ACC Work Capacity Certification of Fitness for Work by Physiotherapists in Aotearoa New Zealand: A Qualitative Exploration

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ABSTRACT

Physiotherapists in Aotearoa New Zealand currently play a central role in injury management and vocational rehabilitation under the Accident Compensation Corporation (ACC) scheme; however, they are not permitted to certify fitness for work. With increasing pressure on general practice and inequitable access to timely certification, particularly for Māori, Pacific, rural, and socioeconomically deprived populations, there is growing interest in the option of expanding certification responsibilities. This qualitative study explored stakeholder perspectives on legally enabling physiotherapists to complete ACC work capacity certification of fitness for work. Six participants representing diverse stakeholder groups were interviewed using a semi-structured guide, and data were analysed using reflexive thematic analysis. Four key themes were identified: Challenges within the current certification process; Vulnerable populations are struggling and need better support; Opportunity for physiotherapy to offer a positive solution; and Considerations to support physiotherapy to certify effectively. Participants highlighted physiotherapists' expertise, availability, and collaborative practice as strengths, and supported legislative change with appropriate safeguards. Findings suggest that physiotherapists are well-positioned to enhance certification processes, improve access and equity, and support better outcomes for injured workers. They also provide discussion around key considerations for professional development and practice. This study provides timely evidence to inform policy and professional practice discussions regarding physiotherapy's role in ACC certification.

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INTRODUCTION

Pressures within the Aotearoa New Zealand health system and primary care, particularly delays in accessing GP assessments, are reaching critical levels, especially in rural areas and among isolated communities (Morrah, 2024a). Patients are facing increased fees, reduced access, and significant delays for appointments (Hill, 2024). Reports have documented lengthy queues of up to five hours outside walk-in clinics (Morrah, 2024b).

Difficult GP access contributes to unmet patient needs across Aotearoa New Zealand, with many people unable to receive the required healthcare (Ministry of Health – Manātu Hauora, 2026; Pledger & Cumming, 2024). Those in urgent need often present in emergency settings, which places additional and unnecessary pressures on hospitals, emergency departments, acute clinics, and specialist services (Bull, 2024; Steyl, 2024). These challenges contribute to difficulties for people accessing work capacity certification in a timely manner, including Accident Compensation Corporation (ACC) certificates, following injuries that affect their fitness for work. ACC incapacity certificates are important because they are required for entitlements such as weekly compensation and vocational rehabilitation (Accident Compensation Corporation, 2026a, 2026c). Certification is critical to a timely and supported return to work (Papagoras et al., 2018). Therefore, delays compromise recovery, access to necessary rehabilitation, and ultimately return to work, contributing to potential additional costs to compensation insurers and society (Johnston & Beales, 2016). This situation has led to considerable discussion about the option of physiotherapists supporting the ACC certification process.

Within Aotearoa New Zealand, there has been a recent upsurge in interest regarding physiotherapists completing work capacity and incapacity certification of fitness for work under the Accident Compensation Act 2001. This would require changes to the current legislation, as presently this assessment can only be completed by medical practitioners or nurse practitioners (Ministry of Business, Innovation, and Employment, 2026). Similar practice changes have been successfully implemented in other countries, such as Australia and the United Kingdom (UK) (Black et al., 2022; Papagoras et al., 2018). However, it is important to interpret any opportunities and considerations within Aotearoa New Zealand's unique legislative and cultural landscape.

There are several compelling reasons for suggesting that physiotherapists could become involved in ACC certification. Physiotherapists already contribute significantly to injury management across a range of diagnoses, including supporting return to work outcomes across diverse injury populations, and have experience in mitigating the negative health outcomes associated with prolonged periods off work (Gosling et al., 2015; Papagoras et al., 2018). Furthermore, due to their training and existing work context, many physiotherapists have considerable expertise and experience in assessing and managing musculoskeletal conditions within primary care (Black et al., 2022; Dropkin et al., 2021), serving as a source of valuable expertise. This is important, particularly given that musculoskeletal conditions are the leading cause of work incapacity and associated costs in many developed countries, including Aotearoa New Zealand (Christopherson et al., 2022; Papagoras et al., 2018).

