

Auckland Area Health Board

YOUR REFERENCE

ADM 001

IN YOUR REPLY PLEASE QUOTE

Address reply to officer whose official title appears below signature.

02 September 1991

Dear Practitioner

MATERNITY ACCESS AGREEMENT AUCKLAND AREA HEALTH BOARD'S MATERNITY HOSPITALS/UNITS

An application form for access and practice rights to use the Auckland Area Health Board's Maternity facilities is enclosed, together with criteria for issue. Please return the completed application forms together with all other documentation at your earliest convenience.

This application will be considered by the Maternity Access Agreement Committee (or, at this time, its interim Committee, the Obstetric Standards Review Committee) and if the criteria are met, an agreement with covering information regarding its ratification will be sent to you.

The term of the Agreement will be at the discretion of the Committee, depending on the circumstances. The present guidelines are:

- A <u>1 year</u> for locums or those Practitioners 65 years of age or over
- B <u>2 years</u> for Practitioners commencing in their own practice
- C <u>3 years</u> for reissue of (2) above.

All practitioners, including those employed by the Auckland Area Health Board require an access agreement to treat <u>private patients</u> in the Board's maternity hospitals/units and the MAAC (or its interim Committee) has the responsibility of advising the Board as to whether or not an agreement should be issued. It is also responsible for reissue of agreements.

The Access Agreement clearly spells out the rights and responsibilities of the Board and Practitioner.

Yours faithfully

H Stone

for CHIEF HEALTH OFFICER

Auckland Area Health Board's CRITERIA AND PROCESS

for granting an Independent

Medical Practitioner or an Independent

Midwife Access and Practice rights in the Auckland Area Health Board's Maternity Units

- A committee which is called the Maternity Access Agreement Committee (MAAC) shall meet monthly to consider Applications for First Issue and Applications for Reissue and shall be responsible to advise the AAHB accordingly..
- The MAAC Committee comprises representatives nominated from the relevant professional organisation for a term of usually 2 years.
- Applications shall be in writing on the standard form and shall be forwarded to the MAAC. The MAAC may require the applicant to attend a personal interview in support of the application.
- A Practitioner may appeal against non-issue of an Access Agreement to the Review Committee of the AAHB.

APPLICATIONS FOR ISSUE OF ACCESS AGREEMENTS

In making a recommendation to the AAHB on an application for First Issue of an 1: Access Agreement the MAAC shall have regard to the following:

Objective Standards 1.1

Minimum Qualifications:

Registration with either: Medical Council of New Zealand, or Nursing Council of New Zealand

At least one of the following:

Diploma of Obstetrics or equivalent Appropriate Specialist qualification Registration as a General and Obstetric Nurse and Registered

Midwife Registration as a Comprehensive Nurse and Registered Midwife Registration as a Midwife who immediately before 1 April 1984 was practising midwifery in any place or places other than an institution under the control of an area health board or a hospital board, or any licensed hospital within the meaning of Part V of the Hospitals Act 1957.

Registration as a Midwife under Section 39 of the Nurses Act 1977 as amended.

- . Minimum Experience: Evidence of recognised, satisfactory and supervised practice.
- Evidence of relevant practice during the past 3 years and in particular the last 12 months.
- . Names of two referees: relating to recent experience.
- . Copy of current annual practising certificate.
- . Evidence of appropriate indemnity insurance.
- Evidence of recent continuing postgraduate education relating to maternity and neonatal practice and/or obstetric anaesthesia.

1.2 Other Information Required

Date of birth. (Access Agreements may be limited in time for those over 65 years of age.)

- . Health status relevant to maternity practice.
- . Purpose for seeking this Access Agreement.
- . Current practice arrangements or intended practice arrangements if Access Agreement granted.

