

Between March - June 2021, the Collaborative Partnership held a national series of workshops to discuss how to implement Australia's first set of Principles on the role of the GP in supporting work participation. This report provides a summary of key findings and recommendations drawing on the insights from workshop participants, including employers, systems, GP and medical practitioners, unions and individuals.



# SUMMARY REPORT

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## Executive Summary

The General Practitioner (GP) is critical in supporting long term health and social outcomes of individuals and their families. The GP is well placed in supporting a person living with a health condition or disability to enter into, recover at or return to work. However, to see an improvement in the number of people with a disability or health condition participate in good work the GP, employer, and relevant stakeholders, are required to work better together.

Through our work, we have confirmed that Australian income and benefit support systems are connected. For some working age Australians, they will flow through many of these systems with little regard to their likely journey, with direct impact to work participation and health outcomes. Each system has its own unique set of processes, forms and certificates driving confusion and strain on the GP. Communication breakdowns between systems, employers and GPs continues to diminish any trust between stakeholders on what each other's goals, motivations and needs are.

There is opportunity to recognise this ecosystem and come together to find solutions that will put the person at the centre and deliver better long-term outcomes.

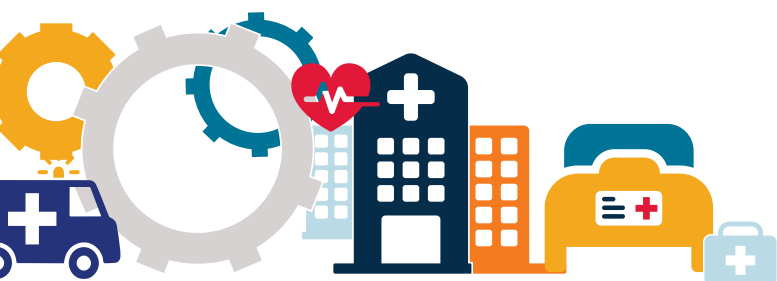
To ensure adoption and uptake of the Principles on the role of the GP in supporting work participation, the Collaborative Partnership held a series of national workshops. The workshops included diverse organisations across sectors to discuss and debate the most impactful ideas to drive behaviour change to better support participation in good work for people living with a health condition or disability.

### Discussions were framed around four key themes:

- Build and maintain trust, respect and honesty in interactions between stakeholders.
- Increase awareness of the Principles and the health benefits of good work.
- Leverage the full potential of the case manager role operating in all systems of income support.
- Resources and technology-based solutions to better support stakeholders to implement the Principles.

### Key findings across the national workshops include:

- Agreement that building and maintaining trust with GPs across all systems is a key priority, with the need for transparency and better communication between systems, employers and GPs.
- The principles of work participation and supporting a person to enter into, recover at or return to work does not change, regardless of the injury or disability, or what system the individual is accessing.
- Efforts are needed for a more unified system across Australia. Knowing that Australian income and benefit support systems are connected and some working age Australians will transition in and out of multiple systems throughout their lives.
- Leveraging the full potential of the case manager role which operates in all systems of income support. Key elements of the case manager role include an upskilled workforce to improve health literacy, employment support and cross-sector knowledge.



## Background

The Collaborative Partnership to improve work participation (the Partnership) is a national effort between public, private and not-for-profit sectors to improve work participation opportunities and outcomes for people with a temporary or permanent health condition or disability.

The Partnership's Strategy 2020-2022 identified five key pillars – the Principles form part of Pillar Five (Developing and delivering tools to support the General Practitioner role in facilitating work participation). This Pillar contributes to the following Partnership aims:

- Improve work participation rates of people with a physical or mental health injury, illness or disability.
- Improve the experience and outcomes for people with an injury, illness or disability by improving the benefits and income support systems they access through collaborating across sectors.
- Improve the capability of employers and workplaces to support people with an injury, illness or disability to be in good work.

The Partnership delivered the first national *Principles on the role of the GP in supporting work participation* (the Principles) providing clarity around roles and expectations of all stakeholders involved in supporting work engagement, recovery at and return to good work. The Principles are officially recognised as a Supported Position Statement by the Royal Australian College of General Practitioners (RACGP) and endorsed by Heads of Workers' Compensation Authority (HWCA). The Principles were made publicly available in March 2020.

The Principles were developed over two years, following extensive consultation with GPs and health professionals, the disability sector, employers, unions, benefit and income support providers and academics. Consumer representative groups were also consulted in the development of the principles this included national disability rights organisations, injured worker advocacy groups and individuals with lived experience.

Following the public release of the Principles, focus was turned to how the Principles could be translated into practice to better support work participation outcomes for people with a health condition or disability. A series of national workshops with representatives from employers and industry; compensation and other income support systems; GPs and peak medical bodies; and ACTU were held between March – June 2021.

The workshops were facilitated by The Behavioural Architects who specialise in using behavioural science methodologies.