Data from Australia indicate that physiotherapists are more likely than medical practitioners to certify injured workers as fit for alternative or modified duties rather than fully unfit for work (Gosling et al., 2015). Being able to engage in alternative or modified duties correlates with shorter durations of incapacity. Physiotherapists' understanding of return to work is an important aspect of rehabilitation, and may explain why physiotherapists are more likely to enable this through certification (Gosling et al., 2015). Johnston and Beales (2016) conclude that physiotherapists have the knowledge and skills to manage injuries confidently, and argue it is logical to enable physiotherapists to complete certification. While training and frameworks are required to understand legislative aspects around determining fitness for work, if implemented appropriately, they could positively impact work-related health outcomes (Black et al., 2022).

Physiotherapists in Aotearoa New Zealand are first-contact primary health professionals already able to diagnose and submit ACC claims (Accident Compensation Corporation, 2026b). Many are commonly involved in vocational rehabilitation, including completing workplace assessments, liaising with key stakeholders, and coordinating a return to work. These physiotherapists have sound knowledge of individual, injury, and workplace factors, as well as existing coordination roles with all key stakeholders (Accident Compensation Corporation, 2026c). Furthermore, physiotherapists in Aotearoa New Zealand are autonomous, registered health practitioners bound by ethical practice and appropriate professional standards, including the Health Practitioners Competence Assurance Act 2003 and the Physiotherapy Standards Framework (Ministry of Health, 2023; Physiotherapy Board of New Zealand, 2025).

Given the importance of timely and sustainable return to work for health and wellbeing, the question of how to support appropriate certification is an important issue (Picchio & Ubaldi, 2024). Furthermore, for the physiotherapy profession in Aotearoa New Zealand, this work must be done well, with due consideration for how to maximise the positive impact should the ACC legislation expand to include physiotherapists as certifiers. The purpose of the current study was to understand and consider valuable insights from a diverse range of key stakeholders to inform proposed changes to current ACC certification practices in Aotearoa New Zealand. The study sought the perspectives of these stakeholders regarding the opportunities and considerations that are important to allow physiotherapists to complete ACC certificates in Aotearoa New Zealand.

METHODS

Methodology

This study used qualitative interviews, with analysis guided by the steps of reflexive thematic analysis (Braun & Clarke, 2022; Terry & Hayfield, 2021). Applying an interpretivist lens (Smythe, 1996), the focus was on stakeholders and their experiences, exploring their perspectives and insights to contribute to an expanded understanding of the opportunities and considerations for physiotherapists completing ACC certification. The first author had a particular interest in this topic as an occupational physiotherapist working within ACC vocational rehabilitation services. In keeping with an interpretivist lens, this "insider" positionality was explicitly taken into account throughout the study processes.

Sample

Purposeful sampling was used to select six participants with diverse perspectives from relevant stakeholder groups. This approach involved explicitly defining the key diverse perspectives desired among the six participants. These representative perspectives included ACC, physiotherapists, general practitioners, Māori health, rural and isolated communities, patient advocacy, and workplaces. As participant numbers were limited, perspectives relating to Māori health, patient advocacy, and rural and isolated communities were prioritised. Purposeful sampling and small sample sizes are consistent with the interpretivist qualitative methodology, which emphasises depth, richness, and relevance of perspective to the area of inquiry (Smythe, 1996).

Recruitment

Potential participants were identified through the research team's professional networks as those with an interest in ACC certification in various capacities, including as health professionals, in governance, and in patient advocacy. Care was taken to invite participants who could speak from diverse perspectives. All participants were identified as stakeholders related to opportunities and considerations for physiotherapists to complete ACC certificates in Aotearoa New Zealand.

Initial contact was made by the first author directly via phone or email. This was followed up by an email invitation to participate, along with the study information sheet and a copy of the consent form. The information made it clear that the invitation was to share their professional perspective, acting in their professional capacities, rather than being asked to share personal information. Participants provided informed consent via a signed form or verbal recording at the beginning of the interview.

