Dr David Beaumont

Occupational Medicine Specialist

ACC

Medical Certification – The Issues - Concurrent Workshop Repeated

Saturday, 30 July 2011	Start 11:00am	Duration: 55mins	Massetti Room
	Start 12:05pm	Duration: 55mins	Massetti Room

The Australasian Faculty of Occupational and Environmental Medicine

The Royal Australasian College of Physicians

Medical Certification – The Issues

South GP CME 2011

Dr David Beaumont
Chair of Policy and Advocacy
Australasian Faculty of Occupational and Environmental Medicine

UK Context

The Australasian Faculty of Occupational and Environmental Medicine

The Royal Australasian College of Physicians

Dr David Beaumont:

1988–2000 : GP Ackworth, West Yorkshire.

2000–2006: Occupational Medicine Specialist (OMS), North of England

2006–2007: Rural GP Cromwell, South Island, New Zealand

2007–Present: Medical Director, Fit For Work Ltd, Clinics throughout NZ

Chair, Faculty Policy and Advocacy, AFOEM

FIT FOR WORK®

OCCUPATIONAL MEDICINE SPECIALIST SERVICES

UK Context

The Australasian Faculty of Occupational and Environmental Medicine

The Royal Australasian College of Physicians

13/03/2001

Dear Dr Beaumont

Re: Joe Jones
DOB 12.5.56

This is my patient. I decide when he is fit for work.

Yours sincerely
Dr James Smith

UK Context

The Australasian Faculty of Occupational and Environmental Medicine

The Royal Australasian College of Physicians

Qualitative research: Delphi study – a means of developing consensus in areas where the evidence base is lacking.

How much of an issue is this? How do the different parties see it?

Prof David Haslam, Chair of Council, RCGP
Bill Gunnyeon, President, FOM
John Challenor, President, SOM
Simon Fradd, Joint Deputy Chair, GPs Committee, BMA
Ruth Chambers, Professor of Primary Care Development
Joe Neary, Chair of Clinical Network, RCGP

Trade Union Congress (TUC)
Confederation of British Industry (CBI)
Association of British Insurers (ABI)
Department of Work and Pensions (DWP)

UK Context

The Australasian Faculty of Occupational and Environmental Medicine

The Royal Australasian College of Physicians

Rehabilitation and retention in the workplace – the interaction between general practitioners and occupational health professionals:
A consensus statement

*Beaumont D. Occupational Medicine 2003; **53**:254-255*

"GPs play a crucial role in this because they see many patients with chronic illness and disability, they co-ordinate and provide effective clinical management and they provide sick notes which trigger or continue periods of absence from work. **Some GPs are not aware how influential their role is, or the beneficial effect that work can have on their patient's health**."

UK Context

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'Communication between GPs and OH professionals is often very poor. Where it exists there are examples of very good interaction, but in many cases it is non-existent. At its worst, it is adversarial, with suspicions of conflicting interests.
This represents a significant barrier to rehabilitation, to the disadvantage of all concerned.'

'The GP's role may be compromised by time constraints, a lack of knowledge about the workplace and occupational health issues, and **apparent conflicts with their advocacy role**, confidentiality and the doctor-patient relationship.'

Beaumont D. Rehabilitation and retention in the workplace – the interaction between general practitioners and occupational health professionals: A consensus statement. *Occupational Medicine 2003; **53**:254-255*

UK Context

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"*…obviously my role isn't that unless they have an illness for which they need medical help… but if it's just purely because they're out of work I don't personally think that's a GP role"* (GP1, male)

"*…but if you want to broach the situation of perhaps returning to work and how that's going to be achieved it's quite a difficult consultation…"* (GP7, female)

"We get more experience of somebody coming back and saying "I need your back-up to stay on the sick" rather than folk coming and saying "I would like to get to work" (GP8, female)

"If they come to see you it's not with the aim of getting better…Not a bit…it's "I've got my review coming up tell 'em how bad it is doc" you know." (GP10, male)

Debbie Cohen, Mansel Aylward et al. Managing long-term worklessness in primary care: a focus group study. *Occupational Medicine* 2010;**60:**121-126

UK Context

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The Royal Australasian College of Physicians

‘Key Points

- **General practitioners felt their role was to provide support and management of health-related issues only and the management of long-term worklessness lay outside their role.**

- **Patients on long-term benefits became ‘lost’ within GP practice systems and that rehabilitation with these patients was rarely discussed’**

Debbie Cohen, Mansel Aylward et al. Managing long-term worklessness in primary care: a focus group study. *Occupational Medicine* 2010;**60:**121-126

Do we understand the context in New Zealand?