# National Workshop Series 2021

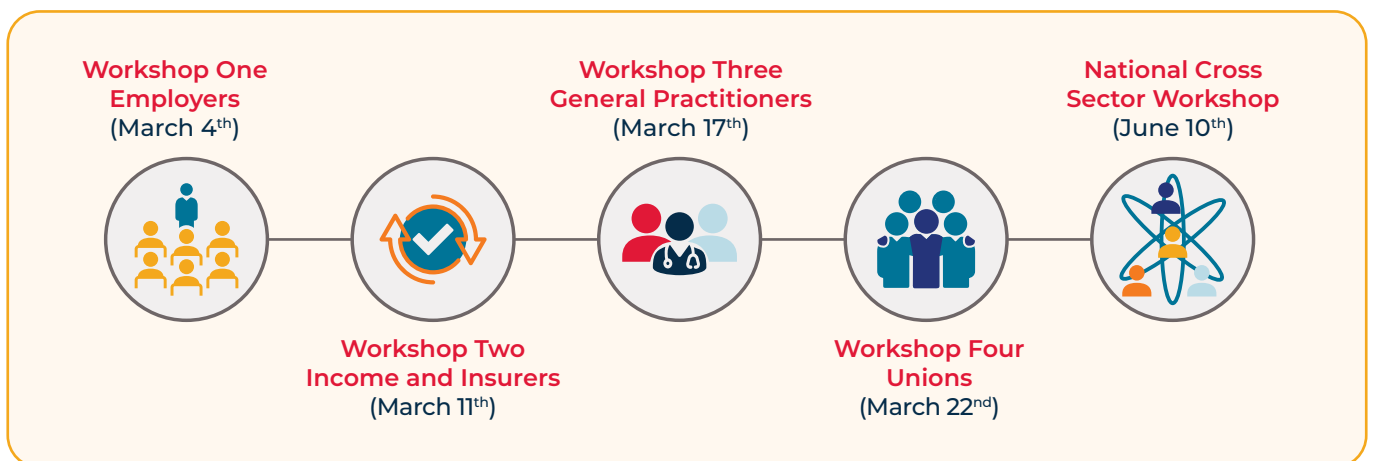
## Stakeholder specific workshops and findings

Stakeholder specific workshops were held virtually in March 2021 to identify opportunities for uptake and practical implementation of the Principles. The workshops sought to identify support across all sectors. Groups included employers and industry; compensation and other income support systems; GPs and peak medical bodies and the ACTU, with a total of 45 participants.

## National Cross-Sector workshop and findings

A national cross-sector workshop was held in June 2021 with 38 senior level stakeholder representatives from employers and industry; compensation and other income support systems; GPs, peak medical bodies and the ACTU. The workshop discussed the most impactful ideas generated from the workshops held in March with a focus on solutions and initiatives for implementation.

Attendees were given opportunity to discuss and share with the group their thoughts on the triggers and barriers to implementing the Principles. The workshops were well attended, and participants were actively engaged, demonstrated by discussion and participation. There was general consensus across the sectors and systems that practical implementation of the principles is a worthwhile pursuit.



## Employers workshop – 4 March 2021

**Table 1 – Employer workshop attendees**

Attendees: Employers/Industry
ACCI
AI Group
Board Member for the Australian Network on Disability
Comcare
Department of Defence
FedEx Express
John Holland Group
Medibank
NDIA
Super Retail Group

The findings summarised in Table 2 below show that solutions were focused on:

- The case manager’s or employment broker role operating within all systems.
- A need to support employers to know how to engage effectively with GPs.
- Technology based solutions and centralised access to existing employer resources.
- How employers and others can demonstrate trust and respect of the GP’s role.