Data collection

The first author interviewed participants via video conference using a semi-structured interview guide to facilitate the conversation (Appendix A). The use of semi-structured interviews, of 60 min duration, facilitated the collection of rich data, allowing participants to share their insights in their own way. The videoconference conversation was recorded using an audio recorder. The first author transcribed the audio recordings verbatim, retaining participants' exact words in preparation for analysis.

Data analysis

The six steps of reflexive thematic analysis guided data analysis: familiarisation with the dataset; coding; generating initial themes; developing and reviewing themes; refining, defining, and naming themes; and writing up (Braun & Clarke, 2022; Terry & Hayfield, 2021). Reflexive thematic analysis is a widely used, well-established, and rigorous methodology in health research (Braun & Clarke, 2022; Terry & Hayfield, 2021). Using the steps of thematic analysis helped the researchers to honour specific local knowledge and perspectives while situating this data within the larger field of theory and knowledge through the analytic process. The theoretical position of interpretivism informed the interpretation of the data during thematic development. This included explicit consideration of the first author's position as an interested stakeholder, who worked as a clinician in occupational health while interpreting the data. While the first author led data analysis, this reflexive process was managed through regular analytic conversations with the second author, who served as the research supervisor. This process involved questioning that encouraged moving between the participants' accounts and the interpretive framework, and using contrasts in the different accounts as a way to test interpretive themes. Two rounds of coding and recoding were completed with increasing focus on the research questions and emerging themes before progressing to theme development. Due to the pragmatic focus of the research questions, the themes remained closely aligned with the data.

RESULTS

Participants

The first six stakeholders invited to participate, based on the purposive sampling strategy, consented to be interviewed. They were all clear that they considered the topic as both important and significant, and the majority were happy to be explicitly named as contributors to the practice project (invitation to be named was part of the informed consent process). Quotes were used mindfully, as not all participants were willing to be quoted directly, and one participant chose not to be named in the study reports. Given their diverse positions and roles (see Table 1), the participant group represented a range of relevant key stakeholder groups and provided valuable perspectives and insights necessary to address the research questions.

Themes

This study revealed diverse perspectives from key stakeholders on current ACC certification processes, as well as opportunities and considerations for physiotherapists to support. The following four main themes were generated through data analysis: Challenges within the current certification process; Vulnerable populations are struggling and need better support; Opportunity for physiotherapy to offer a positive solution; and Considerations to support physiotherapy to certify effectively. Each theme is defined and discussed. Direct quotes are used to illustrate earlier themes, while the final two reflect a synthesis of participant perspectives and are presented with fewer quotations.

Challenges within the current certification process

When asked about the current ACC certification processes, participants discussed several challenges, including limitations in the current process, inappropriate certification, and widespread risks to the accuracy and timeliness of certificates.

Specific concerns included the timing and availability of GP appointments, coordination among various stakeholders, inconsistent messaging among healthcare providers, the financial burden on patients (particularly those living in areas of high socioeconomic deprivation), and, at times, pressure to return patients to work too quickly. In one participant's words: "current medical certification is not functioning well due to complications and delays. It is part of a picture that's becoming increasingly messy" (P1).

Participants expressed concerns about an overreliance on GPs for certification, who are under pressure from high patient numbers, complex conditions, and time constraints.

> Access is an issue with a bottleneck when the only place you can get an ACC18 [medical certificate, issued beyond the first 14 days of leave] is at a GP clinic. EDs [emergency departments] and accident and emergency clinics don't want to know; they're saying go back to a regular GP, but 20% of the country don't have a regular GP. (P4)

> The aim of certification is timeliness and appropriateness, early intervention before threat of job loss; we know evidence shows the longer someone has off work, the harder they are to get back. You also start to get more complications, the research is clear, [delays and complications is] where things go awry. (P1)

Furthermore, financial stress for patients is exacerbated by GP fees to access ACC certification, especially when the GP visit is solely for the purpose of obtaining the required certification. In one participant's words: "There is cost associated with going to the GP. Some clients in lower socioeconomic areas are on low incomes, then on 80% [wage compensation]; that's really hard for them" (P2).

