

**Application for Accreditation
as a Monash Health Shared Maternity Care Affiliate (SMCA)
(Midwife)
for the triennium 1st January 2020– 31st December 2022**

Shared Maternity Care Affiliates (SMCA) are accredited to provide pregnancy care in conjunction with Monash Health hospitals (Dandenong Hospital, Casey Hospital and Monash Medical Centre). **It is the legal and professional responsibility of the midwife affiliate to ensure that they have adequate professional indemnity cover to provide this level of care when practising privately.**

PERSONAL DETAILS

Title: _____ Given Names: _____ Surname: _____

Languages spoken (other than English): _____

PRACTICE DETAILS (Please list all practices you will be referring from)

	Primary practice This is my preferred mailing address: <input type="checkbox"/> Yes <input type="checkbox"/> *No	Additional practice(s)
Practice name		
Address		
Phone		
Fax		
Provider number		
Mobile number		

PREFERRED CONTACT DETAILS:

Our preferred method of communication is via email. You will receive general memos, newsletters and educational event invitations via your preferred email address. Please note that this information will only be used for non-clinical communication and will not be shared.

Preferred email address:	
*Preferred mailing address for correspondence (only complete if different from primary practice address)	

1. PROFESSIONAL REQUIREMENTS FOR ALL APPLICANTS

Please provide evidence of:

- a) Current **AHPRA** Unrestricted Australian **Midwifery** Registration
(Please attach copy)
- And**
- b) Current Indemnity/Insurance membership
(Please attach copy)
- Or**
- c) Evidence of indemnity cover as a 'public employee' when practising as a Shared Care provider (e.g Koori maternity care program, Bunnerong, Monash Community).

2. HEALTH PROFESSIONAL REFEREES

All new applicants for Shared Maternity Care Affiliate accreditation must provide two referees.

It is preferable one referee is a current Monash Health Consultant Obstetrician.

If you are, or have recently been an employee at Monash Health, one referee must be your Midwife Manager.

1) Name: _____ Contact No: _____

2) Name: _____ Contact No: _____

3. PATHWAYS TO ACHIEVE ACCREDITATION

To be considered for accreditation applicants must meet the criteria for **ONE** of the following groups.

OPTION ONE: AHPRA Registered – Endorsed Midwife

An endorsed midwife qualified to prescribe schedule 2, 3, 4 and 8 medicines and to provide associated services required for midwifery practice in accordance with relevant state and territory legislation.

OPTION TWO: AHPRA Registered 'Midwife' with significant recent experience in provision of pregnancy care

Please list hospital sites involved:

Hospital: _____ Contact name & number: _____

Hospital: _____ Contact name & number: _____

Applications for accreditation will be considered on an individual basis. Midwives must demonstrate relevant experience/qualifications/professional development and/or accreditation to provide pregnancy care.

Please attach details, including dates and contact names and numbers where possible.

4. EVIDENCE OF CONTINUING MIDWIFERY EDUCATION

Please provide details of your involvement in pregnancy related continuing midwifery education (CME) /Continued professional development (CPD) over the last three (3) years, and attach appropriate evidence or certificates.

5. AGREEMENT

As a Shared Maternity Care Affiliate of Monash Health, I agree to all of the following undertakings:

- I will familiarise myself with and observe the Monash Health Maternity Guidelines, Policies and Procedures
<https://monashhealth.org/health-professionals/maternity1/>
- I will observe Monash Health guidelines and procedures in respect of mutual patients, including criteria for hospital review/referral.
- I will participate in relevant continuing professional development for the provision of my category of shared maternity care.
- I will ensure Monash Health maternity services have my up to date preferred contact information (telephone, facsimile, postal address, email).
- 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 Midwifery Registration is current and without conditions and I will notify the Monash Health if my registration is suspended, cancelled or has restrictions imposed.
- My professional Indemnity/Insurance will be maintained at an adequate level of cover for the duration of my participation in Shared Maternity Care.
- I will notify Monash Health if any special provision is placed on my policy of professional indemnity insurance; such as, but not limited to, premium loading, deductible or an exclusion from coverage.
- I will keep appropriate clinical records and utilise the Monash Health maternity services hand held record.
- When on leave or ill, I will make appropriate arrangements for continuing care of mutual patients with an accredited Shared Maternity Care Affiliate or hospital clinic.
- I authorise Monash Health to exchange details of my shared maternity care affiliation including contact details.
- I authorise Monash Health to provide women, their families and colleagues with my practice details, areas of interest and languages spoken.
- I acknowledge that Monash Health conducts research activities and quality assurance programs and I may be approached to participate.
- I understand that the hospital can review my accreditation status if I do not adhere to appropriate clinical management.
- I understand that Monash Health requires my active participation in pregnancy care provision in order to maintain my accreditation status
- I understand and agree that if accompany a woman to hospital I may attend her as a support person but not as a midwife. As a (privately practising) Maternity Shared Care Affiliate I will have no clinical role or rights for intrapartum admitted patients within Monash Health hospitals, even if I am also a Monash Health employee. The one exception is where my public rostered birth suite shift happens to coincide with the public hospital admission of a woman to whom I have provided shared pregnancy care in a private setting. In this situation I may be allocated care of this woman and other women as per the current *Nurses and Midwives (Victorian Public Sector) Enterprise Agreement*.

I confirm that the information provided in **Section 1 & 2** is accurate and agree to the undertakings listed in this agreement (**Section 3**).

Signature: _____

Date: _____

Please complete and return all pages with copies of the relevant documentation to:

Kerrie Papacostas,
Midwifery Coordinator, Monash Women's Maternity
C/- Level 5, Maternity
Monash Medical Centre
246 Clayton Road
Clayton Vic 3168

You will be notified in writing of the success of your application
Note that accreditation applies for the triennium (2020-2022). Reaccreditation will be required for the triennium 2023-2025. For more information on reaccreditation please refer to the website <http://www.monashhealth.org/page/Maternity1>

For any queries please email
Kerrie.Papacostas@monashhealth.org

Checklist

Please note that applications will not be processed without copies of all supporting documentation.

- Completed application form
- Copy of indemnity certificate
- Provision of pregnancy care
- Continuing education - pregnancy care
- Agreement signed