

12 March 2026

**Re: Clinical concerns regarding ACC pain management service model**

To whom it may concern,

The New Zealand National Committee of the Faculty of Pain Medicine (FPM), Australian and New Zealand College of Anaesthetists (ANZCA), is writing to express serious concerns regarding the clinical structure of the newly announced ACC pain management service model.

Our primary concern is that the model appears to depart from recognised international standards for pain medicine, particularly with respect to access to specialist medical assessment for patients at risk of developing persistent pain and long-term disability.

Pain is a complex medical condition requiring accurate diagnosis and appropriate treatment planning.

Internationally recognised standards emphasise the role of Specialist Pain Medicine Physicians (SPMPs) within multidisciplinary care for patients with complex or persistent pain. These standards are reflected in guidance from organisations including:

- Faculty of Pain Medicine (ANZCA) – Core Standards for Pain Management Services.
- The International Association for the Study of Pain (IASP) recommendations for multidisciplinary pain care.
- International models of interdisciplinary care for persistent pain that emphasise specialist diagnostic expertise within multidisciplinary teams.

Under the current ACC model, there appears to be no clear requirement for patients with potentially serious or long-term disabling pain conditions (examples including CRPS, neuropathic post injury pain, complex pain in tamariki, and treatment related injury) to receive assessment by a Specialist Pain Medicine Physician. This represents a significant departure from accepted clinical standards.

This raises several serious concerns.

First, there are risks to diagnostic accuracy and patient safety. Many serious medical conditions may initially present as injury-related pain. Without appropriate specialist medical assessment, there is an increased risk of missed or delayed diagnoses, including non-injury related medical conditions that may require alternative treatment pathways. This has implications both for patient outcomes and for the appropriate use of ACC funding for injury-related conditions.

Second, the model raises concerns regarding compliance with the Code of Health and Disability Services Consumers' Rights. In particular:

- Right 4(1) requires that services be provided with reasonable care and skill.
- Right 4(2) requires that services comply with legal, professional, ethical, and other relevant standards.

A system that does not ensure access to appropriate specialist expertise for complex medical conditions risks failing to meet these obligations.

Third, ACC has statutory responsibilities under the Accident Compensation Act 2001 to ensure injured people receive appropriate treatment and rehabilitation. A service model that does not

incorporate appropriate specialist medical expertise for complex pain conditions risks falling short of this requirement.

International best practice, such as the NSW Agency for Clinical Innovation (ACI) Pain Management Network guidelines, stipulates the importance of a comprehensive multidimensional assessment as the foundational step of any pain journey.

Failing to develop the correct diagnosis and formulation at the outset leads to poor functional outcomes. Suboptimal initial assessments risk ineffective treatment plans, longer claim durations, and higher long-term costs for ACC.

Taken together, these issues raise significant concerns regarding clinical quality, patient safety, diagnostic accuracy, and alignment with recognised professional standards.

We note there are Specialist Pain Medicine Physicians who are available to provide services to ACC if the contract structures are appropriate.

Given the potential impact on patients, whānau, and the wider health system, we respectfully request that ACC:

- Undertake an urgent review of the clinical framework underpinning the pain management service model, with particular attention to alignment with recognised international standards of pain care.
- Ensure that clear pathways exist for early assessment by Specialist Pain Medicine Physicians, particularly for patients with complex pain or risk of long-term disability.
- Consider pausing implementation of the current model until these issues are addressed, to ensure that appropriate clinical standards and safeguards are in place.

Persistent pain is one of the leading causes of disability worldwide. Ensuring access to appropriate specialist expertise is essential for safe, effective, and equitable care for injured New Zealanders.

We would welcome the opportunity to engage further with ACC to support the development of a model that maintains appropriate clinical standards and achieves the best outcomes for patients.

Yours sincerely,



**Dr Charlotte Hill**  
**Chair**  
**Faculty of Pain Medicine New Zealand National Committee**  
**Australian and New Zealand College of Anaesthetists**

#### References

- Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists. Core Standards for Pain Management Services.
- International Association for the Study of Pain (IASP). Desirable Characteristics for Pain Treatment Facilities.
- Treede RD et al. Chronic pain as a symptom or a disease: the IASP Classification of Chronic Pain for ICD-11. Pain. 2019.
- International Association for the Study of Pain (IASP). Global Year Against Pain – Multidisciplinary Pain Care guidance.