

20051-5-012

TO: AUCKLAND DISTRICT HEALTH COMMITTEE 6 Dec 1990

RE:

CONTRACTS BETWEEN THE AAHB & INDEPENDENT PRACTITIONERS WHO ARE NOT EMPLOYED BY THE BOARD FOR ACCESS TO BOARD FACILITIES.

1. Section 49, Area Health Board Act 1983 requires medical practitioners to enter into agreement with the Board as to the conditions on which s/he is to be entitled to treat patients in board hospitals, wards or annexes.
2. The Nurses Amendment Act 1990 extended this access to midwives.
3. The Board administers/provides the facilities - buildings, beds, equipment and staff. It is also responsible for the service.
4. The Maternity Service Managers now "consider the contracts in terms of service provision as well as contracts for access". (Letter 29.11.90 from A. Nightingale).
5. In the past medical practitioners have been granted contracts for access to the Board's facilities, but have not been subject to any Board disciplinary procedures..

From 1980 contracts have been granted on the 'advice' of Obstetric Standards Review Committees (OSRC) set up in 1979 in accordance with a resolution of the NZ Medical Association Council "to present precise proposals for the establishment and monitoring of obstetric standards in New Zealand". (M A H Baird, Editorial, NZMA Ak Div Newsletter June 1980).

Following discussion with NZMA the DOH advised Hospital Board Chief Executives that OSRCs would "provide guidelines for the granting of access to "open" maternity beds". (Circular Letter no 1981/209, 27 Nov 1981)

6. Department of Health 'Discussion Paper on Care for Pregnancy and Childbirth', December 1989 has recommended that the OSRCs should be disbanded. (Recommendation no 8)
7. We concur with this Recommendation seeing no necessity for any intermediary power broker between the practitioner and the Board in the negotiation of contracts..

In fact, we consider that the OSRCs, or any other such committees to be relics of the past being based on the mechanistic approach to medicine and the medical model of childbirth.

8. Today, WHO says: "Birth is a natural and normal process, but even "no risk pregnancies" can give rise to complications. Sometimes intervention is required to obtain the best result. In order for the following recommendations to be viable, a thorough transformation of the structure of health services is required together with modification of staff attitudes and the redistribution of human and physical resources.."
(Appendix 1)

DOH Discussion Paper states that "Pregnancy and birth are part of the normal life experience of women. The majority of women have the ability to conceive, undergo pregnancy, give birth and breast feed without problems....."

8. (cont'd) The AAHB Principles of the Auckland Maternity Services declares that "pregnancy and childbirth are natural life which will be protected and enhanced by skilled health workers in cooperation with the mother and chosen support people".

9. Quality Assurance.

Under S 38(2) of the Area Health Board Act boards are required to adopt all such measures, (primary objectives and policies of the Minister) including systems of planning, management and quality control as will best ensure the efficient and economic administration and use of its resources in the provision of health services.

10. AAHB is working on its quality assurance programme to develop a "policy and reporting structure which will embrace "quality of service" in its widest sense..... (Annual Operating Plan 1990/91, draft 31/5/90 p27)

A Board-wide disciplinary procedure has been established; NWH has a complaints procedure in place as well as a Patient Advocate;

The NWH computer system is expected to be in operation early in 1991. This will provide yet another audit system for individual practitioners, revealing their complication rates with performance indicators.

Midwives, through their College, have developed and published Standards of Practice, Service and Education which are applicable to midwives wherever they work;

Midwives are subject to disciplinary action through the Nursing Council; doctors are subject to disciplinary procedures through the Medical Council.

11. In the community, domiciliary midwives have established their own regional monitoring system comprised of four consumers and four health professionals. Each DM is required to present an annual written report on her year's work, plus a self-evaluation.

12. We suggest that the contract should be based on the concept that the maternity services are primarily for mothers and their babies and only secondarily in the interests of health professionals.

The first contract for a new practitioner should be provisional and backed by references;

Contracts should be based on basic qualifications eg Dip Obs/
Registered midwife/APC;

They should be subject to: Board's disciplinary procedures and quality assurance programmes;
subject to local protocols and policies;
subject to adequate indemnity insurance;
subject to relevant Acts & Regulations;
subject to informed consent;
subject to service provision as negotiated;
subject to continuing education;
subject to annual review;
provide the right of renewal, termination by either party and right of appeal.

Joan Douby