

Applicant's Name

Position

Home Site

CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE

NEUROSURGERY

PLEASE Monash Health acknowledges that occasions may arise where the emergency needs of a patient require a procedure to be undertaken which falls outside the **NOTE:** 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 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
Inpatient Services	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Research	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Supervision of trainees and/ or students	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Other Services	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<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 Hospital
All types of craniotomies, craniectomies, and reconstructive procedures (including microscopic) on the skull, including surgery on the brain, meninges, pituitary gland, cranial nerves, including surgery for cranial trauma, brain tumours and intracranial vascular lesions, with exceptions as itemised elsewhere	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Craniotomies for clipping of cerebral aneurysms	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>

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Posterior fossa-microvascular decompression procedures	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Stereotactic surgery	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Shunts: ventriculoperitoneal, ventriculoatrial, ventriculopleural, subdural peritoneal, and lumbar subarachnoid/peritoneal (or other cavity)	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Laminectomies, laminotomies, diskectomies, decompressive and reconstructive procedures of the spine and its contents, excluding instrumentation	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Spinal cord surgery for decompression of spinal cord or spinal canal, for a variety of conditions, for intramedullary lesion, or intradural extramedullary lesion.	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
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
Anterior cervical spinal procedures including diskectomy with or without fusion, corporectomy, and like procedures, with or without anterior plating	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Interspinous wiring procedures	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Decompression of Arnold Chiari malformation or other pathology at cranio-cervical junction	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Cordotomy, rhizotomy, and dorsal column stimulators for the relief of pain	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Insertion of subarachnoid or epidural catheter with reservoir pump for drug infusion or CSF withdrawal	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Lumbar puncture, cisternal puncture, ventricular tap, and	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>

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subdural tap							
Peripheral nerve procedures, including decompressive procedures and reconstructive procedures on the peripheral nerves	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Muscle biopsy	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Nerve biopsy	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Nerve blocks	<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"/>
<u>Paediatrics:</u>							
Emergency paediatric neurosurgery for conditions common to adult core or additional procedures	<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 Hospital
Ablative surgery for epilepsy	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Management of congenital anomalies, such as encephalocele, meningocele, and myelomeningocele	<input type="checkbox"/>	NA	NA	NA	NA	NA	<input type="checkbox"/>
Surgery for tethered spinal cord, or for other congenital anomalies (eg diastematomyelia)	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Radiofrequency lesioning of trigeminal nerve, cordotomy or other sites	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Other percutaneous procedures at the foramen ovale for trigeminal neuralgia	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>

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Transsphenoidal procedures for lesions of the sellar or parasellar region, fluid leak or fracture	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Posterior cervical lateral mass plating	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Anterior screw fixation of dens fracture	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Posterior C1 – C2 pedicle screw placement	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Thoracic and lumbar pedicle screw fixation	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Anterior lumbar interbody fusion	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Anterior thoracic interbody fusion	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Stereotactic lesioning or placement of stimulating devices in the basal ganglia, and other deep brain sites	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Cervical disc arthroplasty	<input type="checkbox"/>	NA	NA	NA	NA	NA	<input type="checkbox"/>
	MMC Clayton	MMC Moorabbin	Dandenong Hospital	Casey Hospital	Cranbourne Integrated Care Centre	Kingston Centre	Jessie McPherson Private Hospital
Endoscopic ventriculoscopy, 3 rd ventriculoscopy and related procedures	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Craniotomy under conditions of monitored sedation and local anaesthesia for brain mapping and/or resection of brain tumours and similar lesions	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Paediatrics:							
All types of craniotomies, craniectomies, and reconstructive procedures (including microscopic) on the skull, including surgery on the brain, meninges, pituitary gland, cranial nerves, including surgery for cranial trauma, brain tumours and intracranial vascular lesions	<input type="checkbox"/>	NA	NA	NA	NA	NA	<input type="checkbox"/>

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Management of congenital anomalies, such as encephalocele, meningocele, and myelomeningocele	<input type="checkbox"/>	NA	NA	NA	NA	NA	<input type="checkbox"/>
Stereotactic surgery	<input type="checkbox"/>	NA	NA	NA	NA	NA	<input type="checkbox"/>
Shunts: ventriculoperitoneal, ventriculoatrial, ventriculopleural, subdural peritoneal, and lumbar subarachnoid/peritoneal (or other cavity)	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Laminectomies, laminotomies, discectomies, decompressive and reconstructive procedures of the spine and its contents, excluding instrumentation	<input type="checkbox"/>	NA	NA	NA	NA	NA	<input type="checkbox"/>
Spinal cord surgery for decompression of spinal cord or spinal canal, for intramedullary lesion, intradural extramedullary lesion.	<input type="checkbox"/>	NA	NA	NA	NA	NA	<input type="checkbox"/>
	MMC Clayton	MMC Moorabbin	Dandenong Hospital	Casey Hospital	Cranbourne Integrated Care Centre	Kingston Centre	Jessie McPherson Private
Anterior cervical spinal procedures including discectomy with or without fusion, corpectomy, and like procedures, with or without anterior plating	<input type="checkbox"/>	NA	NA	NA	NA	NA	<input type="checkbox"/>
Interspinous wiring procedures	<input type="checkbox"/>	NA	NA	NA	NA	NA	<input type="checkbox"/>
Decompression of Arnold Chiari malformation	<input type="checkbox"/>	NA	NA	NA	NA	NA	<input type="checkbox"/>
Cordotomy, rhizotomy, and dorsal column stimulators for the relief of pain	<input type="checkbox"/>	NA	NA	NA	NA	NA	<input type="checkbox"/>
Insertion of subarachnoid or epidural catheter with reservoir pump for drug infusion or CSF withdrawal	<input type="checkbox"/>	NA	NA	NA	NA	NA	<input type="checkbox"/>
Lumbar puncture, cisternal puncture, ventricular tap, and subdural tap	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>

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Peripheral nerve procedures, including decompressive procedures and reconstructive procedures on the peripheral nerves	<input type="checkbox"/>	NA	NA	NA	NA	NA	<input type="checkbox"/>
Muscle biopsy	<input type="checkbox"/>	NA	NA	NA	NA	NA	<input type="checkbox"/>
Nerve biopsy	<input type="checkbox"/>	NA	NA	NA	NA	NA	<input type="checkbox"/>
Nerve blocks	<input type="checkbox"/>	NA	NA	NA	NA	NA	<input type="checkbox"/>
	<input type="checkbox"/>	NA	NA	NA	NA	NA	<input type="checkbox"/>

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:	