1.3 Policies and Guidelines

The nature of the Agreement requires that the Practitioner is familiar with the 'Aims, Goals and Principles of the AAHB Maternity Service' and complies with AAHB policies and guidelines for example:

Quality of Service Policy Informed Consent Guidelines Bicultural Policy

- 2. In making a recommendation to the AAHB on an application for the Reissue of Access Agreement the MAAC shall require the applicant Practitioner to present a detailed profile of clinical practice which shall include the following:
 - Evidence of relevant practice since last Access Agreement was issued.
 - Evidence of outcomes including, for example: number of patients managed, complication rates, maternal and neo-natal outcome.
 - Evidence of relevant continuing education since last Access Agreement was issued.
 - . Current practice arrangements.
 - . Current annual practising certificate.
 - . Evidence of additional qualifications since last Access Agreement was issued.
 - . Names of two referees relating to recent experience.

3. Acceptable postgraduate events include:

- Clinical conferences/workshops/seminars as organised by Professional Colleges (local, national, international)
- . Relevant courses/seminars offered by tertiary education institutions
- . Other seminars/conferences organised by relevant interest groups and agencies.

AUCKLAND AREA HEALTH BOARD

Application for Access to Practice in the Board's Maternity Hospitals/Units N.B. To assist the Committee in making its decision, all information must be supplied. FULL NAME: SIAN BURGESS D.O.B. STH MAY 53 HOME ADDRESS: 17 MALVERN ROAD, MOUNT ALBERT, AUCKLAND PRACTICE ADDRESS: 40 A SUSSEX ST, GREYLYNN TELEPHONE: 763.884 (Bus) 861.801 (Pvte) 02595646 (Fax) Mobile QUALIFICATIONS (dates obtained) 1. ONC (Orthapsedic Nuising Cert) SRN (State Registered NUISE) SCM (State Certified Midwife) SUMMARY OF RELEVANT PRACTICE - ALL PRACTITIONERS 2. (since qualifications obtained) FROM/TO LOCATION Midwives Courctive Uan/91 — to current date 40A 8UBSEX ST. Daniciuary Midwife 1985-1991. in Auckland (6. births per month)..... Nightingales Nursing (2 snifts per west)
Bureau Auceland Du N.W.H.
Obstetric Unit, Waitakers Hosp (3 snifts/west) 1990 (Jone \$ (JULU) * Domici Liary Michailsry (3 births/month) 1985 Obstatric Unit waitaleastrosp. (full tims) 1984-1985 Daniciuary Midwifs (34 births) 1983 - 1984

(51 hams births)

St therens thosp (6 mins full time Du). 1979-1980.

33

1982-1983.

1978 - 1979 .

1977-1978

1980.

Obstatuc Unit

Daniciuary Midwift

Wattakere to (fuy time).....

West London HOSP Charing Cross.

Thailand V.S.O. NURSE/MielWife_

8.	In which hospitals/units do you wish to practice?
	NH Shale, Ubitales/s, National Womens, Middlemore
9.	(Which sver is the closest to the womans have in case of transfer) Evidence of recent continuing postgraduate education relevant to your maternity practice.
10.	Will attend Dip Ob course in BSC 1991 Spoke at and attended Spot ught on Obstetrics for GPs at Medical School AT I Series Refresher course for Michiel (IV insertion, neonatal 1880s, gest diabetes, communication stc) Mareden Wagner, Ian Chaumers, Michele Odent, Shejia Kitinger lattended and those visiting 1900 in Auceland). Acupuncture course for michiel set carrington Tec. What opportunities do you believe necessary for your ongoing education?
	Opportunities auch as those provided for district rurses & other community health workers in regulary updating stills. Valated to operation and represent resources and represent resources that regular update refresher courses be provided to inform & provided to inform & provided those midwives in practice of current then as a new ideas.
SIGN	ATURE: SIAN BUYOS85 DATE: 1941 SEPT 91

NB: PLEASE ATTACH COPIES OF:

- (i) Current Annual Practising Certificate
- (ii) Current Indemnity Insurance

*Note AAHB requirements (attached) for maternity practitioners to ensure they are free from MRSA if they have worked in an area where it is endemic.

RETURN APPLICATION TO:

Secretary, OSRC, AAHB P O Box 5546, Auckland.