



## Shared Maternity Care Affiliate Accreditation Application

Triennium 1 January 2017 – 31 December 2019  
General Practitioners and Obstetricians

### PERSONAL DETAILS

Title: \_\_\_\_\_ Given Names: \_\_\_\_\_ Surname: \_\_\_\_\_

- Female                       General Practitioner                       FRACGP  
 Male                               Obstetrician

QI&CPD No.: \_\_\_\_\_ Languages spoken (other than English): \_\_\_\_\_

### PRACTICE DETAILS

	Primary Practice: This is my preferred mailing address <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no please complete preferred mailing address section</i>	Additional practice	Preferred mailing address (only complete if different from primary practice)
Practice name			
Address			
Suburb			
Postcode			
Phone			
Fax			
Mobile			
Provider number			
<b>Preferred email address*</b>			

*\*Please note your privacy is assured. Your details will not be shared and will only be used for non-clinical communications from the Shared Maternity Care Collaborative Hospitals e.g. Newsletters, Educational activities etc.*

**I wish to apply for Accreditation as a Shared Maternity Care Affiliate at (please tick one or more):**

- Mercy Hospital for Women                       The Royal Women's Hospital (Parkville and Sandringham)  
 Werribee Mercy Hospital                       Western Health (Sunshine Hospital)  
 Northern Health (The Northern Hospital)

*Please note that you **only need to send the application to one site** even if requesting accreditation at multiple hospitals*

<b>Office Use Only</b> Date received: ____/____/____ Date approved: ____/____/____ Approval pack sent: ____/____/____	<b>Processing Hospital: MHW / RWH / NH / WH</b> Approved by: _____ Signature _____ Copy to SMCC: ____/____/____
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## A. PROFESSIONAL REQUIREMENTS

All applicants for Shared Maternity Care Affiliate accreditation must provide evidence of:

- Current Unrestricted Medical Registration in Victoria  
**Please attach copy of Medical Board Registration**
- Current Medical Indemnity Insurance membership  
**Please attach copy of confirmation Certificate of Medical Indemnity Insurance**  
*You are advised to ensure that your medical indemnity covers the provision of shared maternity care.*
- For General Practitioners – Current Practice Accreditation against RACGP Standards for General Practice (e.g. by AGPAL or GPA)  
**Please attach copy of Practice Accreditation Certificate**
- For General Practitioners – Curriculum Vitae  
This should include details of undergraduate and postgraduate experience and qualifications in obstetrics, gynaecology and women's health. Please include dates, fulltime equivalent loading, role and responsibilities/tasks and the institute/s these were undertaken.

## B. PROFESSIONAL REFEREES (medical)

All applicants for Shared Maternity Care Affiliate accreditation must provide two professional referees (medical), one referee to be a current shared maternity care affiliate or obstetrician at any of the four hospitals.

	Referee 1	Referee 2
Name		
Contact Number		
Email		
Profession	<input type="checkbox"/> SMCA <input type="checkbox"/> Obstetrician Please specify hospital:	<input type="checkbox"/> SMCA <input type="checkbox"/> Obstetrician Please specify hospital:

## C. PATHWAYS TO ACHIEVE ACCREDITATION

To be considered for accreditation applicants must fulfil **one** of the following criteria (**please attach copies of certificates of postgraduate qualifications and CV where required**):

1.  Primary qualification in last 5 years (recertification required) of one of:
  - Diploma of the Royal Australian and New Zealand College of Obstetrics and Gynaecology (DRANZCOG) or
  - Certificate in Women's Health from RANZCOG                      Date attained: \_\_\_\_\_
2.  Primary qualification more than 5 years ago of one of:
  - Diploma of the Royal Australian and New Zealand College of Obstetrics and Gynaecology (DRANZCOG) (recertification required);
  - Diploma Obstetrics Royal Australian College of Obstetrics and Gynaecology (RACOG) (no recertification required); or,
  - Certificate in Women's Health from RANZCOG                      Date attained: \_\_\_\_\_

**Plus** Recent involvement in provision of antenatal care. Please list hospital sites involved:

Hospital		
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Western Health



Contact name		
Contact number		

3.  FRANZCOG Date attained: \_\_\_\_\_

FRACGP plus Significant Hospital Experience as an Antenatal Care Provider.  
(Please include details in your CV). Applications for accreditation will be considered on an individual basis for GPs who can demonstrate significant hospital experience/qualifications/professional development/accreditation in the provision of antenatal care.

FRACGP plus Hospital Antenatal Clinic Attendances and other training  
GPs with a FRACGP who do not meet the postgraduate/experience requirements may apply for accreditation after undertaking training determined by the assessing medical practitioner at one of the four hospitals.

