



Pinnacle Incorporated
membership
application pack



Kia hauora te katoa, kia puaawai te katoa

Everyone healthy, everyone thriving.

Nau mai haere mai! Welcome to Pinnacle Incorporated, a GP membership network and the parent company for Pinnacle Midlands Health Network and Ventures. We're a network of forward thinking general practices that manage the healthcare of nearly half a million people enrolled with 86 practices in Tairāwhiti, Taranaki, Rotorua, Taupō-Tūrangi, Thames-Coromandel and Waikato.

About Pinnacle Incorporated membership

As a GP working in a practice that holds a provider agreement with Pinnacle Incorporated, you're required to become a member.

The annual membership fee is \$300 + GST, for the period 1 July - 30 June. If your membership is endorsed with six months or less of the year remaining, the pro-rata fee is \$150 + GST and the invoice will be sent to your practice. There is also one-off joining fee of \$200 + GST.

What's in it for you?

Pinnacle Incorporated is governed by a combined board which includes GP representatives appointed by the members – that's you. As a full member of Pinnacle Incorporated you will:

- be invited to attend funded GP cluster meetings in your locality (attendance paid at \$200/meeting)
- have free access to Pinnacle education sessions for GPs
- vote in the annual election of GP representatives who support and lobby for our members
- enjoy a range of other benefits including EAP services, access to the n3 buying network and discounted Southern Cross health insurance.

For more information see <https://www.pinnaclepractices.co.nz/thriving-practices/membership-benefits/>

Membership application

Please return completed forms to Yazmin Dorey. Your membership will be endorsed by the Pinnacle Incorporated membership committee and following this you will receive a formal letter of welcome.

Please get in touch if you have any queries or concerns.

Ngā mihi, with kind regards

Yazmin Dorey, Governance Co-ordinator

yazmin.dorey@pinnacle.health.nz

Hamilton (Head Office)
Level 3 Norris Ward
McKinnon House
711 Victoria Street
PO Box 983
Hamilton 3204
P: 07 839 2888 | F: 07 863 4102
E: info@pinnacle.health.nz

Taupō
118 Tuwharetoa Street
PO Box 1716
Taupō 3351
P: 07 376 0060

Gisborne
98 Peel Street
PO Box 1188
Gisborne 4040
P: 06 863 2661

New Plymouth
7 Molesworth St
PO Box 8196
New Plymouth 4310
P: 06 759 4364
F: 06 759 4341

Nomination form

Proposer and seconder must be current Pinnacle Incorporated members

Applicant to complete

I _____
(Full name)

of _____
(Full address)

being a registered general practitioner and as set out in paragraph 3.2 of the Rules of Membership (*attached*), hereby apply to be a member of Pinnacle Inc. I will abide by the Rules of Membership and I acknowledge that I am not applying to Pinnacle Inc. for the purpose of deriving pecuniary gain.

(Applicant signature) (Date)

Proposer to complete

I _____
(Full name)

of _____

(Full address)

being a full member of Pinnacle Inc. confirm that I am personally acquainted with the above applicant and nominate them to be a member of Pinnacle Inc.

(Proposer signature)

(Date)

Secunder to complete

I _____
(Full name)

of _____

(Full address)

being a full member of Pinnacle Inc. confirm that I am personally acquainted with the above applicant and nominate them to be a member of Pinnacle Inc.

(Proposer signature)

(Date)

Practitioner details

Surname _____

First name/s _____

MCNZ number _____ HPI number _____

Gender ☐ Male ☐ Female ☐ Gender diverse

DOB _____ Ethnicity _____

Email address _____

Please note: Due to the privileged nature of some membership communications, it is preferred that you supply a private work email address.

Current role

Medical centre _____

Date started _____

Anticipated FTE (full time equivalent) or hours worked/week: _____

Working as: ☐ Owner ☐ Employee ☐ Contractor ☐ Locum

Do you work exclusively from this medical centre? ☐ Yes ☐ No

If no, please state other places of work: _____

Professional details

Post-graduate qualifications _____

Special clinical interests (e.g. obstetrics, geriatrics) _____

If you hold vocational registration in general practice with NZMC please skip the following three questions:

1. Have you completed GPEP1 Programme? ☐ Yes ☐ No
2. Have you completed GPEP2 Programme? ☐ Yes ☐ No
3. Are you required to have supervision? ☐ Yes ☐ No

If **Yes**, please list your supervisor/s: _____

Work history

How long have you practiced medicine in New Zealand? _____

Immediately prior to your application for Pinnacle Incorporated membership were you:

☐ Non-Pinnacle practice ☐ DHB ☐ Study ☐ Overseas (*country*)

Other (*please state*) _____

Declaration

In support of my application for Pinnacle Incorporated membership:

- 2.4.1. I declare the information provided is true and correct to the best of my knowledge.
- 2.4.2. I understand my membership is required according to the terms and conditions of the “Provider Agreement - First Level and Other Services” between above named medical centre and Pinnacle Incorporated.
- 2.4.3. I give consent to Pinnacle Midlands Health Network to obtain my pharmaceutical and laboratory data.

