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Background

General Practitioners (GPs) play a central role in delivering health care to the Australian community, by recognising the health benefits of good work and facilitating recovery at and return to work.

We know that a large number of working age Australians experience periods of temporary or permanent work incapacity due to ill health, disability or injury. **6.5 million** people accessed employer provided leave entitlements for short periods of work incapacity with an additional **786,000** people receiving income support from a Commonwealth, State, Territory or private source in the year 2015-16¹.

Australia has 10 major income and benefit support systems that provide support for people with illness, injury or disability that completely or partially affects their ability to work. These systems include leave entitlements provided by employers, workers compensation, life insurance, social security, motor vehicle accident compensation, superannuation, defence, and veterans' compensation.

Individuals enter these systems with a wide range of health conditions ranging from mild illness resulting in a sick leave day to serious acquired disability with life-long consequences for participation in employment.

Australian income and benefit support systems are connected. However, each system has its own unique set of processes, forms and certificates driving confusion and strain on GPs.

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. Communication breakdowns between systems employers and GPs continue 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.

GPs are ideally placed to promote the Health Benefits of Good Work and contextualise patient experiences and are critical in supporting long term health and social outcomes of individuals and their families. GPs are well placed to support a person living with a health condition or disability to enter into, recover at or return to work.

The Collaborative Partnership to Improve Work Participation

Founded in 2017 and operating until 2023, the Collaborative Partnership to improve work participation was a national system-wide collaboration of organisations working together to improve the health and work participation outcomes of working age Australians. They are: Comcare, the Insurance Council of Australia, the National Disability Insurance Agency, Department of Health and Aged Care, the Australian Council of Trade Unions, the Department of Social Services, Department of Employment and Workplace Relations, EML, the Australasian Faculty of Occupational and Environmental Medicine, the Royal Australian College of Physicians, the National Mental Health Commission and the Transport Accident Commission.

The Partnership has therefore committed to supporting the role of the GP in facilitating work participation for people with a health condition or disability. As part of this, the Partnership delivered Australia's first national Principles on the role of the GP in supporting work participation. Knowing that good work is engaging, fair, respectful, balances job demands, autonomy and job security and is characterised by safe and healthy work practices.

¹ [The Cross Sector Project](#)



Research undertaken on GPs

The Collaborative Partnership has undertaken research to understand the role of the GP in supporting work participation and developed Australia's first national Principles to provide clarity around roles and expectations of stakeholders involved in supporting work engagement, recovery at and return to good work. Research projects include:

Supporting GPs to facilitate work participation

The Principles on the role of GPs in supporting work participation are 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. The Principles were developed through extensive stakeholder consultation with GPs, health professionals, the disability sector, unions, employers, benefit and income support providers and academics.

Led by the Australasian Faculty of Occupational and Environmental Medicine (AFOEM), the Principles were developed to provide clarity around roles and expectations of all stakeholders involved in supporting work engagement, recovery at and return to good work.

The Principles recognise the central role of the GP as a patient advocate; that not all GPs have the same capability or interest in work participation and that GPs may need to adopt different roles over time in the coordination of care for their patients; and that a team-based approach to care coordination is needed between the clinical environment, systems, workplaces and other providers.

For the full report refer to reports on [page 14](#).

Implementing the Principles on the role of the GP in supporting work participation

This project involved a national series of workshops held between March to June 2021 with employers, industry, medical practitioners, the ACTU, people with lived experience and the systems to help design the best ways to practically and meaningfully implement the Principles on the role of the GP in supporting work participation.

The [report](#) provides a summary of key findings and recommendations and 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.

The Principles are officially recognised as a Supported Position Statement by the Royal Australian College of General Practitioners and included in the Curriculum and Syllabus for Australian General Practice 2022. The Principles are also endorsed by Heads of Workers Compensation Authority (HWCA).

For the full report refer to reports on [page 14](#).



What was learnt about GPs

Six themes arising from stakeholder consultation

1. Empowerment

GPs provide a patient advocacy role that supports the need to empower people with illness, injury or disability to participate in good work through greater individual choice and control.

