

APPLICATION FOR VISITING PRIVILEGES MEDICAL PRACTITIONER

SURNAME: _____ DATE: _____

FIRST NAME(S): _____ TITLE: _____

DATE OF BIRTH: _____

CONTACT DETAILS:

PROFESSIONAL ADDRESS: _____

POSTCODE: _____

TELEPHONE: _____ FAX: _____

MOBILE: _____

EMAIL: _____

PRIVATE ADDRESS: _____

POSTCODE: _____

TELEPHONE: _____ MOBILE: _____

EMAIL: _____

Please attach an abridged version of your Curriculum Vitae

OFFICE USE ONLY:		
<input type="checkbox"/> Approval CEO	Name: _____	Signed: _____ Date: _____
<input type="checkbox"/> Approval MAC Chair	Name: _____	Signed: _____ Date: _____
<input type="checkbox"/> Approval Craft Group Rep	Name: _____	Signed: _____ Date: _____
Date tabled at Credentialing Committee _____		
<input type="checkbox"/> ePas <input type="checkbox"/> Database <input type="checkbox"/> Credentialing Committee <input type="checkbox"/> Email to applicant <input type="checkbox"/> Email to staff		

1. SCOPE OF PRACTICE

You must tick the Specialty and then all relevant sub-specialties you are seeking

Allied Health

Please specify are below:

Anaesthesia

- Adults
- Neonatal (< 1 year old)
- Obstetric
- Paediatric (> 1 year old)
- Cardiac – Adult Only
- Trans-oesophageal
Echocardiography (TOE) – Adult Only
- Chronic Pain Management

Cardiac Perfusion

Cardiology

- Cardiologist
- Procedural Cardiologist
- Interventional Cardiologist
- Electro physiologist

Emergency Medicine

- Adult
- Paediatric

Gastroenterology

please provide evidence of your certification (CCRTGE)

- Diagnostic Upper Gastrointestinal Endoscopy
- Therapeutic Upper Gastrointestinal Endoscopy
- Sclerotherapy
- Oesophageal Banding & Placement of
Oesophageal Prostheses
- Oesophageal Dilatation
- Flexible Sigmoidoscopy
- Diagnostic Colonoscopy
- Therapeutic Colonoscopy endoscopic
- Retrograde Cholangiopancreatography
(ERCP) & associated Therapeutic
Interventions
- Biliary Stenting
- Percutaneous Endoscopic
Gastrostomy (PEG)

Gynaecology - General

- Advanced Endoscopic Surgery
- Gynaecology General
- Laparoscopic Surgery
- Prolapse Surgery
- Ultrasound
- Assisted Reproductive Services
- Gynaecological Oncology
- Uro-Gynaecology

Intensive Care

- Adult
- Paediatric

MEDICINE

- General Medicine
 - Adults Only
 - Dermatology
 - Endocrinology
 - Geriatrics
 - Hepatology
 - Immunology
 - Infectious Diseases
 - Internal Medicine
 - Neurology
 - Oncology
 - Adults Only
 - Medical Oncology
 - Radiation Oncology (provide copy of
Radiation licence)
 - Palliative Care
 - Haematology
 - Rehabilitation
 - Renal Medicine
 - Nephrology - General
 - Nephrology - Interventional
 - Renal Dialysis
 - Respiratory Medicine
 - Bronchoscopy - Diagnostic
 - Bronchoscopy - Therapeutic
 - Sleep Medicine
 - Rheumatology

Pathology

- Anatomical
- Biochemistry
- Chemical Pathology
- General Pathology
- Genetics
- Immunology Haematology
- Infectious Diseases
- Laboratory Haematology
- Microbiology

Psychiatry

- General Adult
- Consultation - Liaison
- Addiction Psychology
- PTSD (EMDR)
- ECT
- Eating Disorder
- Psychotherapy

RADIOLOGY

Diagnostic Imaging

- Adult
- Paediatric
- Bone Mineral Densitometry (BMD)
- Computerised Tomography (CT
Scan)
- Fluoroscopy
- Magnetic Resonance Imaging (MR)
- Mammography
- Nuclear Medicine
- Radiation Oncology
- Standard Diagnostic Radiography
- Stress Testing
- Ultrasound

Interventional Radiology

- Adult
- Paediatric
- Cardiac Catheterisation
 - Diagnostic (perform at least 100
Procedures per year)
 - Interventional (perform at least 75
Procedures per year)
- Interventional Radiology Service
 - Tier A
 - Tier B
- Vascular Catheterisation
 - Diagnostic
 - Interventional

Nuclear Medicine

- Adult
- Paediatric
- Anatomical Pathology
- Conventional Gamma Cameras
- Position Emission Tomography (PET)

SURGERY

- Cardiothoracic Surgery
 - Adult Only
 - Valvular Procedures
 - Coronary Artery Bypass
 - Off-Pump Procedures
 - Minimally Invasive Surgery
 - Arrhythmia Surgery
 - Thoracic Aorta Procedures
 - Thoracic Lung Procedures
 - Insertion of Pacemaker