Physiotherapists described high expectations from multiple stakeholders regarding the coordination and communication of rehabilitation progress, and unpaid time monitoring certification timelines. This indicates that physiotherapists are already significantly involved in leading this process, showing familiarity and competence in this space. However, communication efforts were frequently lost due to poor systems.

> There are funding issues [for physiotherapists] around the unbilled time [physiotherapists] and the high expectations

Table 1

Participants' Roles and Perspectives

Participant	Profession	Roles	Key perspectives	Location
1	Researcher	Physiotherapy Research ACC	ACC Physiotherapists	Wellington (urban)
2	Physiotherapist	Physiotherapy Private practice owner PNZ president Health and Disability Tribunal Previous role with Physiotherapy Board of New Zealand	Physiotherapists Physiotherapy collective Rural and isolated communities	Wellington (urban)
3	GP	GP Primary care GP partner Medical Director, Royal New Zealand College of GPs	GPs GP collective Rural and isolated communities	Tauranga (urban)
4	GP	GP Primary care Rural practice Māori health	Māori health Rural and isolated communities GPs	Kaitaia (rural)
5	General manager for a third-party administrator under accredited employer programme	ACC Third-party administrator under accredited employer programme Client/consumer Employers	ACC Workplace and employers Client advocacy (workers)	Tauranga (urban)
6	Lawyer	Personal injury ACC cases Medico-legal Client/consumer Māori workers Manual workers	Client advocacy (workers) ACC	Wellington (urban)

Note. ACC = Accident Compensation Corporation.

> for us [physiotherapists]. If we could do much more of the medical certification stuff ourselves as a profession, it would take off some of that coordination side. It would streamline processes a lot. (P2)

Participants agreed that ACC certification needs to be timely, well-monitored, and targeted to client needs. Ideally, this would involve a combination of well-informed health practitioner assessment, followed by appropriate and timely subsequent coordination and provision from case managers. The importance of thorough assessments to inform certification decision-making was highlighted. However, current certifying providers often struggle to adequately understand the workplace context and complexities, particularly in busy settings or when they lack an existing relationship with the patient. This can lead to inappropriate certificates:

> I have concerns with a lot of inappropriate certificates filled out. Cases where people have been given two weeks off work, which is clearly inappropriate for their injury. Because some doctor in an A and E [accident and emergency] clinic is too busy to give thought to it has given two weeks off work. Even if we keep them engaged at work, doing something is better than just giving people weeks off work. (P4)

Participants also expressed concerns about prolonged certificates coupled with inadequate individual recovery support, and the subsequent impacts on injured individuals.

> You want to be confident that your primary provider is seeing you in a period where they can measure your recovery and look for flags where you may need more assistance because you are not recovering as per the normative table. I become quite saddened when I see essentially able-bodied people recovering from sprains with just an automatic 13-week ACC18. It doesn't suggest a medical system that has the time or space to care about the recovery and wellbeing of the individual at hand. (P5)

Participants pointed out that all this also leads to frustrated employers who feel unable to make informed decisions. These frustrations are "to do with employers not knowing what is going on and being frustrated that there seem to be a lot of delays. Those things have to be addressed" (P1).

Vulnerable populations are struggling and need better support

Participants acknowledged the challenges and concerns faced by vulnerable and at-risk populations. These included inequities in current certification and negative patient experiences. Participants reported equity issues in accessing fair and reasonable ACC certification, particularly for Māori and Pacific peoples, those in rural areas, and individuals living in areas with high socioeconomic deprivation.

> White middle-class rich people have better access to fair and reasonable certification, whereas Māori, Pasifika and those in lower levels of employment for a whole lot of reasons are not getting the access to appropriate certification they need. (P1)

Participants suggested that the current certification process is confusing and stressful for patients, who often lack an understanding of the ACC scheme and certification, compromising navigation and making it difficult for them to access what is needed. This is compounded for populations who are already marginalised in our health systems.