**Table 2: Employer workshop findings**

Key finding	Workshop supporting quotes
<p>A focus on the role of <b>case managers</b> operating within most insurers and income support systems including a recognition that improvements need to be driven at a systems level.</p> <p>Recognition that some <b>employers are uncertain</b> how to engage with GPs and may not understand their own role in supporting work participation.</p>	<p>‘Employers have very different capabilities...it's not a one size fits all here. So, I think it's important that the insurance and other benefit systems are seen as having a role here, not just the GPs and the employer.’</p> <p>‘The small to medium employers are really at a loss and probably need quite a bit of time and support - somebody’s got to be thinking about what support is needed here. I would have thought it’s the insurer or equivalent.’</p> <p>‘If we could extend training for case managers to a certificate level and preferably diploma level — if there was some sort of University based case manager training that was standardised across the country.’</p> <p>‘This isn’t, about getting GPs to do something, this is about getting a system to work better.’</p> <p>‘I represent employers, and often told, you’ve got to talk to the doctor. But they have no context or understanding about what that really means... if it is the employer that’s providing that support mechanism, then talk about how best to have those interactions rather than just telling them they have to.’</p> <p>‘For many employers, it might be just a kind of sense of where do I start? How do I actually engage with this tool? What is it that I’m trying to do in this space? And how do I talk to the doctor in a way that they understand what my workplace is? And what opportunities there might be for return to work?’</p>
<p>Suggestions were provided on effective approaches to engaging GPs. These focused on engaging with <b>trust, honesty and respect</b>.</p>	<p>‘All employers need to do is say, what can I do to help, as opposed to challenging the prognosis and diagnosis. I took that advice for nearly 15 years now and it works every single time.’</p> <p>‘So I think it’s really important to make it as simple as possible and as efficient as possible to be able to come together and talk about where are we at, at the moment, what have we got that we can help you with?’</p> <p>‘We tend to try and book double consultations, a time for the employee and the doctor, then we will block a time for what we call a rehab case conference.’</p>
<p><b>Technology</b> based solutions, such as an app or central web portal for collaboration between multiple parties.</p>	<p>‘Can we build an app to help with a collaboration between patient, the doctor and the manager? There is a lot of admin overload for everybody... An app that holds all the information. All these might seem like little things, but they actually are barriers that could be turned very quickly into triggers and enablers.’</p>

## Systems workshop – 11 March 2021

**Table 3 – System workshop attendees**

Attendees: Insurance Sector and income support systems
AIA
Allianz
AustralianSuper
DSS
iCare
Insurance Council of Australia
NDIA
RGA Reinsurance Company of Australia
Services Australia
SIRA
SuperFriend
Swiss Re
WorkSafe Vic

The key findings summarised in Table 4, suggest a focus on the following:

- Early and respectful engagement between systems and GP to build trust.
- Ideas to strengthen the case manager role to provide a coordinated service.
- Technology based solutions and easier access to existing resources for all stakeholders.
- Opportunity for GP education and training to support the Principles.

**Table 4: System workshop findings**

Key finding	Workshop supporting quotes
Building a <b>mutually trusted, honest and respectful</b> relationship with the GP early, can lead to better outcomes for the individual.	<p>'What we probably don't do is contact them [GPs] upfront to see how we can support them, what they need, if they need to know what's important for the schemes. It would be good to engage earlier and build trust.'</p> <p>'Make the interaction less transactional, it's not about, I just need these forms to make this decision it's more bi-directional. We have to contact GPs earlier and build a relationship and listen to their opinion, rather than just go to them for a particular claim activity.'</p>
A focus on the role of the <b>case manager</b> across all systems to provide a coordinated, tailored and holistic service.	<p>'Centralised case manager and advocate who supports the patients' needs but also coordinates the efforts across systems / stakeholders. "Paid for by different sector and systems providers - centralised pool of case managers to navigate and understands how the systems work, take burden from GP and coordinate case conferencing and care.'</p>
<b>Technology-based solutions</b> that build on the common features and needs across the systems and enable easier access to existing resources.	<p>'One of the things that needs recognition is that we're all not that different. And at the moment that's not how schemes think...'</p> <p>'Why can't we better leverage existing resources. So, whether that be making them easy to access by having them in one place, or just consistent use.'</p> <p>'Why not be bold and start to look carefully at the areas where we could have universality instead of having 10 different systems and 56 different forms...Can we have one certificate. And if it's a digital certificate.'</p> <p>'Bringing insurers, allied health and GPs together virtually to discuss return to work opportunities.'</p> <p>'Single, editable form or portal across stakeholders that can be used and filled out for different roles, for example a GP section, employer and insurer sections.'</p>
<b>Education</b> , support and resources for GPs	<p>'Insurers sharing what resources are available for people so the GP can make informed referrals that a patient can claim back, for example, life insurance coverage.'</p> <p>'Certificates or training courses for GPs on return to work processes and good work.'</p> <p>'Tool kit or checklist to guide them on good work, something easily accessed for consultation and discussions with different systems teams. Different toolkits could be for different meeting purposes (stage of progression / return to work journey) or types of cases.'</p>

**GPs and medical practitioners' workshop – 17 March 2021**

**Table 5 – GP and medical practitioner workshop attendees**

Attendees: GPs/RACGP/AFOEM
Australasian Faculty of Occupational and Environmental Medicine
Australian Medical Association (AMA)
Comcare
Comcare Work for Health Advisor
DVA
RACGP



The workshop was attended by 7 medical practitioners and one representative of a medical peak body. The key findings summarised in Table 6, suggest a focus on the following:

- The need for engagement between systems, employers and GP to be early and based on mutual trust.
- Strengthening the role of case managers and employment brokers to provide a coordinated service and support for GPs.
- Stronger awareness of the Principles and the health benefits of good work.
- Suggestions to support GP education and training to support the Principles.
- Concerns and opportunities to address the role of Independent Medical Examiners.

