

Principles on the role of the GP in supporting work participation





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Foreword

The General Practitioner (GP) plays a central role in the delivery of health care to the Australian community and is most likely the first point of contact in matters of personal health. GPs are critical in supporting long term health and social outcomes of individuals and their families.

Every Australian with a temporary or permanent injury, illness or disability that impacts their ability to work has the right to participate in all aspects of community life including employment. Currently, too many Australians with a health condition or disability are not at work when their absence from work may not be medically necessary.

According to the World Health Organization employment and working conditions are amongst the most important social determinants of health. Social determinants of health include the conditions and circumstances affecting where we live, our environment, education and income levels, and our relationships with others.

Unemployment or underemployment has a direct relationship to poverty and restricts life choices including the ability to plan ahead and the feeling of control. Conversely, being engaged in 'good work' offers not only economic advantages but also a range of psychosocial benefits including a feeling of belonging, social identity and status, self-fulfilment and social interactions and networks.

GPs are critical in supporting long term health and social outcomes of individuals. This includes recognising work as a key social determinant of health and supporting participation in 'good work'.

Good work is engaging, fair, respectful and balances job demands, autonomy and job security. Good work accepts the importance of culture and traditional beliefs. It is characterised by safe and healthy work practices and it strikes a balance between the interests of individuals, employers and society. It requires effective change management, clear and realistic performance indicators, matches the work to the individual and uses transparent productivity metrics.

This resource provides an understanding of the role of the GP in supporting work participation across systems that provide benefit or income support to people with a health condition or disability. This is a starting point for GPs, other relevant professionals and stakeholders to work better together to ensure no Australians are disadvantaged due to a health condition or disability that may impact their ability to work.



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1. Introduction

Injuries, ill health and disability are preventing too many Australians from experiencing the health, social and economic benefits of work. During the 2015/16 financial year an estimated 786,000 Australians were unable to work due to ill health, injury or disability and received income support, with an additional 6.5 million people accessing employer provided leave entitlements for short periods of work Incapacity¹.

General Practitioners are well placed to guide and educate their patients on the health benefits of good work. The role of the GP in treating and supporting individuals with an injury, illness or disability, and their responsibilities in determining capacity for work can be complex and challenging. Evidence shows that GPs have conflicting views about their role in the workers compensations sector², this experience may extend to their role within other sectors, compensation systems or disability support systems. People with a work disability are likely to interact with multiple stakeholders, including GPs, other medical and health practitioners, case managers, employers, benefit or income support providers and government agencies. In many instances there is limited communication between stakeholders contributing to confusion and misalignment of effort. Furthermore, there is varying capability and capacity amongst these stakeholders to adequately support people to enter into, remain at, or return to good work.

The *Principles on the role of the GP in supporting work participation* (the Principles) defines and guides the relative role of GPs in facilitating the health benefits of good work. The Principles define the optimal role of GPs working within health and income support systems that are also functioning as intended. These Principles support the evidence that work is an important social determinant of health and participating in good work is health protective, contributes to improved self-esteem and a sense of identity, and provides social and financial benefits to individuals, their families and the community^{3,4}.

To see an improvement in the number of people with a disability or health condition participating in good work will need GPs, employers, and other professionals to communicate more effectively as a team; recognise the health benefits of good work and the adverse health effects of long-term unemployment and agree on a person-centred model of care. Improvements in work and health outcomes cannot be solely addressed in a clinical or work setting but need support from policymakers, employers and the broader health and income support systems.

Approach to developing the Principles

These Principles are an initiative of the *Collaborative Partnership to improve work participation* (Collaborative Partnership) and have been led by the Australasian Faculty of Occupational and Environmental Medicine (AFOEM).

The Collaborative Partnership is a national alliance between the public, private and not-for-profit sectors and is focused on improving work participation of working age Australians with a temporary or permanent, psychological or physical health condition or disability.

Comcare engaged Nous Group (Nous) on behalf of the Collaborative Partnership to assist with the GP Support Project. Nous' role has been to develop principles on the role of the GP relative to other stakeholders and was undertaken in three stages:

Stage One: Synthesised existing evidence on the health benefits of good work (HBGW)

Stage Two: Engaging stakeholders through interviews, focus groups and workshops to develop and test emerging principles on the relative role of the GP in facilitating work participation

Stage Three: Iterating draft principles with key stakeholders to develop a final set of principles suitable for adoption and to inform interventions to improve access of people with health condition or disability to good work.

