

Shared Maternity Care Affiliate Credentialing Application

Triennium: 1 January 2023 – 31 December 2025

General Practitioners and Obstetricians

PERSONAL DETAILS

Title: _____ Given Names[^]: _____ Surname: _____
 Gender: _____ Profession: _____
 AHPRA number: _____
 Email address:* _____
 Mobile: _____
 Languages spoken (other than English): _____

[^] Name as listed on AHPRA register

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

PRACTICE DETAILS

	Primary Practice	Additional practice	Preferred contact address
Practice name			<input type="checkbox"/> Primary practice <input type="checkbox"/> Secondary practice <input type="checkbox"/> Email <input type="checkbox"/> Home (please list below)
Address			
Suburb & Postcode			
Phone			
Fax			
Mobile			
Email			

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

- Mercy Hospital for Women The Royal Women's Hospital (Parkville)
 Werribee Mercy Hospital Western Health
 Northern Health (The Northern Hospital)

Are you currently employed at any of the collaborative hospitals?

- No → Proceed to Section A
 Yes → Please indicate your employer(s): Mercy Health NH RWH WH
 → Proceed to section F and sign the undertakings (do not complete sections A, B, C, D and E 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 3 months old from the date of submission of this application)

SECTION B. Professional Requirements

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

Please attach certified copies of the following:

- Primary medical degree (if not in English this must also be translated)
- Postgraduate qualifications (if not in English this must also be translated)
- Certificate of Medical Indemnity Insurance membership

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

For General Practitioners only:

- Practice Accreditation Certificate against RACGP Standards for General Practice (e.g. by AGPAL or GPA)

SECTION C. Curriculum Vitae and Continuing Professional Development

Please attach:

- Curriculum Vitae. This should include details of:
 - Undergraduate & postgraduate experience & qualifications in obstetrics, gynaecology and women's health
 - Clinical appointments, academic appointments and teaching experience
 - Quality activities
 - Any significant hospital experience as an Antenatal Care Provider

Please include dates, fulltime equivalent loading, role and responsibilities/tasks and the institute/s these were undertaken in

- Evidence of compliance with professional standard requirements as determined by relevant College (e.g. CPD statement for current and previous triennium)

SECTION D. Professional Referees (medical)

Please provide two professional referees (medical) 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.** Primary qualification in last 5 years (recertification required) of one of:
- Diploma of the Royal Australian and New Zealand College of Obstetrics and Gynaecology (DRANZCOG)
 - Certificate in Women's Health from RANZCOG
- 2.** Primary qualification more than 5 years ago of one of:
- Diploma of the Royal Australian and New Zealand College of Obstetrics and Gynaecology (DRANZCOG) (recertification required);
 - Diploma Obstetrics Royal Australian College of Obstetrics and Gynaecology (RACOG) (no recertification required);
 - Certificate in Women's Health from RANZCOG

AND recent involvement in provision of antenatal care. Please list hospital sites involved:

Hospital/s		
Dates active		
Contact name/s		
Contact number/s		

- 3.** Fellowship
- FRANZCOG
 - FRACGP plus Significant Hospital Experience as an Antenatal Care Provider
Please include details in your CV. Applications for credentialing will be considered on an individual basis for GPs who can demonstrate significant hospital experience/qualifications/professional development/ credentialing in the provision of antenatal care.
 - FRACGP plus Hospital Antenatal Clinic Attendances and other training as determined
GPs with a FRACGP who do not meet the postgraduate/experience requirements may apply for credentialing after undertaking training determined by the assessing medical practitioner at one of the four hospitals. You will be contacted after this application is assessed regarding the requirements. This *may* consist of one or a selection of the following:
 - Attendance at antenatal clinics* at one of the hospitals, with at least one of these sessions undertaken at a primary hospital site.
 - SMCC Questionnaire in preparation for antenatal clinic attendance
 - RACGP GP Learning category 1 online activity Antenatal Postnatal Shared Care
 - Other training (e.g. RACGP CHECK program, attendance at workshops etc.)
 Following clinic attendances, with the approval of the supervising obstetrician, and the satisfactory completion of any other requirements the application for Shared Maternity Care Affiliation will be processed.
**the usual requirement is for attendance at 2- 6 clinics*

A tour of the hospital may be required if you are not familiar with the service. If this is assessed as being required, you will be notified.

Applications will not be processed without copies of all supporting documents.

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
- 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 (email, telephone, 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

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:

Please return this form and documents to the one hospital that is closest to your practice (even if requesting credentialing at multiple 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/credentialingscope-clinical-practice-senior-medical-practitioners-policy-january-2018---pdf.pdf>

Checklist

- Certified copy of Proof of Identity documents adding to 100-point check
- National Police Check
- Certified copy Primary Medical Degree
- Certified copy Postgraduate Qualifications
- Certified copy Certificate of Medical Indemnity Insurance
- Certified copy of Practice Accreditation Certificate (GPs only)
- Curriculum Vitae
- Copy of relevant college CPD statement
- Signed & dated Section F Agreement