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Australian GPs perspective on the role of the workplace Return to Work Coordinator

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Abstract

General practitioners (GP) play a key role in the return to work process, and yet their experiences working with workplace Return to Work Coordinators (RTWC) have rarely been studied. The aim of this paper was to provide insights from the GP perspective about their experiences with workplace RTWCs and their preparedness for the role. GPs from Australian states and territories where legislation mandates workplaces employ a RTWC were requested to complete a questionnaire on their experiences with workplace RTWCs. Fifty GPs completed a questionnaire on the preparedness of RTWCs in relation to their role, with 58% (n=29) indicating RTWCs require more training. Seventy-eight percent (n= 39) of respondents considered RTWCs were important in assisting injured workers return to work, with 98% (n= 49) ranking trustworthiness, respectfulness and ethicalness as the most important or/important traits for a RTWC to possess. Interestingly, 40% (n=20) of respondents themselves reported having no training in the return to work process. GPs acknowledge the importance of the workplace RTWC in the return to work process and the results highlight the need for RTWCs to possess specific traits and undergo appropriate training for the facilitation of a successful return to work for injured workers.

Key words Return to work coordinator, workplace injury, general practitioner, rehabilitation

What is known about the topic?

Until now, no studies have sought the perspectives of GPs on the selection and training requirements of the workplace Return to Work Coordinator.

What does this paper add?

This paper provides an insight into general practitioners' experiences with the workplace RTWC and highlights the importance of selecting the appropriate person to fulfil the role of RTWC and providing them with adequate training.

Introduction

General practitioners (GP) play a key role in the return to work process, and yet their experiences with the workplace Return to Work Coordinator (RTWC) have rarely been studied. A workplace RTWC is usually an employee nominated by the employer to undertake the role, and more often it is in addition to their regular duties at the workplace. Fundamentally a workplace RTWC is expected to provide the worker with workplace based support and regulatory guidance for the duration of their injury (WorkCover NSW 2014).

In Australia, GPs see approximately 96 % of injured workers and are often referred to as the 'gatekeeper' of the return to work process (Mazza *et al.* 2015). It is generally accepted that the GP manages the medical treatment of an injured worker during the return to work process (Roberts-Yates 2003), while the RTWC coordinates support for the injured worker at the workplace (Bohatko-Naismith *et al.* 2015). In order to facilitate a successful return to work, it is critical the relationship between the GP and the workplace RTWC be both professional and effective.

The cost of workplace injuries in the 2012/13 financial year in Australia was estimated at \$61.8 billion per annum, representing 4.1% of gross domestic product (Safe Work Australia 2015). The increasing costs of both workplace injuries and workers' compensation claims is of great concern to both federal and state governments (WorkSafe Australia 2015). The evidence supports the effectiveness of early intervention at the workplace for injured workers with the support of a workplace RTWC, which leads to a reduction in the direct and indirect costs associated with workers' compensation claims (Franche *et al.* 2005b; Shaw *et al.* 2008). The requirements of the GP in the return to work process are defined by workers' compensation legislation. For the most part GPs are obligated to support the worker in returning to work and in their recovery by providing the appropriate clinical intervention and management, and in this regards, the GP is also expected to collaborate with other stakeholders, such as the RTWC to assist with the facilitation of a timely return to work for an injured worker (Australian Medical Association (NSW) Limited and WorkCover NSW 2010; State Insurer Regulatory Authority 2015). Importantly in the return to work process, the RTWC is key in the link between the injured worker, their GP, the employer, and other stakeholders. The RTWC identifies the needs of the injured worker and any constraints on the employer, and facilitates teamwork between the worker, employer, insurer and treating health professionals to develop and implement a return to work plan (State Insurance Regulatory Authority 2015). "Work, in general, is good for health and wellbeing" and GPs play a crucial role in promoting this message to injured workers (The Royal College of Physicians and Australasian Faculty of

Occupational and Environmental Medicine 2011). Equally important is the relationship between family physicians and their patients (Mc Whinney 2000; Hussey *et al.* 2016). However, there are potential barriers encountered by GPs during their engagement in the return to work process of the injured worker. For instance, GPs often lack an understanding of the injured worker's workplace, or lack an awareness of the return to work process itself and the workers' compensation system (Chamberlain and Frank 2004). Poor communication with stakeholders (Pransky *et al.* 2004), and pressure on consultation time may also detrimentally affect the doctor-patient relationship (Muenchberger and Kendall 2006). Such challenges can often stem from the GPs lack of occupational health training, which may impede their ability to make recommendations regarding suitable workplace duties or workplace modifications (Scweigert *et al.* 2004; Beckley *et al.* 2011; Fylan *et al.* 2012; Kosny *et al.* 2015). Consequently, the RTWCs may experience difficulties productively interacting with GPs potentially hindering a timely return to work for the injured worker. This may then become a source of frustration and confusion between the workplace RTWC who is coordinating the return to work process, and the GP (Kosny *et al.* 2015).

