

Applicant's Name

Position

Home Site

CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE

ADULT and CHILD & ADOLESCENT PSYCHIATRY

PLEASE NOTE: Monash Health acknowledges that occasions may arise where the emergency needs of a patient require a procedure to be undertaken which falls outside the scope of clinical practice authorised for the practitioner concerned. Monash Health will support members of the Senior Medical Staff who are required to so act

Core Services:

Please indicate (with a ✓) those procedures you wish to undertake on a site by site basis	MMC Clayton	MMC Moorabbin	Dandenong Hospital	Casey Hospital	Cranbourne Integrated Care Centre	Kingston Centre	Jessie McPherson Private Hospital
General Psychiatry – Adult Inpatients	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA
General Psychiatry – Adult Outpatients	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA
General Psychiatry – Child & Adolescent Inpatients	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA
General Psychiatry – Child & Adolescent Outpatients	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA
Research	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA
Supervision of trainees and/or students	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA
Other services	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA

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Core Procedures:

Please indicate (with a ✓) those procedures you wish to undertake on a site by site basis	MMC Clayton	MMC Moorabbin	Dandenong Hospital	Casey Hospital	Cranbourne Integrated Care Centre	Kingston Centre	Jessie McPherson Private Hospital
<p>Electro Convulsive Therapy (ECT)</p> <p>In order to receive the privileges for supervision & administration of ECT the following must to be met:</p> <ul style="list-style-type: none"> • Attendance at an Office of Chief Psychiatrist (OCP) accredited course on ECT within the past three years • Participation in the annual ECT course run by SAMHS ECT directors as a refresher course • Participation minimum number of ECT procedures as suggested by the ECT directors. • Attendance to any training program developed by the manufacturer MHP/OCP to update on any legislative, technical or policy revision or amendments. 	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA
Clozapine Therapy	MMC Clayton	MMC Moorabbin	Dandenong Hospital	Casey Hospital	Cranbourne Integrated Care Centre	Kingston Centre	Jessie McPherson Private Hospital
<p>The prerequisites for Clozapine privileges are as follows.</p> <ul style="list-style-type: none"> • Registration with CPMS • Attendance to Clozapine educational program • Sound understanding of all aspects of CPMS and MHP Clozapine administration and mg protocol. 	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA

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Transcranial magnetic stimulation (TMS)	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA
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Additional Procedures:

Additional Procedures: Please indicate any additional or specific sub-specialty procedures (i.e. not included in the 'core') you wish to undertake on a site by site basis.	MMC Clayton	MMC Moorabbin	Dandenong Hospital	Casey Hospital	Cranbourne Integrated Care Centre	Kingston Centre	Jessie McPherson Private Hospital
		NA		NA	NA	NA	
		NA		NA	NA	NA	

Sign-off

Clinician's Name:		Signature:		Date:	
Reviewed & Approved by Dept. Head:		Signature:		Date:	
Reviewed & Approved by PMD:		Signature:		Date:	
Reviewed & Approved by CMO:		Signature:		Date:	