He Kaupare. He Manaaki. He Whakaora.
Prevention. Care. Recovery.

# Primary care market engagement – 8 October 2025

## Questions and Answers

These questions were submitted during our primary care market engagement event on Wednesday 8 October 2025. If you don't find the answer to your question, or have further questions, email us at engage.primarycare@acc.co.nz.

Find out more on ACC's website: www.acc.co.nz/health-sector-engagement

**You've shared a few clinical updates and outlined new return-to-work initiatives with us. Could you please explain how these initiatives prioritise patient recovery? There are concerns that these initiatives are aimed at reducing scheme participation to save costs.**

ACC's core purpose remains the prevention, care and recovery of injured New Zealanders. While ACC has a responsibility to make sure that the scheme is sustainable today and for future generations, these initiatives are aimed to better support someone's recovery following injury, improve rehabilitation outcomes, and reduce the harm we know can happen when someone is out of work for an extended period of time.

We are committed to working collaboratively with the sector to ensure our approach is clinically sound, equitable, and focused on what matters most, which is the recovery of an injured person.

**Recent communications have given the impression that general practitioners are being held responsible for poor client recovery outcomes. Could you clarify whether ACC trusts the clinical judgement of GPs in supporting patient recovery?**

We have full confidence in the clinical judgement of GPs, and it was never our intention to suggest otherwise. Our goal is to ensure that any tools or resources we develop will support practitioners in their work. We are committed to working collaboratively with the sector to design these solutions.

Through our market engagement events and ongoing work with the Primary Care Expert Reference group we've identified key themes for us to look at, such as improving communication, reducing administrative burden, and enhancing clinical pathways and guidance.

We aim to build on these shared insights and continue working closely with the sector to provide effective tools and support where needed.

**Has there been feedback from the primary care sector about continuing to hold full responsibility and workload for medical certification? Is there confidence within ACC that primary care is the most appropriate setting for this responsibility?**

We acknowledge the important role medical certification plays in a person's recovery. Changes to who can sign off medical certificates would require legislative change and would therefore take considerable time, resources and a different approach. At this stage, we're looking to work within our current legislative boundaries to solve challenges and help drive improvement in our rehabilitation rates for injured New Zealanders.

**In your initial market event, you acknowledged that ACC hasn't invested enough into primary care. How are these initiatives designed to address this gap and strengthen primary care delivery?**

We've been really open about primary care being an essential component of the healthcare system and for ACC.

We acknowledge that our funding and efforts haven't always reflected the importance we place on the role of primary care in the recovery of injured New Zealanders. Our current initiatives focus on outcome-based commissioning, reducing administrative burden and improving integration across care settings. In addition, we are looking at initiatives which support additional funding into primary care, specifically focused around improving rehabilitation outcomes.

Our aim is to continue collaborating with and investing in the primary care sector. We are committed to moving away from a transactional approach to a more collaborative and strategic relationship focused on what we can achieve together to improve rehabilitation outcomes for injured New Zealanders.

**Has the increase in utilisation and service offerings of telehealth consultations affected medical certification behaviours? And does ACC support medical certificates being completed via telehealth?**

Since the COVID-19 response, we have seen an increase in the use of telehealth and, at times, there have been instances where individuals were certified as 'fully unfit' for extended periods without any in-person assessment.

We provide telehealth-specific consultation codes reimbursed at the same rate as in-person consultations. However, inconsistent use of these codes limits our understanding of telehealth utilisation for injury-related presentations. This is something we hope to address moving forward.

While we permit ACC45 and ACC18 forms to be completed via telehealth, providers are expected to follow their professional and regulatory guidelines to determine when in-person consultations are clinically appropriate. When it comes to injuries, ACC generally recommends in-person assessments and follow-ups.

**In situations where a client's employer cannot provide suitable duties, what is ACC's expectation from providers in terms of certification? Should we be issuing a fit for selected work medical certificate or is it more appropriate to certify the client as fully unfit for work in these situations?**

If a patient is medically fit for some work, the certifier should issue a Fit for Selected Work certificate, even if the employer has no duties available. The certification should reflect the patient's ability, not job availability.

This approach supports recovery and avoids any unnecessary delays. ACC will then apply a 'no abatement' if no suitable duties are available at their workplace. This allows the injured person to still receive weekly compensation while being on the correct certificate.

**The dashboard for GPs and NPs sounds like a valuable tool. Will vocational rehabilitation providers also have access to similar data through an API? This would allow us to build systems similar to this, to better support workflow and performance of stay at work providers.**

The dashboard offers a new way of sharing information with providers to help build an understanding of their performance. We anticipate this will be available for General Practice later this year.

We are also looking at how best to build the tools and platforms so we can share performance data across other treatment and rehabilitation providers and suppliers.

**Are you still on track to have a new ACC contract or funding arrangement in place for Primary Health due 2026? At present, we receive significantly less in urgent care services for providing the same work and this continues to be a problem for us.**

The Urgent Care Clinic (UCC) contract is due to expire on 30 June 2026. We've indicated to the sector that we would like to have a new model of care in place by 1 July 2026. We have been actively working with Health New Zealand on what that new model of care could look like into the future. We will continue to keep the sector updated as this work progresses.