(Applicant signature)

(Date)

Payment method form

Confirmation of bank account details for any patient funding (i.e. capitation and/or service claims payment in relation to patients under this practitioner's care, in the practice named below).

Practitioner name: _____

Practice name: _____

Please check bank account details with your practice manager and **include copy of deposit slip OR** bank record with account name, bank name and account number.

Full account name:

[illegible]

Account number: (right-align all account numbers. e.g. record an 02 suffix as 002)

Please tick the following types of payments you wish this bank account to be used for:

| | | |
|------------|------------------------|----------------------|
| Capitation | Service/project claims | Other (please state) |
| | | |

Alternative account

If needed, you can nominate an alternative account for different payment types. Please check details with your practice manager.

Copy of **deposit slip** OR bank record with account name, bank and account number please.

Full account name:

[illegible]

Account number: (right-align all account numbers. e.g. record an 02 suffix as 002)

Bank Branch Account Suffix

Please tick the following types of payments you wish this bank account to be used for:

| | | |
|------------|------------------------|----------------------|
| Capitation | Service/project claims | Other (please state) |
| | | |

Practitioner signature: _____ Date: _____

Email remittance advices to:

Rules of membership

The following extract from the constitution of Pinnacle Incorporated provides the rules of membership. A copy of the full constitution is available to all members on request to the Pinnacle Midlands Health Network office.

3. MEMBERSHIP

3.1 There shall be two classes of members:

Full members, who shall be general medical practitioners and other health professionals who possess the qualifications for membership set out in paragraph 3.2,

Associate members, who shall be such people (who are not necessarily health professionals) who have been approved by the Executive Committee as associate members.

Save for the founding members, people wishing to join Pin Inc shall be nominated and seconded by existing full members on Pin Inc nomination form for full membership, or such other form as may be prescribed from time to time by the Executive Committee for full or associate membership. These members need to have personal knowledge of the applicant. Applicants will acknowledge that they are not applying to Pin Inc for the purpose of deriving a pecuniary gain.

3.2 An applicant for full membership shall satisfy the Executive Committee that she/he possesses the following qualifications, which are the conditions of full membership of Pin Inc:

- registration pursuant to the Medical Practitioners Act 1995, or any statute which is passed in substitution or succession to it ("the Act");
- a current practising certificate (pursuant to the Act);
- a commitment to the objects of Pin Inc, quality assurance and peer review;
- that she/he is not a member of any other provider network;
- that she/he is financially solvent and clinically experienced and competent.
- where, on any other reasonable ground, the Executive Committee considers it is inappropriate for the member to continue his or her membership of Pin Inc.

4. JOINING AND ANNUAL FEES

Members shall pay their annual fees in advance by 20th May of each year on receipt of an account from Pin Inc. The joining fee and annual fee will be set annually by a 75% majority of the Executive Committee. The Executive Committee may from time to time decide different levels of fee for full time practitioners (meaning practitioners who are available to provide services to patients for a minimum of 20 hours a week) and part-time practitioners (meaning practitioners working less than 20 hours per week).

5. REGISTER OF MEMBERS

Pin Inc shall keep a register of its members containing the names, addresses and occupations of all members and the dates at which they became members. Pin Inc shall from time to time, when required by the Registrar of Incorporated Societies, send to the Registrar a list of the names, addresses and occupations of its members, accompanied by a statutory declaration verifying that list made by an officer of Pin Inc.

6. REGISTERED OFFICE

Pin Inc shall have a registered office to which all communications may be addressed. Notice of the situation of the registered office and of any change from time to time of that office, shall be given to the Registrar.

7. CODE OF CONDUCT

Pin Inc and its members will act with due regard for medical ethics and use best endeavours to ensure that:

Subject to geographical limitations, patients have access to quality health care services according to their needs;

Subject to geographical limitations, patients have the right to select the practitioner of their choice;

The quality and standard of medical services will be preserved or, where possible, enhanced by members' involvement in relevant quality assurance programmes;

The individual dignity of all patients will be respected;

Services will be provided in a manner appropriate to patients' culture, age and gender;

Health promotion and preventative health measures will be supported as an integral part of the services provided;

They provide accurate information for the planning, development and implementation of health services;

They comply with the Code of Rights for Consumers of Health and Disability Services promulgated under the Health and Disabilities Act 1996 and all other relevant codes and legislation.