**Table 6. GP workshop findings**

Key finding	Workshop supporting quotes
<p>A need for relevant stakeholders to work better together in a <b>trust-based and respectful</b> way to ensure holistic, patient-centred care. GPs noted that lack of information contributes to the mistrust and can easily be solved through improved exchange of data.</p>	<p>‘Trusted communication between the patient, the employer and the insurer about what can realistically be achieved and what we are trying to achieve to ensure everybody is on the same page from the start.’</p> <p>‘What I would really like from the outset is a really frank conversation with a patient about what they would really like to achieve. Be patient centred and have a conversation about what it would look like if the problem was fixed. This could help with achieving realistic goal settings.’</p> <p>‘I agree that sometimes GPs see insurance as adversaries. I think one of the reasons for that is we often provide information, for example, a WorkCover certificate or letters and append them to Centrelink certificates, and nobody seems to ever give me any feedback at all as to whether they agree or they’re hitting the right mark.’</p> <p>‘I think somehow getting really good information in the first place from GPs to the workplace and in WorkCover could help some of that distrust. Because if the workplace or the insurer is getting very scarce information it’s very difficult for them to know where to go.’</p> <p>‘If we’re talking about return to work for people on long term unemployment, when Centrelink gets involved. Well, that’s just a big black hole, there’s no one there that you can talk to, you can’t write to them you can’t ring them; you can’t do anything.’</p>
<p>Suggestions to strengthen, support and professionalise the <b>case management role</b> including introducing minimum formal qualifications and career pathways. Findings also suggest the important role of employment brokers.</p>	<p>‘It is recommended that we try and raise the professionalism of case managers across all systems. Make it a requirement to have at least a certificate, and preferably Diploma of Injury or case management.’</p> <p>‘I would really like to see a National Vocational Rehabilitation Strategy, with a properly funded Commonwealth rehabilitation service. Rehabilitation providers provide support for people with workplace injuries across all states, however for someone with a non-work-related injury, illness or disability there are very few resources that assist the person to participate in work. This kind of service and support would assist GPs.’</p> <p>‘Some of the ideas were around trained advocates helping patients navigate the system.’</p> <p>‘I’ve been looking everywhere online but couldn’t find anything on some resources for GPs with appropriate providers to assist with returning people to work or enhancing their return to work.’</p>

Key finding	Workshop supporting quotes
<p>Recognition that not all GPs are interested or proficient in managing issues of work participation and may benefit from further <b>education and training</b>.</p>	<p>'I like Health Pathways and use them all the time as a part-time GP. I find them very useful.'</p> <p>'I'd love to be able to train GPs in basic [work focused] CBT. Not in writing certificates, but to actually do cognitive behavioural therapy to get the patient over the barriers.'</p> <p>'...mentors for GPs by people who've perhaps got more knowledge of particular schemes.'</p>
<p>A focus on appropriate GP <b>remuneration</b> for managing complex work participation cases. Some noted that further clarity and a review of the fees and <b>system design</b> is required to ensure removal of disincentives for long consults.</p>	<p>'I hate it to always be about this but I think a clearer understanding of the remuneration aspects for GPs when they're undertaking a lot of administrative work like...That is a big barrier they really want to be able to do the best that they can for the patients but it's always such a struggle and information isn't always readily available about how I'm going to be compensated.'</p> <p>'And as we know the NDIS is a poor remunerator in many ways, and the longer you spend with the patient, the less you get paid. So, there's a big disincentive with the current structure of the NDIS to spend the time that you might need to spend with the patient to have some of those franker conversations and to employ cognitive behavioural therapy.'</p>
<p>Strong support for <b>increased awareness</b> on the health benefits of good work and the Principles. One GP highlighted how they have used these messages to drive new conversations with patients and the systems.</p>	<p>'I have seen flyers in bus shelters in New Zealand, that says "The best GP is the one who gets the person back to work.'</p> <p>'Public health messaging around the long-term benefits of working is so important. Having that empowerment from a patient really helps.'</p> <p>'The public must get sufficient health literacy to understand being off work is toxic for them.'</p> <p>'I took a stance with a patient that we are going to find you "good work" but let us talk about what good work is. I hadn't used the term 'good', well I've certainly talked about not putting people in bad work, but I reframed it in terms of what is good work. And it empowered me to push back against insurance and you cannot send this person back to work because you have not actually addressed the issues that led to the bad work in that the problem in the first place. And so, the patient trusted me.'</p>
<p>Most GPs raised their experience with <b>Independent Medical Examiners (IMEs)</b> and suggestions for improvements.</p>	<p>'We all know that IMEs are anxiety provoking for the patients, time consuming, sometimes troublesome. We also know that sometimes the independent assessor completely misses the point.'</p> <p>'I virtually never get the IME report and even when I do, it's usually when it's gone to court, and somebody's lawyer is asking me for my opinion...'</p> <p>'Let the GP pick the person who gives the independent medical opinion instead of the insurer.'</p> <p>'The difficulty comes with certain life insurance companies where they have a panel of people who've been pre-accredited... I will nominate somebody [IME] who's quite eminent, and they will say we can't use this person, that person is not on our panel.'</p> <p>'If there's some way to take the information being provided in a report and actually easily insert it into the medical record so we can track things a little bit more easily. There's no auto populate or anything.'</p> <p>'I will ask my patients, please ask the insurer to release the IME report, and they will then be able to send it in, I usually explain when people are having one as well. This won't automatically go to your doctor, but you can ask for it to be sent. And I guess the argument is the insurer is paying for it, but the message is if there's some useful practical information to help that person get better then it should be shared with the treating person.'</p>