Stakeholder groups consulted:

- GPs, Occupational Physicians, allied health professionals and other medical practitioners
- employers including peak employer bodies
- employee and health consumer representatives
- disability sector
- academics in the field of work participation and occupational health
- benefit and income support providers
- ACTU.

We have attempted to incorporate the views of those consulted however being named as such does not infer agreement with the document (principles).

Key themes from stakeholder consultation

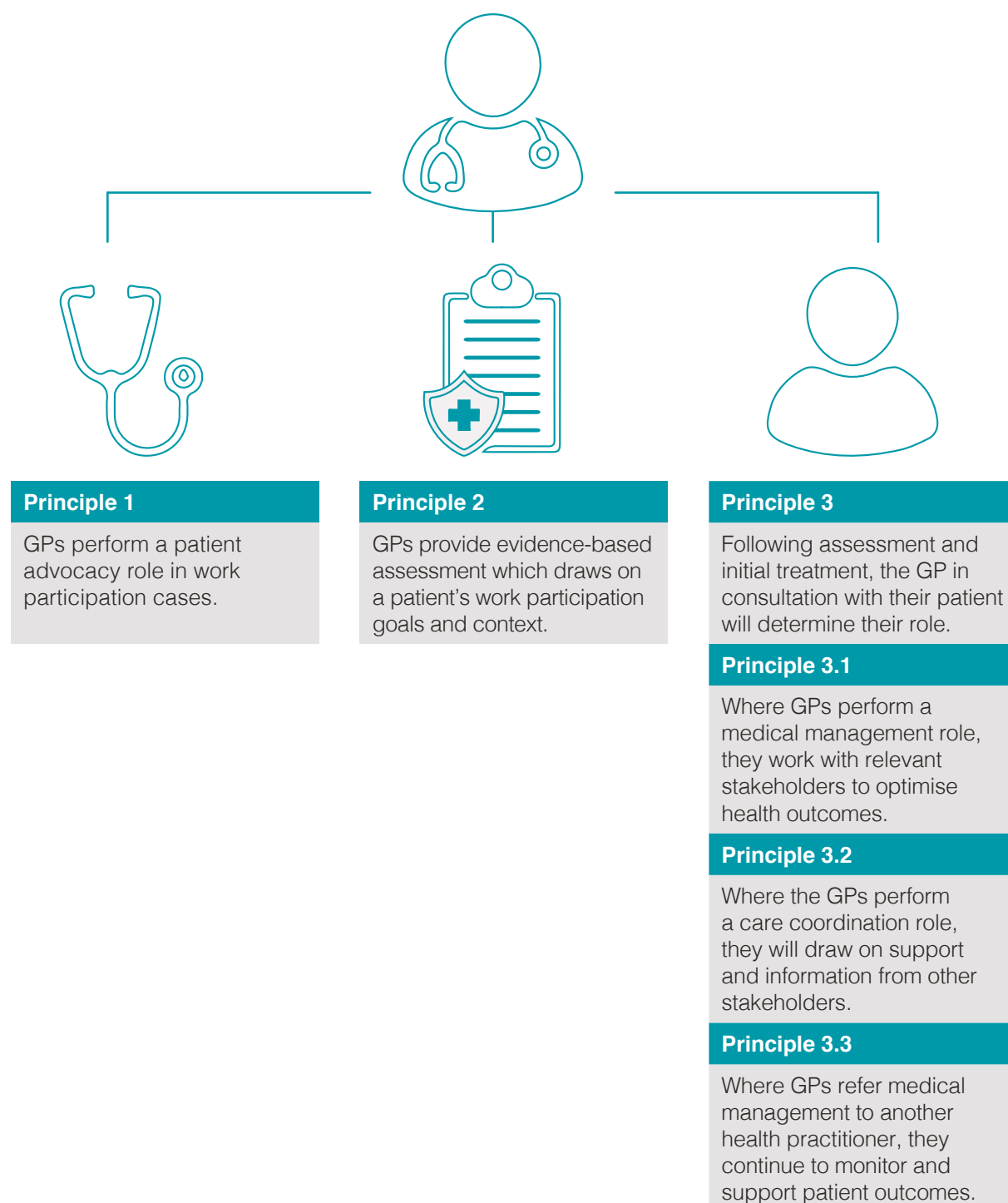
Six major themes were identified from stakeholder feedback

