

21 July 2021

Ms Hannah McLeod
The Royal Australasian College of Physicians
Australasian Faculty of Occupational and Environmental Medicine
2/417 St Kilda Road
Melbourne VIC 3004

Via email: RACPConsult@racp.edu.au

Dear Ms McLeod,

Re: Bringing evidence-informed practice to work injury schemes helps workers and their workplaces

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide comments on the draft documents developed by the Australasian Faculty of Occupational and Environmental Medicine. We welcome the Royal Australasian College of Physicians' work in this important area.

General practice is at the forefront of healthcare in Australia and is often the first point of contact for patients. The general practitioner's (GP) role can be complex and challenging when determining their patient's capacity for work whilst treating and supporting them with an injury, illness or disability¹.

We note the RACGP endorsed [Principles on the role of the GP in supporting work participation](#) is referenced in the documents. These principles provide a good understanding of the important role of GPs in this area.

We provide the following comments:

- There is inconsistency when referring to return to work and workers compensation in the documents. Emphasis is placed on the positives of returning to work as early as possible after an injury, but this does not generally apply when an injury is acquired outside of the workplace.
- Businesses should consider support for all injured workers, not just those injured in the workplace. To ensure there are no barriers to recovery, return to work environments should allow the same opportunities for all injured workers in line with best practice recommendations. This includes accommodating alternative duties or changes in tasks to enable people to return to work early. However, businesses are sometimes unable to, or not willing to do this. The early use of case conferencing to discuss how best to get the person working again can be beneficial² and should be included in the documents.
- Collaborative care between GPs and other clinicians, the patient's employer, rehabilitation provider etc. is crucial for the patient's recovery process². This may be challenging for GPs based in rural and remote communities. In these areas, using electronic case conferencing methods would facilitate collaborative care for their patients². This is outlined in the RACGP endorsed [Clinical guideline for the diagnosis and management of work-related mental health conditions in general practice](#).

Thank you again for the opportunity to provide feedback. For any enquiries regarding this letter, please contact Stephan Groombridge, eHealth and Quality Care Manager on 03 8699 0544 or stephan.groombridge@racgp.org.au.

Yours sincerely



Dr Karen Price
President

References

1. The Collaborative Partnership to Improve Work Participation. Principles on the role of the GP in supporting work participation. Canberra, Australia: Comcare; 2020.
2. Mazza, D., Brijnath, B., Chakraborty, S.P. and the Guideline Development Group. Clinical guideline for the diagnosis and management of work-related mental health conditions in general practice. Melbourne: Monash University; 2019.