

He tauākī whakamaunga atu
A declaration to climb that mountain

Practice management resource manual
**to support business, practice managers, operational managers/
CEOs**

Nau mai haere mai

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Pinnacle MHN is proud to present this adapted document as a part of the Pinnacle MHN onboarding to practice management toolkit.

This manual has been designed to assist practice manager, business manager or CEO roles within general practice, to support staff who are new to primary care, supplementing practice specific information and practice desk files.

The manual aims to assist new staff in their pivotal role in primary care with links to:

- government health agencies
- training
- funding and legislation
- Te Tiriti and equity

Please keep in mind that inevitably there will be questions or areas that are not covered in this manual.

All readers need to be aware that information can become outdated. We are always happy to hear feedback about the manual and are open to any suggestions for improvement.

If you require further assistance, please contact practice.support@pinnacle.health.nz

Disclaimer

Pinnacle MHN is not responsible for the content of other websites linked to or referenced in this manual. The inclusion of, or reference to any link to another website, or reference to any specific commercial product, process, or service, whether by trade name, manufacture, or otherwise, does not constitute an endorsement, verification or recommendation by Pinnacle MHN.

Any mention of third-party providers is not an endorsement, whether by product or organisation by Pinnacle MHN practices are encouraged to do their own due diligence.

Section 1 - Introduction

Practice management in general practice is rewarding but it can also mean long hours and uncertainty.

Every day, people of all ages, backgrounds, whakapapa, and beliefs will open your door and step into your clinic. Within the wider context of their community and whānau, you will help these people manage their health, replenish their wairua and you will build strong relationships with them along with staff in your practice.

Your practice will be dedicated to exceptional patient care and operational excellence, and your role will be at the heart of the practice. You will be responsible for leading the business and ensuring that day-to-day operations run smoothly. You will drive financial management, business development, administrative efficiency and your leadership will be pivotal in ensuring the practice team stays motivated, cohesive and committed to delivering the highest level of quality patient care.

Primary and community healthcare

Primary and community health care is the entry point to the health system for most New Zealanders.

It plays a key role in delivering timely access to quality healthcare because it protects, promotes, and improves people's health.

The primary and community health care sectors have been under pressure. Aotearoa New Zealand has a growing and ageing population and people's health needs are becoming more complex. Primary and community health care also faces workforce shortages, which are particularly significant in rural and provincial areas. This means New Zealanders cannot always get the health care they need to stay well in their communities.

Communities and the health sector have shown widespread support for making changes to improve primary and community health care. This was highlighted through engagement for the Pae Ora (Healthy Futures) Strategies in 2023, which showed how important primary and community health care is for New Zealanders.

Working with Te Whatu Ora Health New Zealand and other agencies, the Ministry of Health is leading a policy work programme to look at what is needed to achieve comprehensive and accessible care that will better prevent ill health and support the wellbeing of people in Aotearoa.

Challenges faced by the sector

Previous engagement with the primary and community care workforce has identified a range of challenges.

- Workforce shortages are causing pressure across a broad range of health professions, with many health workers reporting they feel burnt out.
- Primary healthcare providers like GPs are doing more work, and it is more complex. Many practices have had to close their books to new patients.
- Current funding models do not work well for primary healthcare providers or their patients.
- Fragmented healthcare means there are not always good connections between different types of primary and community healthcare services.
- Primary and community healthcare providers do not always have the tools they need, including infrastructure and technology.

Challenges faced by New Zealanders

Most New Zealanders access the health system through local primary and community healthcare services. For many people, the current healthcare system is working effectively. However, some groups, including Māori, Pacific, women, disabled peoples, low socio-economic, rural populations, refugee and migrant, and rainbow communities, have faced more challenges in accessing primary and community healthcare. Some of the challenges people have faced include:

- cultural safety – under-representation of Māori, Pacific, and disabled people in the workforce and (un)conscious bias
- cost, including patient co-payments and service charges
- lack of availability of services, including difficulties getting appointments or being able to enrol with a GP. Some GPs have closed their services to new patients
- difficulty accessing services, including after-hours particularly for rural communities
- focus on treatment of issues rather than prevention.

Māori health equity

Across Aotearoa New Zealand, people, and in particular Māori, have differences in health, and health outcomes, which are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes.

We acknowledge that to treat people fairly we may need to treat them differently. To support you, and your general practice team on your journey to achieving equity of health outcomes for Māori, Pinnacle can provide support and advice on relevant Māori Health and Equity standards for Foundation Standards.

It is important that all general practice staff have training in Te Tiriti o Waitangi / The Treaty of Waitangi.

- Te Tiriti o Waitangi training options are listed on both the [Pinnacle](#) and [RNZCGP](#) websites.
- [Equity perspective presented by Dr Ashley Bloomfield](#) provides a great insight.

Setting the direction for primary and community healthcare

The Ministry is providing advice to the Government on the changes needed to achieve comprehensive and accessible care to better prevent ill health and support the wellbeing of people in New Zealand. This policy work will include advice on the future operating model and funding models for [primary and community healthcare](#).

Overview of New Zealand health system

This section is an overview of Aotearoa New Zealand's health and disability system. It describes the main organisations and structures in the system, their roles, functions, and legislative responsibilities.

The Minister of Health

The Minister of Health has statutory responsibility for appointments of members to a range of statutory authorities. Dr Shane Reti is the Minister of Health and Minister for Pacific Peoples.

Manatū Hauora / Ministry of Health

Manatū Hauora/ Ministry of Health is the chief steward of the health and disability system and works across the health sector to deliver better health outcomes for New Zealanders. The Ministry's aim is to deliver Pae Ora, healthy futures for all New Zealanders to live longer in good health and improved quality of life, and where there is equity across all population groups. [About the Ministry | Ministry of Health NZ](#)

Te Whatu Ora / Health New Zealand

Te Whatu Ora is responsible for programmes of work supporting hospital, primary and community health services. [This includes providing and funding the provision of the primary care sector.](#)

Te Whatu Ora is transforming the system to create a more equitable, accessible, cohesive, and people-centred system. This will improve the health and wellbeing of all New Zealanders.

This means a health system that more effectively:

- meets the complex demands of a growing population.
- addresses the persistent inequalities experienced by Māori.
- ensures greater access, experience and outcomes for groups who have not been well-served by the system in the past – Māori, Pacific and disabled people.
- uses modern technology and develops new and innovative ways of working.
- focuses on keeping people, their whānau and their communities well and out of hospitals – not just caring for them when they get sick.

