

Applicant's Name

Position:

Home Site:

CREDENTIALING AND DEFINING SCOPE OF CLINICAL PRACTICE

PART B:

A CHECKLIST OF REQUESTED CORE PROCEDURES

PAEDIATRIC UROLOGY

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 Procedures:

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

	MCH Clayton	MMC Moorabbin	Dandenong Hospital	Casey Hospital	Cranbourne Integrated Care Centre	Kingston Centre	Jessie McPherson Private
Fluoroscopic urodynamic study	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>	NA	NA	NA
Suprapubic catheter insertion	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>	NA	NA	NA
Cystoscopy +/- imaging, insertion of stent, intravesical injections	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>	NA	NA	NA
Neonatal endourology inc. ureterocoele, urethral valve incision	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Inguino-scrotal surgery (inc. herniotomy, orchidopexy, hydrocele)	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>	NA	NA	NA
Circumcision, preputioplasty, congenital megaprepuce correction	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>	NA	NA	NA
Hypospadias surgery inc. chordee correction	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>	NA	NA	NA
Urethroplasty	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>	NA	NA	NA
Lower urinary tract surgery inc. ureteric reimplantation	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Vesicostomy formation and closure	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>	NA	NA	NA
Urologic management of spinal dysraphism (spina bifida)	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>	NA	NA	NA
Laparoscopic varicocele ligation or urachal remnant excision	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>	NA	NA	NA

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Open pyeloplasty	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>	NA	NA	NA
Open renal surgery for benign disease (nephrectomy, heminephx)	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Major urological trauma care	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Peritoneal dialysis catheter insertion and removal	<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.	MCH Clayton	MMC Moorabbin	Dandenong Hospital	Casey Hospital	Cranbourne Integrated Care Centre	Kingston Centre	Jessie McPherson Private
Urolithiasis treatment (inc. ESWL, PCNL, lasertripsy)	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>	NA	NA	NA
Ureteropyeloscopy	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>	NA	NA	NA
Surgical management of disorders of sex development (DSD)	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Complex urogenital reconstruction (inc. cloaca)	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Management of bladder exstrophy / epispadias	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>	NA	NA	NA
Formation of Mitrofanoff channel	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>	NA	NA	NA
Continence surgery (inc. bladder augmentation, slings, AUS)	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>	NA	NA	NA
Surgery for bladder or genital tract malignancy	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Renal surgery for malignant disease	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Laparoscopic nephrectomy or heminephrectomy	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Laparoscopic pyeloplasty	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Laparoscopic Mitrofanoff formation	<input type="checkbox"/>	NA	NA	<input type="checkbox"/>	NA	NA	NA
Laparoscopy for complex urogenital anomaly (inc. cloaca)	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA
Use of Flex Dex instruments	<input type="checkbox"/>	NA	NA	NA	NA	NA	NA

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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:	