## Unions workshop – 22 March 2021

**Table 7: Union workshop attendees**

Attendees: Unions
ACTU
AEU Federal
AMWU
ANMF Vic

The key findings summarised in Table 8 show that attendees discussed:

- A need to improve awareness of the Principles, support stakeholders to have a shift in attitudes and behaviours especially on stigma and discriminatory behaviour related to disability.
- The need to demonstrate greater trust and respect of the GP opinion and not unnecessarily seek IME opinions that can often delay claims decision-making and access to treatment.
- A review of the employment broker to provide a more person-centred service that does not seek to coerce GP certification.
- A strong focus on employer obligations and the need for reputational and legal consequences for workplace breaches. This was strongly related to concerns regarding the imbalance of power between individuals, their GP and the employers and systems.
- A limited discussion on developing new GP resources, education or technology-based solutions.

**Table 8: Union workshop findings**

Key finding	Workshop supporting quotes
Improve <b>awareness</b> of the Principles to increase adoption	<p>‘Insurers and employers recognise the Principles and become a promoter of the Principles, rather than it just being something for the GP. Endorsing the Principles will assist in working better together with the GP.’</p> <p>‘Dealing with stigma and particularly stigma of people with acquired disabilities. You know, there is, unfortunately, a very long tradition of treating people with acquired disabilities as some sort of second-rate citizen you know, and calling them bludgers, or whatever else might be the case.’</p> <p>‘Unless we’re actually holding people, bringing people along the journey and including them, incorporating them and making sure they understand the benefits and getting genuine improvement, then this is just, um, this is my sorry, but this is just another document for the sake of another document.’</p> <p>‘Less than half of bosses do not have a process for managing recruitment, accommodation or maintaining return to work. And so half of them will breach their anti-discrimination requirements, guaranteed, as soon as someone’s applied for a gig or trying to get back into work.’</p> <p>‘You might also draw on these sorts of social change movements, as well as, you know, cognitive science or whatever it is, to see how change has happened as well. And we know that the longer people are off work, and more difficult it is to return to work. And there’s also additional financial penalties that kick in with step downs. So, if we can get people the treatment that they need early, so that they can get better. And so, they can return to work, rather than pushing them through multiple doctors with time delays before they can get into someone and get an opinion.’</p>

Key finding	Workshop supporting quotes
<p>Participants noted issues of <b>mistrust</b>, the need to <b>respect</b> the GP's opinion and share more information with individuals about their rights.</p>	<p>'Employers are hindered in not listening to GPs.'</p> <p>'And the insurers are really good at bullying GPs as well. So that you'll get the system sort of encourages multiple opinions, not on the side of the worker, but on the side of the insurer or the employer, and that's worse in workers compensation, but I think it happens in other things as well.'</p> <p>'We actually need some real work done with employers and insurers, like real work on them actually adopting and accepting GPs advice.'</p> <p>'So, just even simple information around rights to employees, what they're entitled to, can have a big positive impact.'</p>
<p>Related to issues of mistrust is the use of <b>IMEs</b> as a mechanism to undermine the GP opinion</p>	<p>'Rather than them accepting and adopting and implementing the GPs recommendations, they are seeking multiple other opinions from multiple other layers of doctors, shopping to get the opinion they want.'</p> <p>'While people are being bounced around from doctor to doctor to doctor to get multiple opinions, often the treatment they require is not being paid for and that they can't actually proceed. So that delays everything further.'</p>
<p>A strong focus on <b>employer obligations</b> including the need for compliance actions and penalties for breaching responsibilities.</p> <p>This extends to themes related to an <b>imbalance of power</b> and inequity of consequences between stakeholders.</p>	<p>'So if employer is not compliant with their obligations under workers comp, nothing much appears to happen, however, if a worker is not compliant or fails to meet one of the many things that they need to do within the timeframes that they need to do them in they have their income cut off. So, it seems like there's very clear exposure for injured workers.'</p> <p>'You know, if there's a non-compliance with minimum standards, then we need an effective enforcement regime.'</p> <p>'Public awareness campaigns naming and shaming, rewarding the people who are complying with the minimums, but we need to overtly punish the people who are flouting the laws.'</p> <p>'Introducing reinforcement or negative, whether that's punishment, which is an introduction of something negative, or even a taking away of something that's good, can also be used as a punishment.'</p> <p>'Maybe there does need to be interventions in place that bring the power back into balance. So, whether that be sort of punishments or something, some sort of penalty that those employers have to face.'</p> <p>'So, I'm just talking about general and specific deterrence in sentencing and things like that...you can make an example of one person so that other people know what to do...'</p> <p>'I feel like a lot of this conversations focused on you know, if we have the carrot or the stick approach...we need to make sure that we've got them first and we're not there.'</p> <p>'I think reputational risk is an increasingly important factor for big corporate and public service employers, public sector employers.'</p> <p>'And that has led to a culture change from the bottom up of workers feeling empowered, alongside regulators doing their job and having to do to take actions.'</p>
<p>Noted that the <b>employment broker</b> role needs to have a greater focus on the worker</p>	<p>'Rehab providers placing pressure on GPs to change their recommendations about return to work, employers not providing suitable alternative duties.'</p> <p>'Having rehabilitation that is actually pro-worker, and allows individuals a choice about their rehab provider, a fundamental that doesn't happen in many cases.'</p> <p>'Most of the rehab providing systems that we have at the moment are totally linked to the insurer or the employer. And even though they say they are independent, there is a huge difference about how you act, depending on who pays your wage, may not do it consciously.'</p>

