



The Royal Australasian
College of Physicians

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RACP Federal Budget Submission to the Department of Education, Employment and Workplace Relations (DEEWR) 2013-14

About The Royal Australasian College of Physicians (RACP): The RACP trains, educates and advocates on behalf of more than 13,500 physicians – often referred to as medical specialists – and 5,000 trainees, across Australia and New Zealand. The College represents more than 32 medical specialties including paediatrics & child health, cardiology, respiratory medicine, neurology, oncology and public health medicine, occupational & environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

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Executive summary

Most doctors have very little contact with work-related injury or illness, which comprise less than two per cent of all general practitioner consultations. By contrast, specialist occupational and environmental physicians work primarily in this domain. Occupational and environmental physicians promote the health benefits of work as stated in their position statement *Realising the Health Benefits of Work* (www.healthbenefitsofwork.com.au).

There is significant potential to access the therapeutic benefits of work and associated potential for early identification of cases at high risk of chronicity and to facilitate an appropriate return to work as part of a rehabilitation program. Capitalising on these opportunities would result in decreased long-term workers' compensation costs, increased productivity, a decrease in long-term chronicity and adverse health outcomes in injured workers, improved quality of life, and a reduced burden on the health system.

Critical to realising these potential gains is the provision of information and guidelines around the health benefits of work and specifying how work may be prescribed as a therapeutic component of a rehabilitation plan. The RACP recommends that it is important to increase access to occupational medicine specialist advice, to ensure that other medical practitioners and patients are appropriately supported through the treatment and rehabilitation process. Facilitating these connections and providing these guidelines and information will address the difficulty of accessing one of the only 300 specialist occupational and environmental physicians across Australia and New Zealand. The initiatives proposed will maximise the reach of this small speciality and enable broader access to their expertise to support positive health outcomes for injured workers and reduced long-term morbidity and the associated burden on the health and workers compensation system.

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I. Recommendations

The policies proposed are three related Health Benefits of Work (HBW) initiatives that should be considered as a package, as part of an integrated approach to supporting government policy to improve workforce participation.

The key initiatives proposed are:

- i. The launch of an education and communication campaign, modelled on Worksafe Victoria's annual return to work campaign and regional GP campaign.
- ii. The development of therapeutic guidelines (TGs) detailing how best to prescribe work as part of a rehabilitation program.
- iii. The establishment of an occupational medicine advice line to assist employers (especially small to medium enterprises), patients, rehabilitation coordinators and medical practitioners with case management throughout the treatment and rehabilitation phases.

II. Implementation of the recommendations

The Royal Australasian College of Physicians (RACP) recommends a consultative approach to adopting the proposed initiatives. The Department of Education, Employment and Workplace Relations (DEEWR) will benefit from working closely with the Department of Human Services (DHS). Additionally, professional organisations who work in relevant areas should be included in the implementation process. These include:

- The RACP Australasian Faculty of Occupational and Environmental Medicine (AFOEM) and other relevant sections of the RACP, such as the Australasian Faculties of Rehabilitation Medicine (AFRM) and Public Health Medicine (AFPHM)
- The Royal Australian College of General Practitioners (RACGP)
- Heads of workers compensation authorities
- Safe Work Australia.

The RACP also encourages DEEWR to seek input from other relevant bodies who have implemented similar initiatives. In particular, the United Kingdom has a range of supports similar to those proposed and would be a valuable source of advice. In Australia it is also worth consulting with other government bodies that have established advice lines, such as the healthdirect Australia line which is staffed by registered nurses. They may have suggestions around systems development and other issues relevant to implementing a medical advice line.

III. Objective of this proposal

As the RACP outlined in its position statement *Realising the Health Benefits of Work*, work absence imposes an enormous challenge upon individuals, their families and the wider community. This includes loss of self-esteem, standing and identity within the community, as well as a halt or disruption to material progress, social participation and fulfilment. The RACP acknowledges evidence that when there is protracted work absence, both the physical

health and mental health soon become impaired. Where the cause of loss of work is itself impaired health then unwarranted delay in return to work is often associated with delayed recovery.

The cost to the community is high. Safe Work Australia estimated the cost of injuries to be as high as six per cent of GDP in 2005–06 (\$57.7 billion)¹, and in 2008–09 it was five per cent of GDP or \$60.6 billion². Those out of work are more likely to remain out of the workforce and transition to the Disability Support Pension, or other income maintenance support systems.

Part of any solution to this challenge is a set of policy initiatives to enhance the health system's ability to return people to work as soon as practical, recognising that work, in general, is good for a person's health and wellbeing.

Medical bodies, faculties and treating practitioners, working together as a multidisciplinary team, have a pivotal role to play in promoting the message that work is good for health and wellbeing.

This policy proposal facilitates the effectiveness of such multidisciplinary teams by:

- i. Increasing awareness of the effectiveness of work as a component of a rehabilitation program.
- ii. Providing guidance regarding how best to access the therapeutic benefits of work as part of a rehabilitation program.
- iii. Providing access to specialised advice to inform the treatment and rehabilitation process.

IV. Measures

Component 1: Education campaign

A community wide education and information campaign is needed to change the expectations on management of return to work. The best example of this type of campaign, which resulted in a paradigm shift in community beliefs, was the Worksafe Victoria back pain campaign. The campaign encouraged the continuation of activity rather than bed rest in response to back pain and is still considered internationally as an example of 'best practice' for a public health education program.