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Dental

- Adult
- Paediatric

ENT Surgery

- Adult
- Paediatric
- Adenoidectomy
- Bronchial Procedures
- Ear Procedures
- Facial Nerve
- Laryngeal Procedures
- Nasal Procedures
- Otolaryngology – Head & Neck
- Pharyngeal Procedures
- Tonsillectomy
- Tracheal Procedures

General Surgery

- Adult
- Colorectal Surgery
- Endocrine Surgery
 - Adrenalectomy
 - Thyroidectomy
- Endoscopic Surgery
- Gastrointestinal Surgery
- Laparoscopic Surgery
 - Diagnostic
 - Interventional
- Upper GI Surgery

General Surgery – sub-speciality

- Paediatric
- Breast Surgery
- Hepatobiliary & Pancreatic Surgery
- Oesophagectomy
- Bariatric – Adults & Adolescents (16-18yo) only
 - Lap Banding
 - Modified Roux-en Y
 - Sleeve Gastrotomy

Neurosurgery

- Adult Only
- Nerve Procedures
- Spinal Procedures

Obstetrics

- Maternal Fetal Medicine
- Obstetrics
- Ultrasound
- Uro-gynaecology

Ophthalmology

- Adult
- Paediatric
- Cataract Surgery
- Corneal transplantation
- Eyelid Surgery
- Glaucoma Surgery
- Lacrimal Surgery
- Oculoplastic
- Orbital Surgery
- Pterygium Surgery
- Refractive Surgery
- Squint Surgery
- Vitreoretinal Surgery

Oral & Maxillofacial Services

- Adult
- Paediatric
- Facio Maxillary Surgery
- Mandibular Osteotomy

Orthopaedics - General

- Adult
- Paediatric
- Arthroscopy
- Fracture Management
- Major Joint Replacement

Orthopaedics – sub speciality

- Reconstructive Surgery
- Spinal Endoscopy
- Spinal Surgery

Paediatric Medicine

- General Medicine
- Neonatology level 11 (34 weeks or later)

Paediatric Surgery

(Excluding non-therapeutic procedures)

Plastic & Reconstructive Surgery

- Adult
- Paediatric
 - Bats Ears Only
 - Repair of Lacerations Only
 - Revision of Scars Only
- Abdominal Reductions
- Augmentation
- Breast Surgery
- Cosmetic Rhinoplasty
- Endoscopic Brown Surgery
- Facial Surgery
- Gender Reassignment
- Laser Ablation (Provide a copy of radiation licence)
- Liposuction
- Neurovascular Flaps

Urology - General

- Adult
- Paediatric (Excluding non-therapeutic procedures))
- Endoscopic Urology
- Laparoscopic Urology
- Laser (Provide a copy of radiation licence)
- Open Urological Procedures (ESWL Not available at this hospital)

Urology – Sub-speciality

- Brachytherapy
- HiFU
- Lithotripsy

Vascular Surgery

- Procedure:
 - Anastomosis
 - Arterial Patch
 - Bypass
 - Decompression
 - Embolectomy
 - Endarterectomy
 - Ligation of Aneurysms
 - Repair
 - Replacement
 - Thrombectomy
 - Vascular Trauma of the following:
 - Adnominal
 - Aortic
 - Mesenteric
 - Open
 - Axillary, Subclavian
 - Carotid Procedure - Endoluminal
 - Carotid Surgery - Open
 - Endovascular Procedures
 - AAA Stent Grafts
 - Carotid Interventions
 - Diagnostic Procedures
 - Embolization Procedures
 - Peripheral Interventions
 - Renal Stenting
 - Femoral
 - Iliac
 - Jugular
 - Renal
 - Temporal
 - Thoracic

Other

2. QUALIFICATIONS

GRADUATE		
Qualification	Year Awarded	Reg Number

POSTGRADUATE		
Qualification	Year Awarded	Reg Number

3. PROFESSIONAL REGISTRATION

ARE YOU REGISTERED TO PRACTICE IN AUSTRALIA? Yes No

CURRENT REGISTRATION NUMBER WITH THE AUSTRALIAN HEALTH PRACTITIONER REGULATION AGENCY: _____

Please provide a copy of your AHPRA registration

4. PROFESSIONAL INDEMNITY INSURANCE

ARE YOU CURRENTLY INSURED? Yes No

NAME OF INSURANCE PROVIDER: _____

CERTIFICATE NUMBER: _____

Please attach a copy of your current certificate of insurance which indicates your level of cover

5. HOSPITAL APPOINTMENTS

CURRENT PUBLIC HOSPITAL APPOINTMENTS:

6. REFERENCES

REFERENCES

List two referees who may be contacted - at least one referee should be from the applicant's discipline. To ensure impartiality, references will not be accepted from relatives/family of the applicant.