Key finding	Workshop supporting quotes
Suggestions for GP <b>tools and resources</b> to support informed decision-making	<p>I think it'd be really helpful if there was a robust tool that was available and in place for GPs to be able to gather that information so that when they're making evidence-based assessments, that information is at hand.</p> <p>A sort of a champion in that particular clinic who decided they were going to take this strong line, and they brought the junior doctors along with them.</p> <p>And secondly, there are other tools for assessing, you know, the likelihood of future problems which are not commonly used by GPs, but some GP practices do use them. So, the tools are there, they're just not necessarily commonly used.</p>
Appropriate GP <b>remuneration</b> and a review of system design to encourage long GP consults	<p>We actually need a system whereby it's easy for GPs to do longer consultations, and actually get rewarded for them and not get absolutely pressured into making big decisions or participating in big decisions for people.</p>
<b>Technology</b> based solutions	<p>So, there's a structural reason why many GPs don't do stuff offline and had to do things they also actually need to have.</p>

## Individual consultations

**Table 9: Individual consultation attendees**

Stakeholders
ACCI
FedEx Express
iCare
Medibank
NDIA

A number of individual consultations were undertaken in Dec 2020 – February 2021. Environmental testing with key industry groups in November affirmed that holding a national workshop in 2020 on “non COVID-19” related matters was not the right time. These groups were however open to being engaged individually as part of pre-workshop planning and consultation.

The key findings summarised in Table 10 show that attendees discussed:

- The need to improve trust and respect between the GP and insurer and employer.
- The Principles provide a foundation with which to drive consistent messaging around good work.
- Not all stakeholders are on the same page and working towards the same priority.
- Notes various levels of stakeholder capability and confidence to work with GPs.

**Table 10: Individual consultation findings**

Key finding	Workshop supporting quotes
<p>The Principles will provide foundation with which to drive <b>consistent messaging</b> around good work</p>	<p>'The Principles will help us to drive consistency around messaging of good work. The Principles includes good messages that we can leverage.'</p> <p>'Having GPs more aware of the HBGW and more confident around liaising and communicating with employers is going to be beneficial to all.'</p>
<p>Participants noted issues of <b>mistrust</b>, between GPs, insurers and employers.</p>	<p>'GPs don't trust insurers – the RACGP endorsement makes this a trusted resource and allows us to engage with GPs on the key messaging.'</p> <p>'Insurers are not trusted by GPs and considered to have ulterior motives e.g. to save money, push people back to work. As a result, GP's can be dismissive of case managers and WRPs.'</p> <p>'GP confidence in employers is challenging, therefore don't seek to engage with employers.'</p> <p>'Important to consider the narrative of the employer's role and how engaging with GPs will help them to support their staff and improve outcomes.'</p>
<p>Noted that not all stakeholders involved have the <b>same priority</b> of work participation as the goal.</p>	<p>'Stakeholders, including workers are often not on the same page – we all seem to have different priorities.'</p> <p>'A lot of employers don't have a good understanding of RTW and the GP role. The Principles will help to clarify with employers what to expect from GPs, and that GPs are on your side, and the side of your worker.'</p> <p>'Employers need to put health at the centre, supporting their employees with the right care and support.'</p>
<p><b>Various levels of capability and confidence</b> between stakeholders</p>	<p>'There is a spectrum of employers, from full resourced HR departments, and managers who are health literate, to organisation that have inexperienced HR departments and managers who don't have the skills to support their employees.'</p> <p>'Inexperience of employers on how to support RTW and work participation when it is non-compensable.'</p> <p>'HR can look at the risk and liability and how they are going to mitigate risk, not having the interest of the employee.'</p> <p>'Consideration for employer accreditation associated with the Principles which would help employers to see the road map, not just meeting legislative requirements.'</p>

