

SECTION 1: PROFESSIONAL REQUIREMENTS FOR ALL APPLICANTS

- Current Medical Registration in Victoria
(Will be checked by hospital)
- Current Medical Indemnity/Insurance membership
Please provide copy of certificate
- For General Practitioners: Practice Certificate against RACGP Standards for General Practice
(eg by AGPAL or GPA). **Please provide copy of certificate**

SECTION 2: EVIDENCE OF CONTINUING MEDICAL EDUCATION

Please select at *least one* of the following options:

OPTION A:

- Attendance at one of the Monash Health annual Saturday Monash Women's Health Updates (2017-2019)

Year of attendance: _____

OPTION B:

- Ongoing education in pregnancy related care

Please provide details of your involvement in **pregnancy related** continuing medical education (CME/CPD) over the last three (3) years and attach appropriate evidence or certificates (such as current QI&CPD statement).

A minimum of 10 RACGP Category 2 OR 40 RACGP Category 1 QI & CPD points are required

Please note that the RACGP does not recognise pregnancy related care as a separate category. Education in areas of direct relevance to pre-conception counselling, pregnancy care, postnatal and/or neonatal care will be recognised.

OPTION C:

- Supervised clinical attachment at one of Monash Health's antenatal clinics

Date of attachment: _____

Name of supervisor: _____

OPTION D:

- Other appropriate activities (to be assessed by the Monash Health Maternity GP & Shared Care Committee)

SECTION 3: 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://monashhealth.org/gps/maternitygpl/>
- 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 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 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 I will 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 the Maternity Women's Maternity Services 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 appropriate clinical management.
- I understand that Monash Health requires my active participation in pregnancy care provision in order to maintain my accreditation status.
- For general practitioners: I confirm that I work for a practice accredited against the RACGP Standards for General Practice or have informed the hospital that the practice I am working at is not accredited.

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 this form with copies of the relevant documentation to:

Ms Josie Ciotta
Maternity GP Liaison Unit
C/- Level 2, Outpatients Clinic D
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). Re-accreditation will be required for the triennium 2023-2025.

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: <https://monashhealth.org/gps/maternitygpl/>

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

Checklist

- Pages 1-3 completed application form
- Copy of Medical Indemnity Certificate
- Copy of Practice Certificate against RACGP Accreditation Standards
- Details of Continuing Medical Education/CPD
- Signature and date (Page 3)