RACGP

Curriculum and syllabus for Australian general practice (7th edition)

Occupational medicine

RACGP Curriculum and syllabus for Australian general practice (7th edition): Occupational medicine.

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

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Occupational medicine

Context

Nearly half a million people in Australia in 2021–22 had a work-related injury or illness, being 3.5% of people who worked during that year. Of those 66% had time off due to the injury or illness and 31% received workers compensation for the injury or illness.[1] The rate of work-related injuries is declining over time, however musculoskeletal injuries remain the most common injury, with growth in stress and mental health injuries (which comprised 6.8% of injuries in that time period). In 2024 there were nearly 140,000 serious claims where the median time away from work was 7.2 weeks.[2]

GPs play an important role in treating these conditions and assisting patients in their return to work. They can also be involved in assessing a patient's fitness for a new job or change of category.[3,4] GPs need to have a clear understanding of harmful exposures related to a range of occupations and be able to work with patients and organisations, where required, to prevent work-related illness and promote wellness.[4]

The health and wellbeing benefits of good work are well recognised, as well as the negative impacts of long-term work absence or unemployment.[5] 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. GPs are well placed to guide and educate their patients on the health benefits of good work.[6]

GPs' roles in supporting work participation include patient advocacy, conducting evidence-based assessments considering the patient's work, developing treatment plans, care coordination and monitoring, and supporting safe return to work.[6]

General practice itself is a workplace. Practice owners, managers, and employees need to ensure it is a safe place for those employed there.

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Learning outcomes

The specialist GP is able to:

- assess fitness for a new role or renewal of capacity for fitness in a current role
- diagnose and treat work-related injuries, including physical and mental health conditions
- identify factors likely to delay or prevent return to work after illness or injury
- identify and discuss pre-existing and unrecognised or insidious conditions that may be exacerbated by occupational factors
- coordinate with other health professionals and rehabilitation providers in managing an injured worker
- effectively communicate with employers, insurers, and relevant authorities regarding management plans, rehabilitation, and the return of a worker to the workplace.
- write an impartial medico-legal report or certificate regarding a worker, their injury, management, rehabilitation, prognosis, and capacity for work
- perform health surveillance and monitoring for patients in a range of occupations based on their risk factors.

Key areas of learning

Assess fitness for a new role or renewal of capacity for fitness in a current role, including:

- ascertaining the expectations of employer and employee and knowing the job requirements
- considering a patient's physical and mental fitness for the tasks required of their role
- being aware of required alcohol and other drug screening for a job, and facilitating testing
- being aware of guidelines that apply to a job (eg driving standards for commercial drivers)
- referring to other doctors or allied health practitioners (as necessary) for further functional assessments, opinion, and management of conditions that may pose a risk to work.

Diagnose and treat work-related injuries, including:

- assessing common work-related musculoskeletal injuries and managing and coordinating care of rehabilitation and return-to-work
- understanding the potential mental health impacts of work (including workplace bullying, psychiatric injuries, and burnout) and being aware of common presentations, such as recurrent absenteeism
- conducting initial investigations for work-related cancers, secondary to exposures in the workplace
- being familiar with the potential risk of respiratory diseases in the workplace
- providing initial advice and management for occupational dermatological diseases and referring as necessary
- assessing and managing work-related eye injuries, including emergencies.

Prepare a worker to return to work, including:

- understanding how and when to involve a return-to-work coordinator or rehabilitation provider
- communicating with the employer or insurer about the expected return to work and providing clear instructions on restrictions to duties
- setting realistic expectations for return to duties with the goal of a graduated recovery with minimal setbacks
- knowing when and how to refer a patient for assessment of permanent impairment and / or disability
- knowing when retraining for a different role is advised
- understanding how the rehabilitation and recovery process may be different in workers who are not employees, where there may be no rehabilitation coordinator or organisational support for returning to work
- understanding the difficulties in rural areas where there is limited access to specialist support, such as occupational health physicians, and identify local networks and upskill as necessary.

