

Applicant's Name

Position

Home Site

**CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE**

**GENERAL SURGERY – ENDOCRINE & BREAST**

**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

<b>Core Services:</b>							
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
Inpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Supervision of trainees and/or students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Other Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
<b>Core Procedures:</b>							
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
<b>General Surgery</b>							
Appendectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Excision of skin lesions +/- skin grafts including lacerations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Pilonidal sinus/abscess surgery including flap repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Lymph node dissection/biopsy – axillary, inguinal, and retroperitoneal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Parotid and submandibular gland surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>

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Surgery of the abdominal wall, including management of all forms of hernias, including diaphragmatic hernias, inguinal hernias, & orchidectomy in association with hernia repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Laparoscopy and laparotomy (diagnostic), including for abscesses and sepsis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Surgical management of perforated viscus (gastric, small intestine, large intestine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Cholecystectomy , cholangiography and exploration of bile ducts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Gastroduodenal surgery for benign disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Splenectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Resection, and / or enterostomy of small intestine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
	<b>MMC Clayton</b>	<b>MMC Moorabbin</b>	<b>Dandenong Hospital</b>	<b>Casey Hospital</b>	<b>Cranbourne Integrated Care Centre</b>	<b>Kingston Centre</b>	<b>Jessie McPherson Private</b>
Correction of intestinal obstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Colectomy (excluding anterior resection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Gynaecological procedure incidental to abdominal exploration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Incision and drainage of perirectal abscess	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Management of haemorrhoids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
IV access procedures, central venous catheters, portacaths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Tracheostomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Emergency thoracostomy (ICC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Management of intra-abdominal trauma, including observation, paracentesis, lavage and/or laparotomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Management of multiple trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>

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<b>Endocrine &amp; Breast</b>							
Excision of retrosternal thyroid tumours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Excision of thyroglossal duct cyst	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Parathyroidectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Total thyroidectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Neck dissection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Adrenalectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Breast: complete mastectomy with or without axillary lymph node dissection, excision of breast lesion, breast biopsy, incision & drainage of abscess, modified radical mastectomy. Operation for gynaecomastia, partial mastectomy with or without lymph node dissection, radical mastectomy, subcutaneous mastectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>

<b>Additional Procedures: General &amp; Endocrine/Breast</b>							
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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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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:	