



## 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    DCSI Screening Checks  Yes     No

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

RACGP 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)

## 3. Current DCSI Child-Related Employment Screening

## 4. Current National Police History Check

### 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 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.

**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: \_\_\_\_\_

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 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, facsimile, 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 Shared Care**  
**GPEX**

**Mobile: 0418 803 844**

**160 Greenhill Road**  
**Parkside SA 5063**