Have a general awareness of hazards in a patient's environment, including a changing environment. Patients may be exposed to potential hazards unique to their employment, for example:

- heat: the effect of environmental temperature impacts infectious diseases, heat-related illnesses and public safety in the context of bushfires – GPs should have access to and respond to public health advice as it pertains to disaster, weather, or pandemic warnings
- biological hazards: infectious diseases, zoonoses and blood-borne viruses – GPs should be aware of common infectious agents unique to their community of work
- chemical hazards: air pollution (including dust, smoke, and fumes) and water pollution – GPs should be aware of the common chemical pollutants unique to their community of work
- radiation hazards: ionising radiation can lead to several neurological, gastrointestinal, dermatological, and malignant processes

- noise hazards: heavy industry and machinery are unique hazards to workers and local communities – GPs may need to be aware of screening and monitoring for hearing loss in these populations.

Perform health surveillance and monitoring for patients in a range of occupations and environments based on their risk factors (eg skin checks, respiratory monitoring, hearing checks, or monitoring those vulnerable to the effects of extreme heat).

Provide advice and advocate for patients to support them in realising the benefits of participating in good work.

Have an awareness of own working environment as a GP, including hazards and occupational health and safety requirements, and work to mitigate those hazards.

Opportunities for learning

Words of wisdom

- It is important to take a thorough occupational history, including the patient's job title and a description of the work, whether the patient can cope with the physical and psychological demands of the work, and if there are any previous workplace injuries or near misses. Having a focus on functional capacity rather than injury is a useful starting place for designing a return-to-work program in collaboration with a patient and an employer.

- Identify yellow flags and negative interactions between a person's work and their medical conditions early, to allow for advance planning rather than waiting until they are unable to work (eg knee osteoarthritis in a tiler needs to be discussed in terms of occupational longevity).

- Understand which workers are covered under workers compensation schemes and which are not (eg some sole-traders or self-employed workers). Familiarise yourself with the relevant certificates of capacity in your state or territory.

- Familiarise yourself with the natural history of common workplace injuries, specifically low back pain and other musculoskeletal injuries. Know that you can refer to an occupational physician if you have a complex patient, feel out of your depth, or if a patient is not recovering within the expected timeframe. A good GP will be attuned to whether a patient is either not improving with initial interventions or deteriorating despite intervention. Similarly, if you have access to a rehabilitation provider, involve them as well as allied health providers early, as appropriate.

- Keep up to date about long-term symptoms relating to environmental exposures. Educate your patients on appropriate health surveillance for conditions with increased risk related to their occupation or unique to your geographic location (eg Q fever vaccination in cattle farmers and respiratory surveillance in miners and stone masonry workers).

Learning strategies

On your own

Think of a patient you have seen for a work-related issue. Identify any issues related to the social determinants of health unique to the worker.

- *What do you know about the relationship between work and health? Why is employment such an important determinant of health?*
- *How could this patient's work-related issues impact on their health?*

Describe the impact of unemployment and underemployment.

- *Describe the physical, mental, social, and financial benefits of employment and contrast it with the absence of these.*
- *Have you had a patient who suffered the effects of unemployment and / or underemployment?*

With a supervisor

Consider local industries and large employers (eg agriculture, factories, or education). Discuss with your supervisor the common work-related injuries and hazards for these industries, the risk reduction strategies, and management principles.

- *What industries did you identify in your local area? Do you see any work-related injuries or hazards for these industries? How can you manage these issues?*
- *Does your supervisor have any tips for you?*

Identify complex presentations. An example is a pregnant skilled worker with a musculoskeletal injury. Ask your supervisor if they have had any clinical experiences where they were unable to find appropriate treatment guidelines for work-related presentations. Discuss how you would go about managing such a patient.

- *How do you work in these areas of uncertainty?*
- *Who else do you involve in the patient's care? What organisations or resources could you seek help from if needed?*

In a small group

Discuss the occupational risks of being a GP.