Primary Health Organisations (PHO)

Currently, there are 30 PHOs across Aotearoa that are funded by Te Whatu Ora Health New Zealand to provide essential primary health care services. These services can be provided directly by the PHO or through its contracted providers to those people who are enrolled with those PHOs. The services provided aim to improve and maintain the health of the enrolled PHO population, ensuring that general practice services relate to other health services to ensure a seamless continuum of care.

Each PHO receives a set amount of funding from the Government via Te Whatu Ora to provide a wide range of health services.

The funding is based on the number and nature of the enrolled patients NOT the number of times a general practice sees a patient. This funding system is known as capitation-based funding as it is based on a payment per capita (per head). The formula for calculating capitation payments considers the demographic make-up of the population and does not differentiate between a doctor or a nurse consult. Additional funding is also available to subsidise primary care access for children and high-needs populations, including whānau who aren't enrolled in a general practice.

Most general practices are members of PHOs who manage capitation and other funding payments, as well as support practices with a wide range of services including business advice, model of care development, quality improvement, clinical governance and IT and workforce support. PHOs are also key to managing relationships and sharing of information between Te Whatu Ora and primary care.

Te Whatu Ora contracts PHOs to provide primary health services within a certain geographical area.

PHOs manage contracts to general practice that provide subsidised health care for people who are enrolled with a general practice team. Most people in New Zealand are enrolled with a general practice and a PHO.

PHOs provide other health services to support primary healthcare provision in their communities to coordinate a seamless continuum of care for people.

How PHOs align with Te Whatu Ora Health New Zealand regions



Aotearoa New Zealand is broken into four geographical regions: Northern, Te Manawa Taki, Central and Te Waipounamu.

Pinnacle practices fall into the Te Manawa Taki region.

Pinnacle is a not-for-profit primary care focused organisation managing the healthcare of half a million people enrolled with nearly 90 practices in Tairāwhiti, Taranaki, Rotorua, Taupō-Tūrangi, Thames-Coromandel and Waikato.

The Pinnacle group is a primary care pioneer – and we’re proud of that. Pinnacle is inquisitive, innovative and evolve with purpose – proud to be constantly pushing the boundaries. Pinnacle knows a strong health system centres around high-quality primary care and community services that are continually developing and evolving to meet local needs. Pinnacle plays their part by ensuring the right resources and capacity are in place so patients and our network can thrive.

About Pinnacle

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

Midlands Regional Health Network Charitable Trust is the primary health organisation (PHO) which manages the healthcare of half a million people enrolled with over 80 practices in Tairāwhiti, Taranaki, Rotorua, Taupō, Tūrangi, Thames-Coromandel and Waikato. Pinnacle has offices in four locations. Hamilton, Taupō, Gisborne and New Plymouth. [Read more on our website.](#)

Pinnacle organisation structure

A part of practice/business manager onboarding to your practice and Pinnacle, your development manager will provide a high-level overview of Pinnacle MHN. The [practice systems support team](#) provide virtual support for process and tools.

PINNACLE in the New Zealand Health Sector

Timeline	1980	1990	1999	2000–2009	2010–2019	2020–2025
MINISTERS OF HEALTH	NATIONAL 1975–1984 (Under PM: Muldoon) Aussie Malcolm (1983–84) LABOUR 1984–90 (Under PM: Lange) Michael Bassett (1984–87) David Caygill (1987–89) Helen Clark (1989–90)	NATIONAL 1990–99 (Under PMs: Bolger/Shipley) Simon Upton (1990–93) Bill Birch (1993–93) Jenny Shipley (1993–96) Bill English (1996–99)	NATIONAL 1990–99 (Under PM: Shipley) Bill English (1999) Wyatt Creech (1999–99)	LABOUR 1999–2008 (Under PM: Clark) Annette King (1999–2005) Pete Hodgson (2005–07) David Cunliffe (2007–08)	NATIONAL 2008–2017 (Under PMs: Key/English) Tony Ryall (2008–14) Jonathan Coleman (2014–17)	LABOUR 2017–2023 (Under PMs: Ardern/Hipkins) David Clark (2017–20) Chris Hipkins (2020–20) Andrew Little (2020–23) Ayesha Verrall (2023–23) NAT 2023–present (Under PM: Luxon) Shane Reti (2023–25) Simeon Brown (2025–)
HEALTH SECTOR REFORMS	Reform 1: AHBs 1983–1993 14 Area Health Boards formed - Population-based funding - AHBs plan & deliver regional health services - GP income from co-payments & govt subsidies 1987–88: Cervical cancer inquiry (Herbert Green)	Reform 2: RHAs 1993 - Purchaser/Provider split 4 RHAs formed 14 AHBs → 23 CHEs (for-profit model) - Public Health Commission - GPs form IPAs 1992: Community Services Card - Free primary care under-6s	Reform 3: HFA (1998) 4 RHAs merged into Health Funding Authority - CHEs → not-for-profit - Crown-owned companies 1994: - Health & Disability Commissioner established	Reform 4: DHBs 2001–2019 - HFA abolished; 21 DHBs established. 2001: NZ Health Strategy; PHCS 2002: Not-for-profit PHOs; weighted capitation funding to PHOs 2006: VLCA scheme implemented 2007: BSMC discussion paper 2010: GPNZ formed 2015: Zero-fees to under-13s - PHOs consolidate 80+ → 32 2016: NZ Health Strategy; WAI 2575 2019: WAI 2575 Stage 1 report	Continued: DHBs 2010: BSMC pilots progress 2015: PHO consolidation 2016: WAI 2575 inquiry 2019: WAI 2575 Stage 1 report - COVID-19 identified overseas	Reform 5: Health NZ 2020–2024 2020: H&D System Review report - Privacy Act 2020 enacted 2022: Pae Ora Act; 21 DHBs → - Health NZ Te Whatu Ora - Te Aka Whai Ora established 2023: Pae Ora strategies published - HPV test as primary screen 2023–24: Section 14 notices filed 2024: Te Aka Whai Ora disestablished
PRIMARY CARE	Foundation Era 1980s - AHBs plan & fund regional health services - GP income from patient co-payments & government subsidies - New roles for independent midwives, Marae & community-based clinics	Market Reforms 1990s - Purchasing decentralised to RHAs - GPs form IPAs for collective contracting - Free primary care under-6s - Māori & Pacific providers grow 1992: Community Services Card	Mid-1990s–1999 - Capitation trialled Midland - H&D Commissioner established - GPs increasingly exit maternity care as independent midwifery expands - RHAs merged into HFA	PHO Era 2000–2009 2000: NZ Health Strategy published 2001: Primary Health Care Strategy (PHCS) released strengthens population health approach 2002: Not-for-profit PHOs established; weighted capitation funding for enrolled pts replaces FFS; GP co-payments regulated 2006: VLCA scheme implemented 2007: Better Sooner More Convenient (BSMC) paper released 2009: Ministerial Review Group issues recommendations; BSMC EOI released.	Consolidation 2010–2016 2010: GPNZ forms to represent PHOs; BSMC pilot's progress 2015: PHOs consolidate 80+ → 32; Zero-fees ext. to under-13yrs 2016: Bid for Medical School at Waikato University announced 2019: WAI 2575 Stg1 report	Disruption & Restructure 2020–2024 2020: Health & Disability System Review; COVID-19: massive disruption; telehealth adoption surge 2022: Sapere capitation report 2023: HPV as primary screen. 2023–24: Section 14 notices — systemic GP pressures. 2024: ongoing restructuring.
CEO & PINNACLE DEVELOPMENT	Formation & Early Growth 1980s (early years) CEO: Eugene Joubert 1988: General Medical Services Ltd formed providing support to Waikato GPs.	Pinnacle Develops 1990s CEOs: Reg. Bullen; Ian Vickers 1996: General Medical Services Inc. formed – membership and quality. 1997: General Medical Services Ltd renamed to Pinnacle Group Limited. 1997: General Medical Services Inc renamed Pinnacle Incorporated.	PHO Era Begins 1999 CEO: Dr Brett Anderson Growth and network consolidation begins with Midlands regional focus.	Network Expansion 2000–2009 CEO: John Macaskill-Smith 2002: Pinnacle Inc becomes shareholder in Turanganui Health. 2003: Four additional PHOs established: 1. Lake Taupō PHO 2. Kawerau PHO 3. Waikato PHO 4. Taranaki PHO 2002: Pinnacle Incorporated becomes a not-for-profit PHO 2003: 4 more Pinnacle affiliated PHOs commence operations 2006: Pinnacle Incorporated establishes Primary Health Care Limited (PHCL) as a subsidiary.	Midlands Health Network 2010–2019 CEO: John Macaskill-Smith; David Oldershaw 2010: Midlands Regional Health Network Trust formed 2010: Pinnacle Group Limited changes name to Midlands Health Network. 2011: First Health Care Home (HCH) practice goes live. 2014: Indici collaboration starts with (Valentia Technologies). 2016: Pinnacle Ventures Ltd formed to manage innovation/commercial initiatives. 2016: HCH Collaborative established 2017: Health Support Systems Ltd formed to manage digital initiatives. 2017: First indici PMS goes live in general practice.	Group Structure & JVs 2020–2024 CEO: Helen Parker (2020–2022) CEO: Justin Butcher (2022–present) 2021: Pinnacle Group Investments Ltd (PGI) established to manage joint ventures (JV) 2022: JV forms for Practice Plus 2023: JV forms for Ka Ora Telehealth 2023: Owhata Medical Centre gifted to Te Runanga o Ngati Pikiao Trust 2024: JV forms Falu Lalaga Ltd. 2025: JV forms for Health Accelerator.