2. Communication

There is a 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. Stakeholders refer 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 helping 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. All stakeholders 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.

A GPs role in work participation

The role of the GP should be based on the needs of the individual. However, a GPs role can be impacted by waiting periods for funding approval, restrictive policies, or requirements for documentation. Best practice requires all stakeholders to work closely with each other to ensure individuals have access to early support to optimise health outcomes.

There is recognition that not all GPs are interested or proficient in managing issues of work participation and may benefit from further education and training with many GPs having a limited understanding of how the systems work and their role in these systems.



A GPs role in patient advocacy

Access to work is important for people to support their families and contribute to their communities. Benefit and incomes support systems are currently designed in a way that may disempower the individual. All stakeholders have a shared responsibility to address this together.

A patient is often best placed to determine who advocates for them at this time, 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. 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.

When a GP provides advice on the health and social benefits of participation in good work, the adverse health effects on long-term unemployment should also be discussed.

GPs are to:

- Act as a trusted adviser and advocate for their patient to realise 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.



A GPs role in providing evidence-based assessment

GPs provide evidence-based assessment which draws on a patient's work participation goals and context. 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 to work, the role work plays in supporting their recovery and an assessment to inform provision of modified or graduated work duties.

Employers can support GPs to make evidence-based and timely recommendations by providing information on the psychosocial and physical work environment and health aspects of the individual's role. Following this, employers are to provide good work that supports work participation outcomes, draws on input from the GP to ensure duties are adapted, graduated and matched to the work abilities of the individual.

During this process, 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.

GPs are 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.

Determining a GPs role

The core role of a GP is to provide an initial assessment, evidence-based co-ordinated treatment and recommendations on functional capacity including work ability.

GPs 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.

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.

In many situations GPs do not have sufficient knowledge of the workplace or access to relevant information to make recommendations on specific work accommodations. Employers may provide relevant information about the workplace to assist GPs to support work accommodation. The GP should provide advice on functional capacity, including work ability which can be used by relevant stakeholders to determine work accommodations.

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.

Referring medical management to another health practitioner

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 patients' privacy is protected and that information is shared with the informed consent of the patient and where it's considered relevant.

There is a shared responsibility to ensure the optimal health of the individual experiencing work incapacity does not in any way dilute a GPs primary duty to their patients.

GPs are to:

- 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.



Stakeholder support

Employers

Employers can support GPs to make evidence based and timely recommendations by:

- Providing information on the psychosocial and physical work environment and health aspects of the role.
- Providing good work that supports work participation outcomes, drawing on input from GPs to ensure duties are adapted, graduated and suitable.
- Ensuring that roles are matched to the work abilities of people with physical and mental health conditions or disabilities.
- Recognise that some employers are uncertain on how to engage with GPs and may not understand their own role in supporting work participation.

Case managers

Case management operates in all systems of income support provided by employers, regulators, private insurers, superannuation funds and third party organisations. The responsibilities, obligations, resources and capabilities of case managers varies widely between and within the systems but is a critical function. 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.

Income and benefit support systems

Early and respectful engagement between systems and GP builds trust. Building a mutually trusted, honest and respectful relationship with the GP early, can lead to better outcomes for the individual.



GP experience

There is strong support for increased awareness of the Health Benefits of Good Work and the Principles on the role of the GP in supporting work participation. Feedback received through consultation with GPs, is that the Principles are useful in driving new conversations with patients about the health benefits of participating in work.

Remuneration

There is a focus on appropriate GP remuneration for managing complex work participation cases, it was noted that further clarity and a review of the fees and system design is required to ensure removal of disincentives for long consults.

Independent Medical Examiners (IMEs)

Most GPs raised their experience with IMEs and suggestions for improvements.

The principles do not change

The principles of work participation and supporting a person to enter into, recover at or return to work do not change, regardless of the injury or disability, or what system the individual is accessing.

