

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

PAEDIATRIC GASTROENTEROLOGY

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 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
Outpatient Services	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Research	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Supervision of trainees and/or students	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Other Services	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA

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
Biopsy of the mucosa of bowel and rectum	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Colonic manometry	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Colonoscopy	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Colonoscopy and biopsies	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Colonoscopy with polypectomy	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Design, implementation and monitoring of TPN regimes	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Diagnostic EGD	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Enteral and parenteral alimentation	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Flexible sigmoidoscopy	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Gastrointestinal motility studies	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA

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Gastroscopy and biopsies	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Gastroscopy tube (change of)	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Injection sclerotherapy	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Interpretation of gastric, pancreatic, and biliary secretory tests	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Interpretation of percutaneous endoscopic gastrostomy	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
	MMC Clayton	MMC Moorabbin	Dandenong Hospital	Casey Hospital	Cranbourne Integrated Care Centre	Kingston Centre	Jessie McPherson Private
Liver biopsy	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Nonvariceal haemostasis (upper and lower)	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Oesophageal dilation	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Oesophageal pH monitoring	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Oesophageal PH probe placement	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Oesophagogastroduodenoscopy	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Paracentesis	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
PEG removal with or without G-tube (button) replacement	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Percutaneous endoscopic gastrostomy	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Percutaneous liver biopsy	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Placement of percutaneous gastrostomy	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Polypectomy, foreign body removal	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Proctosigmoidoscopy (flexible)	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Rectal suction biopsy	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Sigmoidoscopy	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Small bowel biopsy	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Therapeutic EGD	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA

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Upper endoscopy	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Varceal haemostasis	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Variceal banding	<input type="checkbox"/>	NA	NA	NA	NA	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	NA	NA	NA	NA	NA
	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA

Sign-off

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