

Application for Accreditation: Monash Health Shared Maternity Care Affiliate 1st January 2020 – 31st December 2022

Shared Maternity Care Affiliates (SMCAs) are accredited to provide pregnancy (*antenatal and postnatal*) care in conjunction with Monash Health hospitals (Dandenong Hospital, Casey Hospital and Monash Medical Centre).

PERSONAL DETAILS

Category of practice: GP Specialist Obstetrician

Title: _____ Given Names: _____ Surname: _____

Female Male Languages spoken: (other than English) _____

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

	Primary practice This is my preferred mailing address: Yes <input type="checkbox"/> No <input type="checkbox"/> (If not, please complete section below)	Additional practice
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)	

SECTION A: PROFESSIONAL REQUIREMENTS FOR ALL NEW APPLICANTS

- 1) Current Australian Medical Registration
 - to be checked by Monash Health

- 2) Current Medical Indemnity/Insurance membership
 - **please provide copy of Medical Indemnity Certificate**
 - it is the responsibility of the applicant to ensure they have adequate professional indemnity cover to provide shared maternity care

- 3) Curriculum Vitae
 - **please include details of:**
 - undergraduate and postgraduate experience in Women's Health
 - qualifications in Obstetrics & Gynaecology, including dates, the institute/s where training was undertaken, fulltime equivalent loading and an outline of the responsibilities of the role

- 4) Postgraduate qualifications in Obstetrics and Gynaecology and/or General Practice
 - **please attach copy of certificate of FRACGP/FACCRM/DRANZCOG/CWH/equivalent**

- 5) For GPs: Practice Accreditation Certificate against RACGP Standards for General Practice (e.g. by AGPAL/ GPA)
 - **please attach copy of current Practice Accreditation Certificate**

- 6) Continuing Medical Education
 - **Please attach evidence of compliance with professional standard requirements** (eg QI & CPD statement for current or previous triennium).
 - include details of your involvement in **pregnancy related** education over the last three (3) years

SECTION B: PROFESSIONAL REFEREES (medical)

Please provide two professional referees who are in a position to comment on your experience and recent performance. One referee is to preferably be a current Monash Health GP shared maternity care affiliate or Obstetrician.

	Referee 1	Referee 2
Name		
Profession (SMCA/Obstetrician)		
Contact Number		
Email		

SECTION C: PATHWAYS TO ACHIEVE ACCREDITATION

To be considered for accreditation applicants must meet the criteria for **ONE** of the following **OPTIONS**. Please indicate which is relevant to you.

OPTION 1: Primary qualification *within* last 3 years of:

Diploma of the Royal Australian and New Zealand College of Obstetrics and Gynaecology (DRANZCOG)
or
Certificate in Women's Health from RANZCOG (CWH)

OPTION 2: Primary qualification *more than* 3 years ago of:

- Diploma of the Royal Australian and New Zealand College of Obstetrics and Gynaecology (DRANZCOG) or Diploma Obstetrics Royal Australian College of Obstetrics and Gynaecology (RACOG) or
- Certificate of Satisfactory Completion in Women's Health (CSCT) or Certificate of Women's Health (CWH)

Plus

Recent involvement in provision of antenatal care.

Please list hospital sites and contact person involved. The person listed should have knowledge of your involvement in the shared care program at that hospital site and may be contacted to validate these details.

Hospital		
Contact Name		
Contact Number/Email		

OPTION 3: FRANZCOG/FRCOG

Date attained: _____

OPTION 4: FRACGP plus significant experience as an antenatal care provider

Applications for accreditation will be considered on an individual basis for GPs who can demonstrate relevant experience/qualifications/professional development and/or accreditation to provide antenatal care at other hospital sites. Please ensure details are documented in your CV.

GPs with FRACGP who do not meet the postgraduate/experience requirements will have their application assessed by the Monash Health Maternity GP and Shared Care Committee. If deemed appropriate, attendance at 2-6 hospital antenatal clinics may be recommended to meet training requirements. Following attendance, approval of the supervising obstetrician is required to proceed with credentialing.

In addition, other training requirements may also be recommended, such as completion of RACGP accredited on-line activities or attendance at workshops.

SECTION D: 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 and Procedures <https://www.monashhealth.org/page/Maternity1> .
- I will observe hospital guidelines in respect of mutual patients, including criteria for hospital review/referral and sharing investigation results and management.
- I will participate in appropriate continuing professional development for the provision of shared maternity care.
- I will ensure Monash Women's has 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 Medical Registration is current and I will notify the Monash Women's Maternity Services if my registration is suspended, cancelled or has restrictions or conditions 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 notify Monash Health if any special condition is placed on my policy of medical indemnity insurance such as, but not limited to, a premium loading, a deductible or an exclusion from benefit.
- I will keep appropriate clinical records and document care in the patient handheld record.
- When on leave or ill to make appropriate arrangements for continuing care with an accredited Shared Maternity Care Affiliate or hospital clinic.
- I authorise the service to publically publish and provide women, their families and my medical colleagues with my practice details, areas of interest and languages spoken.
- I authorise Monash Health and the Maternity GP Liaison Unit to discuss details of my provision of shared maternity care both within Monash Health and between other hospitals with a shared maternity care program.
- I acknowledge that Monash Health conducts research activities and quality assurance programs and I may be approached to participate.
- I understand that Monash Health can review my accreditation status if I do not adhere to guidelines and acceptable standards of quality of care.
- I understand that Monash Health requires my active participation in pregnancy care provision in order to maintain my accreditation status.

I confirm that the information that I have provided in and agree to the undertakings listed in this agreement (Section D).

Name: _____

Signature: _____

Date: _____

Please complete and return Pages 1-4 of this form with copies of the relevant documentation to:

Ms Josie Ciotta
Maternity GP Liaison Unit
c/o Level 5, Birth Suites
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.

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

Checklist

- Pages 1-4 completed application form
- Copy of Medical Indemnity Certificate
- Curriculum Vitae
- Copy of Postgraduate Qualifications in Women's Health and/or General Practice
- Copy of Practice Accreditation Certificate (GPs)
- Copy of CPD statement
- Signature

Enquiries:

Maternity GP Liaison Unit

Dr Rebecca Fradkin

Ms Josie Ciotta

P: 9594 6220

E: josie.ciotta@monashhealth.org or rebecca.fradkin@monashhealth.org

Maternity GP Liaison site: www.monashhealth.org/gps/maternitygpl/