Māori and Pasifika health

Working in partnership with iwi and Māori and Pasifika health providers is critical to improve health equity in our enrolled population.

With approximately a 20 per cent Māori patient population, the Pinnacle group is committed to becoming a bi-cultural organisation. This includes ensuring all elements of our work programmes are developed in accordance with the Te Tiriti o Waitangi and in partnership with Māori and local iwi.

We have Māori leadership at all levels of our organisation, from the Pinnacle Incorporated and Trust Boards, through to our workforce out in local communities. We work closely with those communities, breaking out of the traditional model of general practice and delivering services when, where and how they work for Māori. We already provide a range of outreach services such as marae clinics, kaiāwhina, whānau coordinators, services designed specifically for kaumatua, and we're constantly on the lookout for new partnerships, ideas, and opportunities.

Rural health care

Pinnacle has the largest rural primary care network nationally, making rural health and rural communities central to our work.

People living in rural communities should experience the same sort of health outcomes as those living in the city. It's important to ensure even in remote communities that people have appropriate access to first level and urgent care services. Our work helps to support practices and their enrolled population by ensuring rural primary health care services:

- are sustainable.
- reflect local community needs.
- are delivered by the right people, at the right time, and in the right place.
- prevent unnecessary hospital travel.
- have safe workloads.
- can access appropriate clinical support and workforce development opportunities.

Supporting primary care providers

Through our network we support over 1,500 primary care clinicians and administrative staff to provide the best care every day.

As one of the largest primary health care providers in Aotearoa New Zealand we have a strong national voice, influencing health policy and service development. Our size and innovative culture allows us to create or access the very latest thinking, techniques, and equipment.

We have a recognised history of changing the way health care services are delivered – it is at the heart of who we are and what we do. Developing the next generation of leaders and a sustainable workforce is core business, and our innovation and service development has their input and needs at the centre.

Pinnacle support, for our network practices, ranges from day-to-day administration and financial planning through to adopting new technologies, models of care, long-term practice and succession planning, facility development funding, and free counselling support. Each practice has a dedicated development manager who visits regularly and/or is available whenever needed.

Our key enablers:

- culture of partnership with iwi and Māori providers, NGOs, the education sector, and ACC.
- continuous quality improvement including practice and locality planning, peer groups for sharing learning, practice accreditation and quality programmes.
- proactive and coordinated primary care through a continual design, test and development process.
- workforce planning and redesign, ensuring sustainability of service provision and supporting the development of diverse clinical and non-clinical roles to meet local needs.
- data and informatics transforming how we access and use data to design, plan and deliver better care.
- modern IT infrastructure and digital technologies, including specialist telehealth services and virtual care.
- providing options for general practice ownership – exit and buy in.

PHO service provision

As a primary health organisation (PHO), we are a provider of services that integrate with general practices and other health and social care providers.

Most of our programmes and services are delivered by your general practice – this is your first point of call for all health concerns.

To support the primary care delivered by our general practice network, Pinnacle MHN also directly delivers services in the community.

Services delivered directly by Pinnacle MHN are described in our [information for patients](#) section so you can get to know a little more.

Individual general practices

Most general practices are independently run and privately owned establishments with ways of managing and administering their business. There are instances where legislative requirements must be met and where reporting measures need to be done in a prescribed manner and by prescribed dates.

One of these requirements is the [achievement of Foundation Standard](#) set by the Royal New Zealand College of GPs (RNZCGP).

Patients accessing primary health care

While enrolment of patients with a general practice is voluntary, enrolled patients can access:

- coordinated care across general practice, community nursing, and allied health services
- primary health services on an equitable basis through targeted programmes such as afterhours no-cost access to general practice for under 6 and under 14-year-olds, whānau centric and marae-based health services, and the Best Start programme for Māori hapū māmā and pēpī Māori
- regular GP care with a designated general practitioner
- preventative care, including regular check-ups, cancer screening programmes, and cancer preventative programmes
- access to general practices at a lower cost and reduced prescription medications compared to unenrolled individuals.