This is the first Australian study, which specifically aims to provide an insight into the perceptions and experiences of GPs in working with workplace RTWCs. An improved understanding of the role and adequacy of training of the RTWC from the perspective of the GP may lead to improvements in the selection and training of RTWCs, and ultimately the facilitation of return to work of injured workers'.

Methodology

This study involved a cross-sectional survey of GPs who worked in Australian states and territories (Australian Capital Territory (ACT), New South Wales (NSW), Queensland (QLD), South Australian (SA) and Tasmania (TAS), where legislation mandates a workplace RTWC is required to coordinate the return to work process of injured workers. To be eligible for the study, participants were required to be employed as a practising GP in Australia, manage patients on workers' compensation, be proficient in the English language and have access to a computer.

A study-specific questionnaire was developed based on relevant literature (Pransky *et al.* 2004; Franche *et al.* 2005a; Franche *et al.* 2005b; MacEachen *et al.* 2006; Muenchberger and Kendall 2006; Shaw *et al.* 2008; Pransky *et al.* 2010; Bohatko-Naismith *et al.* 2015; Kosny *et al.* 2015; Bohatko-Naismith *et al.* 2016) and the results of a focus group study of RTWCS which highlighted specific challenges RTWCs sometimes experience with GPs during the return to work process including

difficulties with communication, the lack of detail regarding suitable duties and the time restraints of GPs. (Bohatko-Naismith *et al.* 2015). The questionnaire included 33 questions. Thirty two of the questions were divided into 5 sections; 1) participant demographics, 2) workplace RTWC contribution to the process, Section 3) workplace RTWC characteristics and attributes, 4) barriers to communication with workplace RTWC, and 5) contact with workplace RTWCs. The final question required a free text response regarding the positive or negative experiences GPs had encountered with workplace RTWCs. The rationale for this question was to provide each respondent with the opportunity to express their own views and experiences on any of the topics addressed in the survey in their own words (Singer and Coupe 2017). A draft questionnaire was developed by the researchers all of whom have published and have relevant professional experience in this field (one of whom is trained as a workplace RTWC). To establish face and content validity, an expert panel of four stakeholders, who had an interest in work disability prevention and management, reviewed the draft questionnaire. The panel included two GPs, an occupational physician and a clinical psychologist/physiotherapist. The questionnaire was revised based on the expert panels' advice. Subsequently minor changes were made to a number of questions and it was resubmitted for ethical approval to the institutional Human Research and Ethics Committee.

Convenience sampling was used to recruit potential GPs. Given the acknowledged difficulties associated with engaging GPs in research (Fielding *et al.* 2005; James *et al.* 2011; Pit *et al.* 2014), a multi-faceted approach was used for their recruitment in this study. Potential participants were invited to participate using three methods; 1) an advertisement in the Royal Australian College of General Practitioners (RACGP) monthly newsletter, which provided a link to the survey or 2) completing the survey in person at the 2016 Primary Health Care Research Conference or 3) returning a paper-based questionnaire, which was mailed out to a network of research GPs by the Director of the research group. Substantial research highlights the difficulties associated with recruiting GPs to complete surveys and in an effort to facilitate participation were employed to recruit GPs which had been identified in the literature as relatively successful (Bonevski *et al.* 2011; Pit *et al.* 2014). An added incentive for participation was eligibility to claim Continuing Professional Development (CPD) points for completing the questionnaire.

All participants were provided with an information statement, a copy of the questionnaire and information on how to self-claim CPD points. Participants contacted via mail were also provided with a pre-addressed reply paid envelope to facilitate return of the completed questionnaire and 2 weeks later were emailed a thank you/reminder to increase participation in the study. Participation was

anonymous and voluntary, and consent was implied by completion of the survey. The University of Newcastle Human Research Ethics Committee (H-2015-0054) granted ethical approval for the study.