- *What biological hazards exist? What chemical hazards? What are the most common workplace injuries that affect GPs?*
- *What occupational health and safety requirements are there to mitigate the risks for GPs at work?*

Have each member of the group present a case of a work-related injury.

- *Was the consultation person-centred, with a focus on the patient's recovery, or was it centred on their desire to return to work or seek time off work?*
- *Did the treatment plan include elements of what was important to the patient and other relevant parties, and a path for return to work?*
- *Did the doctor communicate with the employer and / or insurer? What was the outcome and was it successful? Why or why not?*
- *How could you improve next time? What did you learn from others that would change your clinical approach to future cases?*

With a friend or family member

Ask a friend or family member about their work environment and if they can think of any occupational hazards: What are the hazards? What are the risks? What prevention mechanisms and policies are in place, as part of work health and safety?.

- *What are the health hazards involved in their work and home environments? What actions can they take to reduce these hazards?*
- *Are they related to bullying and harassment, either from customers/clients or other team members?*
- *What protective mechanisms are there? Are these effective?*
- *How does understanding work health and safety preventive mechanisms help you with your clinical practice?*

Case example

Mercy is a 32-year-old factory worker who presents with a chronic eruption on both hands and daily rhinosinusitis. She has worked for three years for a food manufacturing company mixing ingredients, including soy protein concentrates with flour, sugar, and salt. The process results in aerosolisation (dust particles in the air). She is provided with a hairnet, but no other protective equipment. Within 30 minutes of this activity her eyes become pruritic and watery, and she gets itchy papules on the dorsum of the hands and neck. Her medical history includes allergic rhinitis in the spring that is usually managed with an antihistamine.

In a case-based discussion, questions relating to each role could be:

Communicator

- How would you communicate with her employer about restrictions and occupational health and safety precautions in the workplace?
- How would you describe the possible diagnoses to Mercy and their implications for her current work activities?

Clinician

- What aspects of the history are important to ask about?
- What further information would you like to know about the relationship between Mercy's symptoms and her work?
- What would you look for when examining Mercy's skin? Which areas of skin are of particular interest?
- What other examination is important? Think of the respiratory tract and other mucocutaneous surfaces, such as the eyes and nose.
- What diagnoses are you considering?
- What additional diagnoses would you consider if Mercy worked as a hairdresser? Or a stone mason?
- If Mercy's initial RAST testing is positive for soybean, how would you manage her symptoms? What general measures could Mercy adopt in the workplace that may help alleviate her symptoms?
- How might your management be different if her condition related to a psychological condition or bullying at work?
- What treatment and rehabilitation measures do you need to consider when certifying a patient's level of fitness for work? How do you assess response to treatment and ability to conduct occupational activities?
- What timeframe would you consider for Mercy to return to work? What capacity will she have to conduct her duties when she returns?

Health advocate and leader

- Outline the potential team members in Mercy's care and their roles.
- When would it be appropriate to advise a person not to work? Who can you refer a patient to in this scenario?
- What is the GP's role in advocating for use of appropriate protective equipment in the workplace?

Professional

- Outline the relevant documentation that would be required if this were to be completed as a workers compensation claim.

Scientist, educator and researcher

- What clinical guidelines may be relevant? Where else may you look for evidence to help you in your care?

Learning resources

The curriculum website includes learning resources within each unit.

Assessment

Content in this unit will be assessed in a variety of ways.

Workplace based assessments

Mini-CEX	RCA	MSF	CBD	Reflective exercise	Audit	Mid and end term assessment

Fellowship examinations

AKT	KFP	CCE

KEY

- Expected to be assessed here always
- Often assessed here but not in every example / case / assessment
- May at times be here or contribute to the assessment

ABBREVIATIONS

Mini-CEX – Mini-clinical evaluation exercise
RCA – Random case analysis
MSF – Multi source feedback
CBD – Case-based discussion
AKT – Applied knowledge test
KFP – Key feature problem
CCE – Clinical competency exam