Stakeholder communication

Building and maintaining trust with GPs across all systems is a key priority. The issue of trust is prevalent across various systems. With communication breakdowns between systems, employers and GPs continuing to diminish any trust between stakeholders on what each other's goals, motivations and needs are.

It is therefore important to consider the various levels of stakeholder capability and confidence in working with GPs and that not all stakeholders are on the same page and working towards the same priority of work participation as the goal.

Engagement between systems, employers and GPs needs to be early and based on mutual trust, with a need for relevant stakeholders to work better together in a trust-based and respectful way to ensure holistic, patient-centred care.

GPs note that a lack of information contributes to mistrust and can be easily solved through improved exchange of information. It is also understood that a lot of employers do not have a good understanding of RTW and the role of the GP.

There is a 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.

Feedback loop

GPs report a lack of communication and adequate feedback loop from systems following submission of requested information, leading to the black box effect.

Communication to GPs on the quality of information provided in certificates, forms and letters is required. It is understood that forms are commonly filled out with inadequate detail, though GPs regularly ask for feedback on certificates.



Opportunities

Action is required to create a system that genuinely works towards work participation and addresses the issues impacting work outcomes across all systems for individuals with a health condition or disability.

All stakeholders have a role to play both now, and in the future, to drive behaviour change across systems and services to support work participation outcomes for people living with a health condition or disability.

Opportunities include:

Trust, respect and honesty in stakeholder interactions

There is agreement that building and maintaining trust with GPs across all systems is a key priority. There is a need for transparency and better communication between systems, employers and GPs as a means of improving stakeholder collaboration.

Stakeholder communication

- Engagement between systems, employers and GPs needs to be early and based on mutual trust.
- Develop resources and technology-based solutions to better support stakeholders.
- Develop a centralised location to provide forms, resources and information for all stakeholders on the Principles and benefits of good work.
- Equip individuals to driver their own recovery, having control of choice and health.

Employer communication

- Clarity on the role of employers in supporting work participation to improve capability and confidence of employers 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.
- Promotion of key messaging to build confidence of employers in supporting work participation through good work. Consideration to existing work being undertaken across the disability and employment sector with opportunity to leverage messaging.

System communication

- Systems need to improve the clarity of required information on forms across all income and benefit support systems and communicate with GPs on the quality of information provided in certificates, forms and letters.
- The development of interactive forms would assist in providing clarification, definitions and outlining the information required for GPs.
- There is a need for systems 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.

Leverage the full potential of the case manager role operating in all systems of income support

- Upskilling the case management workforce across all systems to improve health literacy, employment support skills and cross-sector knowledge would be beneficial in providing a coordinated, tailored and holistic service.
- There is an opportunity to adopt a universal case management model to introduce standardised training requirements to address health literacy, employment support skills and cross sector knowledge.
- Developing a Common Case Management Framework applicable to personal injury and disability benefit systems to improve service delivery within and across each service system. The framework would focus on building a case managers understanding of each system, how the systems interact and opportunities for consistency of service and support delivery.

Increase awareness of the GP Principles and the health benefits of good work

- Raise awareness 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, insurers and community to improve collaboration and communication and better support work participation outcomes.
- Seek relevant industry endorsement of the Principles to 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.

A unified system across Australia

- 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.

Shift attitudes and behaviours

- Support stakeholders to have a shift in attitudes and behaviours especially on stigma and discriminatory behaviour related to disability.
- Public education on health literacy to improve individual empowerment with choice and control.
- Recognition that not all GPs are interested or proficient in management issues of work participation and may benefit from further education and training.

GP remuneration

- Further clarity and a review of the fees and system design is required to ensure removal of disincentives for long consultations.
- Appropriate GP remuneration for managing complex work participation cases is required.

Employer obligations

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.



Research Reports

Principles on the role of the GP in supporting work participation

[Full Principles](#)

[GP Principles snapshot](#)

Implementation of the Principles on the role of the GP in supporting work participation

[Summary Report](#)



¹ Supporting GPs - full report

² Implementing Principles - full report



Collaborative
Partnership
to improve work participation