Section 2 – Strategic plans

The New Zealand Health Strategy

The [New Zealand Health Strategy](#) sets out how Aotearoa New Zealand's health system can improve people's access to and experiences of health services. People will benefit individually through better accessibility, quality, and efficiency of care; and collectively, as we all benefit from having a healthier population.

Rural Health Strategy

The [Rural Health Strategy](#) sets the direction for improving the health and wellbeing of people who live in rural communities.

Pae Tū: Hauora Māori Strategy

[Pae Tū: Hauora Māori Strategy](#) ensures the reformed health system upholds Te Tiriti o Waitangi, improves equity, and enhances long-term health outcomes for whānau Māori.

Te Mana Ola: The Pacific Health Strategy

[Te Mana Ola](#) sets out how the health system can reduce life limiting health inequities for Pacific people in Aotearoa New Zealand and achieve the best possible health and wellbeing outcomes for Pacific whānau and communities.

Pinnacle Strategy



Section 3 – Advocacy groups and sector agencies

Organisation	Description
Best Practice Advisory Centre NZ (BPAC)	An independent, not-for-profit organisation delivering educational and professional development programmes to medical practitioners and other health professional groups throughout Aotearoa New Zealand.
Collaborative Aotearoa	Collaborative Aotearoa is a national network of primary health care organisations and supporting partners committed to pursuing a vision focused on the health and wellbeing for whānau and communities.
General Practice New Zealand (GPNZ)	The key role is to support member PHOs in their work. Pinnacle Midlands Health Network is one of these member PHOs. GPNZ facilitates effective networking and practical support for members, and are a high-profile advocate for modern, whānau-centred general practice and primary care.
GenPro	The General Practice Owners Association of Aotearoa New Zealand acts on behalf of and represents general practice owners to ensure their population health services are appropriately supported and that their businesses are sustainable. Thus, allowing them to focus their time on providing responsive, patient-centred and high-quality health and wellbeing services in every local community across the country.
Hauora Taiwhenua Rural Health Network	Hauora Taiwhenua Rural Health Network is a collective organisation to advocate for the health and wellbeing of rural New Zealanders.
Health and Disability Commissioner	The Health and Disability Commissioner (HDC) is an independent agency set up to promote and protect the rights of consumers who use health and disability services and help resolve problems between consumers and providers of health and disability services. This website includes 'Your Rights' posters and brochures in Te reo Māori and English available for purchasing along with free resources.
Healthpoint	Healthpoint is New Zealand's largest and most recognised health and social services directory, promoting fairer access online. It provides up-to-date information about healthcare providers, referral expectations, services offered and common treatments. To save practices having multiple listings to keep updated, www.pinnacle.co.nz pulls practice listing directly from Healthpoint . If your practice Healthpoint listing is up to date, the practice listing on pinnacle.co.nz will be also.
Healthy Practice (MAS)	Healthy Practice has been developed specially for general practice – focusing on the development of your staff and business with customised resources and expert advice. Extremely useful for HR, policies, and complaints. Pinnacle provides a 50 per cent subsidy if your practice joins Healthy Practice, providing good value for money to cover all your basic HR needs.

Health Quality Safety Commission (HQSC)	The HQSC works with clinician's healthcare providers and consumers to improve health and disability support services. It offers programmes to improve quality and safety, and to reduce patient harm.
Ka Ora Telehealth	Ka Ora provides people living in rural areas with a quick and easy solution to connect with a health care professional for after-hours Medical Advice and Treatment.
Medical Council of New Zealand	The Medical Council protects public health and safety by setting and promoting standards for the medical profession. As an employer you will have an important role in the registration of doctors that work for you.
Medical Protection Society (MPS)	Provides medical advice and protection: membershipnz@medicalprotection.org
Medsafe	Medsafe is the New Zealand Medicines and Medical Devices Safety Authority. It is a business unit of the Ministry of Health and is the authority responsible for the regulation of therapeutic products in Aotearoa New Zealand.
Mental Health Foundation	Free resources developed and produced by the Mental Health Foundation.
Nationwide Health & Disability Advocacy Service	The Nationwide Health and Disability Advocacy Service (the Advocacy Service) was formally established as a free and independent service for consumers of health and/or disability services in 1996.
Nursing Council of New Zealand	The Nursing Council of New Zealand are the regulatory authority responsible for the registration of nurses. Their primary function is to protect the health and safety of members of the public by ensuring that nurses are competent and fit to practice.
Plunket	Whānau Āwhina Plunket is a charity and Aotearoa New Zealand's largest support service for the health and wellbeing of Tamariki under-five and their whānau.
Practice Managers and Administrators of New Zealand (PMAANZ)	PMAANZ Mission is to promote excellence in, and recognition of, Practice Management in the wider health sector by supporting members through professional development, networking, and peer support. There are several branches established throughout New Zealand and a proportion of members annual subscription is remitted to branches to assist them in offering continuing professional development, networking, resources, and peer support.
Practice Plus Telehealth	Practice Plus is a virtual telehealth services established by Tū Ora Compass and Pinnacle specifically designed to complement rather than to compete with your own practice.
Privacy Commissioner	The Health Information Privacy Code covers health information about identifiable individuals that are collected, used, held, and disclosed by health agencies. Hard copies of brochures and posters can be requested by emailing brochures@privacy.org.nz .

Section 4 – Funding and income for practices

For most practices, their revenue comes predominantly from the services they provide to their patients through capitation and other PHO funding streams.

Contracts held with Te Whatu Ora and ACC will also contribute to practice income. Your practice may receive some/all the following monthly or quarterly payments.