¹ Australian Bureau of Statistics (ABS), *Australian System of National Accounts 2005–06*, Cat. no. 5204.0, Canberra; 2007.

² Safe Work Australia. *The Cost Of Work-Related Injury and Illness for Australian Employers, Workers and the Community: 2008–09*. Canberra; March 2012.

WorkSafe Victoria and the Transport Accident Commission (TAC) are again in 2012–13 focusing on the HBW in their annual campaign. The key messaging for the campaign focuses on the HBW Consensus Statement that work, in general, is good for health and usually the best place in which to recover from injury or illness is in the workplace.

The campaign will need to be run on several fronts, preferably as part of an integrated approach. It should include direct messages to workers, emphasising the benefit of work to their mental and physical wellbeing, so that they seek to be back at work as soon as practicable. In parallel is a need to target GPs, as the central plank in the healthcare system, to encourage them not to use time off as a default position in dealing with injured or ill workers. The message needs to be firstly that it is the patient's best interests to be back at work, and, that communication between the GP, the medical specialist involved (if there is one), the worker and the employer is vital in arranging appropriate work as part of a rehabilitation program. This may also include return to work coordinators and insurers in more complex cases. The GP, in these cases, may not be coordinating the return to work, but need not put unnecessary barriers in the way.

Component 2: Therapeutic guidelines

I prescribe medication every day. I order investigations every day—laboratory investigations, radiology investigations. My ability to do that safely is based on many years of preparation—chemistry and pharmacology and a lot of decision-support throughout my career. I haven't had that training and support in my prescribing of work and absence from work; it is a big gap in our knowledge. I think we have to do some work, in order to fix that.

Dr Pert

GPs have usually been taught very little about prescribing work as a therapeutic modality. Generally this is not included in undergraduate training nor in the specialist training programs, apart from occupational physicians and rehabilitation physicians. There is very little occupational medicine content included in undergraduate medical training. Indeed GPs will require education to introduce the concept of prescribing work as a physical therapy.

GPs widely use therapeutic guidelines in their practice, as a source of evidence-based, widely accepted practice for a great cross-section of their practice. They are very familiar with referring to one of the TGs to get direction on how to manage a particular patient.

There are no clear guidelines for GPs on how best to prescribe work as part of a rehabilitation program. It is proposed that a TG be developed to address this shortcoming. It will cover common conditions and common jobs, to provide an outline as to the type of restrictions which are necessary for a safe return to work.

Component 3: Occupational medicine telephone advice line

Occupational physicians have knowledge that allows them to understand both the limitations of the work environment and the individual worker, so that a prescription of work can be tailored effectively to that person and that workplace. The prescription may be for specific activities that must be avoided, the hours per day or days per week that can safely be worked and what tasks can be carried out. Occupational physicians are skilled in communicating with workers, unions, employers, government and other health providers in the formulation of an effective return-to-work strategy.

As mentioned previously, there are very few occupational physicians in Australia. Access to these specialists is limited, and they often become involved in case management at the end of the road, after a worker has been off work for many weeks or months when he or she is de-conditioned from work, often psychologically scarred, scared of returning to work and entrenched in a dependent, sick role. At this point it can be extremely difficult to overcome

the many barriers to return to work. Early intervention to smooth the way to early return to work is where an occupational physician can provide greatest benefit. However, access to specialist advice, especially for a worker, a GP or a small to medium sized enterprise can be nearly impossible. A substantial barrier is the lack of understanding of the occupational physician's role and the ignorance on the part of many stakeholders of the value of such an intervention.

The faculty recommends improved access through an occupational physician-supervised help line. The line need only function from 8am to 6pm, Monday to Friday, and perhaps 8am to 1pm on Saturday, in each time zone. It could be linked with other national health advice lines, though a significant proportion of callers are expected to be medical practitioners. Given the shortage, and the cost, of occupational physicians, the line would have to be overseen by occupational physicians, but staffed by primary care physicians who are interested in, and have skills in occupational medicine. Specialist occupational physicians would develop the protocols used to advise callers, would be available for advice in non-routine and difficult cases, and would provide the quality assurance role.

V. Benefits

The benefits of adopting these initiatives include:

- Significantly reduced workers compensation costs
- A marked increase in productivity across all injury-prone sectors of the workforce, and an accompanying reduction in disability payments
- Increased workforce participation
- An increase in positive health outcomes for the wider community
- Improved quality of life for existing and future patients and their family members
- A reduced burden on the health system.

VI. Alignment with the Government's priorities

These initiatives directly address the following outcomes identified by DEEWR in their departmental Strategic Plan 2012–2014:

- Lead the development and implementation of harmonised workplace health and safety arrangements.
- Promote the flexibility which the national workplace relations system provides, particularly the opportunities to enhance productivity and build safe, fair, productive, harmonious and sustainable workplaces through good faith collective bargaining at the enterprise level.
- Ensure people are equipped to participate effectively in the labour market, with industry and business harnessing and developing their skills and abilities.
- Ensure effective access to financial support, modern employment services and other assistance to help individuals and families overcome barriers, reduce joblessness and enable participation in employment, education, training and society.

- Implement and continue to improve employment services to meet the current and future needs of job seekers and employers.
- Ensure policies and programs are targeted to close the gaps for the most disadvantaged Australians in employment, education, training and society.
- Provide access to a range of services and financial support that help people overcome barriers, develop new skills and knowledge, gain employment and participate in society.