General Practitioners Attitudes' towards patients' health and work

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## Background

- Significant costs have been associated with work absences related to sickness or injury.
- Research has shown that work, particularly 'good' work is generally beneficial, while unemployment is generally harmful.
- Comcare in conjunction with the ACT Medicare Local, planned the introduction of an Australian 'fit note' or 'Certificate of Capacity for early 2015.
- It was to replace all other forms of medical certification and aimed to change the focus to capacity rather than incapacity

# Aim

The aim of this project was to:

measure GPs' knowledge, attitudes and behaviour towards health and work, both before and after the introduction of the Certificate of Capacity,

► to assess the perceived utility and efficiency of the certificate, to determine if it had any influence on GPs attitudes toward health and work, and

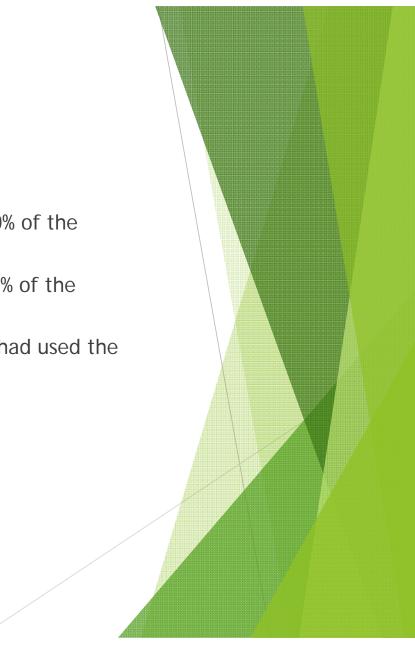
► to provide insight into potential barriers and enablers in the return to work process.

### Method

- Ethics approved.
- Cross sectional approach.
- Survey was delivered to samples of ACT GPs before and after the introduction of the certificate of capacity.
- Survey results were captured using Qualtrics
- The data was assessed using a 'comparison of proportions' calculation based on a chi square analysis.

### The Sample

- The 2015 Survey comprised 82 responses which represented 100% of the number sampled, although not all responses were complete.
- The 2016 Survey comprised 40 responses (a response rate of 93% of the number sampled).
- Of the GPs who undertook the 2016 Survey less than half (44%) had used the Certificate of Capacity



# Sub group analysis of the 2016 sample

### Table 1 Demographic Data for Survey 2016 **Group analysis** Used the Did not use the P values (<0.05) n (%) Certificate of Certificate of Capacity Capacity n=40 n=16 n=24 Age (years) Under 35 3 (8%) 1 (6%) 2 (8%) NS 35-39 5 (13%) 3(19%) 2 (8%) NS 40-44 3(19%) 1 (4%) NS 4 (10%) 3 (8%) 0(0%) NS 45-49 3 (12%) 50-54 5 (13%) 0 (0%) P=0.004 5 (31%) 2(12%) 55-59 NS 7 (18%) 5 (21%) 2 (12%) 60 or over 13 (33%) 11 (46%) P=0.02 Gender Male 7 (29%) 13 (33%) 6 (38%) NS 27 (68%) 17 (71%) Female NS 10 (62%) Post graduate experience 0 (0%) Under 5 years 3 (8%) 3 (12%) NS 5-9 years 4 (10%) 2 (12%) 2 (8%) NS 10-14 years 2 (5%) 1 (6%) 1 (4%) NS 1 (4%) 15-19 years 5 (13%) 4 (25%) NS 20-24 years 3 (8%) 1 (6% 2 (8%) NS 25-29 years 2 (5%) 1 (4%) 1 (6%) NS 30 years or over 21 (53%) 7 (6%) 13 (58%) P=0.001 **Registration Type** Vocational registration 19 (49%) 7 (44%) 12 (50% NS RACGP 20 (51%) 9 (56%) 12 (50%) NS

https://www.medcalc.org/calc/comparison of proportions.php

MedCalc uses the "N-1" Chi-squared test as recommended by Campbell (2007) and Richardson (2011).

NS = non significant at p<0.05

# Results: Attitudes around work and health

The majority of GPs:

- agreed work was beneficial for health (93.9% in 2015 and 93.8% in 2016).
- believed worklessness was generally detrimental to people's health (87.81% in 2015 and 81.3% in 2016)
- agreed it was important to be involved in helping patients stay in or return to work (91.5% in 2015 and 90.0% in 2016)
- felt staying in or returning to work was an important indicator of success in the clinical management of working age people (91.5% in 2015 to 87.5% in 2016)
- felt they had a responsibility to facilitate a return to work (86.6% in 2015 to 93.8% in 2016)

# Results: Knowledge and confidence managing return to work issues

The majority of GPs:

- agreed patients did not have to be fully recovered before they were able to recommend return to work (79.3% in 2015 and 87.7% in 2016)
- agreed they did not feel obliged to give medical certificates for reasons that were not strictly medical (74.4% in 2015 to 93.7% in 2016)
- Felt confident dealing with patient issues around return to work (86.6% in 2015 to 93.8% in 2016).
- felt their knowledge of medical certification was up to date (73.2% in 2015 to 75% in 2016).
- felt their knowledge of worker's compensation was up to date (59.8% in 2015 to 75% in 2016).

## Results: Impact of Certificate of Capacity

When GPs were asked about the affect of the medical certificate used:

- the majority agreed it improved the quality of their discussions with patients (59.8% in 2015 and 68.8% in 2016)
- the majority agreed it improved the advice they gave to their patient about their fitness for work (54.9% in 2015 and 62.5% in 2016)
- the majority agreed it had helped their patients make a phased return to work (68.3% in 2015 and 68.8 in 2016)
- in 2015 only 41.1% agreed it increased the frequency with which a return to work was recommended as an aid to patient recovery, this increased to a slight majority in 2016 (56.3%)
- the majority agreed it did not reduce their administrative burden (75.6% in 2015 to 75% in 2016)
- the majority agreed in 2015 (68.3%) that the previous medical certification system increased the length of consultations. This reduced in 2016 to 31.3% and this difference reached significance (P = 0.0054)

# Results: Availability of supports

- Only half of all GPs believed they had access to good information and advice on workplace rehabilitation and return to work (51.2% in 2015 and 56.3% in 2016).
- GPs generally felt there were good local services where they could refer patients for support or advice about return to work (65.9% in 2015 and 68.8% in 2016).
- In 2015 GPs, only 34.2% of GPs felt they received adequate information from employers on workplace modifications and duties to support patients returning to work. This improved to 50% in 2016.
- In 2015 only a very small proportion of GPs (<10%) had received training in work and health in the past 12 months. This improved to 31.3% in 2016 Survey (31.3%) and this difference reached significance (P = 0.0058).

# Limitations

- Selection bias
- Sample size and power
- Timing of follow up survey



### Discussion

- Whilst most GPs accept the health benefits of work and report knowledge and confidence in managing return to work issues, the majority have had no recent training in the area.
- The introduction of the Certificate of Capacity did not appear to impose an extra administrative burden or lengthen consultation time and may have improved patient management with regard to return to work.
- Management of return to work and medical certification remains problematic and further research in this area is required.

# Questions?