Data were analysed descriptively, including mean values, simple associations were examined using the Chi-square test. Data analysis was conducted with the statistical program STATA Corp LLC, 14.2 (STATA Corp LLC 2017). Formal analysis of the responses to the free text questions was not conducted as they did not provide additional information and lacked conceptual richness.

Results

Data was collected from 53 practicing GPs. Three were partially completed; therefore, the data from 50 participants was used in this data analysis. A key question of interest was whether GPs considered workplace RTWCs were adequately prepared for their role. A slight majority (58% n=29) of GPs in this study indicated that they considered that workplace RTWCs require more preparation for the role. Table 1 outline the demographics and characteristics of the participating practitioners by their response to the question regarding preparedness of RTWCs. Only 38% (n=19) of responding GPs had participated in training in both the workers' compensation system and return to work process, with 40% (n=20) having received no training in either the system nor the process. Participating GPs with some training reported receiving their training from either 1) initial medical training, 2) specialist medical training or 3) through CPD. The demographic characteristics of the participating GPs in this study are representative of the population being studied as reported by the Australian Department of Health (Australian Government, Department of Health 2017).

Table 1: Demographics

In your experience, are RTWCs prepared for the role?					
	Adequately prepared	Requires more preparation			
	N = 21	N = 29			
	Mean (SD)	Mean (SD)	t =	df	p=
Years worked as a medical practitioner	22.7 (11.7)	21.5 (12.3)	0.3	46	0.7
Years practised in Australia	17.7 (12.0)	16.8 (12.6)	0.3	47	0.8
	N = 21 (%)	N = 29 (%)	Chi ²	df	p=
What is your gender?					
Male	9 (40)	13 (45)	0.2	1	0.9
Female	12 (60)	16 (55)			
What is your age?					
30 -39 years	5 (25)	9 (31)	0.5	3	0.9
40 - 49 years	5 (25)	8 (28)			
50 - 59 years	7 (33)	8 (28)			
60 years or older	4 (19)	4 (14)			
In what state/territory do you practice?					
Australian Capital Territory	2 (9.5)	0 (0)	4.8	6	0.6
New South Wales	15 (71)	20 (69)			
Northern Territory	0 (0)	1 (3.4)			
Queensland	1 (4.8)	3 (10)			
South Australia	1 (4.8)	1 (3.4)			
Tasmania	0 (0)	1 (3.4)			
Victoria	2 (9.5)	3 (10)			
Did you complete your initial medical degree in Australia?					
Yes	14 (68)	20 (69)	0.03	1	0.9
No	7 (33)	9 (31)			
On average, what percentage of your practice time would include workers' compensation?					
0 - 10%	16 (76)	20 (69)	0.3	2	0.9
11 - 20%	4 (19)	7 (24)			
More than 20%	1 (4.8)	2 (6.9)			
On average, how many patients on workers' compensation would you see each week?					
0 - 1	11 (52)	15 (52)	0.1	2	0.9
2 – 5	9 (43)	12 (41)			
More than 6	1 (4.8)	2 (6.9)			
Have you received training in the workers' compensation system or the return to work process?					
Training in both workers' compensation system & return to work process	5 (24)	11 (38)	2.6	3	0.5
Training in only the workers' compensation system	4 (19)	8 (28)			
Training in only the return to work process	1 (4.8)	1 (3.4)			
No training in either system or process	11 (52)	9 (31)			

In section 2 of the questionnaire, the participating GPs' views regarding the importance of the contribution of the RTWC in the return to work process were sought. About half of the study participants (47% n=10) indicated a view that a RTWC's preparation for their role does not influence their importance in the return to work process, rather, that a RTWC is more likely to make a substantially meaningful contribution to the return to work process if they are adequately prepared (see Table 2).

