

Applicant's Name

Position:

Home Site:

CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE

VASCULAR SURGERY

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
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 Trainee/ 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
Angioplasty of aorta, iliac, femoral, popliteal and tibial arteries +/- stenting	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Angioplasty/stenting of carotid arteries	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Angioplasty/stenting of renal arteries	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Bypass and reconstructive surgery for occlusive arterial disease of the abdominal aorta, its branches, iliac, femoral, popliteal,	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>

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tibial, pedal, carotid, subclavian, axillary, brachial, radial and ulnar arteries							
Carotid body tumour excision	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Central venous access insertion for catheters and port placement	<input type="checkbox"/>	NA	NA	NA	NA	NA	<input type="checkbox"/>
Combined pancreas/kidney transplantation	<input type="checkbox"/>	NA	NA	NA	NA	NA	<input type="checkbox"/>
Cystoscopy and stent removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Debridement and minor amputations for vascular disease	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Endovascular repair of abdominal aortic and iliac artery aneurysms	<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
Endovascular repair of thoracic aortic aneurysms including dissections	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Haemodialysis and peritoneal dialysis access procedures	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Intraoperative angiography/angioplasty ± stenting	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Laparoscopic & Open nephrectomy	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Lumbar sympathectomy (open)	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Major amputations	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Open aneurysm repair of abdominal aorta, iliac, femoral, popliteal and upper arm arteries - Elective and emergency	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Open thoracoabdominal approach to aneurysm repair	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Popliteal artery decompression for entrapment	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>

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Primary Varicose Vein Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>
Redo Varicose Vein Surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Renal transplantation	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Repair of traumatised major artery or vein of extremity, abdomen or neck including re-operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Thromboembolectomy of axillary brachial, femoral and popliteal arteries and their branches	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>
Thorascopic cervical sympathectomy	<input type="checkbox"/>	NA	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Thoracic outlet decompression procedures including first rib resection	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA	<input type="checkbox"/>

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

Sign-off

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

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Reviewed & Approved by CMO:		Signature:		Date:	
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