This may consist of:

- RACGP GP Learning category 1 online activity Antenatal Postnatal Shared Care
- Other training (e.g. RACGP CHECK program, attendance at workshops etc.)
- Attendance at antenatal clinics\* at one of the hospitals, with at least one of these sessions undertaken at a primary hospital site

Following clinic attendances, with the approval of the supervising obstetrician, and the satisfactory completion of any other requirements the application for Shared Maternity Care Affiliation will be processed.

\*the usual requirement is for attendance at 2- 6 clinics

4. A tour of the hospital may be required if you are not familiar with the service. If this is assessed as being required, you will be notified.

#### D. AGREEMENT

**As a Shared Maternity Care Affiliate of Mercy Hospital Inc., The Royal Women's Hospital, Western Health and Northern Health, I agree to all of the following undertakings:**

- I will review the hospitals guidelines for shared maternity care affiliates available via hospital websites
- I will observe hospital guidelines in respect of mutual patients, including criteria for hospital review/referral and sharing investigation results and management
- A copy of this form will be readily available at my practice for administration and other staff
- I will participate in appropriate continuing professional development for the provision of shared maternity care
- I will ensure the hospitals have up to date preferred contact information (telephone, facsimile, postal address)
- I will ensure the facsimile number given applies to a machine that is in a private location and procedures for handling patient information comply with privacy principles and legislation
- My Medical Registration is current and without conditions and I will notify the hospitals if my registration is suspended, cancelled or has restrictions imposed
- My Medical Indemnity Insurance will be maintained at an adequate level of cover for the duration of my participation in shared maternity care
- I will keep appropriate clinical records and document care in the patient handheld record (e.g. Victorian Maternity Record)
- I will make appropriate arrangements for continuing care with an accredited Shared Maternity Care Affiliate or the hospital where the woman is booked for birth when I am on leave or ill
- I acknowledge the hospitals conduct research activities and quality assurance programs and that Shared Maternity Care Affiliate or patient participation may be requested
- I authorise the hospitals and their General Practice Liaison Units/Shared Care teams to discuss details of my provision of shared maternity care, both within the hospitals and between hospitals
- I authorise the hospitals to exchange details about my accreditation, including contact details



- I authorise the hospitals to publicly publish and provide women and their families with my practice details, and languages spoken
- I will not provide intrapartum care for women who are booked for maternity care or undertaking shared maternity care with the hospitals
- I understand that Shared Maternity Care Affiliates found not to be adhering to guidelines and acceptable standards of quality of care may have their accreditation status reviewed and revoked
- For general practitioners: I confirm that I undertake shared maternity care with the hospitals whilst working from a practice accredited against the RACGP Standards for general practice, and will inform the hospitals if I am no longer working at a practice that is currently accredited against the RACGP Standards for General Practice

**NB: Applications will not be processed without copies of all supporting documentation.**

I confirm the information contained and provided is true and accurate and agree to the undertakings listed in this agreement (section D).

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Checklist**

- Copy of Medical Board Registration
- Copy of confirmation Certificate of Medical Indemnity Insurance
- Copy of Practice Accreditation Certificate (GPs)
- Copy of evidence of postgraduate qualifications (GPs)
- Curriculum Vitae (GPs)
- Signature

**Please sign and return this form and copies of the relevant documentation to the one hospital you refer pregnant women to most often:**

The Royal Women's Hospital (Parkville and Sandringham)	Mercy Hospital for Women and Werribee Mercy Hospital	Western Health	Northern Health
Shared Maternity Care Coordinator	GP Liaison Unit	GP Liaison Unit	Primary Care Liaison Unit
Cnr Flemington Rd & Grattan St	163 Studley Road	Furlong Rd, P.O. Box 294	185 Cooper Street
Parkville, VIC, 3052	Heidelberg, VIC, 3044	St Albans, VIC, 3021	Epping, VIC, 3076
Fax: 8345 2130	Fax: 8458 4818	Fax: 8345 1180	Fax: 9495 3254

For enquiries please contact:

Dr Ines Rio	Dr Mary Anne McLean	Dr Jo Silva	Ms Karen Overall
Head of GP Liaison Unit The Royal Women's Hospital <a href="mailto:ines.rio@thewomens.org.au">ines.rio@thewomens.org.au</a> P: 8345 2064	GP Liaison Medical Advisor Mercy Hospital for Women <a href="mailto:mmclean@mercy.com.au">mmclean@mercy.com.au</a> P: 8458 4831	GP Advisor Western Health <a href="mailto:jo.silva@wh.org.au">jo.silva@wh.org.au</a> P: 8345 1735	Shared Care Northern Health <a href="mailto:karen.overall@nh.org.au">karen.overall@nh.org.au</a> P: 8405 8815