Funder: Pinnacle Midlands Health Network				
Payment Type	Date Paid	Definition	Funded From	Reports for Practice
Capitation	19 th of month	Based on enrolled patients. Components include: • capitation-based funding, • CSC funding, • High user health cards • VLCA funding, if applicable • U14 funding. Calculated on nationally set rates.	Paid by Pinnacle to your practice through Te Whatu Ora Health NZ funding.	Remittance advice – accessed through Healthlink (password protected)
Clinical: e.g. Primary Options for Acute Care (POAC) LARCs Advanced Primary Options	5th of the next month	Paid as a separate remittance for non Indici practices and as part of the project payments remittance for Indici practices.	Paid by Pinnacle to your practice through Te Whatu Ora Health NZ funding.	Clinical: e.g. Primary Options for Acute Care (POAC) LARCs Advanced Primary Options
Clinical: Project Claims	5th of the next month	Other services funded by Pinnacle. e.g. Cervical screening, End of life care	Paid by Pinnacle to your practice through Te Whatu Ora Health NZ funding.	Remittance Advice – emailed by Finance Team Remittance advice detail and Unpaid claim report sent to: • Indici practices: PHO Report folder • Medtech practices: HealthLink folder
Equity Adjustment	Last day of the month following the end of the quarter	Additional capitation funding for 50% or more Māori & PI patients	Paid by Pinnacle to your practice through Te Whatu Ora Health NZ funding.	Remittance from Finance

Funder: Pinnacle Midlands Health Network				
Payment Type	Date Paid	Definition	Funded From	Reports for Practice
Other contracts: (where Pinnacle funds other services)	Dates vary depending on contract	Other contracts funded by Pinnacle	Paid by Pinnacle to your practice through Te Whatu Ora Health NZ Ora funding.	BCTI and remittance from Finance with summary information.
Quality Improvement Programme (QIP)	20th of the month	Focusing on building Quality Improvement capability in general practice.	Paid by Pinnacle to your practice based on ESUs.	Remittance from Finance with summary information.
Rural	20th of the next month	Based on distribution of funding received by Pinnacle	Consolidated Rural Funding contract with Te Whatu Ora Health NZ. Paid by Pinnacle to your practice.	Remittance from Finance
Funder: Other				
Payment Type	Date received	Definition	Funded From	Reports for Practice
ACC Claims	within 10 working days	all claims submitted by practice for ACC consultations with patients	Paid by ACC to your practice.	Remits for these payments need to be viewed or downloaded from the ACC provider portal
GMS	within 10 working days	all claims submitted by practice for patients <15, <17 and not financially independent, CSC & HUHC holders	Paid by Te Whatu Ora Health NZ to your practice.	Remits for these payments will be posted to the Practice
Funder: Pinnacle Midlands Health Network				
Payment Type	Date Paid	Definition	Funded From	Reports for Practice
IMMS	within 10 working days	all claims submitted by practice for patient Immunisations.	Paid by Te Whatu Ora Health NZ to your practice.	Remits for these payments will be posted to the Practice
MAT	within 10 working days	all claims submitted by practice for Maternity consults with patients	Paid by Te Whatu Ora Health NZ to your practice.	Remits for these payments will be posted to the Practice

Section 5 – Claiming queries for practices

If you have a Pinnacle claim, contact the [Pinnacle Practice Systems Support Team](#) or get in touch via email practice.support@pinnacle.health.nz.

For other claims contact sector operations (except for ACC).

- [ACC](#)
- [General Medical Services](#) (GMS)
- [Immunisations](#)
- [Maternity Claims](#)
- [National Enrolment Service](#)

Section 6 - Resources and information

Category	Topic	Intro
Compliance	After hours care	Ensuring patients have access to care outside normal general practice hours and reduce unnecessary hospital admissions.
Emergency management	Planning for pandemics and emergencies	The Civil Defence Emergency Act (2002) and subsequent amendments requires all health and disability service providers to have a plan that can meet the expected delivery of essential primary, secondary and tertiary services in the event of a major health emergency occurring , whether that be local, regional, or national. Use our templates in the resource section to help guide your planning process. For more help and support contact your local development manager.
Funding	Capitation	Capitation-based payments are based on the numbers of the enrolled with individual general practices who belong to a primary health organisation (PHO) population. Enrolled patients may also be called ESUs (enrolled service users). PHOs and their general practices are paid according to the number of people enrolled, not the number of times a general practice sees patients. PHOs have a responsibility to ensure health service delivery to the whole population, not just those who are enrolled in general practice.

Category	Topic	Intro
Funding	Enrolment	It is vital that the correct information is collected at the time of patient enrolment and that this information is kept up to date. All PHOs and their practices must comply with the PHO enrolment requirements when enrolling people. Patients enrolled with practices provide the information for the PHO to establish the PHO enrolment register. All patients are required to be enrolled with a GP to receive public funded primary care. Each person must have their own enrolment form and must be eligible to enrol i.e. a NZ citizen or resident, hold a work visa for a period of 2 years (see your enrolment forms for further eligibility).
Funding	Enrolments – newborn babies	Newborn babies can be enrolled once you receive notification from the AIR or midwife.
Funding	Midlands Regional Health Network Charitable trust facility development fund	The Midlands Regional Health Network Charitable Trust Board wants to help incentivise practices to invest in improving their buildings and facilities , so they've established a facility development fund specifically to provide grants for practices in the network that are investing in new buildings or upgrading their practice facilities.
Funding	Primary Health Organisations (PHOs)	Te Whatu Ora Health New Zealand contracts Primary Health Organisations (PHOs) to provide primary health services within a certain geographical area. PHOs manage contracts to general practice that provide subsidised health care for people who are enrolled with a general practice team. Most people in New Zealand are enrolled with a general practice and a PHO. PHOs provide other health services to support primary healthcare provision in their communities to coordinate a seamless continuum of care for people.
Funding	PHOSA – Primary Health Organisation (PHO) Services Agreement	Health NZ / Te Whatu Ora contracts for primary care services with the PHO, through a document call the Primary Health Organisation (PHO) Services Agreement .
Funding	Primary Options Acute Care programme (POAC)	POAC service provides healthcare professionals access to a range of coordinated services to prevent unplanned and avoidable acute hospital attendances. The aim of the POAC service is to provide timely and flexible community-based healthcare which is responsive to the individual patient's needs.
Funding	Claiming guidelines	Refer to your locality programme page for ALL programmes funded by Pinnacle i.e. POAC and Other services e.g. minor skin surgery, end of life care, cervical screening
Immunisation	Aotearoa Immunisation Register (AIR)	About the national register. Information regarding the Immunisation programme. Some AIR resources on our Pinnacle website.