- 1. Empowerment:** The need to empower people with illness, injury or disability to participate in good work through greater individual choice and control, which GPs can support through a patient advocacy role.
- 2. Communication:** The need for stakeholders to communicate more openly and effectively with GPs who are ideally placed to promote the health benefits of good work and contextualise patient experiences. In this document stakeholders refers to employers, benefit and income support providers, health care providers, case managers and any other person involved in supporting work participation.
- 3. Team Based Care:** The need for more effective shared responsibilities and a team-based approach to care coordination, patient management and specialist input to support the role of the GP. The team-based approach will help to address variations in the capacity and capability of stakeholders.
- 4. Health Benefits of Work:** GPs are ideally placed to promote the health benefits of good work. The health benefits of good work should be embedded in GP practice through standards for quality care, training and research. All stakeholders also have a critical role in promoting the health benefits of good work and actively supporting work participation.
- 5. Capacity:** Together with the patient, the GP identifies work capacity and functional ability and they are supported by the employer and other stakeholders to make work adjustments and match the job to the individual.
- 6. Barriers:** There is a need for employers, insurers and policymakers to address broader barriers to work participation.



2. The Principles

All Principles are related to GP interactions with individuals experiencing temporary or permanent, physical or psychological health barriers to participation in work.





Principle 1: GPs perform a patient advocacy role in work participation cases

GPs

- Act as a trusted adviser and advocate for their patient in relation to realising the health benefits of good work.
- Empower patients with choice and control over their treatment, care, work participation goals, and outcomes.
- Make recommendations on whether participation in good work is appropriate based on a patient's biopsychosocial context and work with and advise stakeholders on the patient's health outcomes and functional capacity for work.
- Provide advice to patients and other stakeholders on the health and social benefits of participation in good work.
- Protect patient privacy, ensuring information is shared with the patient's informed consent and limited to what is relevant.
- Assist patients to access appropriate supports.

Explanatory notes

- The patient is often best placed to determine who advocates for them.
- Access to work is important for people to support their families and contribute to their communities. In many instances, families and carers play an important role in supporting individuals to enter into, stay at or return to good work. Person-centred outcomes are enhanced when there is a level of trust and respect between the patient, their GP and other stakeholders involved in their care.
- Advice on the health and social benefits of participation in good work should also include the adverse health effects on long-term unemployment.
- When consent is provided by the individual, information can be shared between a GP and third parties when it is related to the individual's capacity to work. Where the individual's capacity to work is impacted by factors outside of work and the employer is required to support participation in work, the individual must be engaged in the decision to share information.
- The current design of the benefit and income support systems may disempower the individual—all stakeholders have a shared responsibility to address this together.



Principle 2: GPs provide evidence-based assessment which draws on a patient's work participation goals and context

GPs

- Are well placed to perform timely assessments and identify early the supports needed to facilitate participation in good work.
- Assess functional capacity based on a patient's physical and psychosocial state of wellbeing to guide a patient's work participation goals and outcomes.
- Gather information through active patient input and informed consent.
- Support their patient to engage in good work through evidence-based treatment and diagnosis.
- Approach assessment and treatment in a way that maximises an individual's likelihood of viewing work as a part of their recovery.

Explanatory notes

- In many cases, a GP will draw on a patient's biopsychosocial history to form timely recommendations on the need for early intervention to help avoid poor work participation outcomes.
- Early and evidence-based assessment of treatment and support reduces time off work, improves an individual's capacity to remain in work, and reduces delays to work participation.
- GPs can focus on an individual's functional (physical or psychosocial) capacity for work participation by:
 - providing individuals that are seeking to enter into, or return to work with an understanding of their capacity
 - providing individuals with an understanding of the role work plays in supporting their recovery
 - making an assessment to inform provision of modified or graduated work duties.
- There are many ways stakeholders can support GPs to make evidence-based and timely recommendations, for example, employers can:
 - provide information on the psychosocial and physical work environment and health aspects of the role
 - provide good work that supports work participation outcomes, drawing on input from GPs to ensure duties are adapted, graduated and suitable
 - ensure that roles are matched to the work abilities of people with physical and mental health conditions or disabilities.
- All parties have a shared responsibility to respect a patient's right to privacy and only request medical information that is relevant to capacity to work.
- The role of the GP should be based on the needs of the individual. However, the role GPs play can be impacted by waiting periods for funding approval, restrictive policies, or requirements for documentation. Best practice requires all stakeholders work closely with each other to ensure individuals have access to early support to optimise health outcomes.



