

Applicant's Name

Position

Home Site

PART B: CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE

ORAL MAXILLOFACIAL SURGERY

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 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 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
Dentoalveolar surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Minor oral surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Division of maxillary, mandibular or lingual frenulum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Vestibuloplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Removal of maxillary, mandibular, palatal exostoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Alveolar ridge augmentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Sinus lift bone graft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Osseointegration procedure – intraoral and extraoral implants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Antrostomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Closure of oro-antral fistula	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Closure of palatal defect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Repair of orbital, zygomatic, nasal, maxillary and mandibular fractures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Repair of frontal bone fractures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Repair of lacerations of the face, head and neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Mandibular, maxillary, zygomatic and orbital primary reconstructive surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>

Applicant's Name	Position				Home Site		
Tracheostomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Management of perioral and deep neck space infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Orthognathic surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Management of mucosal and cutaneous lesions of the lips and oral cavity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Lip full thickness wedge excision and vermillionectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Local and regional flap repair of oral defects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Split and full thickness skin and mucosal graft harvesting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Bone graft harvesting -perioral, iliac crest, costochondral, tibial, calvarial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Maxillofacial reconstruction of pathological deformity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Surgical management of jaw osteonecrosis, osteomyelitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Surgical management of cysts, benign tumours, malignant tumours of the mouth, jaws and adjacent structures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Surgical management of salivary gland infections, calculi, cyst, tumours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Extirpation of submandibular and sublingual glands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Sialadenoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Botox injection – head and neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
TMJ surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>

Applicant's Name	Position	Home Site
-------------------------	-----------------	------------------

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
Neck dissection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Parotid gland surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Nasendoscopy / Sinoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Cleft lip and palate surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Nerve repair using microsurgical techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Free flap reconstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Alveolar, maxillary and mandibular distraction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
TMJ replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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:	
Approved by CMO:		Signature:		Date:	