Category	Topic	Intro
Learning	Ko Awatea	Nursing - Ko Awatea LEARN is an initiative that provides access to an e-learning platform for nurses across our regions and for GPs in Taranaki.
Management	Adverse event reporting	The purpose of adverse event reporting and management is to identify, analyse and correct or minimize the risk relating to patient harm, including near misses, to reduce the likelihood of recurrence and to improve patient safety. Having a clearly defined system for reporting and managing all levels of adverse events is important in your practice. Reportable events resources .
Management	Complaints	Complaints can be unpleasant but help improve the quality of care for other people. Complaints usually signal a problem and therefore provide an opportunity to improve. Your practice will be required to have a complaints policy and procedure and the team member responsible for managing complaints has this written into the role description.
Management	Children's Act 2014	Your practice must have and apply a child protection policy and safety checking procedure in accordance with the Children's Act 2014 . This includes: • A documented child protection policy and safety checking procedure. • Documented safety checks, including Police vetting, for employees and contractors. Worker safety checks are a legal requirement.
Management	Health TV	Health TV plays in medical centres and hospital waiting rooms around the country with the aim of having a major impact on patient's lives, by providing health-related education.
Management	Retention of health records	Maintaining patient (clinical) records is part of good medical practice. The Medical Council of New Zealand statement guides doctors on what information they should record, and for how long they should retain patient records.
Management	PHO Services Agreement Amendment Protocol (PSAAP)	The PHO Services Agreement Amendment Protocol (PSAAP) is the document that details the arrangements around amending the PHO Services Agreement (PHOSA) . The forum created by PSAAP is tasked with discussing and agreeing changes in the PHOSA which are then applied to General Practice through the Contracted Provider Agreement. (The "Back-to-Back" Agreement).
Management	Risk register	Risk management is a key function of best management practice, at the strategic and operational levels of your practice. Developing a practice risk register is a systematic process that involves identifying, assessing, and managing risks associated with patient care and organizational operations.
Management	Responding to a cyber attack	Malicious cyber activity is a constant threat and keeping patient and practice data secure from cyber-attacks is vital. For information about cyber-attach risks, prevention and, if needed, response see the Pinnacle website or Own Your Online website.

Category	Topic	Intro
Management	Staff management and development	The Pinnacle HR service offers support to member practices. We are not here to replace your current HR support, but to add value where we can. Currently we proactively support practices in a range of ways and respond to ad-hoc enquiries. We believe we can continue to offer you great learning opportunities and practical HR solutions relevant to your practice needs.
Management	Becoming a teaching practice	Hosting nursing and allied health students does not require complex approvals but does require a clinical supervisor from their profession. There is a well-established and well organised process in place for hosting postgraduate medical students on their community-based attachment .
Marketing / Communications	Facebook in your practice	We have provided a few tips, tricks, and things to consider when using Facebook in your practice and around making it clear that ads are ads .
Marketing / Communications	Updating your practice Healthpoint listing	Healthpoint is Aotearoa New Zealand's largest and most recognised health and social services directory, promoting fairer access online. It provides up-to-date information about healthcare providers, referral expectations, services offered and common treatments. When you update your Healthpoint listing , those updates will automatically pull through to the Pinnacle Find a GP website.
Membership	How to become a member of Pinnacle. Membership benefits	Pinnacle Inc. GP/NP membership is a requirement of the Provider Agreement for practices joining the network. Pinnacle Incorporated is governed by an executive committee which includes GP/NP representatives appointed by Pinnacle Incorporated members at the annual general meeting. Membership is free. As a Pinnacle practice, you and your practice staff also have access to a range of member benefits .
Membership	Practice manager meetings	Regular meetings are held for each district chaired by development managers.
Membership	Practice Systems Support Team	Providing fast and effective online support , and as subject matter experts for a range of general practice business processes and tools, this team is your first point of contact for practice support queries.
Membership	Workforce survey reports	The Pinnacle General Practice Workforce Survey 2023 and Workforce Report 2023 Results from the 2023 workforce survey of Nurses and Practice Centre Assistants (PCA).
Model of Care	Consumer Voice	Working with our patients as partners , listening to their opinions and experiences and using this information to inform the way we deliver healthcare services.
Model of Care	Healthcare Home	Primary health care model that gives patients more control, provides an environment where quality of care and innovation can flourish. It enables truly proactive, coordinated care for those that need it most, breaking down the professional and system barriers that we know prevent patients from getting the best care.
Model of Care	Patient Access Centre	The Patient Access Centre can significantly reduce contact issues using advanced telephony systems, including callback queues for low acuity matters.

Category	Topic	Intro
Model of Care	Patient portal	A patient portal is a secure website which can receive and store patients' health information. The information, for example treatments received or medications, is uploaded via your PMS, allowing other health providers or patients, depending on which tool is being used, to view a summary of the patient's health record.
Models of Care Practice development	Developing new roles in general practice. Implementing a new model	By developing new roles , we can address workforce and workload challenges. This has the potential to optimise the practice team and encourage further interdisciplinary and holistic primary care support. It also makes for an efficient business model, ensuring all clinicians are working at the top of their scope.
Patient Support	Ministry of Social Development (MSD)	MSD may be able to financially support patients . This could be particularly helpful for anyone who may not be engaging with general practice despite their health concerns because they are struggling to fund their co-pay at the practice .
Patient Support	Community Services Card	Support may be available to patients by applying for a community services card (CSC).
Policies and Procedures	GPDocs	GPDocs provides an online set of over 200 policies and procedures that are tailored for your practice. Policies are based on best practice, research, and expert advice. If legislation changes, they'll update your policies for you and let you know what to do.
Practice Development	Pinnacle Strategic Development Team	We help identify, plan, and support the development and delivery of general practice and primary care initiatives. These could include service design and implementation, service re-design and change, quality improvement plans and/or the involvement in other projects identified by internal or external stakeholders.
Practice Development	Sustainable practice	The decisions on how to run your practice and the products you choose to use do matter . Individually and cumulatively choices can make a positive difference to the environment – as well as to the health of patients and communities. This toolkit has been developed to help general practitioners (GPs), nurses and practice managers make environmentally responsible changes where possible in the day-to-day running of their practice. It is designed to make these changes as easy as possible and aims for changes that are at least cost neutral.
Practice Development	General practice financial modelling tool	A financial modelling tool has been developed by Collaborative Aotearoa to support practices considering changes to model of care .
Health and Safety	Wellbeing in general practice	General practice is under enormous pressure, which can take a toll on employee health and wellbeing. We provide a range of resources to support a healthy workplace culture .

