

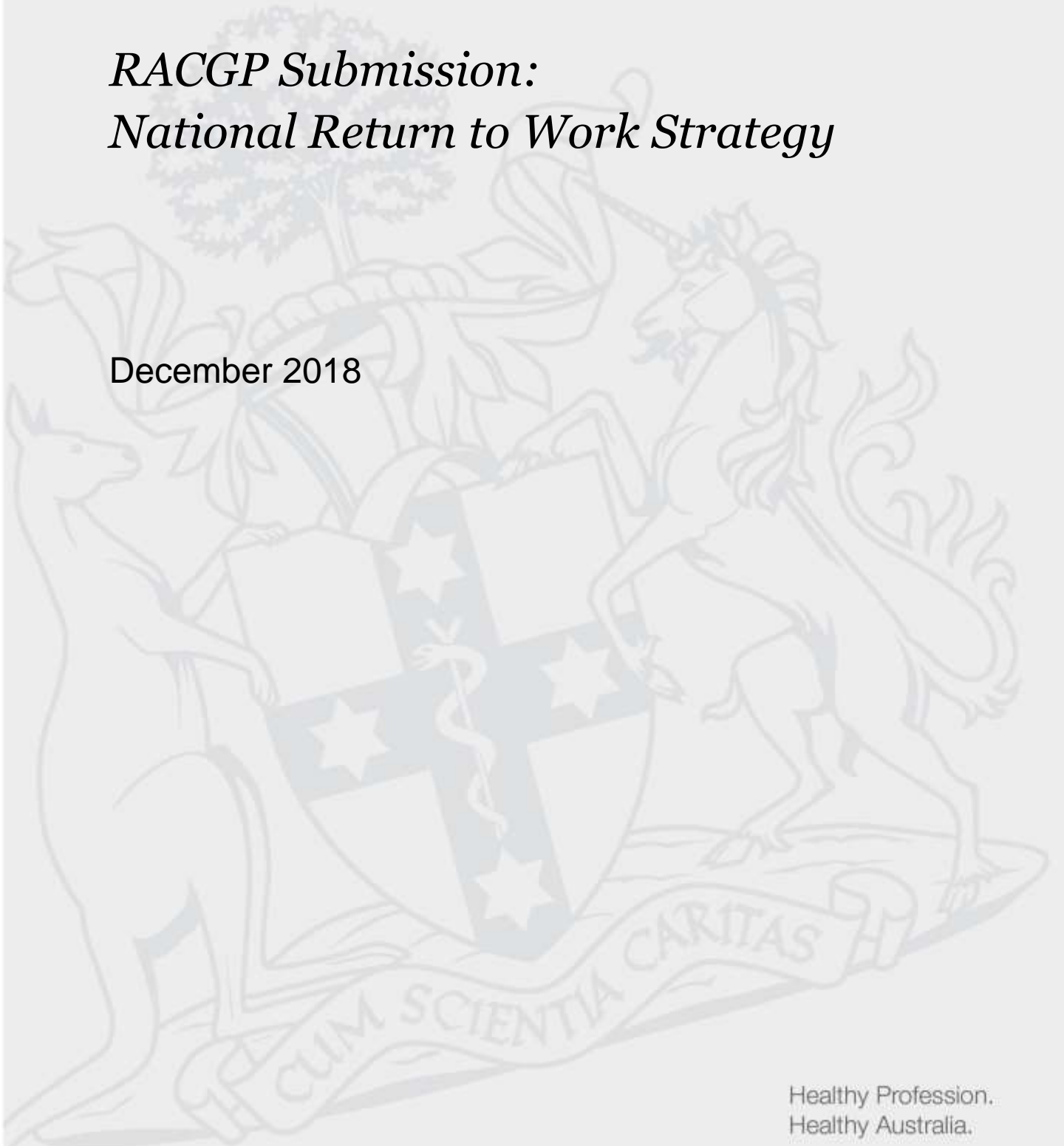


RACGP

Royal Australian College of General Practitioners

*RACGP Submission:
National Return to Work Strategy*

December 2018



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National Return to Work Strategy

1. Introduction

The Royal Australian College of General Practitioners (RACGP) thanks Safe Work Australia for the opportunity to comment on the proposals made in the *National Return to Work Strategy Discussion Paper* (discussion paper).

2. About the RACGP

The RACGP is Australia's largest general practice organisation, representing over 39,000 members working in or toward a career in general practice.

The RACGP is responsible for:

- defining the nature and scope of the discipline
- setting the standards, curriculum and training
- maintaining the standards for quality general practice
- supporting Specialist General Practitioners (GPs) in their pursuit of excellence in patient and community service.

3. Overview of submission

This submission outlines RACGP member feedback on return to work processes for work-related injuries, particularly in regards to:

- the need for greater recognition of the GP role in the strategy
- barriers faced by GPs and their patients in return to work planning that can be addressed by the strategy, including:
 - the lack of appropriate supports and funding
 - the need to mitigate unnecessary or inappropriate processes, causing delays in a patient's return to work (for example, insurers requesting full medical records)
 - employer rejection of a GP's return to work recommendations
- the need for greater collaboration between stakeholders involved in return to work.

4. Broad parameters of the strategy and the need for greater recognition of the GP role in supporting patients returning to work (discussion questions 1, 3-5)

The RACGP supports the broad parameters of the strategy as reflective and aligned with contemporary approaches to patient care, particularly regarding:

- improving patient outcomes through early intervention
- recognising the health benefits of good work
- encouraging tailored, coordinated and continuous care.

