



Shared Maternity Care Affiliate Accreditation Application
 for the triennium 1 January 2011 – 31 December 2013
 for GPs and Obstetricians

PERSONAL DETAILS

Title: _____ Given Names: _____ Surname: _____

- Female Male
 General Practitioner Obstetrician FRACGP

QI&CPD No.: _____

Languages spoken (other than English): _____

PRACTICE DETAILS

Primary Practice:

Practice name: _____ Phone: _____

Address: _____ Fax: _____

_____ Mobile: _____

Provider Number: _____ Email: _____

Additional Practice:

Practice name: _____ Phone: _____

Address: _____ Fax: _____

_____ Mobile: _____

Provider Number: _____ Email: _____

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

- Mercy Hospital for Women Northern Health (The Northern Hospital)
 The Women's Hospital Western Health (Sunshine Hospital)

| | | | |
|---------------------|----------------------------|---------------------------------------|---------------------|
| Office Use Only: | Date received: ___/___/___ | Processing hospital: | MHW / RW / TNH / WH |
| Approved date: | ___/___/___ | <input type="checkbox"/> Copy to SMCC | |
| Approved by: (name) | _____ | (signature) | _____ |



Western Health



PROFESSIONAL REQUIREMENTS

A. 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 Medical Indemnity Insurance**

You are advised to ensure that your medical indemnity covers the provision of shared maternity care.

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 (please indicate).

1. Name: _____ Contact No: _____
2. Name: _____ Contact No: _____

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**):

1. Diploma of the Royal Australian and New Zealand College of Obstetrics and Gynaecology (DRANZCOG) – primary qualification in last 5 years (recertification required) Date attained: _____
2. Diploma of the Royal Australian and New Zealand College of Obstetrics and Gynaecology (DRANZCOG) – primary qualification more than 5 years ago **or** Diploma Obstetrics Royal Australian College of Obstetrics and Gynaecology (RACOG) (no recertification required) Date attained: _____

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

Hospital: _____

Contact Name: _____ Contact No: _____

Hospital: _____

Contact Name: _____ Contact No: _____

3. Certificate of satisfactory completion of training (CSCT) in Women’s Health Date attained: _____

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

Hospital: _____

Contact Name: _____ Contact No: _____

Hospital: _____

Contact Name: _____ Contact No: _____



Western Health



4. FRANZCOG/FRACOG Date attained:_____

5. Significant Hospital Experience as an Antenatal Care Provider

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. Please outline and attach details, including accreditation at other hospital sites, dates, contact names and phone numbers.

6. Hospital Antenatal Clinic Attendances

GPs who do not meet the postgraduate /experience requirements may apply to attend antenatal sessions* at one of the hospitals, with at least one of these sessions undertaken at the primary hospital site. Following clinic attendance and with the approval of the supervising obstetrician the application for SMCA accreditation will be processed (*attendance at 2 – 6 sessions required, to be determined by supervising obstetrician).

NB. Hospital Antenatal Clinic Attendances may be undertaken as either Category 1 or Category 2 activities with the RACGP QI&CPD Program – please contact the GP Liaison Officer at the hospital for further information.

C. AGREEMENT

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

- I will review the ‘Guidelines for Shared Maternity Care Affiliates, 2010’ available via hospital websites
- I will observe hospital guidelines in respect of mutual patients, including criteria for hospital review/referral
- I will participate in appropriate continuing professional development for the provision of shared maternity care
- I will ensure the Shared Maternity Care Coordinators 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 General Practice Liaison Units 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
- 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 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, areas of interest and languages spoken



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

I confirm the indicated activities in section B are true and accurate and agree to the undertakings listed in this agreement (section C).

Signature: _____

Date: _____

Checklist

- Attach copy of Medical Board Registration
- Attach copy of Medical Indemnity Insurance
- Attach one of: copies of certificates of postgraduate qualifications / details of hospital experience as an Antenatal Care Provider / Antenatal Clinic Attendance Supervisor approval
- Signature

Please sign and return this form and copies of the relevant documentation to one of:

Mercy Hospital for Women

GP Liaison Unit
163 Studley Rd

Heidelberg VIC 3044
Ph: 8458 4831/4833
Fax: 8458 4818

The Royal Women's Hospital

Shared Care Coordinator
Cnr Flemington Rd &
Grattan St

Parkville VIC 3052
Ph: 8345 2129
Fax: 8345 2130

Western Health

GP Liaison Unit
Furlong Rd, P.O. Box 294

St Albans VIC 3021
Ph: 8345 1735
Fax: 8345 1180

Northern Health

GP Liaison Unit
185 Cooper Street

Epping VIC 3076
Ph: 8405 8705
Fax: 8405 8479

Enquiries:

Dr Mary Anne McLean
GP Liaison Medical Advisor
Mercy Hospital for Women
mmclean@mercy.com.au
P: 8458 4831

Dr Ines Rio
Head of GP Liaison Unit
The Royal Women's Hospital
ines.rio@thewomens.org.au
P: 8345 2064

Dr Jo Silva
GP Advisor
Western Health
jo.silva@wh.org.au
P: 8345 1735

Sue Vallance
Project Officer
Northern Health
sue.vallance@nh.org.au
P: 8405 8705