What is the role of GPs in rehabilitation and return to work?

New Zealand Context

60 Case managers, rehabilitation coordinators, rehabilitation providers, OH nurses, legal advisers, (ACC, TPAs, WINZ, insurance, employers, DHBs)

- Is the overall influence of GPs in rehabilitation and return to work positive or negative?
- What do you see as the positives of the role?
- What do you see as the negatives?

New Zealand Context

Results:

25 responses, some extensive.

Responses collated by theme according to:

- Positive 6
- Equivocal/Balanced 8
- Negative 11

New Zealand Context

The Australasian Faculty of Occupational and Environmental Medicine

The Royal Australasian College of Physicians

Perceive GP influence to be **Negative**

"Potentially to negatively and significantly affect their patients' RTW by becoming an **advocate** and supporting time off work"

"They too often see themselves in **advocating** roles and seem to be very distrustful of what we are trying to achieve"

"Through my years in working in injury management I have found that GPs begin to work as an **advocate** for their patients and appear to reinforce their illness belief rather than motivate them to participate in active rehabilitation encouraging them to return to work"

"**Some GPs advocate to the extreme for their clients, where they give them what they want i.e. time off work certification. This is not necessarily in the best interests of their client. Some will also dispute specialist opinion regarding work certification. Few GPs truly understand the importance of work in a person's life**."

New Zealand Context

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Perceive GP influence to be **Positive or equivocal**

"**In my view most GPs are in tune with international research findings and contemporary practice that the sooner an injured person is safely returned to the workplace or independent living the better it is for them from several perspectives, including more durable outcomes**."

"From our perspective at the DHB, the GPs certainly are very positive on the whole with return to work and helping people remain at work... GPs on the whole are great"

"Most GPs I find will work towards achieving rehab goals when they feel supported and understand the plan i.e. are a part of it, however there are always the exceptions no matter what commonsense rehab is in place."

New Zealand Context

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Case Study 1

John is 38. **He hasn't worked for 7 years** after developing low back pain after lifting at work. Minor changes on MRI, and a diagnosis of mechanical low back pain reached. This has been a contentious claim, which has been to Review.

I saw him for Initial Medical Assessment (IMA). It was the third in 7 years. He had also had Comprehensive Pain Assessment.

He was agitated and angry…

New Zealand Context

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The Royal Australasian College of Physicians

Case Study 1 – Letter from his GP:

"John is rather unhappy at receiving notice to undergo another medical assessment. He has had approximately 12 already. I would also point out that he has been to Review about previous decisions and won comprehensively.
I am no lawyer, but unless there is evidence he misled ACC, this whole exercise seems pointless to him and me.
I wrote in 2008 that he should not have to undergo further examinations.
Obviously this advice was ignored.
I can only assume this review is entirely aimed at removing him from his entitlements. **He should be classed as a long term claimant in my opinion**.
He will wisely be seeking legal advice."

New Zealand Context

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Case Study 2

Robin is a 42 year old accountant. He experienced a myocardial infarction out of the blue – no particular risk factors.

No complications, but he has not worked for over a year, is deconditioned, lacking confidence and dejected. Strains in the relationships within his family.

I was asked by his insurance company to provide a multi-disciplinary rehabilitation programme to address the biopsychosocial barriers and facilitate his return to work.

I phoned his GP to let him know of my involvement…

New Zealand Context

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Case Study 2

"Really? Oh, that's good. Erm…
Look, GPs don't get involved with rehabilitation… That's social stuff really. If he had a medical problem while he was off work, that's what I would see him for… We're not involved in getting people back to work, it's not my role. He just needs to get a job and get independent from his insurance company."

Sir Mansel Aylward: General practitioners felt their role was to provide support and management of health-related issues only and the management of long-term worklessness lay outside their role.

