Tēnā koe,

Welcome! Whether you are new to Pinnacle or have been part of our network for many years, it is great to have you with us. Being a Pinnacle member means being part of a connected, values-driven organisation that exists to support general practice and improve health outcomes for our communities.

Your voice matters. As a member, you play an important role in shaping the future of Pinnacle - whether through voting for our Executive Committee, participating in engagement opportunities, or contributing through the various interactive channels available across the organisation. We encourage you to use your voice, share your perspectives, and help guide our direction.

This membership pack provides an overview of Pinnacle, the benefits of being part of our network, and the key governance information from our Constitution, including how membership works and how you can be involved. Transparency, strong governance, and meaningful engagement with our members are central to who we are.

We are always keen to hear from our members. Please feel free to get in touch at any time. Your feedback, ideas, and questions are always welcome and valued.

Thank you for being part of Pinnacle.

Justin Butcher
Kaiwhakatere/Chief Executive Officer

justin.butcher@pinnacle.health.nz

Pinnacle Incorporated

Membership

Application Pack

Pinnacle™ Incorporated

Kia hauora te katoa, kia puaawai te katoa
Everyone healthy, everyone thriving

Nau mai haere mai! Welcome to Pinnacle Incorporated (Pin Inc.), a network of clinicians and the parent company for Pinnacle Midlands Health Network. Our members work across forward-thinking general practices that manage the healthcare of nearly half a million people enrolled with 94 practices in Tairāwhiti, Taranaki, Rotorua, Taupō-Tūrangi, Thames-Coromandel and Waikato.

Full Pinnacle Incorporated membership is available to all General Practitioners and Nurse Practitioners working in or with Pinnacle-associated practices. Associate membership is open to other clinicians, including those in training.

What's in it for you?

Pin Inc. is governed by an Executive Committee which includes GP and NP representatives appointed by the members – that's you. As a full member of Pin Inc. you will:

- Vote in the annual election of GP/NP representatives who support and lobby for our members
- As part of being in the Pinnacle network, you will get to enjoy a range of other benefits including EAP services, access to the N3 buying network, discounted South Cross health insurance and many more

Please see all information on our benefits here: https://www.pinnaclepractices.co.nz/resources/pinnacle-practice-benefits/

Membership application

Please return your completed forms to Shannon Poupard-Rupapera or reach out if you have any questions: shannon.poupard-rupapera@pinnacle.health.nz

Ngā mihi, with kind regards

Shannon Poupard-Rupapera | Practice Support Administrator
M 027 240 0956 | www.pinnacle.co.nz

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 or nurse practitioner and possessing the qualifications set out in paragraph 3.2 of the rules of Pin Inc. *(attached),* hereby apply to be a full member of Pin Inc. I certify that I possess the qualifications set out as conditions of membership of Pin Inc. I acknowledge that I am not applying to Pin Inc for purposes of deriving pecuniary gain. I hereby consent to become a member of Pin Inc and agree to abide by the rules and constitution of the incorporated society.

_____ _____

(Applicant signature) *(Date)*

Proposer to complete

I _____

(Full name)

of _____

_____

_____

(Full address)

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

(Proposer signature)

_____

(Date)

Seconder to complete

I _____

(Full name)

of _____

_____

_____

(Full address)

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

(Proposer signature)

_____

Practitioner details

Surname _____

First name/s _____

MCNZ/NCNZ 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 work email address that is personal to you*

Current role

Place of work _____

Date started _____

Anticipated contracted 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/extended roles (e.g. Women's health, minor surgery, ADHD, etc) _____

For General Practitioners only, please answer the following questions:

1. Are you a consultant / Specialist GP (FRNZCGP)? □ Yes □ No

   If you selected no:

1. Have you completed GPEP1 Programme? □ Yes □ No
2. Have you completed GPEP2 Programme? □ Yes □ No

Other people working as GPs needs a supervisor. Please list tour supervisor/s _____

Work history

How long have you practiced medicine or as a Nurse Practitioner in New Zealand? _____

Immediately prior to your application for Pin Inc. membership were you:

□ Non-Pinnacle practice □ HNZ/Te Whatu Ora □ DHB □ Study □ Overseas (*country*)

Other (*please state*) _____

Declaration

In support of my application for Pin Inc. membership:

1. I declare the information provided is true and correct to the best of my knowledge.
2. I will adhere to the terms and conditions of the "Provider Agreement - First Level and Other Services" between above named legal entity and Pin Inc.
3. I give consent for Pinnacle MHN to obtain information about my clinical activity

_____ _____

(Applicant signature) *(Date)*

Rules of membership

The following extract from the constitution of Pin Inc. provides the rules of membership. A copy of the full constitution is available to all members through Liz Miller liz.miller@pinnacle.health.nz

3. MEMBERSHIP

3.1 There shall be two classes of members:

a) Full members, who shall be general medical practitioners and nurse practitioners in the Midland Regional Health Authority region and other health professionals who possess the qualifications for membership set out in paragraph 3.2, who have been approved for full membership as set out in rule 3.4.

b) 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 (a copy of which is attached as Appendix 1), 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 pecuniary gain.

3.2 An applicant for full membership shall satisfy the Executive Committee that they possess the following qualifications, which are the conditions of full membership of Pin Inc:

a) registration pursuant to the Health Practitioners Competence Assurance Act 2003, or any statute which is passed in substitution or succession to it ("**the Act**");

b) a current practising certificate (pursuant to the Act);

c) a computerised Age Sex Register of their patients in a format acceptable to Pin Inc (although the Executive Committee may admit a member subject to the condition that such a register is established within six months);

d) a commitment to the objects of Pin Inc, quality assurance and peer review;

e) that they are not a member of any other provider network;

f) that they are financially solvent and clinically experienced and competent;

g) that they are a fit and proper person to be a member of Pin Inc.

3.3 The conditions of associate membership, and the nomination form for associate members, may be determined from time to time by a 75 percent majority of the Executive Committee.

3.4 Applications submitted in accordance with paragraph 3.4 will be processed as follows:

(a) Upon notification by a general practice that a general medical practitioner or nurse practitioner wishes to become a member of Pin Inc, the secretary (or such other person as the Executive Committee may delegate) shall send the application form to the practice for completion by the applicant.

(b) The completed application form, duly signed by the applicant and nominated and seconded by existing full members with personal knowledge of the applicant, shall be returned to the secretary.

(c) Applications shall be reviewed by the secretary and shall enrol the applicant as a member of Pin Inc for the appropriate membership category, provided that:

(i) the application has been approved
(ii) the applicant has confirmed their consent to becoming a member of the application form

(d) The secretary shall update the membership register and notify the practice and the new member accordingly.

3.5 Members may cease to be members of Pin Inc on:

a) Giving not less than four week's notice to the secretary in writing of their intention to withdraw. Such notice of resignation shall be deemed effective from the date specified in the notice.

b) The exercise of the Executive Committee's discretionary power to expel a member. The grounds for expulsion are:

(i) breach of a condition of membership as set out in paragraph 0 (as amended from time to time);

(ii) breach of the Code of Ethics of Pin Inc as set out in paragraph 0 (as amended from time to time);

(iii) 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.

3.6 The Executive Committee shall exercise its discretion to expel a member in accordance with the rules of natural justice. In particular, the member under consideration will be given a statement setting out the matters under consideration and an opportunity to put their case in writing before exercising its power of expulsion.

3.7 Any decision to expel a member requires a 75% majority of the full Executive Committee to vote in favour of the decision. The ballot on such a decision may be conducted by post or by fax and the result will be recorded in the minutes of the Executive Committee.

3.8 Members may, in the interests of attaining the objects of Pin Inc, by a resolution of members passed at a duly convened meeting by members by not less than a three-quarter majority of the members present in person or by proxy at that meeting restrict the membership numbers of Pin Inc.

3.9 A person meeting the criteria for full membership set out in paragraph 3.2 and wishing to become a member of Pin Inc shall submit an application for full membership in the form attached as Appendix 1 for review.

4. 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.

5. 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.

6. CODE OF CONDUCT

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

a) Subject to geographical limitations, patients have access to quality health care services according to their needs.

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

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

d) The individual dignity of all patients will be respected;

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

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

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

h) They comply with the Code of Health and Disability Services Consumers' Rights for consumers of health and disability services promulgated under the Health and Disability Commissioner Act 1994 and all other relevant codes and legislation.

We take the privacy of your personal information seriously and will handle all personal information in accordance with our privacy obligations