6 August 2026

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ACC

By email: Oliviabanks2@acc.co.nz

Kia ora Olivia,

Thank you for your email and for taking the time to respond following our meeting on 21 July.

We appreciate the clarification you have provided regarding ACC's position on the future pain management service design and the constraints created by the current stage of commissioning and the Government Procurement Rules. However, we remain concerned that the service model and commissioning approach do not yet adequately reflect the distinct role, scope and responsibilities of Specialist Pain Medicine Physicians (SPMPs), nor the potential risks if their contribution is treated as interchangeable with other medical specialists.

To support this point, I am attaching the Faculty of Pain Medicine's 2026 Scope of clinical practice for Specialist Pain Medicine Physicians. This document sets out the unique sociopsychobiomedical, physician-led model of care provided by SPMPs, their advanced diagnostic expertise in complex pain states, and their leadership role in interdisciplinary pain services, including in culturally safe practice aligned with Te Tiriti o Waitangi. It also highlights their responsibilities as health advocates and scholars, including for equity, outcomes, and the prevention of disability and secondary harm.

In this context, our ongoing concern is that leaving decisions about whether and how to routinely use SPMPs in triage and within the core IDT solely to individual suppliers may result in significant variability in service models, with implications for equity, access, and outcomes across Aotearoa New Zealand. A commissioning approach that more explicitly recognises SPMPs' defined scope of practice, and sets clearer expectations for their role in triage, leadership of interdisciplinary teams, and complex case management, would better align with the model described in the attached document.

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We acknowledge your assurance that ACC intends to monitor service utilisation, equity, access, inputs, costs, outcomes and performance once the new service is implemented. We would welcome the opportunity to remain involved in shaping how SPMP-related metrics are defined and used within that monitoring framework, including indicators that would allow ACC to distinguish the impact of services led or closely integrated with SPMPs from those that are not.

Finally, whilst we understand the limitations on piloting during procurement, we continue to see value in a formal, structured evaluation of SPMP involvement in triage and the core IDT—whether as a pilot or an early implementation study—once procurement has concluded. We would be pleased to work with ACC to co-design such evaluation activity so that it strengthens the evidence base for future commissioning decisions without cutting across procurement rules.

Thank you again for your engagement on these issues. We hope the attached Scope of Practice document is helpful in clarifying the distinctive role of SPMPs, and we look forward to continuing our discussions about how that expertise can be optimally reflected in ACC's pain management service design and monitoring approach.

Ngā mihi nui

Michele Thomas, FACHSM, CHE
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Pou Manukura, Aotearoa

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