

10 May 2017

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

By email: ACregs@mbie.govt.nz

New practitioners for registered health professional and treatment provider definitions

Dear Sir/Madam

The New Zealand Medical Association (NZMA) wishes to provide feedback on the above consultation. The NZMA is New Zealand's largest medical organisation, with more than 5,500 members from all areas of medicine. The NZMA aims to provide leadership of the medical profession, and to promote professional unity and values, and the health of all New Zealanders. Our submission has been informed by feedback from our Advisory Councils and Board.

We note that the first proposal is to add eight occupational groups to the definition of registered health professional under the Accident Compensation Act 2001, *to allow injuries suffered as a result of treatment from these health practitioners to be assessed by ACC as treatment injuries* [emphasis added]. The eight groups include the following: anaesthetic technology, dental hygiene, dental therapy, dietetics, optical dispensing, osteopathy, psychology, psychotherapy. The NZMA is broadly supportive of this proposal on the basis that it would allow ACC to gain a better understanding of treatment injuries caused by these groups, which should ultimately lead to better outcomes for patients.

We note that the second proposal is to add pharmacists as an occupational group to the definition of treatment provider, *to allow pharmacists to be paid directly for ACC for treatment they provide to claimants* [emphasis added]. The NZMA is opposed to this proposal which we believe will lead to unintended negative consequences including increased costs for ACC. While pharmacists are well placed to provide medicines management services, such services do not fall under the core remit of ACC. We do not believe that ACC-funded treatment of minor injuries should be extended to pharmacists. Pharmacists are not trained emergency health providers and the proposal would result in a conflict of interests with respect to dispensing and sale of items for

the treatment of minor injury. We believe that such consultations are more appropriate in general practice, which is also community-based.

The consultation identifies increased demand and increasing costs to the ACC scheme as a likely consequence of the proposal to add pharmacists as treatment providers. This is of major concern given constraints to the ACC budget. We seek clarification as to what types of treatment the proposal would cover. Would it include the cost of band aids and dressings, for example? Would pharmacists be paid a consultation fee for the treatment of minor injury issues? Finally, we understand that pharmacists are currently recompensed for their professional duties by the dispensing fees they can claim from HBL. We have not seen a persuasive public-interest argument to support the addition of ACC as a new accounting line for pharmacists.

We hope that our feedback has been helpful and look forward to learning the outcome of this consultation.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Stephen Child', written in a cursive style.

Dr Stephen Child
NZMA Chair