



18 October 2022

The Manager, Accident Compensation Policy
Ministry of Business, Innovation and Employment
PO Box 1473
WELLINGTON 6140

By email: ACregs@mbie.govt.nz

Tēnā koe

Proposed updates to ACC regulated payments for treatment

Thank you for the opportunity to comment on the proposed updated to ACC regulated payments for treatment.

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.

RNZCGP overall comment on the proposal

We wish to comment about the impact of continued lack of understanding about the specialty of general practice. It significantly disadvantages and undermines doctors who, in addition to their medical training, have undertaken an additional three years at postgraduate level to obtain a specialty in general practice, and for some an additional fourth year to gain a further general practice specialty in rural hospital medicine.

Although the Medical Council of New Zealand (MCNZ) recognises the general practice, Scope of Practice as a specialty¹, the exclusion of general practice in New Zealand Legislation under the Accident Compensation (Review Costs and Appeals) Regulations 2002, and its further Amendments and Regulations² results in the specialty of general practice being invisible. It has created funding inequities, a perception that general practice is not a specialty and is becoming a reputational risk for the profession. Doctors choosing other specialties is a risk for the ongoing sustainability of the general practice workforce.

We draw your attention to three points which significantly impact on the proposed updates to ACC regulated payments for treatment in the MBIE consultation document.

1. Vocationally Registered General Practitioners are specialists

Vocationally Registered Specialist General Practitioners are those who have completed 11 years training (See *Appendix 1*). In addition to six years undergraduate medical training, and a minimum of two years in hospital rotations, these doctors have completed an additional three years of vocational specialty training in the General Practice Education Programme, and the Fellowship assessment at the end of training, to be eligible for Fellowship of The Royal New Zealand College of General Practitioners. Completion of the requirements enables doctors to apply to the MCNZ for Vocational Registration as a Specialist in the scope of general practice. This is recognised by the MCNZ as a specialist in the discipline of General practice medicine equivalent to other speciality disciplines for example, orthopaedics, or cardiology.

2. Not all doctors working in general practices are Specialist General Practitioners

Most doctors working in general practice are either vocationally registered or undertaking vocational training. A small percentage of doctors working in general practice are general registrants, not Specialist General Practitioners or engaged in training towards vocational registration. They are under the supervision of the MCNZ and have not completed or have recognised post graduate specialist training in General practice. In 2022, they comprise fourteen percent of all doctors working in New Zealand general practices.³

3. Nurse practitioner training is not equivalent to that of Specialist General Practitioners

The College does not accept that the nurse practitioner qualification within its nursing discipline is the equivalent of Specialist General Practitioners medical training and discipline (*See Appendix 1*). A nurse practitioner is a clinical nurse specialist who works in a clinical team within general practice and hospital settings. The qualifications and disciplines are different and based on different jurisdictions. The roles are complementary rather than equivalent, and one is a specialist in the scope of nursing, the other recognized by the MCNZ in the scope of general practice medicine.

Our Submission

The College notes that the Cost of Treatment regulations define a specialist as a medical practitioner whose scope of practice includes one or more recognised branches of medicine, which are further defined in a list of specialties, however, General practice is not included in the list. As a first principle, Specialist General Practitioners need to be visible as an occupational group to align with the Medical Council of New Zealand (MCNZ) recognition of vocationally trained Specialist General Practitioners in the Cost of Treatment Regulations and, ACC regulated payments for treatment.

In answer to your questions:

Question 1 – Do you agree that adapting option D, with tailored payment increases reflecting wage increases in the main occupational groups, as detailed in Table 4, best meets the objectives set? If not, why not?

Although parity between specialists in the hospital system and Specialist General Practitioners is not a specific policy objective of the review, the multiple employer collective agreements (MECA) proposal is based on occupational group increases from the DHB MECA, from 2016 – 2020. Not recognising vocational registration of Specialist General Practitioners in going forward will continue to be an equity issue when setting MECA rates if there is no rate for Specialist General Practitioners.

Question 2 – Do you have any concerns about the impact the regulated payment regime has on particular population groups who have difficulty in accessing treatment?

Population groups holding a community services card, are likely to have higher needs and will receive less funding to access services needed outside the practice. Co-payments vary across the country and approach to payments show inconsistency and lack of understanding about the different general practice models, demographics and related social determinants of health. The approach shows Specialist GPs will be penalised for providing a cost-effective service. Points 19 and 20 indicate that the average co-payment charged by a general practice is 35.00 while, for an osteopath the rate is 50.00. The true average for a Specialist General Practitioners would be higher if the capitation for VLCA practices was captured in the research. The assumption that more expensive treatment is more effective is questioned, i.e., the adjustment rates based on whether a service is 'cheaper' or more 'expensive' rather than the quality and relevance of services needed. Practices with CSC patients will be paid less while non-CSC patients will receive more funding.

Question 4 – Do you agree with introducing a new nurse practitioner and nurse combined treatment rate, and the specific rates (before the general increase proposed in Section 3) listed in Table 6?