## National Cross-Sector Workshop – 10 June 2021

**Table 11: National Cross-Sector Workshop attendees**

Attendees:
ACTU
Australasian Faculty of Occupational and Environmental Medicine
AIA
Allianz
ASORC
AustralianSuper
Comcare
DSS
DVA
EML
iCare
Insurance Council of Australia
John Holland
MedHealth
Medibank
Medilaw Group
NDIA
Office of Industrial Relations
RACGP
RGA Reinsurance Company of Australia
SIRA
SWA
Swinburne University
Swiss Re
TAC
WorkSafe Victoria



The key findings summarised in Table 12, show attendees discussed:

- Training and professionalisation of the case management workforce.
- Public education on health literacy to improve individual empowerment with choice and control.
- Increasing collaboration between stakeholders through better communication.
- Education on the employer's role to support work participation.

**Table 12: Employer workshop findings**

Theme	Key finding	Workshop supporting quotes
<b>Theme 1: Build and maintain trust, respect, and honesty in interactions between stakeholders</b>	To develop a set of principles for employers on their role in supporting work participation.	<ul style="list-style-type: none"> <li>• 'Having a set of principles for all stakeholders in supporting work participation would be beneficial.'</li> <li>• 'Small businesses would particularly benefit from this.'</li> <li>• 'The principles should be written in plain language and viewed as a companion document.'</li> <li>• 'Provide education on understanding injury management principles, early intervention, respect, occupational bonding, communication, and proactive injury management.'</li> </ul>
	A centralised location providing information for all stakeholders on the Principles and benefits of good work.	<ul style="list-style-type: none"> <li>• 'Opportunity to develop a pathway on the roles of stakeholders and practical methodology of implementing this.'</li> <li>• 'A public health campaign via YouTube, cheat sheets and HealthPathways would be beneficial.'</li> <li>• 'A webpage backed by an app and contact centre to phone would be suitable, to provide all stakeholders with their preferred comms method.'</li> </ul>
	Communication to GPs on the quality of information provided in certificates, forms and letters.	<ul style="list-style-type: none"> <li>• 'I regularly ask on certificates that I would like feedback on the feasibility of the recommendations or for feedback on the progress.'</li> <li>• 'Forms are commonly filled out with inadequate detail, leading to more questions.'</li> <li>• 'There is an opportunity to introduce/encourage better communication via certificates.'</li> <li>• 'Coordination between all systems and jurisdictions is required. Standardising the approach to core themes for GP would be beneficial.'</li> </ul>



Theme	Key finding	Workshop supporting quotes
<b>Theme 2: Leverage the full potential of the case manager role operating in all systems of income support</b>	The use of a case manager to manage the patient's case and communicate between all parties.	<ul style="list-style-type: none"> <li>• 'Having a case manager was advantageous, they would go to the workplace and then provide the GP with that information.'</li> <li>• 'The interpersonal skills of the case manager themselves is important. They need to be well trained and perceived as honest and independent.'</li> <li>• 'Case managers need to join the consultation at the end to discuss RTW opportunities.'</li> <li>• 'A trusted case manager can help with some of the non-clinical work tasks.'</li> <li>• 'GP Practice nurse could be utilised more to support the GP and help facilitate some processes.'</li> </ul>
	Adoption of a universal case management model to introduce standardised training requirements to address health literacy, employment support skills and cross sector knowledge.	<ul style="list-style-type: none"> <li>• 'Training and professionalisation of the industry are important and may assist with retention.'</li> <li>• 'Claims specialists report it is hard to navigate the system.'</li> <li>• 'Clarity around the role of case managers is necessary, currently case managers vary across the sectors.'</li> <li>• 'Understanding the disability system as a whole and having specific information for the systems in which they work would be best.'</li> <li>• 'Universal is great, you can't have individual models.'</li> <li>• 'Someone might have a case manager for their injury, once it closes, they are handed on to the other systems- a model that covered all schemes would be helpful for the GP and the person with disability.'</li> <li>• 'This would help individuals and employers and an opportunity to coordinate all systems would be beneficial.'</li> </ul>
<b>Theme 3: Increase awareness of the Principles and the health benefits of good work</b>	Equipping an individual to drive their own recovery, having control of choice and health.	<ul style="list-style-type: none"> <li>• 'A public education campaign- health literacy for the public could occur via a campaign sustained over several years, it takes time for messages to sink in, to reach a large audience and for changed attitudes.'</li> <li>• 'Emphasise 'good' work, work needs to be appropriate to lifestyle and skill set.'</li> <li>• 'There is a general agreement that some doctor's believe providing certificates is not doing harm.'</li> </ul>
	Improve employer confidence and ability to better support work participation.	<ul style="list-style-type: none"> <li>• Knowing you are in a workplace that cares about you, increases productivity.</li> <li>• Research exists around employer confidence and what comprises this. Good attitudes do not always result in actual behaviour.</li> <li>• Focus on educating senior level employees on the importance of health literacy for everyone.</li> <li>• Consider the differing size of employers and businesses.</li> <li>• Employers need to understand the benefits of providing good work.</li> </ul>