However, the strategy does not appropriately reflect or acknowledge the important role of GPs in supporting patients during their return to work journey. The strategy identifies 'health practitioners' as a key stakeholder, but does not recognise the varying types and levels of responsibilities between health practitioners.

GPs are typically the first point of contact for people accessing the health system and act as central coordinators of care for their patients. As such, GPs often provide the initial assessment and early treatment of a workplace injury. GPs also play an integral role in facilitating a suitably managed and timely return to work through medical management and collaboration with the patient, employer, insurer, and other rehabilitation providers. A patient's return to work journey is often multi-sectorial, with interactions between both health and social systems. GPs assist their patients in navigating the complexities these systems.

While a GP is a health practitioner, they frequently play a greater role in a patient's return to work than other health professionals due to their core role in patient care including assessment, treatment and care coordination. Our members have reported instances where other return to work team members have not appropriately involved the GP in a patient's return to work planning. As such, the RACGP is concerned that failing to specifically recognise the central role of the GP in return to work planning may result in GPs being excluded from the process.

The RACGP would like to see the central role of the GP better reflected in the strategy, along with recognition of the process and system barriers to return to work as described under heading 5 *Actions to assist GPs deliver return to work planning*.

The RACGP recommends that the strategy clearly identify that the patient and their GP must have opportunity to contribute to the development of the return to work plan, and review the final plan. This will ensure the plan adheres with GP advice and that the GP is able to support the patient with their return to work plan as part of their usual care.

5. Actions to assist GPs deliver return to work planning (discussion questions 6-8)

Appropriate funding and tools

GPs want to help their patients return to work, however they often find it challenging to access the appropriate funding for time spent developing and reviewing return to work plans. For example, our members have reported insurers questioning or denying payment for investigations ordered as part of a return to work plan. This leads to unnecessary delays in diagnosis and management, and ultimately creates delays in the patient returning to work. Our members would like to see:

- a) development of a shared understanding between all stakeholders regarding the role of the GP in determining clinically appropriate investigations
- b) recognition within the strategy that GPs have a right to determine a reasonable fee for the service they provide. Currently, individual jurisdictions have processes which do not support this approach
- c) a central listing of tools and resources to help GPs navigate the process in different jurisdictions.

Appropriate funding and supporting tools and resources will be essential in realising meaningful implementation of the strategy.

Simplify administrative processes

RACGP members have identified that there is a significant and increasing administrative burden associated with current return to work processes. Member feedback received highlighted that documentation for one state based Certificate of Capacity was recently increased from one page to four pages in length. The RACGP recommends Safe Work Australia collaborate with electronic medical record suppliers in Australia to develop templates that have good utility, and that simplify administrative processes where possible.

Removing processes that delay return to work

Our members report that insurers frequently request full medical records as part of claims processes, rather than reports targeted at the particular medical condition. There are several issues with requests for full medical records, including inadequate informed patient consent, patient privacy issues, and risk of

misinterpretation of GPs' treatment notes by insurance assessors. The RACGP has previously raised these issues during the 2017 parliamentary inquiry into the life insurance industry where the reviewing [parliamentary committee agreed](#) that these types of requests are problematic and need to cease.

To counter the issues identified above, GPs often call their patients to advise them of the potential repercussions of consenting to release their full medical record, and as a result, patients may withdraw consent. This process is time consuming.

The RACGP has been working with the Financial Services Council to reach a consensus on the best way to handle requests for full medical records, with the RACGP's view that insurers should, by default, request only targeted medical reports. It would be beneficial for clear parameters to be included within the strategy. This would assist with both patient protections and timeliness of return to work.

Increasing employer recognition of return to work recommendations

Another challenge our members report is that the patient's employer (particularly in small to medium businesses) may be unwilling or unable to accommodate return to work recommendations. For example, a GP may recommend that a patient be given light duties on return to work. However, the employer may not see the benefit in providing light duties, as this is a cost to the employer rather than to the insurer. This causes difficulty, as the legislation requires GPs to state the capacity of the patient to return to work, regardless of whether there is suitable work available to return to.

Our members would like to see more resources on the health benefits of good work and how to safely return to work. These resources should:

- help employers to understand why they should support their employees with early return to work
- be easily accessible in a central, online location
- include sample return to work programs for different industries.

6. Collaborating with stakeholders (discussion question 10)

Return to work involves a variety of stakeholders, as identified in the strategy. Increased collaboration between stakeholders will benefit injured workers by reducing the likelihood of delays in treatment and return to work. The strategy identifies stakeholder communication as a guiding principle; however, the RACGP would like to see an even greater focus on stakeholder collaboration in the strategy.

The strategy must support stakeholders across the system to collaborate more openly and effectively. Employers in particular should be encouraged to communicate and interact with the health system, and vice versa. To achieve greater stakeholder collaboration, Safe Work Australia must continue to work with all key stakeholders, including peak bodies and medical colleges, to come to a shared understanding of roles and responsibilities in relation to return to work.

7. Related initiatives (discussion question 11)

The RACGP recommends that Safe Work Australia take note of the GP Support Project led by Comcare and the Australasian Faculty of Occupational and Environmental Medicine. Their principles on the relative roles of the GP in facilitating work participation were developed in partnership with GPs and should have significant bearing on the strategy.

8. Next steps

The RACGP welcomes the opportunity to work with Safe Work Australia to build return to work into general practice training and continuing professional development activities, to bolster capability and understanding of the sector (including the impacts of implementing the strategy) in our GP workforce. We can provide advice on the development of tools and resources to assist GPs to implement the strategy.