The College supports nurse practitioners and practice nurses working in general practices alongside Specialist General Practitioners within their scope of practice.

The proposal reinforces the perception that nurse practitioners and nurses have the same skills as general practitioners. We reiterate that training is not equivalent (*See Appendix 1*). In the ACC field of practice, and the health system, it is important to recognise the credentials of each professional group.

In summary

The College supports Option D, however the rates for specialist groups reinforce the perception that Specialist General Practitioners are not equal to specialists and increase tensions and misunderstanding about the credentials of Specialist General Practitioners, nurse practitioners, and practice nurses. Continued lack of understanding by government about the general practice environment and its workforce is creating ongoing confusion about the speciality of general practice. and impacts on relationships with other clinical team members.

We would like to meet with you to clarify differences between non-vocationally registered doctors, Specialist General Practitioners and nurse practitioners, and discuss how to move forward on this issue.

If you require further clarification, please contact Maureen Gillon, Manager Policy, Advocacy, Insights - maureen.gillon@rnzcgp.org.nz

Nāku noa, nā



Dr Bryan Betty
ONZM, FRNZCGP (Dist.), FACRRM, MBChB
Medical Director | Mātanga Hauora

Appendix 1

Scopes of Practice for Specialist General Practitioners and Nurse Practitioners

Specialist General Practitioners – medical scope of practice	Nurse practitioners – nursing scope of practice ^{iv}
<p>The Health Practitioner Competence Assurance Act 2003 requires^v the Medical Council of New Zealand (MCNZ)^{vi} to define the areas of medicine and specialties scopes of practice^{vii} for medicine in New Zealand.</p> <p>The specialist General Practitioners, 'Scopes of Practice and Prescribed Qualifications for the Practice of Medicine in New Zealand'^{viii}, is the prescribed qualification to attain specialist General Practitioner status accredited by the Royal New Zealand College of General Practitioners.</p>	<p>The Health Practitioners Competence Assurance Act 2003 requires the Nursing Council of New Zealand to describe scopes of practice for nursing practice in New Zealand and prescribes the qualifications for each scope of practice.^{ix}</p> <p>The Nurse Practitioner Scope of Practice provides advanced nursing skills to proactively work to improve health outcomes for patients through treatment and management of health conditions, and working collaboratively to promote health, prevent disease, and improve access population health.</p>
General Practitioner training ^x	Nurse Practitioner training ^{xi}
<p>General practice is an academic and scientific discipline with its own educational content, research, evidence base and clinical activity, and a clinical specialty orientated to primary care. It is personal, family, and community-orientated comprehensive medical care that includes diagnosis, continues over time, and is anticipatory as well as responsive.</p> <p>Entry to the General Practice Education Programme (GPEP) requires meeting the standards set by MCNZ for registration to work in a general scope of practice.</p> <p>To achieve the specialist General Practitioner qualification the doctor has completed:</p> <ul style="list-style-type: none"> • A 6-year medical degree • 2-years prevocational training in a hospital setting • 3-years GPEP vocational training programme conducted in general practice settings <ul style="list-style-type: none"> - Year 1 – supervision, assessments, and examinations - Years 2 & 3 – ongoing education and assessments - Year 4+ Formalised assessment for fitness to award Fellowship • Fellowship of the RNZCGP is awarded as a Specialist General Practitioner • Specialist General Practitioners participate in ongoing education in professional standards through its Te Whanake Programme. 	<p>Nurse practitioners must be registered with the Nursing Council of New Zealand in their registered nurse scope of practice, have a minimum of 4 years of experience in an area of practice, completed an approved clinical Master's degree programmer for the nurse practitioner scope of practice.</p> <p>Nurse practitioners must complete a Nursing Council accredited master's degree programme.</p> <p>Training comprises a structured programme of taught courses with a clinical focus. This master's degree will enable students to have sufficient theory and clinical learning to meet the required knowledge, skills, and attitudes for the mātanga tapuhi nurse practitioner scope of practice.</p> <p>The assessment process must include: -</p> <ul style="list-style-type: none"> • Relevant theory • A minimum of 300 hours of clinical learning • Completion of an equivalent overseas clinically focused Master's degree qualification which meets the requirements specified to pass an assessment against the nurse practitioner competencies by a Council approved panel.

ⁱ Registration data received from MCNZ 16/3/22.

¹ Medical Council of New Zealand. Scopes of Practice. General practice.

<https://www.mcnz.org.nz/registration/scopes-of-practice/vocational-and-provisional-vocational/types-of-vocational-scope/general-practice/>

² Accident Compensation (Liability to Pay or Contribute to Cost of Treatment) Regulations 2003. (SR 2003/388) 19 June 2013/138) (Pursuant to sections 324 and 349(1)(f) of the Injury Prevention, Rehabilitation, and Compensation Act 2001) <https://www.legislation.govt.nz/regulation/public/2003/0388/latest/whole.html#DLM236530>

³ <https://www.mbie.govt.nz/business-and-employment/employment-and-skills/employment-legislation-reviews/accident-compensation-dispute-resolution-review/>