> Māori and Pasifika have difficulty … which comes back to health literacy and understanding the systems … how to access them … how to feel comfortable within them. The more streamlined the process could be the easier it would be for people to navigate it. (P2)

They stressed that unnecessary and prolonged periods off work can be hugely problematic, with significant negative impacts not only for injured individuals but also for their whānau and communities.

> If people needlessly stay at home off work we create problems. As a Māori health physician expert in primary care, I have grave concerns about that happening in our population, in our communities … That mentality can be really harmful in communities with intergenerational unemployment, poverty related issues, and other social issues … there's examples of people that have an injury and then lose their job; that can be catastrophic for communities and the people I'm working with. (P4)

Participants noted that Māori communities continue to have significantly poorer health outcomes compared to non-Māori: "You can look at most stats, and they'll show that we [Māori] lag behind in access than the general population" (P4). This was thought to be partly due to a lack of Māori and Pacific clinicians, meaning that cultural fit, engagement, and relationality within current ACC certification processes may be poor for these communities. However, they also highlighted that current funding models and time constraints limit *any* clinician's ability to build appropriate relationships with Māori and Pacific patients, whānau, and communities, including for effective and equitable certification: "The funding model doesn't really suit because the time constraints have got ridiculously short. So, how do you establish relationships with Māori and Pasifika?" (P2).

They suggested that improved access to appropriate certification for Māori and Pacific workers would happen through culturally appropriate practices and healthcare providers, including greater diversity among certifying providers. This diversity was needed not only in terms of ethnicity, but also gender, age, and cultural background, to facilitate better relationships with patients.

Opportunity for physiotherapy to offer a positive solution

There was positive support among participants in extending ACC certification to physiotherapists, with clearly expressed rationale: "Certification is cumbersome at the moment. Physiotherapists certifying would be good for the communities we serve, it would unburden the GPs; it's something we [physiotherapists] are capable of assisting on" (P2).

Participants expressed views that physiotherapists have the necessary scope and skill set to support certification and are well placed to complete ACC certificates based on their expertise and skills in musculoskeletal settings, concussion, and other injuries following accidents. The expectation was that if physiotherapists were to complete ACC certificates, they would do so in areas where they are competent, aligning naturally with their ACC work. Physiotherapists are regarded as working in a trusted and regulated profession, and indeed, the profession's regulatory body, the Physiotherapy Board of New Zealand, has confirmed that ACC certification falls within the scope of physiotherapists.

Participants also agreed that the physiotherapy profession has the availability and capacity to address current challenges in certification. Physiotherapists have sufficient time to spend with patients assessing and discussing the workplace context, educating them, promoting a return to work, and reassuring them of their abilities to give confidence. Physiotherapists can currently assess a patient's functionality and provide evidence to support their return to work. They also noted that physiotherapists have the ability to understand workplace contexts by visiting or communicating with employers and can dedicate sufficient time and resources to explore opportunities for alternative or modified duties and certify accordingly.

Participants viewed it as a positive opportunity to extend certification to a profession whose context is direct-access, first-contact, primary care providers. They suggested that it would benefit patients who already have a relationship with these providers and are receiving treatment from them. One participant suggested that physiotherapists are more accessible than GPs in primary care. Participants also noted that physiotherapists already collaborate regularly with GPs and ACC, so they are already familiar with and confident in these relationships. Those from physiotherapy and GP perspectives suggested that sharing ACC certification was a positive collaboration, helping to establish better working relationships. This would free up GP time to focus on other valuable areas of health care and medicine, and ease the burden on GPs who are under pressure. Participants also

anticipated that physiotherapist ACC certification would facilitate and support return to work processes, as it is more likely that physiotherapists would have sufficient knowledge and information to sign people back to work and off compensation, rather than off work and onto compensation.