Principle 3: Following assessment and initial treatment, the GP in consultation with their patient will determine their role

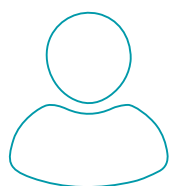
GPs

- Core role is to provide initial assessment, evidence-based co-ordinated treatment and recommendations on functional capacity including work ability.
- In many situations don't have sufficient knowledge of the workplace or access to relevant information to make recommendations on specific work accommodations. GPs should provide advice on functional capacity, including work ability which can be used by relevant stakeholders to determine work accommodations.
- May adopt different roles over time in line with the patient's changing needs however may continue to perform a patient advocacy and support role.

Explanatory notes

- GPs consult with their patient and ancillary service providers (e.g. occupational therapists, exercise physiologists) to jointly decide, taking into account their capacity and experience in occupational medicine, what role they will play in relation to medical management and care coordination.
- Employers may provide relevant information about the workplace to assist GPs to support work accommodation.
- The burden of responsibility for an individual's health and wellbeing does not lie solely with the GP:
 - benefit and income support providers have a responsibility to prioritise the health and social needs of individuals
 - employers have a role in ensuring they uphold their obligations and best practice including implementing non-discriminatory employment processes, and offering reasonable work adjustment for their employees
 - individuals should be aware of and engaged in decisions relating to their health and wellbeing.

A team-based approach enables the GP to adopt different roles to achieve the best outcomes for their patient



Principle 3.1: Where GPs perform a medical management role, they work with relevant stakeholders to optimise health outcomes

GPs

- Contextualise the experiences of their patients and identify patient needs in a holistic way.
- Instigate a treatment pathway and communicate risks early to other involved stakeholders.
- Regularly assess the effectiveness of treatment and support and communicate these with the patient and stakeholders involved in their care.

Explanatory notes

- Medical management includes managing evidence-based medical treatment, which might include referring patients for specialist or allied health input; and conducting regular assessments and review.
- In most circumstances the patient's regular GP is best placed to contextualise their experiences; identify their needs in a holistic way, assess capacity, initiate a treatment plan and communicate risks early to the patient and relevant stakeholders.
- Identifying goals related to graduated increases in work participation and the supports required to maintain work are important for optimising health outcomes, noting that 100 per cent capacity is not always required to participate in good work.
- Where case managers are engaged to support work participation, their role usually involves:
 - regularly seeking input from GPs on their patient's needs
 - working closely alongside any other health professional providing treatment
 - working with GPs to understand any changes in treatment and prognosis, and assist employers to adapt duties to optimise work participation outcomes
 - coordinating the activities of other stakeholders in a way that places the individual's needs at the centre.



Principle 3.2: Where the GPs perform a care coordinator role, they will draw on support and information from other stakeholders

GPs

- Provide an ongoing care coordinator role where they have the capacity and expertise in occupational medicine.
- May use in-house professional assistance with some of the more time-consuming clerical or clinical aspects of care coordination. In-house assistance refers to practice managers, nurses, allied health and support staff.

Explanatory notes

- Care coordination involves coordinating services to meet all of a patient's health needs in the context of work incapacity (refer to the Glossary for more details).
- Cooperation, coordination and collaboration between stakeholders should be a priority for all parties to enable improved outcomes for the individual, for example:
 - employers can provide information and support to the GP by actively supporting reasonable work adjustment and ensuring readiness by line managers and peers for employment, retention or return to work of people with work disability
 - benefit and income support providers can provide stakeholders with access to supporting resources to facilitate effective services and outcomes. The level of support provided may vary according to the capability and capacity of stakeholders.
- Effective treatment planning should always include the patient and their treating GP, in addition to only those people with a core role in care coordination, patient management and medical or non-medical input. In this sense, it should be a 'minimum viable team'.



