiration (yes/no)
- Insertion of vaginal supportive pessary (yes/no)
- Pregnancy test kits (yes/no)

Provision of

- Comfortable consultation area with privacy (yes/no)
- Facilities for patient observation and resuscitation (yes/no)
- Use of ultrasound: in the outpatient clinic (yes/no)
: in the radiology department (yes/no)

No. of qualified nurses normally on duty in the gynaecology outpatient clinic: _____

No. of specialist gynaecologists attending gynaecology outpatient clinic: _____

Inpatient Service

Facilities for close patients monitoring and cardiopulmonary resuscitation

- Cardiac monitor (yes/no)
- Pulse oximeter (yes/no)
- Automated blood pressure manometer (yes/no)
- Bedside oxygen supply (yes/no)
- Suction apparatus (yes/no)
- Motorized infusion devices (yes/no)
- Warming devices for patients and transfused blood (yes/no)

Provision of facilities and environment for conducting pelvic examination (yes/no)

No. of registered nurses in the gynaecology ward : _____

Gynaecological Operation

- Pre-operative assessment by gynaecologist (yes/no)
- Performance or supervision of operation by gynaecologist (yes/no)
- Provision of pre-operative assessment by qualified anaesthesiologist (yes/no)
- Availability of twenty-four hour emergency gynaecological operation (yes/no)

Supporting Facilities

- Provision of 24-hour blood transfusion service (yes/no)
- Provision of 24-hour emergency laboratory service (yes/no)
- Provision of X-ray/CT facilities (yes/no)
- Urgent access to ultrasound scanner at all times (yes/no)
- Provision of 24-hour anaesthesia service (yes/no)
- Facilities and access to ICU care (yes/no)
- Availability of cross specialty consultation (yes/no)
- Availability of physiotherapy service (yes/no)

Signature Date

Name and designation