Considerations to support physiotherapy to certify effectively

This final section of the findings synthesises participant views of what the profession could helpfully do to ensure that the addition of physiotherapists as certifiers would have the most positive impact.

Frameworks, support, and training within physiotherapy

Frameworks within the physiotherapy profession to manage the ACC certification process effectively would help ensure that certifying physiotherapists have appropriate training, work within their scope and competency levels, and mitigate any risks. Just like other skills and functions of a physiotherapist, participants indicated that senior support would help ensure effective and appropriate practice. One participant suggested establishing specific competency requirements and professional development processes to support certification (P6).

Scope of practice when certifying

While participants expressed confidence in physiotherapists to certify, particularly in the early stages of ACC certification with acute and initial presentations, some participants thought that additional consideration may be required for managing longer-term, prolonged recoveries or complex presentations. Participants suggested that physiotherapists must understand when and how to certify, as well as the process of accessing more specialised support, such as investigations, referrals, reassessment, and updated diagnoses. Furthermore, participants noted that just because physiotherapists *could* certify does not mean all physiotherapists *would* certify, or that they would be the appropriate certifier in every situation and context. One participant suggested a need for clarity on the supervision process for new graduates and potentially a register of approved assessors for physiotherapists completing work capacity fitness for work assessments (P6).

Awareness and understanding when certifying

Physiotherapists need to be aware of the risks associated with ACC certification and the importance of careful management and monitoring. Ideally, certifying physiotherapists would understand vocational rehabilitation and the risks and benefits of signing someone off work. Participants discussed instances where certifying providers can be pressured to sign people off work and on to compensation. Physiotherapists often work closely with patients, so they would also be subject to this pressure on occasion and need to know how to manage it appropriately. Additionally, pressures and expectations from employers and case managers may also come into play, and it would be the responsibility of the certifying professional to ensure that the ACC certificate accurately and fairly reflects the individual's fitness for the work role.

Independence and conflicts of interest

Participants indicated that having ACC certification provided by separate health professionals or in differing roles (certification and rehabilitation) would help mitigate conflicts of interest and ensure independence and objectivity when certifying. Participants also suggested that certifying physiotherapists should ideally be independent of employers or insurers and free from conflicts of interest within entities delivering ACC vocational contracts.

Proactively addressing inequity

One of the potential advantages of physiotherapists becoming certifiers was their distribution across communities and access for marginalised populations. However, participants also noted that an ongoing challenge in the profession is ensuring diversity in the workforce. Actively addressing workforce diversity in physiotherapy and engaging proactively with Māori and Pacific communities were explicit suggestions to improve access and cultural appropriateness (P6).

Process required for legislation change to allow physiotherapists to certify

Participants noted that any legislative change would require consideration of the ACC's potential concerns about scheme liability, setting precedents regarding entitlements, and the current political context and stakeholder interests.

Regarding legislative change, participants suggested that the addition would ideally be for all physiotherapists, just like it is for medical and nurse practitioners. They indicated that placing restrictions on physiotherapists' certification would not resolve current challenges, including access and equity issues, and would limit the potential advantages of the change (P2). Instead, quality and competency should be maintained at the level of the profession. One suggestion was to establish a panel within the profession to oversee the certification processes (P6).

DISCUSSION

The current GP-led ACC certification process is under strain in Aotearoa New Zealand. Delays in ACC certification are problematic, as the longer someone is off work, the more complications arise, and it becomes harder to achieve a successful return to work outcome (Royal Australasian College of Physicians, 2011). This study highlights strong stakeholder support for allowing physiotherapists to complete ACC certificates in Aotearoa New Zealand, which would help address this issue. Physiotherapists possess the skills, time, and expertise to assess individual, injury-related, and workplace factors when determining an individual's fitness for work. They can complete functional and workplace assessments, explore relevant details, and provide well-informed certification. In countries such as Australia and the UK, physiotherapists have successfully certified work capacity, facilitated earlier return to alternative duties, and reduced the number of fully unfit certificates for at least 20 years (Gosling et al., 2015).

