

Applicant's Name

Position

Home Site

CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE
A CHECKLIST OF REQUESTED CORE PROCEDURES

GASTROENTEROLOGY & LIVER

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 services that 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
Inpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision if trainee and/ or student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
Diagnostic upper GI endoscopy including mucosal biopsy of the oesophagus, stomach and duodenum	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Hemospray	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Oesophageal Dilatation under fluoroscopic control	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>

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Oesophageal prosthesis / Enteryx	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Therapeutic Upper GI endoscopy:							
Oesophageal dilatation	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Oesophageal stent placement	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Hemostasis of:							
Non-variceal bleeding (including but not limited to adrenaline injection, heart probe, argon plasma coagulation, hemostasis clips)	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
	MMC Clayton	MMC Moorabbin	Dandenong Hospital	Casey Hospital	Cranbourne Integrated Care Centre	Kingston Centre	Jessie McPherson Private
Variceal bleeding (including but not limited to endoscopic variceal band ligation, injection of bleeding varices)	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Placement of Sengstaken-Blakemore or Minnesota tube	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Gastric or duodenal polypectomy	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Endoscopic mucosal resection	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Duodenal stent placement	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Percutaneous endoscopic gastrostomy	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Endoscopic retrograde cholangiopancreatography (ERCP)	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Diagnostic ERCP	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Therapeutic ERCP including endoscopic sphincterotomy and endoscopic stent placement (biliary or pancreatic)	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>

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Endoscopic ultrasound	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Placement of nasoenteric feeding tube	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Jejunal feeding tube	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Replacement of PEG	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>

Core Procedures: (Lower Gastrointestinal Endoscopy)

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
Diagnostic colonoscopy:							
Flexible sigmoidoscopy	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Total colonoscopy	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Therapeutic colonoscopy:							
Snare polypectomy	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Hemostasis of mucosal bleeding including adrenaline injection, argon plasma coagulation, hemostasis clips	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Balloon dilation of stricture	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>

Core Procedures: Enteroscopy (Small Bowel Endoscopy)

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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
Push Enteroscopy	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Double-balloon Enteroscopy	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Wireless capsule endoscopy	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>

Core Procedures: Percutaneous Liver Biopsy

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
Liver Biopsy	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Paracentesis	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>

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
	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>

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Sign-off

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