

Applicant's Name		Position		Home Site	
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## CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE

### OPHTHALMOLOGY

**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 of trainees and/or students	<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
<i>Investigations and Procedures:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of local anaesthetics and parenteral sedation for ophthalmologic conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
A and B mode ultrasound examination	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>	NA	NA
Fundus fluorescein angiogram	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA

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YAG laser peripheral iridotomy, capsulotomy	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Laser suture lysis	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Pan-retinal photocoagulation, macula photocoagulation	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Laser trabeculoplasty: SLT/ALT	NA	NA	NA	NA	NA	NA	NA
Injection of intravitreal medications	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
Paracentesis of anterior chamber or vitreous cavity	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
Corneal procedures: removal of corneal foreign body, debridement	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA
ROP screening	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	NA

**Core Procedures:**

Please indicate (with a ✓) those procedures you wish to undertake on a site by site basis

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**Cataract Surgery:**

Cataract extraction with phacoemulsification with or without lens implant	NA	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA
Planned intra and extracapsular cataract extraction with or without lens implant	NA	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA
Anterior automated vitrectomy, limbal approach	NA	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA

**Conjunctival and Corneal Surgery:**

Conjunctiva surgery, including grafts, flaps, tumours, pterygium, pinguecula	NA	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA
Laser corneal surgery for therapeutic and refractive purposes	NA	NA	NA	NA	NA	NA	NA
Keratoplasty, keratotomy and refractive surgery	NA	NA	<input type="checkbox"/>		<input type="checkbox"/>	NA	NA
Radial and/or astigmatic keratotomy	NA	NA	NA	NA	<input type="checkbox"/>	NA	NA

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<b><i>Glaucoma Surgery:</i></b>							
Cryotherapy for retinal tears or uncontrolled painful glaucoma	NA	NA	NA	NA	<input type="checkbox"/>	NA	NA
Cyclodestructive procedures for uncontrolled painful glaucoma	NA	NA	NA	NA	<input type="checkbox"/>	NA	NA
Glaucoma surgery for infantile glaucoma including trabeculotomy and goniotomy	NA	NA	NA	NA	<input type="checkbox"/>	NA	NA
Glaucoma surgery with intraoperative/postoperative anti-metabolite therapy, primary trabeculectomy surgery	NA	NA	NA	NA	<input type="checkbox"/>	NA	NA
Glaucoma reoperation, seton/tube surgery	NA	NA	NA	NA	<input type="checkbox"/>	NA	NA
<b>Core Procedures:</b>							
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<b><i>Vitreoretinal Surgery:</i></b>							
Pars plana vitrectomy	NA	NA	NA	NA	<input type="checkbox"/>	NA	NA
Cryotherapy for retinal tears	NA	NA	NA	NA	<input type="checkbox"/>	NA	NA
Indirect retinal photocoagulation excluding ROP treatment	NA	NA	NA	NA	<input type="checkbox"/>	NA	NA
Indirect retinal photocoagulation including ROP treatment	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
<b><i>Oculoplastics Surgery:</i></b>							
Lid and ocular adnexal surgery: chalazion, ectropion repair, excision of tumours not requiring significant reconstruction	NA	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA
Lid and ocular adnexal surgery: ptosis repair, entropion repair, flaps, excision of tumours with significant reconstruction, enucleation, evisceration	NA	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA

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Nasolacrimal surgery: punctual enlargement (3 snip), primary probing and irrigation	NA	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA
Nasolacrimal surgery including dacryocystectomy, dacryocystorhinostomy, excision of lacrimal sac mass, complicated probing and irrigation, balloon dacryoplasty	NA	NA	<input type="checkbox"/>	NA	NA	NA	NA
Orbit surgery, including removal of the globe and contents of the orbit, exploration by lateral orbitotomy, exenteration, blowouts, rim repairs, tumour and foreign body removal	NA	NA	<input type="checkbox"/>	NA	NA	NA	NA
Retrobulbar or peribulbar injections for medical delivery or chemical denervation for pain control	NA	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA
Optic nerve fenestration	NA	NA	<input type="checkbox"/>	NA	NA	NA	NA

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**Eye Trauma:**

Primary repair of penetrating eye injury or ruptured globe	NA	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA
Primary repair of lid laceration not involving lacrimal system	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA
Primary repair of lid laceration involving lacrimal system	NA	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA
Removal of anterior segment foreign body	NA	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA
Removal of posterior segment foreign body	NA	NA	NA	NA	<input type="checkbox"/>	NA	NA

**Strabismus surgery:**

Strabismus surgery: horizontal muscles	NA	NA	NA	NA	<input type="checkbox"/>	NA	NA
Strabismus surgery: all muscles, adjustable sutures, redo	NA	NA	NA	NA	<input type="checkbox"/>	NA	NA

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<b>Paediatrics:</b>							
Less than 5 years old	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA
Greater than 5 years old	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA

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

**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:	