GP Shared Care Obstetric

Government of South Australia
Department of 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 _____) ☐ Obstetrician

☐ Female ☐ Male

Mobile: _____ Email: _____

RACGP QA&CPD No: _____ ACRRM No: _____

PRACTICE DETAILS:

Practice Name/Address:

1. _____

_____

Phone: _____ Fax: _____

Email: _____

Practice Name/Address:

2. _____

_____

Phone: _____ Fax: _____

Email: _____

PROFESSIONAL REQUIREMENTS:

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

1. Current Registration with the Australian Health Practitioner Regulation Agency

Registration number: _____

(Please attach copy of AHPRA Registration)

2. Current Medical Indemnity/Insurance membership

Name MDO/Insurer: _____ Membership number: _____

(Please attach copy of Medical Indemnity Insurance)

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PATHWAYS TO ACHIEVE ACCREDITATION:

To be considered for accreditation, applicants must fulfil **ONE** of the following criteria **(please 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 **Advanced Diploma of the Royal Australian and New Zealand College of Obstetrics and Gynaecology (Advanced DRANZCOG). Please attach copy.**

   Date attained: _____

3. Hold a current **Diploma of the Royal Australian and New Zealand College of Obstetrics and Gynaecology (DRANZCOG). 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 that 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.

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: _____

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 Protocols
- I will participate in appropriate continuing professional development to obtain and maintain accreditation, as specified in the SA GP Obstetric Shared Care protocols
- I understand that if I do not comply with the GP Obstetric Shared Care Protocols or attend relevant CPD my accreditation status will be withdrawn
- I will keep appropriate clinical records including documentation in the 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 authorize 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 Coordinator 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 GP partners Australia has up to date preferred contact information (telephone, facsimile, postal address)

Signature: _____ **Date:** ____/____/_____

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

GP Obstetric Shared Care or Fax: 08 8227 2220 or Email to:
lmarch@gppaustralia.org.au
GP Partners Australia
PO Box 7293
HUTT ST, SA 5000