

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

BREAST 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 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
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 trainee 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
Breast reduction	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	NA
Breast: complete mastectomy with or without axillary lymph node dissection, excision of breast lesion, breast biopsy, incision & drainage of abscess, modified radical mastectomy. Operation for gynaecomastia, partial mastectomy with or without lymph node dissection, radical mastectomy, subcutaneous mastectomy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Central Vein access procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Inter-operative Ultrasound	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>

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Latissimus Dorsi Flap reconstruction	<input type="checkbox"/>	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Needle localisation procedures	NA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NA	NA	
Sentinel node biopsy	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>
Intra-operative radiotherapy	NA	<input type="checkbox"/>	NA	<input type="checkbox"/>	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
	<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"/>

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:	