Shared Maternity Care Affiliate Credentialing Application

at Mercy Hospital for Women, The Royal Women’s Hospital and Western Health (Sunshine Hospital)

Triennium 1 January 2017 – 31 December 2019

Midwife

PERSONAL DETAILS

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

🞎 Female 🞎 Male 🞎 Other

PRACTICE DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Primary Practice**This is my preferred mailing address 🞎 Yes 🞎 No *If no please complete preferred mailing address section* | **Additional practice**  | **Preferred mailing address** *(only complete if different from Primary Practice)*  |
| Practice name |  |  |  |
| AddressSuburbPostcode |  |  |  |
| Phone |  |  |  |
| Fax |  |  |
| Mobile |  |  |
| Email address\* |

**\****Your details will only be used for non-clinical communications from the Shared Maternity Care Collaborative Hospitals
e.g. Newsletters, Updates, Educational activities etc.*

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

|  |  |
| --- | --- |
| □ The Royal Women’s Hospital (Parkville and Sandringham) |  |
| **□** Mercy Hospital for Women |  |
| **□** Western Health (Sunshine Hospital)*HOSPITAL USE ONLY*Date received: \_\_\_/\_\_\_/\_\_\_ Processing Hospital: RWH / MHW / WHDate approved: \_\_\_/\_\_\_/\_\_\_ Approved by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Approval pack sent\_\_\_/\_\_\_/\_\_\_ Signature:Antenatal clinic attendance required? Yes NoNumber of clinic attendances recommended: (circle) 1 2 3 4 5 6 Other (please specify) \_\_\_\_\_\_\_\_\_\_\_Database entry date: \_\_\_/\_\_\_/\_\_\_ Copies of application sent to RWH / MHW / SH |  |

1. **POLICE AND IDENTITY CHECK**

Please attach:

* Certified copy of [Proof of identity documents](https://www.homeaffairs.gov.au/Licensing/Documents/100-points-identification-guidelines.pdf) adding to 100-point check
* [National Police Check](https://www.afp.gov.au/what-we-do/services/criminal-records/national-police-checks) (this can be up to 3 months old from the date of submission of this application)

 Have you lived overseas for 12 months or more over the past 10 years? No **□** Yes **□**

 If yes, please attach:

🞎 International Police Check (this can be up to 3 months old from the date of submission of this application)

1. **PROFESSIONAL REQUIREMENTS**

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

* Midwifery Qualifications

Graduation year: \_\_\_\_\_\_\_\_\_\_ Hospital/University: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Current Unrestricted Registration with Australian Health Practitioner Registration Agency

**Please attach copy of current Registration**

* Current Medical Indemnity Insurance Please attach copy of current Medical Indemnity Insurance

**You are advised to ensure that your medical indemnity covers the provision of Shared Maternity Care**

* Curriculum Vitae that specifically demonstrates your pregnancy care experience and evidence of recent professional development activities in pregnancy care
1. **PROFESSIONAL REFEREES**

Please provide two professional referees who are in a position to comment on your experience and performance during the previous three years.

It is preferable that at least one referee is a current shared maternity care affiliate or senior medical staff at any of the three hospitals.

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|  |  |  |
| --- | --- | --- |
|  | Referee 1 | Referee 2 |
| Name |  |  |
| Position |  |  |
| Contact Number  |  |  |
| Email |  |  |
| Profession | 🞎 SMCA 🞎 ObstetricianPlease specify hospital: | 🞎 SMCA 🞎 ObstetricianPlease specify hospital: |

Midwives who do not meet the postgraduate/experience requirements above may apply to attend antenatal sessions\* at one of the hospitals. Following clinic attendance and with the approval of a supervising midwife or obstetrician the application for SMCA accreditation will be processed.

*\*attendance at 1-6 sessions may be required, to be determined by the maternity director at one of the hospitals*

The requirements in this application are consistent with Safer Care Victoria: *Credentialing and scope of clinical practice for senior medical practitioners policy, January 2018*: <https://www2.health.vic.gov.au/-/media/health/files/collections/policies-and-guidelines/c/credentialing-scope-clinical-practice-senior-medical-practitioners-policy-january-2018---pdf.pdf>

**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 credentialing, 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 (unless employed by the health service to provide intrapartum care)
* I understand that Shared Maternity Care Affiliates found not to be adhering to guidelines and acceptable standards of quality of care may have their credentialing 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 documents.**

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please return this form*** ***and documents to the one hospital that is closest to your practice*** *(****even if requesting credentialing at multiple hospitals)***

**Checklist**

🞎 Certified Copy of Proof of Identity documents adding to 100-point check

🞎 National Police Check

🞎 International Police Check (if lived overseas for ≥ 12 months over the past 10 years)

🞎 Certified Copy Certificate of Medical Indemnity Insurance

🞎 Curriculum Vitae

🞎 Signature

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| --- | --- | --- |
| **Western Health (Sunshine Hospital)** | **The Royal Women’s Hospital** | **Mercy Hospital for Women** |
| Adele Mollo - Divisional Director for | Shared Maternity Care Coordinator | Program Director - Gillian Evans |
| Women's & Children's Services176 Furlong RoadSt Albans VIC 3021 T: 8345 0310F: 8345 0320 | Locked Bag 300 Parkville VIC 3031T: 8345 2129F: 8345 2130 | Women’s & Children’s Services163 Studley RoadHeidelberg VIC 3044 T: 8458 4724 F: 8458 4818 |