The RFP currently live on the Government Electronic Tender Service (GETS) differs from the UCC contract. This initiative represents a 'test and learn' approach to commissioning primary care services differently, with an initial focus on improving recovery outcomes. Over time, this may evolve into a broader primary care model, although the direction is still exploratory. Our goal is to innovate and improve how services are delivered.

**Do you expect a GP to have a consultation with a patient to do an ACC18 if a physio has already created their return-to-work plan?**

As the certifying provider, the GP remains responsible for issuing a medical certificate. As part of this, their role is to ensure that the certification accurately reflects the patient's injury and recovery

potential. The information included in the return-to-work plan will help to inform the GP about the patient's functional capacity.

**In my experience there has been a lack of support for the clinical assessments and recommendations made by GPs. For example, we have identified cases where a patient was not ready to return to work, yet we were advised that unless the patient was in hospital they can return to work. This approach raises concerns about patient safety.**

If a GP's assessment of an injured patient determines that someone can't perform any duties at work, we trust that clinical assessment.

In response to feedback from the primary care sector, employers, and our staff about the challenges of navigating the Recovery at Work process, we updated our medical certification criteria and guidance in 2023. These updates clarify the different levels of certification and outline the available support options. You can access the updated guidance here.

This asks us to consider the client's function – whether there are any administrative tasks or alternative duties that would be medically sustainable for them to perform. If so, a Fit for Selected Work medical certificate is the most appropriate, rather than a 'fully unfit' medical certificate. We acknowledge the role employers have in supporting clients to stay at work or return to work. We are committed to working with employers to support this.

Our priority is to support clients to recover from their injuries and return to independence. If you have examples of instances where you are getting push back from ACC staff regarding a medical certificate and have concerns, please let us know.

**Could you provide more detail on the transition from a fee-for-service model to outcome-based payments?**

We traditionally have had a fee for service relationship with primary care. There are benefits to this however, we acknowledge this approach doesn't always allow for innovation or support best practice.

For example, through the RFP, we are looking for innovative ideas on how we can support additional funding to improve rehabilitation outcomes, rather than getting rid of existing funding streams.

We acknowledge there will be some learnings and improvements to make along the way. It is a priority for us to have good clinical governance, gather accurate data and maintain positive relationships with the sector.

If you have questions about the RFP, please submit these on GETS.

**Are clinical nurse specialists permitted to complete ACC medical certificates for time off, such as ACC45 forms? If not, does this restriction also apply to registered nurses working in primary care?**

We absolutely value the role that a clinical nurse specialist plays in the health sector. However, currently under our legislation only nurse practitioners and medical practitioners are able to complete ACC medical certificates.

*Under ACC's legislation:*

Medical practitioner means a health practitioner who is, or is deemed to be, registered with the Medical Council of New Zealand under section 114(1)(a) of the Health Practitioners Competence Assurance Act 2003, as a practitioner of the profession of medicine. They must also hold a current practising certificate.

Nurse practitioner means a person who is deemed to be, registered with the Nursing Council of New Zealand, continued under section 114(1)(a) of the Health Practitioners Competence Assurance Act 2003, as a practitioner of the profession of nursing whose scope of practice permits the performance of nurse practitioner functions; and hold a current practicing certificate.

**You have mentioned only GP, Nure Practitioners and medical specialists can do medical certificates. Can this be clarified as there are many non-vocational doctors (registrars and general registrants) who currently write medical certificates.**

Under ACC's legislation a medical practitioner means a health practitioner who is, or is deemed to be, registered with the Medical Council of New Zealand under section 114(1)(a) of the Health Practitioners Competence Assurance Act 2003, as a practitioner of the profession of medicine. They must also hold a current practising certificate.

Medical practitioners may be registered under different scopes of practice such as:

- **General Scope** – typically includes junior doctors, house officers, registrars, and resident medical officers.
- **Vocational Scope** – includes specialists and GPs who have completed vocational training (e.g., general practice, urgent care, musculoskeletal medicine).
- **Provisional General Scope** – applies to those in internship or early training stages, such as GP registrars.

All of the above scopes of practice may complete medical certificates under ACC's legislation.

**What are ACC plans with the current Vocational Rehabilitation Services (VRS) contract and will this be extended / changed in 2026?**

You can find information in the advance notice that is currently on GETS regarding the VRS contract. If you subscribe to the notice you'll receive further notifications as they become available.

**Is there an update on the implementation of SNOMED Clinical Terms (transiting Read codes), and how will this impact general practice and will this support efficient ACC service claiming moving forward? What is the timeline in switching over to SNOMED CT?**

We recognise the benefits of SNOMED-CT and we are looking at how it might be adopted with the co-operation of the sector. There are plans to natively support SNOMED-CT in our future technology roadmap, but we cannot commit to a timeframe at this time.

In May, we made a large update to our current SNOMED-CT to READ translation service adding an additional 700 SNOMED codes that are now supported to translate automatically. We are continuing to monitor exceptions and update where needed.