Debbie Cohen, Mansel Aylward et al. Managing long-term worklessness in primary care: a focus group study. *Occupational Medicine* 2010;**60:**121-126

Realising the Health Benefits of Work

Realising the Health Benefits of Work

The Australasian Faculty of Occupational and Environmental Medicine

The Royal Australasian College of Physicians

Launch of the Faculty Position Statement
Realising the Health Benefits of Work

Prof Sir Mansel Aylward

Auckland May 2010

- **Long term work absence has a negative effect on health and wellbeing**
- **Work in general is good for health and wellbeing**

Realising the Health Benefits of Work

The Australasian Faculty of Occupational and Environmental Medicine

The Royal Australasian College of Physicians

Prof Sir Mansel Aylward, Auckland launch 25 May 2010 (+Sydney May 18):

"Long-term worklessness is one of the greatest known risks to public health

- Suicide risk in general increased ×6 in long-term worklessness
- Suicide in young men >6 months out of work increased ×40
- Health risk and life expectancy effects greater than many "Killer diseases"
- Greater risk than the most dangerous jobs (construction/forestry)"

Realising the Health Benefits of Work. A Position Statement.
Australasian Faculty of Occupational and Environmental Medicine 2010

Realising the Health Benefits of Work

The Australasian Faculty of Occupational and Environmental Medicine

The Royal Australasian College of Physicians

- **Long term work absence has a negative effect on health and wellbeing**
- **Work in general is good for health and wellbeing**

'Until now, these principles have largely been unrecognised. To realise the benefits will require a **paradigm shift** in thinking and indeed in practice. This will be to the advantage of workers, their families and to the many stakeholders who have an interest in helping people stay in work or return to work. Ultimately this is to the benefit of society as a whole.'

Realising the Health Benefits of Work. A Position Statement.
Australasian Faculty of Occupational and Environmental Medicine 2010

Realising the Health Benefits of Work

The Australasian Faculty of Occupational and Environmental Medicine

The Royal Australasian College of Physicians

Recommendations (inter alia):

•Australian and New Zealand healthcare leaders and leading medical bodies produce and commit to a **consensus statement** regarding the positive relationship between health and wellbeing and the negative consequences of longterm work absence and unemployment.

•'GPs and medical specialists…consistently provide appropriate advice and support to help people enter, stay in, or return to work.'

•Education of treating practitioners – including medical and allied health professionals – incorporates training in occupational health and vocational rehabilitation, and sickness certification practices

The Royal Australasian College of Physicians

New Zealand Consensus Statement on the Health Benefits of Work

Realising the health benefits of work

The Australasian Faculty of Occupational and Environmental Medicine

The Royal Australasian College of Physicians

Consensus reached!

www.racp.edu.au/page/afoem-health-benefits-of-work

New Zealand Consensus Statement

The Australasian Faculty of Occupational and Environmental Medicine

The Royal Australasian College of Physicians

The Royal Australasian College of Physicians ***cordially invites you to attend the launch of***

The Australian and New Zealand Consensus Statement on The Health Benefits of Work

Dame Carol Black, UK National Director for Health and Work

ACC Minister, Hon Dr Nick Smith

Date: Wednesday 30 March 2011
Time: 3:00pm–6:00pm
Venue: Te Wharewaka o Poneke, Taranaki St Wharf, Wellington Waterfront, New Zealand

RSVP: The Faculty by 23 March 2011

New Zealand Consensus Statement

The Australasian Faculty of Occupational and Environmental Medicine

The Royal Australasian College of Physicians

New Zealand Consensus Statement on the Health Benefits of Work

‘At the heart of this consensus statement regarding the health benefits of work is a shared desire to improve the welfare of individuals, families and communities

Realising the health benefits of work for all New Zealanders requires a paradigm shift in thinking and practice. It necessitates cooperation between many stakeholders’ , including government, employers, unions, insurance companies, legal practitioners, advocacy groups, and the medical, nursing and allied health professions.

