

4. ACCREDITATION AND CPD (CONTINUING PROFESSIONAL DEVELOPMENT) REQUIREMENTS

To become an accredited Obstetric Shared Care GP in South Australia, a GP must fulfill the requirements listed below.

Accreditation

While it is not necessary that the GP wishing to conduct shared care holds the DRANZCOG, he/she should have adequate knowledge and skill in obstetric care. Ideally, this would be previous experience with a 3-6 month placement in obstetrics with an accredited hospital. GPs undertaking obstetric shared care are expected to meet the accreditation requirements for obstetric shared care and be familiar with the policies of the participating hospital.

To be able to practice obstetric shared care GPs must:

1. have had recent obstetric shared care or antenatal hospital experience OR complete a clinical attachment at a hospital antenatal clinic; and
2. attend an Obstetric Shared Care accreditation seminar and complete the associated knowledge questionnaire satisfactorily.

If they have not had experience within the last 5 years they will need to do a Clinical Attachment at an antenatal clinic and attend an Accreditation Seminar.

These seminars are held annually over 6 hours and attendance obtains RACGP (Royal Australian College of General Practitioners) Group 1 points.

To Maintain Accreditation

The GP must over a three year period either:

1. attend two relevant antenatal or postnatal CPD events (one of which may, in special circumstances, be the OSC Video and questionnaire); or
2. repeat the Accreditation Seminar.

The three year cycle is run in parallel with the triennium set down by the RACGP and the Australian College of Rural and Remote Medicine (ACRRM) for GP Vocational Registration.

Seminars and workshops are held by the OSC Program and are usually of 2 hours duration in the evening on topics relevant to Obstetric Shared Care. GPs who attend other appropriate CPD events may submit a copy of the Program to the CPD Committee for assessment of its relevance for accreditation.

If the recommended best practice protocols are not followed and patient management problems occur accreditation may be withdrawn. This is monitored by reviewing patient records. GPs who have not been following protocols will be contacted, either by phone or letter to inform them of their protocol omission. Repeated omissions or serious management problems will be reviewed by the OSC Advisory Committee and may result in withdrawal of accreditation.

GPs who have been previously accredited in South Australia and maintain their CPD requirements can continue to provide care as previously.

If accreditation is not maintained a GP's name will be removed from the GPOSC Program database, which would preclude participation in Obstetric Shared Care.

APPLICATION FOR OBSTETRIC SHARED CARE ACCREDITATION

PERSONAL DETAILS

Title _____ Given Name _____ Surname _____

- Female Male
 General Practitioner GP Obstetrician

PRACTICE ADDRESSES

Please indicate preferred practice for general correspondence by a tick next to number

1) _____ Phone _____
_____ Mobile _____
_____ Postcode _____ Fax _____
E-mail _____

2) _____ Phone _____
_____ Mobile _____
_____ Postcode _____ Fax _____
E-mail _____

RACGP QA&CPD No _____ ACRRM No _____ Division/Network _____

PROFESSIONAL REQUIREMENTS

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

Current Unrestricted Medical Registration in South Australia
SA Medical Registration number _____
(Please attach copy of Medical Board Registration)

Current Medical Indemnity/Insurance membership
Name MDO/Insurer _____ Membership number _____
(Please attach copy of Medical Indemnity Insurance)



Government of South Australia
Department of Health



OBSTETRIC EXPERIENCE

- DRANZCOG with current recertification
- Diploma Obstetrics RACOG (no recertification required) or CSCT in Women’s health **plus** recent involvement in provision of antenatal care. Please list at least one hospital sites involved

Hospital _____

Contact Name _____ Contact number _____

Hospital _____

Contact Name _____ Contact number _____

FRANZCOG/FRACOG Date attained ____/____/_____

Hospital Experience as an Antenatal Care Provider:
Please outline and attach details, including accreditation at other hospital sites, dates, contact names and phone numbers.

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

PROFESSIONAL REFEREES (medical)

All applicants for Obstetric Shared Care accreditation must provide two professional referees(medical), one referee 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 of the following undertakings:

- I have knowledge and understanding of the protocols for shared antenatal care (available at www.gpsa.com.au)
- I will participate in appropriate continuing professional development to obtain and maintain accreditation, as specified in the Obstetric Shared Care protocols
- I will ensure the Obstetric Shared Care program coordinator has up to date preferred contact information (telephone, facsimile, postal address)
- I will observe hospital guidelines in respect of mutual patients, including criteria for hospital review/referral
- 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 Obstetric Shared Care
- I will keep appropriate clinical records
- When on leave or ill appropriate arrangements be made for continuing care with an accredited Shared Care provider or the participating hospital
- I authorize the hospitals to provide women and their families with my practice details
- I understand that if I do not follow protocols and attend relevant CPD my accreditation status will be withdrawn

Signature _____ Date ____/____/____

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

GP Obstetric Shared Care (SA) Coordinator
General Practice SA (GPSA),
1st Floor, 66 Greenhill Rd, Wayville SA 5034
Ph: 8271 8988 Fax: 8271 8344 Email: osc@gpsa.org.au

GP Obstetric Shared Care (SA) use

Date application received ____/____/____

Antenatal clinic attendance required? Yes No

Accreditation approved as: Application Provisional Full Accreditation

Date ____/____/____

Clinic attendance dates ____/____/____ ____/____/____ ____/____/____

____/____/____ ____/____/____ ____/____/____

Accreditation date ____/____/____

Operations Group delegate name _____ signature _____

Database entry date ____/____/____