Canterbury AREA HEALTH BOARD

IME contract seems to be reasonable a good wodel to prosent. The meeting today decided no

OBSTETRIC PRACTICE AGREEMENT

This agreement between:	that it is macreptable for the following versions and then state the Things that would be acceptable
•a •a•aaaaaaaaaaa a••••aa•aa •aa•aaaa ••••• 1•aa• •aa•aaaa	Registered Medical Practitioner/ Registered Midwife
	(Delete whichever not applicable)

and the General Manager of The Canterbury Area Health Board permits the above-named health professional to undertake appropriate obstetric care in the various institutions of the Board. In confirming this agreement, the Canterbury Area Health Board requires the named health professional:

- To comply with the provisions of the Area Health Boards Act 1983, and its subsequent amendments, and any regulations made thereunder, including the current Obstetric Regulations.
- 2. To comply with Canterbury Area Health Board policy directions and any Bylaws that are currently applying.
- To provide any information regarding the health professionals clinical practices, as may be required by the Board's Childbirth Monitoring Committee, as part of its Practice Review obligations.
- 4. To comply with approved practice criteria, as may be set down by the Childbirth Monitoring Committee from time to time.
- 5. To comply with the directions of the Manager, Obstetric and Gynaecology

 Service (or the Managers, South Canterbury or Ashburton Health Services) or

 his/her nominee.

 P.T.O.

Right of Appeal

The Health professional named above has the right of appeal:

(A) On professional matters, to the appropriate Professional Advisor(s), to the

General Manager of The Canterbury Area Health Board, or

(B) On managerial matters, to the General Manager of the Canterbury Area Health

Board who, at his/her discretion may refer policy matters to the Board itself.

This request shall in no way affect the obligations of the health professional under these

clauses pending hearing of the appeal.

This Agreement is not a contract of employment or a contract for services between a

professional and the Canterbury Area Health Board. The health professional shall not be

entitled to any remuneration from the Board.

(signature)	(Registered Medical Practitioner/ Registered Midwife)
	14
(signature)	(Manager Obstetric and Gynaecology Services) (On behalf of General Manager, CAHB)

Canterbury AREA HEALTH BOARD

This Obstetric Agreement applies to:-

- * Midwives
- * General Practitioners
- Obstetricians

Contracts are to be issued to health professionals carrying out private/independent practice, in the Board's institutions.

CRITERIA

1. Qualifications

1.1 Midwives

- must be a Registered Midwife
- must have current Practising Certificate
- membership of the N.Z.C.O.M.I. (College of Midwives) is strongly recommended. (Membership may become compulsory in the future).

1.2 General Practitioners

- must be a Registered Medical Practitioner
- must have a Diploma in Obstetrics
- must have a current Practising Certificate
- membership of the O&G Society of NZ is strongly recommended. (Membership may become compulsory in the future).

1.3 Obstetrician

- must be a Registered Medical Practitioner
- must be on The Specialist Register
- must be a Fellow of Royal NZ College of Obstetricians and Gynaecologists
- must have a current Practising Certificate
- 1.4 All practitioners must have indemnity insurance.

/cont...

2. Probationary Period

- 2.1 New practitioners will be closely monitored in the first year to ensure they can provide high standards of care.
- 2.2 The performance of all practitioners will be reviewed by the Childbirth Monitoring Committee one year after granting of the initial contract, before the contract is renewed.

3. Monitoring Process

- 3.1 All those contracted by the Board will be required to participate regularly in continuing education programmes. This will assist practitioners to keep up to date.
- 3.2 All those contracted by the Board will participate in Quality Improvement/Quality Assurance Programmes undertaken by the Board.
- 3.3 All holders of an Obstetric Agreement should attend, as a Board requirement, the Perinatal Mortality and Morbidity Meetings.
- 3.4 At the completion of the first year, individuals will submit details of their clinical practice on a provided form. This will include the number of deliveries, their outcomes and any complications.

In addition, documented evidence of educational and quality assurance activities undertaken will be included.

3.5 Thereafter, contracts will be reviewed every 2 years.

This two yearly review will also take the form of each person with a contract submitting details of their obstetric practice on a provided form, for each year of the two year period, plus a summary of educational and quality assurance activities.

4. Provision of Cover

4.1 It is the practitioner's responsibility to ensure cover is provided when he/she is not available.

The practitioner who is providing cover must also hold an Obstetric Agreement with the Board.

5. Right of Appeal

5.1 Each health professional will have the right of appeal on professional matters to the appropriate professional advisor.

5.53

Canterbury AREA HEALTH BOARD

INFORMATION TO BE SUPPLIED BY
APPLYING FOR AN OBSTETRIC AGREEMENT.
Full Name: (Please print)
Address:
Telephone No.:
Date of Birth:
QUALIFICATIONS: (With dates and the name of conferring authority)
1)
2)
3)

OBSTETRIC EXPERIENCE SINCE QUALIFICATION (briefly list obstetric experience, if any, since qualification)

1. IL AA. P. take In a doubt the Popula' WINDILLIA HE TAOKA O TE ODAKA MAO KA TAKATA KATOA O WAITAH

OTHER RELEVANT INFORMATION

1)	Have you a current NZ Practising Certificate? <u>Please provide copy.</u>	Yes/No
2)	Have you'a work permit for New Zealand (non-New Zealanders)?	Yes/No
3)	Do you currently work for the CAHB? If yes, how many hours per week?	Yes/No
4)	Are you a member of the NZCOMI or NZ O&G Society?	Yes/No
5)	Do you have indemnity insurance?	Yes/No
6)	Have you previously applied for an obstetric contract? If yes, and not granted, please give details.	Yes/No
		*
	ž.	
7)	Is this a locum position? If yes, for how long?	Yes/No
8)	Do you intend doing other locums in the Board's area?	Yes/No
9)	Name of practitioner who will provide cover should you be	unavailable.
10)	Does he/she hold an Obstetric Agreement with the Board?	Yes/No
11)	Name/Address of two referees.	
	1)	
	2)	
		10
SIGN	IED	
DAT	E	