gpex | GP Obstetric Shared Care

Government of South Australia
SA Health

Application for GP Obstetric Shared Care Accreditation

PERSONAL DETAILS: (As shown on AHPRA Registration)

Title: _____ Given Name: _____ Surname: _____

Preferred Name: _____

☐GP ☐ GP Obstetrician ☐ Registrar (Completion date _____)

☐ Female ☐ Male ☐ Non-binary ☐ Prefer not to say, or prefer to self describe _____

DCSI Screening Checks ☐ Yes ☐ No

Mobile: _____ Email: _____

QUALIFICATIONS:

RACGP No: _____ ACRRM No: _____

PRACTICE DETAILS:

Main Practice Name/Address: _____

_____

Phone: _____ Email: _____

Other Practice Name/Address: _____

_____

Phone: _____ Email: _____

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PROFESSIONAL REQUIREMENTS:

All applicants for Obstetric Shared Care accreditation must provide current evidence of each of the following:

1. Registration with the Australian Health Practitioner Regulation Agency
2. Medical Indemnity/Insurance membership
3. DCSI Child-Related Employment Screening
4. National Police History Check

AHPRA Registration number: _____

Name Medical Indemnity Insurer: _____Membership number: _____

PATHWAYS TO ACHIEVE ACCREDITATION:

To be considered for accreditation, applicants must fulfil <u>ONE</u> of the following criteria

(Please tick and attach copies of certificates of postgraduate qualifications)

1. Hold a *Fellowship of the Royal Australian and New Zealand College of Obstetrics and Gynaecology (FRANZCOG).* Please attach copy.

   ☐ Date attained: _____

2. Hold a current *Associates (Procedural) Certification from the Royal Australian and New Zealand College of Obstetrics and Gynaecology (RANZCOG).* Please attach copy.

   ☐ Date attained: _____

3. Hold a current *Associates (Advanced Procedural) Certification from the Royal Australian and New Zealand College of Obstetrics and Gynaecology.* Please attach copy.

   ☐ Date attained: _____

4. Have previously obtained *a DRANZCOG; advanced DRANZCOG or Diploma of the Royal Australian College of Obstetricians and Gynaecologists (DipObs)*; not maintained currency BUT maintained recent involvement in provision of antenatal care.

   ☐ Date attained: _____

   Outline involvement and attach details: _____

5. Have completed *the Certificate in Women's Health (CWH) from the Royal Australian and New Zealand College of Obstetrics and Gynaecology AND recent involvement in provision of antenatal care*. Please attach copies.

   ☐ Date attained: _____

   Outline involvement and attach details: _____

6. *Significant hospital experience as an antenatal care provider*

   Applications for accreditation will be considered on an individual basis for GPs who can demonstrate significant hospital experience and/or relevant professional development in the provision of antenatal care.

   ☐ Please outline and attach details, including dates and referee names and contact details to support application.

   _____

7. *Hospital Supervised Ante-natal Clinical Attachment*

   GPs who have not had antenatal clinical experience may be required to attend Supervised Clinical Attachments in a hospital antenatal clinic.

   Required number of clinics per attachment will vary according to initial assessment of application and assessment of progress by supervising clinician.

   ☐ A supervised clinical attachment is requested as part of this Obstetric Shared Care accreditation application to support the applicant's development of practical skills and understanding of local shared care processes.

PROFESSIONAL REFEREES: (Medical)

All applicants for GP Obstetric Shared Care accreditation must provide two professional medical referees. One referee is to be a current Obstetric Shared Care GP or Obstetrician

Name: _____ Contact number: _____

Practice/ Hospital: _____ Position: _____

Name: _____ Contact number: _____

Practice/ Hospital: _____ Position: _____

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AGREEMENT:

As an Obstetric Shared Care Provider, I agree to all the following undertakings:

- I have knowledge and understanding of the SA GP Obstetric Shared Care Perinatal Guideline and SA PPGs
- I will participate in appropriate continuing professional development to obtain and maintain accreditation, as specified in the SA GP Obstetric Shared Care Perinatal Guideline
- I understand that if I do not comply with the GP Obstetric Shared Care Perinatal Guideline or attend relevant CPD my accreditation status will be withdrawn
- I will keep appropriate clinical records including documentation in the SA Pregnancy Handheld Record
- When on leave or ill appropriate arrangements will be made for continuing care with an accredited Obstetric Shared Care provider or the participating hospital
- I will observe hospital guidelines in respect of mutual patients, including criteria for hospital review/referral
- I authorise the hospitals to provide women and their families with my practice details
- My Medical Registration is current and without conditions and I will notify the Obstetric Shared Care Program Manager 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 GP Obstetric Shared Care
- I will ensure that gpex has up to date preferred contact information (email, telephone, postal address)

Signature: _____ Date: ___/___/_____

Please sign and return this form and copies of relevant documentation to:

Leanne March

leanne.march@gpex.com.au
General Manager Models of Care
Mobile: 0418 803 844
First Floor, 160 Greenhill Road Parkside SA 5063