Theme	Key finding	Workshop supporting quotes
<b>Theme 4: Resources and technology-based solutions to better support stakeholders to implement the Principles</b>	Providing information to GPs through interactive forms.	<ul style="list-style-type: none"> <li>• ‘GPs need concise information to avoid overloading.’</li> <li>• ‘Guidance should be provided in multi-channels to accommodate the preferred method of communication and different abilities.’</li> <li>• ‘Direct links or pop ups to more information or a video when a question is not understood is required.’</li> <li>• ‘Inclusion of an interactive form in the clinical software is preferred.’</li> <li>• ‘Utilise Primary Health Networks and Health Pathways.’</li> </ul>
	Developing a central portal for all relevant resources and forms, that is easy to access for all stakeholders.	<ul style="list-style-type: none"> <li>• ‘Patient literacy is generally poor and patient behaviour is important. It is essential patients are actively engaged.’</li> <li>• ‘The challenge is knowing where to access the available information.’</li> <li>• ‘Equipping injured people with recovery expectations and recognising yellow flags is important.’</li> <li>• ‘Current portals include: Go Share Healthcare, H Plus, My Aged Care, Job Access and UHG.’</li> <li>• ‘Streamlining the way of thinking in terms of work capacity is important, independent of the scheme.’</li> </ul>



## Recommendations for implementation

The Collaborative Partnership is committed to promoting the active involvement of people with lived experience. We are also committed to creating a system that genuinely works towards work participation and to address the issues impacting work outcomes across all systems for individuals with a health condition or disability. Action is required by many different stakeholders on a number of fronts; everyone has a role to play both now and in the future. We understand that change will take time and as part of next steps we will identify the short and long-term implementation activities to drive the behaviour change needed to address the issues.

We ask that the Collaborative Partnership Committee consider the key recommendations outlined below that will support implementation of the Principles and drive behaviour change across systems, services and supports tasked with supporting work participation outcomes for people living with a health condition or disability.

### **Recommendation 1: Principles on the role of the employer in supporting work participation**

Development of a set of Principles for employers on their role in supporting work participation. Employer Principles will be a companion piece of the GP Principles. The Principles will improve capability and confidence to provide the health benefits of good work, build trusting relationships with GPs and support individuals to enter into, recover at or return to good work.

### **Recommendation 2: Promotion of the Principles**

Communication of the Principles on the role of the GP in supporting work participation (and the Health Benefits of Good Work) through promotion to GPs, employers, Unions and insurers across all sectors to improve collaboration and communication and better support work participation outcomes.

Seek endorsement of the Principles from peak industry leaders such as the Australian Chamber of Commerce and Industry, to support promotion of the Principles to relevant networks. Industry endorsement would encourage employers and relevant stakeholders to recognise the Principles and increase uptake and use of the Principles within their organisation to better support work participation outcomes.

Ongoing engagement with RACGP on the development of the Curriculum for Australian General Practice.

### **Recommendation 3: Improve clarity of required information on forms across all income and benefit support systems**

Develop national simple supports for GPs in the administration of forms/certificates requested by income and benefit support systems by way of interactive forms that provide clarification, definitions and outlines information needed.

### **Recommendation 4: Common Case Management Framework**

Development of a Common Case Management Framework applicable to personal injury and disability benefit systems to improve service delivery within and across each service system to improve understanding of each system and how they interact and opportunity for consistency of service and support delivered.

Upskilling of the case management workforce across all systems to improve health literacy, employment support skills and cross-sector knowledge. Consider collaboration and establishing partnerships with PIEF and ALUCA who are undertaking work to professionalise the case management role.

### **Recommendation 5: Public Health campaign on the Health Benefits of Good Work**

Develop and deliver a public health campaign delivered across Australia on the health benefits of good work to promote awareness and understanding of the health and economic benefits participating in work brings to individuals, the community and the Australian economy. Promotion of key messaging to build confidence of employers in supporting work participation through good work. Consideration to existing work being undertaken across disability and employment sector with opportunity to leverage messaging.

### **Recommendation 6: Informed by lived experience**

People with lived experience will be consulted and their contributions will inform the implementation of the Principles.

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Collaborative  
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