Category	Topic	Intro
Quality	RNZCGP Accreditation - Foundation	The College's Quality Framework is made up of two programmes - Foundation and Cornerstone. To meet PHO Service Agreement Amendment Protocol (PSAAP) requirements and qualify for capitation funding, practices will need to complete the College's Foundation programme. The stand-alone programme provides a baseline standard expected of general practice. Practices need to complete The Foundation Standard every three years, and when they are certified, can prove that their patients are receiving healthcare which meets legislative, regulatory, and clinical requirements.
Quality	RNZCGP Accreditation - Cornerstone	The College's Quality Framework is made up of two programmes - Foundation and Cornerstone. Practices can also complete two core modules voluntarily - Equity and Continuous Quality Improvement, to maintain or be awarded Cornerstone Accreditation. This is a requirement for practices to be able to host GP trainees as training practices.
Quality	Patient Experience Survey	The quarterly patient experience survey (PES) is the biggest national health survey in New Zealand and is a great way of getting feedback from patients. Every patient over the age of 15 years who is seen during the PES week and has a valid email address recorded in the PMS, will be invited to participate. The survey goes via the National Enrolment Service, to the group of your patients who have been seen in practice during survey week. This is only a snapshot, and it does only catch those patients who have an appointment at your practice, but it gives you valuable information, particularly around the experiences of Māori patients in relation to non-Māori patients.
Quality	Quality Improvement Programme (QIP)	The Quality Improvement Programme builds on capability leading to improved health outcomes for patients. At its core, QI looks at systems and processes through a cycle of improvement, which includes problem identification, planning and testing change ideas, data collection and analysis, and evaluation.
Recruitment	International clinician orientation checklist	Orientation is the term used to describe the processes and programmes needed to enable an international medical graduate (IMG) or locum to familiarise themselves with working and settling in New Zealand. It is a process that goes beyond an initial induction to the workplace and may take several weeks or months
Recruitment	Immigration and Recruitment Support	Pinnacle has partnered with NZ Shores to offer a streamlined recruitment and immigration service for general practices across our network. NZ Shores is a specialist immigration and recruitment agency that assists employers and skilled migrants in navigating New Zealand's immigration system, bringing a smooth and compliant process for hiring internationally trained professionals.
Reporting	Clinical Performance Indicators (CPI)	Pinnacle performance measures clinical activity within the practice. An export includes the service utilisation and clinical event data, a requirement of the PHO agreement. This is a Ministry of Health requirement.

Category	Topic	Intro
Reporting	HealthLink / PHO Folder report guides	Pinnacle delivers several reports into practice HealthLink folders (Medtech) or PHO folders (Indici). Guides have been developed for some of these to help you locate the report in your HealthLink / PHO folder and to ensure the correct person in your practice receives it.
Reporting	Power BI dashboards	Our clinical dashboard programme provides focused data visualisations of evidence-based clinically relevant outcomes for individual patients and your practice population. Each dashboard is designed around a set topic with easy to navigate filters. The Network performance dashboard with two sections; practice operational management and practice management trends bring key data and insights together in one place, reducing the need for practices to build manual queries.
Systems	Practice Management System (PMS)	Your Practice Management System (PMS) is a powerful tool. There are different PMSs used in general practice. E.g. Indici; MedTech Evolution; My Practice. When used well, consistently and linked to decision support software such as Power BI Dashboards, it can enhance understanding of a practice population's health and help to improve patient outcomes and enhance your business management.
Support	MSD for health and disability providers	MSD want to work alongside health and disability practitioners to improve opportunities for people now and in the future. Health and disability provider information is available, including the MSD HealthPathway.
Support	BPAC helpdesk for MedTech practices only	BPAC is a provider of electronic decision support and secure electronic transmission of medical data within Aotearoa New Zealand.
Technology	AI tools in general practice	A comprehensive guide for Ai usage in primary care is available through the AI working group. The guide provides simple explanations, a summary of the regulatory framework for AI in New Zealand and a discussion on the potential medicolegal considerations. More Ai tools in general practice guidance .
Technology	HealthLink	HealthLink provide solutions and services that facilitate the exchange of vital clinical information (only applies to MedTech practices).
Technology	Practice Update Dashboard	Practices are sent quarterly reminders to update practice information including staff changes
Technology	Patient portal	A patient portal is a secure website which can receive and store patients' health information. The information, e.g. treatments received or medications, is uploaded via your PMS. It then allows other health providers or patients, depending on which tool is being used, to view a summary of the patient's health record.
Technology	Virtual care	Advice and resources to assist your practice in offering virtual care .

Section 7 – Pinnacle website

The [Pinnacle website](#) has been designed for the information needs of the Pinnacle practice network.

The website has an inbuilt search engine; however, you need to select the relevant menu from the top of page to search. Refine your search by using the filters and search box. The website is broken down into the following sections.

For you (public Info)	> Where people can find a GP/NP clinic near them (<i>see note below</i>) > Understand care in general practice > Learn about immunisations > Find useful links to health resources and helplines for them
For our network (practice info)	> Learn more about being part of the Pinnacle network > Find programmes and Services funding information for claiming > Find the education and events calendar > Learn about the practice support and development available to our practices > Find network news and updates > Use the 'Ask Pinnacle' search tool to find what you are looking for > Find all the network resources available to practices

NOTE: The '[Find a GP](#)' webpage is designed for patients to find your practice details. The information displayed is fed directly from your [Healthpoint](#) listing.

Section 8 – When a new health provider joins your practice

Bringing a new provider into your practice involves several steps to ensure smooth integration and accurate payment setup. This guide outlines best practices and responsibilities for both your practice and Pinnacle.

Pinnacle specifically requires notification for the GP/NP membership process. This ensures we set up capitation payments for patients whose enrolment is attached to the new GP/NP provider in your PMS. However, if all your patient enrolments are attached to the 'practice' as the preferred provider, the membership simply confirms that no separate capitation payment is required.

The following information will help you to think about what practice systems/processes may need to be updated to include the new GP/NP health provider.

Please note: some items may require bank account details so depending on whose bank account is involved will determine who signs the application.

Organisation	Item	How to apply	Notes
ACC	ACC Vendor ID	https://www.acc.co.nz/register-as-an-acc-health-provider/	
Te Whatu Ora	Connected Health Information Services (CHIS)	A practice has usually had CHIS connection because they already have HPI Org Id and HPI Facility Id – but if any problems for individual computer access, check out the service request form: https://www.healthnz.govt.nz/health-professionals/guidance-standards/topic/digital-technologies/digital-health-initiatives/connected-health <i>[This could affect connection to things such as –. NHI; eSpatial Address Management (eSAM); GP2GP; B4School Check Database; AIR; NES; New Zealand ePrescription Service (NZePS)].</i>	
	Special Authority	Special Authority - Letter of Audit. All Practice prescribers (Doctors and nurses) should complete - https://www.healthnz.govt.nz/health-professionals/guidance-standards/topic/provider-funding-claims/special-authority	
	HPI Payee number (for GMS/IMMS)	If your practice needs a new payee number (either practice-wide or individual) or you have a new bank account number. https://www.healthnz.govt.nz/health-professionals/guidance-standards/topic/provider-funding-claims/provider-payments If you are having any issues with GMS/IMMS claims you may need to advise them you have a new provider using that payee number to make claims from your practice. Provide them their details - Name, MCNZ/NCNZ, Reg. #, HPI #. Contact Email sector.operations@health.govt.nz	
	Maternity Provider	Maternity provider registration form and resources. https://www.healthnz.govt.nz/health-professionals/guidance-standards/topic/provider-funding-claims/maternity/maternity-claims For Maternity support – Ph. 0800 855 066 or Email. customerservice@health.govt.nz	
	Health Provider Index (HPI) number	Health Provider Index was previously known as the "Health Practitioner Index". If any health provider does not know their HPI # - Contact via email: - HI_Provider@health.govt.nz https://www.healthnz.govt.nz/health-professionals/guidance-standards/topic/health-identity/health-provider-index-hpi/about-the-health-provider-index-hpi	
BPAC	Electronic Referrals and Common Form	Your practice should already be set up with this. Any problems you can call them on 0800 633 236 or email to itservicedesk@bestpractice.org.nz or website https://bpac.org.nz/signup <i>Note - BPac also need to be advised if the practice changes PMS.</i>	