Principle 3.3: Where GPs refer medical management to another health practitioner, they continue to monitor and support patient outcomes

GPs

- Refer the patient to another practitioner for medical or psychological management where it is in the patient's best interests.
- Encourage patients when applicable to understand and accept the need for such referrals
- Ensure referrals to other health practitioners includes information on the patient's biopsychosocial context to guide effective continuous care, and that informed consent is gained to share this information.
- Continue to play a central role as a patient advocate and provide input on the treatment plan and in reviewing treatment efficacy.
- May instigate who is best placed to adopt the care coordinator or medical manager role where necessary.

Explanatory notes

- Where the patient's usual GP has limited capacity or experience in occupational medicine, it may be in the patient's best interest to be referred to another medical practitioner, such as an occupational physician, rehabilitation physician, mental health professional or a GP with a special interest in occupational medicine.
- The medical practitioner receiving the referral would typically be responsible for medical management, potentially organising care coordination, and providing information to the referring GP to effectively monitor and support the patient.
- For GPs, an understanding of their patients' biopsychosocial context is a precursor to an effective referral, to informing the treatment plan and to providing effective continued advocacy and support.
- GPs always have a role in ensuring their patient's privacy is protected and that information is shared with the informed consent of the patient and where it's considered relevant.
- A shared responsibility to ensure the optimal health of the individual experiencing work incapacity does not in any way dilute a GP's primary duty to their patients.

3. Glossary

Benefit or income support provider

A range of publicly or privately administered schemes that provide benefits, services or income support to people with a health-related reason for work incapacity. Relevant systems include: workers compensation; life insurance; employment services; motor accident compensation; superannuation; veterans' affairs; and social services and other schemes.

Care coordination

GPs work in close and respectful relationships to deliver accessible, integrated patient care: leading, supporting and coordinating their flexibly configured teams; contributing appropriately to external team, and engaging with diverse specialists and other sectors services accordingly to individual patient or family needs. The GP is increasingly the custodian of, and conduit for, key patient clinical information⁵, including information on functional capacity.

Case manager

Case managers are usually, but not always, employed by the employer or benefit and income support providers to assist in managing the rehabilitation and safe return to work of an injured or ill employee.

Case managers are involved in organising services to meet a patient's needs in the context of supporting participation in work, for example; organising meetings with employers; arranging paperwork; assisting patient's with accessing income support or other benefits.

Employer

A person or organisation that employs people.

Evidence Based Medicine

The conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients.

General Practitioner

A registered medical practitioner who:

- is qualified and competent for general practice anywhere in Australia
- has the skills and experience to provide whole person, comprehensive, coordinated and continuing medical care
- maintains professional competence for general practice.

Good work	Good work is engaging, fair, respectful and balances job demands, autonomy and job security. Good work accepts the importance of culture and traditional beliefs. It is characterised by safe and healthy work practices and it strikes a balance between the interests of individuals, employers and society. It requires effective change management, clear and realistic performance indicators, matches the work to the individual and uses transparent productivity metrics ⁶ .
Input and Advocacy	<p>GPs understand the socio-economic and environmental determinants of health and the contribution made by other health professionals, sectors and community groups, resulting in collaboration, advocacy and leadership, influencing local environments to the benefit of individuals, families and communities⁵.</p> <p>An advocacy role includes understanding a patient's needs and advocating on their behalf to ensure they are empowered to choose and control their treatment pathway, recovery goals including engagement in work participation.</p>
Medical management	<p>Medical management describes a GP's role in providing regular assessment and treatment. This role is particularly relevant in cases of an individual with multidisciplinary health needs and includes:</p> <ul style="list-style-type: none"> • managing the patients' treatment plans • referring patients to other healthcare providers for specialist input and working with these providers to deliver holistic treatment • conducting regular assessment to determine the efficacy of treatment and make appropriate adjustments to treatment plans.
Work ability	Relates to an individual's abilities and knowledge relating to work, and their sources of motivation in work life. It recognises broader social and environmental factors that impact on a worker's ability to work.
Work disability	An illness, injury or medical condition that has the potential to inhibit or prevent continued employment or work participation.
Work incapacity	Refers to the situation faced by a person with temporary or permanent illness, injury or disability affecting their ability to work.

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