Physiotherapists in Aotearoa New Zealand can already submit ACC claims and deliver treatment, yet they cannot currently issue ACC certificates. This limits their ability to fully support patients, particularly when they are often the most appropriate professional to manage treatment. Occupational health physiotherapists often complete detailed assessments but must still await medical or nurse practitioner sign-off, further delaying return to work progress and creating extra financial burden for patients.

Physiotherapists work across Aotearoa New Zealand, including rural and deprived areas, and often serve Māori and Pacific communities. This access and trust present opportunities to enhance certification processes, mitigate inequities, and more effectively meet health needs. Equity needs in relation to certification could link to Physiotherapy New Zealand's 2018 workforce report recommendations to increase diversity in the physiotherapy workforce, thereby supporting improved outcomes for Māori, Pacific, rural, and disadvantaged populations (Reid & Dixon, 2018).

This research highlights several considerations for the profession including managing potential conflicts of interest, ensuring independence and objectivity, and supporting certifying physiotherapists under pressure from patients, employers, or ACC case managers. Potential concerns include inflated incapacity certification with a subsequent rise in weekly compensation costs, so it is important that appropriate training and support are in place, both internally and externally for the physiotherapy profession. Appropriate referral pathways to more specialist support when needed are also key to safe certification practice, and are aligned with both the current system and the way physiotherapy certification has been scoped in other countries (Black et al., 2022; Black et al., 2023; Papagoras et al., 2018).

Strong leadership within the profession can establish systems for monitoring, support, and continuous improvement in certification processes. The profession has a collective responsibility to ensure professionalism, integrity, and effective ACC certification. Clear frameworks aligned with ACC regulations, supported by training on objectivity, external pressures, and conflict-of-interest management, would aid effective delivery. Additional measures could include a register of approved assessors, a governance group to oversee ACC certification, and supervision plans for new certifiers – practical actions that would reassure key decision-makers. The considerations and potential challenges identified by the participants in this study mirror and support those from studies in other countries, including comprehensive studies of challenges and learning and development needs of fitness for work certifiers in the UK (Black et al., 2022; Black et al., 2023) and Australia (Papagoras et al., 2018). A consideration specific to this context is equity for Aotearoa New Zealand-specific populations.

Future research could build on these results by using them to inform the design of a larger survey to canvas opportunities and concerns across the various stakeholders. Implementation research could evaluate pilot implementation in different settings according to metrics such as cost, access to services, timeliness of return to work, and safety and sustainability outcomes. Quantitative research, including cost analysis, could detail and inform potential savings or risks. Other disciplines capable of supporting ACC certification may also be explored. International examples where this has been successfully applied could also be drawn upon to inform implementation research in Aotearoa New Zealand. Finally, further research around how physiotherapists address the more complex aspects of certification in collaboration with other health professionals (for example, sickness certification that negatively impacts on a client's financial situation) is needed during the implementation stage to inform appropriate professional practices and safeguards.

Limitations

Limitations of this study include a lack of direct perspectives from ACC and key decision-makers, as well as the limited applicability of the findings outside the primary focus, specifically ACC certification by physiotherapists in Aotearoa New Zealand. This was an exploratory study so the focus was on a small number of participants with diverse stakeholder positions. It does not represent the full range of possible positions on the subject, nor is it a population-representative study.

CONCLUSION

Extending ACC work capacity certification of fitness for work to physiotherapy presents an opportunity to promptly improve access, equity, and timeliness of decision-making, all of which affect outcomes. The perspectives shared in this study make it clear that these potential benefits are intertwined with important system-level considerations. Physiotherapists' existing expertise, accessibility, and established relationships with injured workers position them well to contribute meaningfully to certification processes. Alongside this, optimal implementation requires attention to the broader context in which certification occurs. This includes current pressures on general practice, entrenched inequities in access for Māori, Pacific peoples, rural communities, and those experiencing socioeconomic disadvantage, and the need for coordinated and well-informed communication among all stakeholders. The variety of stakeholders in this study expressed strong support for enabling physiotherapists to certify, provided that appropriate safeguards, training, and professional frameworks are in place. To provide greater confidence and support to physiotherapists within ACC certification, useful considerations include frameworks and training, clarity around the scope of practice, and independence and management of any conflicts of interest. Many of these are already being addressed or are aligned with current strategic direction. This study presents valuable findings and opportunities for consideration by key decision-makers to support improvements within certification processes in Aotearoa New Zealand.