(1) REFEREE NAME: _____

ADDRESS: _____

POSTCODE: _____

EMAIL: _____

(2) REFEREE NAME: _____

ADDRESS: _____

POSTCODE: _____

EMAIL: _____

Please attach written references if available

Are you willing to participate in the hospital Quality Management Program, Clinical Review and to comply with its findings, in order to maintain and improve hospital standards? Yes No

7. MEDICAL REGISTRATION STATUS / IDENTITY / SECURITY CHECK

Have your clinical privileges and/or appointment at any hospital or day procedure centre ever been reduced, suspended or revoked? Yes No

Do you have conditions attached to that appointment for any reason? Yes No

Have you ever been convicted or found guilty of any criminal offence, including a drug or alcohol-related offence? Yes No

Do you currently have any restrictions on your practice imposed by AHPRA? Yes No

Are you the subject of any current or historical pending regulatory body review (including AHPRA and Medicare) or any criminal charges? Yes No

If you answered **Yes** to any of the above questions, please provide full details:

Or, if you prefer, provide the information in a sealed envelope marked 'Confidential for medical director only' appended to this application, and indicate here that additional information is provided separately in this manner.

8. AFTER HOURS EMERGENCY CARE PROVISIONS

IMPORTANT

THE FOLLOWING SECTIONS MUST BE COMPLETED BY ANY PRACTITIONER WHO PLANS TO ADMIT AND/OR MANAGE THE CARE OF INPATIENTS

AFTER HOURS CONTACT

Should the need arise for hospital staff to contact you AFTER HOURS, what provisions do you have for this? For example, pager, home phone number or After-Hours Roster with colleagues.

1st Preference: Mobile Phone Pager Home Phone

Number: _____

EMERGENCY BACK UP

In the event that I am unable to be contacted for a clinical emergency, the persons nominated below are an appropriately qualified, accredited* practitioner who has agreed to deputise for me:

**The practitioner must be accredited at The Bays Hospital*

FIRST NOMINATED PRACTITIONER: _____

Address: _____

_____ Postcode: _____

Phone (professional): _____ Mobile: _____

SECOND NOMINATED PRACTITIONER: _____

Address: _____

_____ Postcode: _____

Phone (professional): _____ Mobile: _____

9. DECLARATION & CHECKLIST

I _____

agree to abide by the By-Laws, Rules and Regulations of the Medical Staff of this hospital as adopted and amended from time to time.

I accept the Hospital Mission Statement, Philosophy, Policies and Procedures.

I agree to abide by the Code of Ethics of the Australian Medical Association / Australian Dental Association.

I agree to comply with the Continuing Professional Development requirement of my College.

I agree to hold adequate insurance for procedures I will carry out in this hospital and to promptly advise the CEO should:

- (i) I be involved in a significant adverse event or adverse finding occurring at a Hospital or day procedure centre;
- (ii) initiation of review, investigation or an adverse finding (whether formal or informal) be made against myself by AHPRA or the Medical Board of Australia (or other responsible board where applicable) or the Victorian Civil and Administrative Tribunal (VCAT);
- (iii) my professional registration be revoked, suspended, reduced or amended;
- (iv) professional indemnity insurance or membership of a medical defence organisation be made conditional or not be renewed; or
- (v) my appointment at any other hospital or day procedure centre be adversely altered in any way including, without limitation, the imposition of any restriction or condition on my appointment or scope of practice.

Signature

Date

CHECKLIST

Please ensure your application includes:

- Copy of your current AHPRA registration
- Copy of your current Professional Indemnity Insurance
- An abridged version of your current Curriculum Vitae
- Names and contact details of 2 referees, attach written references if available
- Identity check – 100-point documents
- Details of your After-Hours Emergency Care Provision
- National Police Check Certificate issued within the past twelve (12) months
- Working With Children Check
- Evidence of your certification (CCRTGE) (*if performing colonoscopies*)
- Evidence of your COVID-19 Vaccination (immunisation history record or your COVID-19 digital certificate)
- Evidence of your current Flu Vaccination (immunisation history record or your digital certificate)
- Signed declaration (above)

Please ensure all the above items are included in the completed application to ensure timely processing

10. AUTHORITY TO OBTAIN PRIVATE AND PERSONAL INFORMATION

I, _____ of _____
in the State of Victoria, hereby acknowledge, agree and consent to, The Bays Healthcare Group Inc.:

1. Contacting such persons and making such enquiries as are necessary to obtain personal and private information (“the information”) about me so as to enable The Bays Healthcare Group Inc. to properly assess my application.
2. Exchanging such information with such third parties as is considered necessary for the purposes of assessing my application.
3. Using the information for the purposes of assessing my application.

In providing this Authority, I acknowledge that The Bays Healthcare Group Inc. will hold the information strictly on a confidential basis and will use the information solely for the purposes of assessing my application. I agree that this Authority may be presented to third parties as proof of my consent to them providing to The Bays Healthcare Group Inc. such documents and information as may be requested by it to assess my Application. I agree to sign such further documents and do what may be required to enable The Bays Healthcare Group Inc. to obtain the information.

Signature: _____ Date: _____

Please return the completed documentation to:

Executive Assistant
The Bays Hospital
PO Box 483
Vale Street
Mornington Vic 3931

Phone: 03 5976 5275
Fax: 03 5975 2216
Email: executive@thebays.com.au