

Shared Maternity Care Affiliate Credentialing Application General Practitioners

Triennium: 1 January 2023 – 31 December

PERSONAL DETAILS

Title: _____ Given Names[^]: _____ Surname[^]: _____
 Preferred name: _____
 Gender: _____ Profession: _____
 Ahpra number: _____
 Personal email*: _____
 Mobile: _____
 Languages spoken (other than English): _____

[^] Name as listed on Ahpra register

* Optional - used for non-clinical communications from the Shared Maternity Care Collaborative Hospitals e.g. Newsletters, Educational activities etc.

PRACTICE DETAILS

Primary Practice

Additional Practice

Practice name

Address

Suburb

Post code

Phone

Fax

Clinic email[#]

*[#] Email required for clinical communications and important updates
 If additional practice location, please attach list to application*

I wish to apply for Credentialing as a Shared Maternity Care Affiliate at:

All health services; **OR** (please tick one or more)

- | | |
|--|---|
| <input type="checkbox"/> Mercy Hospital for Women (Heidelberg) | <input type="checkbox"/> The Royal Women's Hospital |
| <input type="checkbox"/> Werribee Mercy Hospital | <input type="checkbox"/> Western Health (Joan Kirner Women's and Children's Hospital at Sunshine & Bacchus Marsh) |
| <input type="checkbox"/> Northern Health | |

Are you currently employed at any of the collaborative hospitals?

- No → Proceed to Section A and complete all sections of the form
- Yes → Please indicate your employer(s): Mercy Health NH RWH WH

→ Proceed to Section C (do not complete sections A and B as your credentialing documentation will be checked with Human Resources at the relevant hospital/s)

Office Use Only Date received: ____/____/____ Date approved: ____/____/____ Approval pack sent: ____/____/____	Processing Hospital: MHW / RWH / NH / WH Approved by: _____ Signature _____ Copy to SMCC: ____/____/____
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SECTION A. Police & Identity Check

Please attach:

- Certified copy of [Proof of identity documents](#) adding to 100-point check
- [National Police Check](#) (*this can be up to 12 months old from the date of submission of this application*)

SECTION B. Professional Requirements

- Current unrestricted medical registration (*to be checked by processing hospital*)

Please attach certified copies of the following:

- Postgraduate qualifications (*if relevant*)
- Certificate of Medical Indemnity Insurance

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

SECTION C. Curriculum Vitae and Continuing Professional Development

Please provide:

• Curriculum Vitae. This should include:

- Undergraduate and postgraduate experience and qualifications in obstetrics, antenatal clinics, gynaecology and women's health, emergency care, neonatal care. Please include dates, full time equivalent loading, role and responsibilities/tasks and the institute/s these were undertaken in
- Clinical appointments, academic appointments and teaching experience
- Quality activities
- Experience as a shared maternity care provider

Evidence of compliance with professional standard requirements (e.g. recent CPD statements)

SECTION D. Professional Referees (medical)

Please provide two professional referees (Ahpra registered medical practitioners) 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 (SMCA) or senior medical staff at any of the four hospitals. These referees will be contacted to provide a written reference.

	Referee 1	Referee 2
Name		
Position		
Contact Number		
Email		
Profession	<input type="checkbox"/> SMCA <input type="checkbox"/> Obstetrician	<input type="checkbox"/> SMCA <input type="checkbox"/> Obstetrician
Hospital/Practice		

SECTION E. Pathways to achieve credentialing

To be considered for credentialing applicants must fulfil **one of the following three** criteria (please indicate which is relevant for you):

- 1.** Postgraduate qualification in last 5 years of one of (or equivalent):
- (Former) Diploma of RANZCOG; **OR**
 - RANZCOG Certificate in Women's Health (CWH); **OR**
 - RANZCOG Associate Training Program (Procedural); **OR**
 - RANZCOG Associate Training Program (Adv Procedural); **OR**
- AND**
- No gap in clinical practice of more than 12 months

- 2.** Postgraduate qualification more than 5 years ago of one of (or equivalent):

- (Former) Diploma of RANZCOG/RACOG; **OR**
- RANZCOG/RACOG Certificate of Women's Health (CWH)

AND

- Recent involvement in provision of maternity care. Please list health services/hospitals where antenatal or shared maternity care provider

Hospital/s		
Dates active		
Contact name		
Contact number		

- 3.** Fellow RACGP/ACRRM who do not meet the postgraduate requirements above

Applications are assessed on an individual basis and agreed upon by the designated registered medical practitioners at the SMCC hospitals. Additional training may be required, depending on your level of experience in the provision of maternity care.

Please ensure your CV clearly details all aspects outlined in Section C.

Training may consist of one or a selection of the following:

- Online learning activity (e.g. RACGP Antenatal and Postnatal)
- Supervised attendance at antenatal clinics at one or more of the hospitals, with at least one of these sessions undertaken at a primary hospital site
- Other training (e.g. hospital questionnaire, attendance at hospital workshops/CPD events)
- Certificate of Women's Health (if very little or no experience). See RANZCOG [website](#) for more information

The application will be processed following satisfactory completion of all requirements.

All applicants please note: If a GP is not familiar with the hospital, a tour of the hospital may be required. The objective of this is to reinforce the supports available at the hospital and how to access these. A tour also enables GPs to see the environments where women are cared for, birth and the postnatal wards. We will notify you if this is assessed as being required.

SECTION F. Agreement

As a Shared Maternity Care Affiliate of Mercy Hospitals Victoria Limited, 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
- I will participate in appropriate continuing professional development for the provision of shared maternity care
- I will ensure the hospitals have up to date contact information (email, telephone, postal address) and will notify them if I move practices or my contact details change
- I will ensure patient information is held and managed in accordance with privacy legislation and standards
- 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 provide shared care in a clinic that is committed to providing high quality, safe care with appropriate clinical governance in line with the standards of the RACGP
- I will keep appropriate clinical records and communicate care to the hospitals
- I will make appropriate arrangements for continuing care with a credentialed Shared Maternity Care Affiliate or the hospital where the woman is booked for birth when I am not available
- 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 my contact information and clinic 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)
- If a GP Registrar: I will remain in a GP training program until I receive my Fellowship, and notify the hospitals if this changes
- I understand that Shared Maternity Care Affiliates found not to be adhering to these agreements, guidelines or acceptable standards of quality of care may have their credentialing status reviewed and revoked at any time

I confirm that the information contained and provided is true and accurate and agree to the undertakings listed in this agreement (Section F).

Name: _____

Signature: _____

Date: _____

Checklist

- *Certified copy of Proof of Identity documents adding to 100-point check
 - *National Police Check (last 12 months)
 - *Certified copy of Postgraduate Qualifications
 - *Certified copy of Certificate of Medical Indemnity Insurance
 - Curriculum Vitae
 - CPD statements
 - Signed & dated Section F Agreement
- *Not required if employed at one of the four Collaborative health services*

Please return this form and all supporting documents to the one health service that is closest to your practice (even if requesting credentialing at multiple hospitals) or (if relevant) the hospital you are employed at.

Mercy Health (Heidelberg and Werribee hospitals): primarycare@mercy.com.au

Northern Health: nh-primarycareliaison@nh.org.au

Royal Women's Hospital: gp.liaison@thewomens.org.au

Western Health (Sunshine & Bacchus Marsh hospitals): gp@wh.org.au