New Zealand Consensus Statement

The Australasian Faculty of Occupational and Environmental Medicine

The Royal Australasian College of Physicians

Signatories:

Accident Compensation Corporation
Adult Medicine Division of the RACP
Association for Supported Employment in New Zealand
Australasian Faculty of Occupational and Environmental Medicine
Australasian Faculty of Public Health Medicine
Australasian Faculty of Rehabilitation Medicine
Australian and New Zealand Society of Occupational Medicine
Business New Zealand
College of Nurses Aotearoa
Council of Medical Colleges in New Zealand
Department of Labour
Employers and Manufacturers Association
Employers' Disability Network
Human Resources Institute of New Zealand
Investment, Savings and Insurance Association
LADUCA Auckland and Wellington
Maori Health Development Organisation - Tui Ora
Maori Medical Practitioners Association
Ministry of Health
Ministry of Social Development
New Zealand Association of Accredited Employers
New Zealand Association of Occupational Therapists
New Zealand College of Public Health Medicine
New Zealand Council of Trade Unions
New Zealand Institute of Safety Management
New Zealand Medical Association
New Zealand Nurses Organisation
New Zealand Occupational Health Nurses Association
New Zealand Orthopaedic Association
New Zealand Physiotherapy Society
New Zealand Public Service Association
New Zealand Rehabilitation Association
New Zealand Rheumatology Association
NZ Rural General Practice Network
Physiotherapists' Association, NZ Private
Royal Australasian College of Physicians
Royal Australian & New Zealand College of Psychiatrists
Royal New Zealand College of General Practitioners

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New Zealand Consensus Statement

The Australasian Faculty of Occupational and Environmental Medicine

The Royal Australasian College of Physicians

The Launch

The Australasian Faculty of Occupational and Environmental Medicine

The Royal Australasian College of Physicians

The Launch – Helen Kelly, President NZCTU

The Australasian Faculty of Occupational and Environmental Medicine

The Royal Australasian College of Physicians

The Launch – Helen Kelly, President NZCTU

The Australasian Faculty of Occupational and Environmental Medicine

The Royal Australasian College of Physicians

"Being a signatory to this was not without controversy for the CTU – not because of anything in the statement but because of the context in which it is being signed. We have decided we should sign it because it is a good statement, it is in the interests of workers, it has been put together by good people with good motive and we are proud to be part of it."

The Launch – Harry Pert, Chair, RNZCGP

The Australasian Faculty of Occupational and Environmental Medicine

The Royal Australasian College of Physicians

The Launch – Harry Pert, Chair, RNZCGP

The Australasian Faculty of Occupational and Environmental Medicine

The Royal Australasian College of Physicians

"I prescribe medication everyday. 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."

Where to from here?

Where to from here?

The Australasian Faculty of Occupational and Environmental Medicine

The Royal Australasian College of Physicians

The Welfare Working Group recommends:

Recommendation 7:

a) That medical certificates issued by GPs be replaced with 'Fit notes'

that should focus on information about what the person can do and that:

i. guidance be provided to general practitioners regarding criteria for certification

ii. An independent match between the 'fit notes' and general practitioner records be required to ensure integrity

Where to from here?

The Australasian Faculty of Occupational and Environmental Medicine

The Royal Australasian College of Physicians

Prof Claire Gerada, Chair of Council, RCGP (London)

"..a shift in approach from that reinforced in a **'sick note'** to a more encouraging and forward thinking '**fit note'**…"

"To help root these important shifts in practice the College has opened a **National Education Programme for General Practitioners in the UK** to increase the knowledge, skills and confidence of GPs in dealing with issues related to health and work. **Workshops delivered by an RCGP-trained GP and an occupational medicine specialist** are designed to enable GPs to manage the patient with work/health issues."

Where to from here?

The Australasian Faculty of Occupational and Environmental Medicine

The Royal Australasian College of Physicians

How can we work together on this?

- Professional Leadership
- Collaboration

http://www.worksafe.vic.gov.au/worksafe/returningtowork/?utm_source=SHORT_URL&utm_medium=redirect&utm_campaign=SURL_returningtowork#/videos/video8

Where to from here?

The Australasian Faculty of Occupational and Environmental Medicine

The Royal Australasian College of Physicians

Final words from Dame Carol Black:

*"*Health professionals have a clear duty and responsibility to make this happen, and key roles to play. Those begin with prompting the necessary shifts in belief and understanding, and reversing the belief that we have to be totally fit and well to work or that recovery from illness or injury must be completed before return. Restoration of working life is closely allied to clinical goals. It should be embedded in health professional judgments and in the drive to better the public health."

Forward in: *Realising the Health Benefits of Work. A Position Statement.*
(Australasian Faculty of Occupational and Environmental Medicine AFOEM 2010)

Australasian Faculty of Occupational and Environmental Medicine

Thank you