



The Royal New Zealand  
College of General Practitioners  
Te Whare Tohu Rata o Aotearoa

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Tēnā koe

## **MBIE - Targeted consultation on proposed changes to the Cost or Treatment Regulations and Definitions Regulations**

Thank you for the opportunity to comment on MBIE's targeted consultation on proposed changes to the Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003 (Cost of Treatment Regulations) and the Accident Compensation (Definitions) Regulations 2019 (Definitions Regulations).

The Royal New Zealand College of General Practitioners (the College) is Aotearoa New Zealand's largest medical college, with 6,018 specialist General Practitioners (GPs) forming 40 percent of the medical workforce. The College sets standards and trains the specialist GP and Rural Hospital Doctor workforce through its General Practice Education Programme (GPEP) and Rural Hospital Medicine Training Programme (RHMTTP).

### **Proposed changes to the Cost of Treatment Regulations (COTR)**

Specialist GPs are first point of contact for 90 percent of all patient healthcare concerns in the community and provide holistic care for 24 million patient contacts each year

The College's primary interest is ensuring the regulations accurately recognise vocationally trained specialist GPs in line with the Medical Council of New Zealand (MCNZ) scopes of practice and New Zealand's occupational classifications, and that funding and commissioning settings support equitable access to ACC-funded general practice care.

We note the proposed changes in Section 3.7 of the Consultation document intend to, amend the relevant wording in the Cost of Treatment Regulations to recognise vocationally trained GPs as specialist GPs.

### **Recognition of specialist GPs – context and remaining problem**

Section 3.7 identifies a longstanding misalignment between the professional recognition of vocationally trained GPs and the wording of the Cost of Treatment Regulations.

Vocationally trained GPs are recognised by the Medical Council of New Zealand (MCNZ) as medical specialists (general practice vocational scope), but this recognition has not been consistently reflected in the regulatory settings that govern ACC contributions for treatment. While occupational classification conventions (including the former Australasian ANZSCO structure) have contributed to the persistence of this anomaly, New Zealand

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occupational classifications now recognise general practitioners within the specialist framework. The remaining task is to embed this recognition within the Cost of Treatment Regulations in a way that aligns with MCNZ and New Zealand occupational classifications, while also progressing the broader policy question of how ACC sustainably funds and commissions specialist GP services delivered in the community.

### **Proposed Response to section 3.7 (recognising vocationally trained GPs as specialists)**

#### **Our position:**

**The College agrees changes are required to reflect that vocationally trained GPs are a type of specialist. We prefer an approach that corrects the definitional anomaly while maintaining rate neutrality in the short term, and that does not unintentionally constrain future funding and commissioning reform.**

#### **Our preferred option is:**

**Option D** (add vocationally trained GPs to the specialist definition, while maintaining current payment rates) is the most workable ‘win-win’ option. It would align the regulations with MCNZ recognition of vocationally trained GPs as specialists, without creating an immediate pricing precedent in the Cost of Treatment Regulations.

- **Drafting safeguard (status vs service type):** Any amendment should make clear that recognising vocationally trained GPs as specialists is about professional scope/credentials (MCNZ Vocational Registration), while the applicable payment rate continues to reflect the nature and typical duration of general practice consultations under the regulations.
- **Time-based consultation pricing principle (consistency across specialties):** ACC has consistently indicated there is no pay differential by specialty for consultations and that pricing is intended to reflect a unit-of-time cost. If that is the policy intent, the regulations and operational settings should clearly establish a standard unit-of-time rate for consultations (e.g., a standard time unit such as 15 minutes) and apply it consistently across all specialists for consultation services (not procedures), with providers able to claim multiples of X based on consultation type and duration.
- **Clear eligibility test (protects vocational recognition):** Eligibility should be unambiguous (e.g., MCNZ Vocational Registration in the general practice scope and/or Fellowship pathway recognised by MCNZ), so that non-vocationally registered doctors are not able to receive the same payment as vocationally registered specialist GPs. As an add-on, this clear distinction can support future pay rounds to appropriately differentiate the ‘specialist’ box from the ‘non-vocationally qualified’ box.
- **Implementation and billing guidance:** ACC should provide operational guidance and a transition period for practice management system updates to avoid inadvertent claiming errors and to minimise administrative burden on practices.
- **Future funding/commissioning pathway:** The College supports this as an interim definitional fix and recommends MBIE/ACC commit to a timebound work programme to ensure ACC- related general practice care is supported by fit-for-purpose commissioning settings (including the appropriate mix of regulated rates, contracting, and targeted mechanisms that reflect complexity, time, and team-based delivery). This would help ensure the definitional amendment does not become the de facto long-term funding lever for specialist GP services, and would better align incentives with recovery outcomes, workforce sustainability, and equitable access.

## In summary

The College supports amending the Cost of Treatment Regulations to embed recognition of specialist GPs in line with MCNZ and New Zealand occupational classifications, and we encourage MBIE/ACC to use the regulatory change as a platform to progress the broader question of sustainable, equitable commissioning of ACC-related general practice care.

Nāku noa, nā



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