Organisation	Item	How to apply	Notes
Labs & Radiology	Pathlab	Ensure your provider is set up to send Lab and Radiology requests to them.	
Health Pathways	Midland Region	To register as health professional for access to Midland Region Community HealthPathways - https://www.pinnacle.co.nz/resources/healthpathways-midland-region	
Health Point	HealthPoint Directory Access funded by TWO (no fees)	Pinnacle uses your HealthPoint listing to feed the Pinnacle website “ Find a GP/NP ”. Please update your HealthPoint information updated - Updating your Healthpoint listing	
Pinnacle	Pin Inc. membership	GP/NP membership is a requirement of the Provider Agreement for practices joining the network. Existing members who are move to another Pinnacle practice are asked to complete the “Change of Circumstances” form. https://www.pinnacle.co.nz/resources/pinnacle-incorporated-membership	
Pinnacle and practice	Capitation	Capitation is paid directly to the bank account provided by the practice/membership set up. Note: for payments made to individual bank accounts: Because patients are assigned to a specific “regular” or “preferred” provider, you’ll need to act when that provider leaves your practice. Before the last day of the month, ask your PMS provider to bulk-transfer all patients assigned to the departing provider — either to their new GP/NP or to a “generic” practice provider. If you don’t complete this transfer before the last day of the month, when Pinnacle receives your capitation data from NES, it will still be linked to the departing provider’s credentials and will pay that capitation into the existing bank account — unless you give us prior instructions to divert the payment elsewhere. You will need to ensure all new membership forms and/or bank details are provided to Pinnacle for future capitation payments, to avoid issues. More information can be found here https://www.pinnacle.co.nz/resources/practice-management-toolkit – scroll down to FILES and LINKS – see “funding payment descriptions”	
Other	Practice management toolkit	https://www.pinnaclepractices.co.nz/resources/practice-management-toolkit/ This manual can be found if you scroll down to “Files and Links”: *Download: Practice management resource manual.	

Please note: The above items are not a comprehensive list, particularly because Pinnacle are not always involved in contracts that practices have with external services. Feedback welcome.

Section 9 – Training requirements for practice staff

All staff are required to undertake training to meet foundation standard requirements. Find a summary list of this training on the [RNZCGP website](#).

Section 10 – Employee Assist Programme (EAP)

EAP is a well-respected organisation, providing counselling and advice to employees either by face-to-face, phone or virtual e-counselling. Under the Pinnacle agreement with EAP Services, you, and the staff in your practice, are entitled to up to three FREE one-hour sessions per issue with a counsellor. This can be for a work-related issue or a personal situation. The service is completely confidential and is available 24 hours a day, 7 days per week.

Pinnacle will not be informed of your contact with EAP. To access the service, call 0800 327 669 or visit our website to read more about EAP here - "[Wellbeing in general practice](#)"

General practice is under enormous pressure, which can take a toll on employee health and wellbeing. [This Pinnacle resource page](#) includes information about available support and resources.

Section 11 – NZ conferences for practice/business managers/CEOs

Date	Organisation
April annually	Collaborative Aotearoa
May annually	Hauora Taiwhenua Rural Health Network – national rural health conference
July annually	General Practice NZ
June annually	General Practice and Continuing Medical Education (North)
August annually	General Practice and Continuing Medical Education (South)
September annually	PMAANZ

Section 12 – Short courses / continuing professional development

[PMAANZ](#) offer a series of short courses as well as a Diploma of Leadership in Healthcare Practice.

There are some [scholarship opportunities](#) available and employers could also consider supporting and encouraging their practice managers to extend their professional development to bolster their skills and job satisfaction.

The PMAANZ Practice Manager Specialist of the Year Award celebrates outstanding contributions by practice managers in the field of Practice Management.

These dedicated professionals consistently demonstrate exceptional leadership and unwavering commitment. Their skills and dedication significantly impact their teams and practices.

Section 13 – Affiliations/memberships for practice and business managers

Hauora Taiwhenua Rural Health Network	Hauora Taiwhenua Rural Health Network is a collective organisation to advocate for the health and wellbeing of rural New Zealanders.
Practice Managers & Administrators New Zealand (PMAANZ)	PMAANZ's membership categories allow all types of health care managers and administrators to benefit through membership of the Association.
Australasian College of Health Service Management (ACHSM)	The Australasian College of Health Service Management ('The College') is the peak professional body for health managers in Australasia and brings together health leaders to learn, network and share ideas.

Section 14 – Health resources for your practice

Calendar of events	An annual Calendar of Events that promotes local, national, and international events related to health.
Connecting Now	Improve multilingual patient care with Connecting Now. An interpretation service for patients when English is not their first language
Family Violence It's Not OK	It's not OK is a community-driven behaviour change campaign to reduce whānau / family violence in Aotearoa New Zealand. Its goal is to change attitudes and behaviour that tolerate any kind of whānau violence.
Health Ed Resources	Provides free and up to date public health resources from NZ health organisations. The website features more than 500 health resources covering 20+ topic areas. Information is in a range of formats and languages to support New Zealanders to make informed health choices.
Health Practitioners Disciplinary Tribunal (HPDT)	The Health Practitioners Disciplinary Tribunal (HPDT) hears and determines disciplinary proceedings brought against health practitioners.
Health Navigator - Healthify	The Healthify website is a non-profit community initiative combining the efforts of a wide range of partner and supporter organisations overseen by the Health Navigator Charitable Trust. The Health Navigator website provides one place for New Zealanders to find reliable and trustworthy health information and self-care resources.
Health Practitioners Competence Assurance Act 2003	The Health Practitioners Competence Assurance Act 2003 is the legislation that defines The Medical Council's responsibilities and powers.
Health Promotion Agency	HPA now redirects to HealthNZ/TWO, serving a collection of free, prevention-focused public health resources.
Mediboard	Mediboard systems provide a board to hold A5 and DLE brochures and A3 posters for waiting rooms. These boards will be delivered, mounted, and filled at no charge.
Quitline	Quitline support to beat your smoking addiction with our free services available to all New Zealanders.