KEY POINTS

1. Physiotherapists are well-positioned to certify fitness for work under the Accident Compensation Corporation (ACC) scheme due to their expertise and current involvement with ACC clients across many settings, including vocational rehabilitation processes.
2. Expanding certification responsibilities to physiotherapists already embedded in communities could improve access and equity, especially for populations who face systemic marginalisation and barriers in accessing timely general practitioner or nurse practitioner appointments.
3. Diverse stakeholders interviewed for this study support legislative change, noting that physiotherapists are competent, regulated professionals who could enhance certification processes and reduce pressure on general practice.
4. Effective implementation requires effective leadership and safeguards, including training, clear scope definitions, and systems to manage independence and potential conflicts of interest, ensuring quality and integrity in certification practices, all of which are available within the physiotherapy profession.

DISCLOSURES

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Shane Meys, the primary author, brings a unique perspective. Shane is a practising New Zealand registered physiotherapist and an active member of Physiotherapy New Zealand, the Occupational Health physiotherapy Group (OHPG) committee, and the OHPG Certification working group. Shane rigorously advocates for occupational health physiotherapists in his various roles, including the proposed ability to sign ACC certificates. Through this research, Shane intended to become more informed, explore diverse perspectives, and generate meaningful data for consideration.

PERMISSIONS

Ethical approval was obtained from the Auckland University of Technology Ethics Committee (reference number 24/158). All participants provided informed consent.

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CONTRIBUTIONS OF AUTHORS

Design, conceptualisation and methodology, SM and JF; investigation, SM; formal analysis, SM and JF; writing – original draft, SM; writing – review and editing, SM and JF; supervision, JF.

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APPENDIX A

INTERVIEW GUIDE

Brief welcome and thanks for joining. Invitation for any specific cultural customs. (Two appropriate karakia prepared for opening and closing to use if the request is for the interviewer to lead this).

Karakia Timatanga (opening)

Whakawhanaungatanga (process unless altered by the above):

- Brief introductions from interviewer, including where he is from and professional background.
- At the end of his introduction, interviewer reiterates his interest in hearing a range of perspectives on this topic, including those that are different from his own and could offer a different sort of insight.
- Invite the participant to introduce themselves and where they are from in a way that is meaningful for them.

Before the interview starts, run through consent protocol (independently recorded). Then (if consented) record main interview. If not consented to recording, interviewer will take notes.

The questions below will be used to guide the conversation. Depending on the progress of the conversation, they may not all need to be asked. Follow-up prompts will also be used if needed to generate sufficient information to understand what is being expressed, and explore experiences and perspectives in more depth.

- For the purpose of understanding a bit more of who you are and the expertise and perspectives you have that are relevant to this research project about work capacity certification, is there anything you would add that you have not already said about yourself and the area of work you are involved in, relevant to ACC work capacity certification?
- What are your perspectives and experiences in regard to how the ACC work capacity certification process works at the moment?
- What is good about this process as it is?
- What issues or challenges have you seen or experienced within the current ACC work capacity certification process?
- What should be considered to ensure that the work capacity certification process is fair and accessible for all who should be covered by the ACC scheme?
- Would you like to see any changes to the current ACC work capacity certification process?
- What are your thoughts on physiotherapists being able to complete ACC work capacity certificates in Aotearoa New Zealand?
- Is there anything else you would like to share in regard to ACC work capacity certification?
- Who else should we talk to about these questions who might have an important perspective?

Acknowledgement and gratitude – present koha for participation in the project.

Karakia Whakamutua (closing)