



23 May 2023

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Tēnā koe

### **ACC – Cost of Treatment Regulations – Targeted engagement on further changes**

Thank you for meeting with the College on 16 May 2023 to discuss the ACC Cost of Treatment Regulations (COTR). We acknowledge and appreciate ACC's ongoing commitment to developing a long-term collaborative relationship and look forward to continuing to strengthen the ability of specialist general practitioners to provide ACC patients with access to care across the range of programmes and services discussed. We noted the role of general practice teams in providing a unique model of continuous care and access to a range of hospital and community services.

The Royal New Zealand College of General Practitioners (the College) is the largest medical college in New Zealand. Our membership of 5,748 general practitioners comprises almost 40 percent of New Zealand's specialist medical workforce. The Division of Rural Hospital Medicine also sits within the College's academic remit of vocational training of doctors working in rural hospitals. Our members cover both urban and rural settings, and work in a variety of business structures. The College kāupapa is to set and maintain education and quality standards for general practice and to support our members to provide competent and equitable patient care.

### **General practitioners are specialists under the medical scope of practice**

Our submission clarifies the anomaly created by the COTR and recognition by ACC that general practitioners are medical specialists. We request recognition of Fellowship and request that pay parity aligns across all medical specialities.

The Medical Council of New Zealand (MCNZ) identifies 36 specialties, including general practice. As a first principle the Health Practitioners Competence Assurance Act 2003 (HPCA) requires the MCNZ to first define the areas of medicine and specialties and develop 'scopes of practice' which make up the practice of medicine in New Zealand.

### **The COTR impacts directly on long term sustainability of the specialist GP workforce**

Inequitable funding combined with the perception that general practitioners are not 'medical specialists' impacts on choices made by doctors to enter the General Practice Education Programme (GPEP)<sup>a</sup>, and potentially affects the future specialist general practitioner workforce. The College's 2022 Workforce Survey<sup>1</sup> shows the community-based model of specialist medical care provided by GPs and rural hospital doctors is under threat. The perception that general practitioners are not specialists is undermining long-term investment by the College and the health system in developing a specialist general practitioner workforce.

Patients and communities will suffer from GP shortages. Currently, 95 percent of people living in New Zealand have enrolled in a general practice, and 90 percent of their medical problems are treated and

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<sup>a</sup> Entry to the GPEP requires meeting the standards set by MCNZ for registration to work in a general scope of practice. It takes between 11-14 years to achieve Fellowship of the RNZCGP as a Specialist General Practitioner.

managed in general practice. It means that if the 425 specialist GPs aged over 65 retired tomorrow, we estimate that 725,000 more New Zealanders would be without a doctor.

### Why is this a concern for ACC

General practice is a recognised point of entry for people entering the health system. The team-based approach provides a conduit to equitable and accessible specialist medical care in the community and clinical care to support equitable and continuous care throughout a person's lifespan within the health and community system.

### The ACC funding methodology is eroding confidence in general practice as a career choice

The perception that general practice is a lesser specialty has made it difficult to attract enough PGY2 registrars into the GPEP making it difficult to meet future population needs.

- There is no funding parity with other specialist training programmes:
- Ministry of Health funding methodology results in PGY2 registrars experiencing a significant pay reduction on choosing the General Practice Education Programme leading to Fellowship of the College.
- Service provider titles create confusion about what Fellowship is, between general practitioners and other specialists working in medical specialties.
- The terminology is confusing.
  - 'Specialists' in the MCNZ 'Scopes of Practice' list all 36 specialties including general practice.
  - Medical practitioners are an overarching descriptor for specialists, and their specialties defined in the 'Scope of Practice'
  - We suggest development of a general practitioner MECA contract.

### A general practitioner is a medical specialist

Under the HPCA doctors who are awarded College Fellowship are defined as a medical specialist by the MCNZ under the general practice 'Scope of Practice'.

ACC's COTR methodology (table in consultation document) does not recognise Fellowship and creates a perception that specialist general practitioners are not equal to specialists working in the hospital system.

The table below is an excerpt from the ACC proposed increases in treatment pay rates, which incorrectly defines general practitioners.

Service Provider Type, as identified in the regulations	RNZCGP changes based on legislation (HPCA) and regulation (MCNZ)	Proposed price adjustor	Methodology	New employer obligation	Impact of MECA increase
Medical Practitioners	Doctor but not recognised as a specialist by the MCNZ	3.56%	Based on Step 4 of the Medical Specialist MECA (less the 1.9% placeholder applied in 2020/21 recommendations), and new employer obligations	1.83%	3.00%
Combined Nurse and Medical Practitioner	Change to Combined Nurse and Specialist General Practitioner	4.17%	Based on weighted average of Specialist GP workforce provided by TAS, and new employer obligations	1.83%	2.29%
Specialists	This should read Medical Specialists i.e., achieved Fellowship	3.56%	Based on Step 4 of the Medical Specialist MECA (less the 1.9% placeholder applied in 2020/21 recommendations), and new employer obligations	1.83%	1.70%
Suggest NEW category Combined nurse and Medical Specialist	As per above this includes Specialist General Practitioners				

## Conclusion

ACC co-payment rates to contracted providers across New Zealand contribute to covering the cost of treatment to patients, and the range of co-payments vary by health professional.

When the COTR was introduced in 2003, it set a precedent which resulted in considerable inequity and compounding consequences for the specialist GP workforce.

Whilst we welcome the acknowledgement that specialist general practitioners are a separate entity to nurse practitioners, we feel strongly that the differentiation from other specialists is discriminatory, unlawful and professionally harmful.

If you require further clarification, please contact Maureen Gillon, Manager Policy, Advocacy, Insights - [maureen.gillon@rnzcgp.org.nz](mailto:maureen.gillon@rnzcgp.org.nz)

Nāku noa, nā



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<sup>1</sup> The Royal New Zealand College of General Practitioners. 2022 Workforce Survey. 2023.  
<https://www.rnzcgp.org.nz/resources/data-and-statistics/2022-workforce-survey/>