Table 2: Workplace RTWC contribution to the role

In your experience, are RTWCs prepared for the role?					
	Adequately prepared	Requires more preparation			
	N = 21 (%)	N = 29 (%)	Chi²	df	p=
How important is the RTW Coordinator in the RTW process?			2.0	3	0.5
Very important	7 (33)	9 (31)			
Important	10 (47)	13 (44)			
Somewhat important	3 (14)	7 (24)			
Not important	1 (4.8)	0 (0.0)			
To what degree do you consider RTW Coordinators make a meaningful contribution to the return to work process?					
Not at all	1 (4.8)	0 (0.0)	7.9	3	0.04
Slightly	4 (19)	6 (20)			
Moderately	6 (28)	18 (62)			
Substantially	10 (47)	5 (17)			
In your experience, the workplace RTW Coordinator act as an advocate for the:					
Injured worker	12	15			
Employer	14	19			
Insurer	11	15			
State Regulator	7	2			
Does not act as an advocate	2	2			

In section 3 of the questionnaire, study participants were asked to select from a list of characteristics/attributes that a workplace RTWC would require to be effective in their role. Their responses are presented in Figure 1. Without reference to the preparation of a RTWC the GPs in this study identified the following characteristics/attributes as very important or important:

- trustworthiness, respectfulness and ethicalness (98% n= 49)
- approachability, good communication and a good listening skills (96% n= 48)

Other notable traits selected by respondents included being accessible, organised and having patience (94% n= 47).

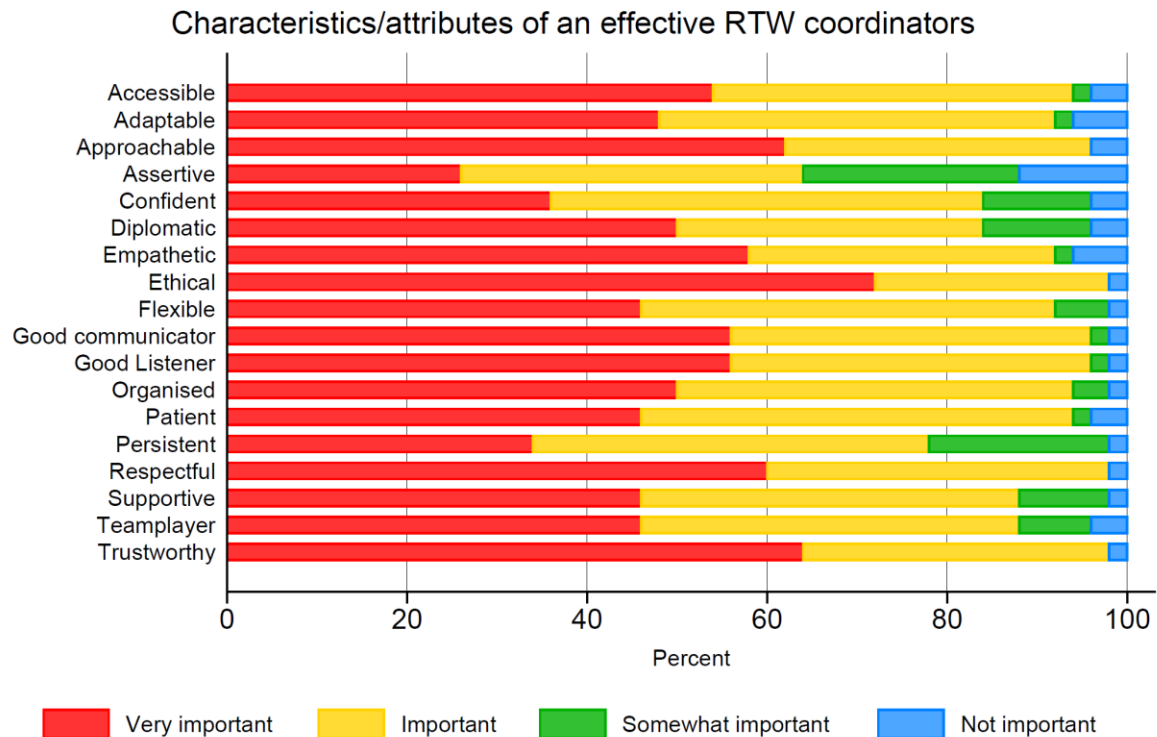


Figure 1: Characteristics/attributes of effective RTWCs

Section 4 of the questionnaire asked about barriers when communicating with the workplace RTWC. Figure 2 indicates that responding GPs considered that time constraints, lack of trust and confidence in the workplace RTWC, and a lack of medical knowledge were significant barriers when communicating with the workplace RTWC. Interestingly, over half of the GPs participating in this study (54% n=27) reported that in their view the RTWCs who require more preparation are too focused on the needs of the employer.

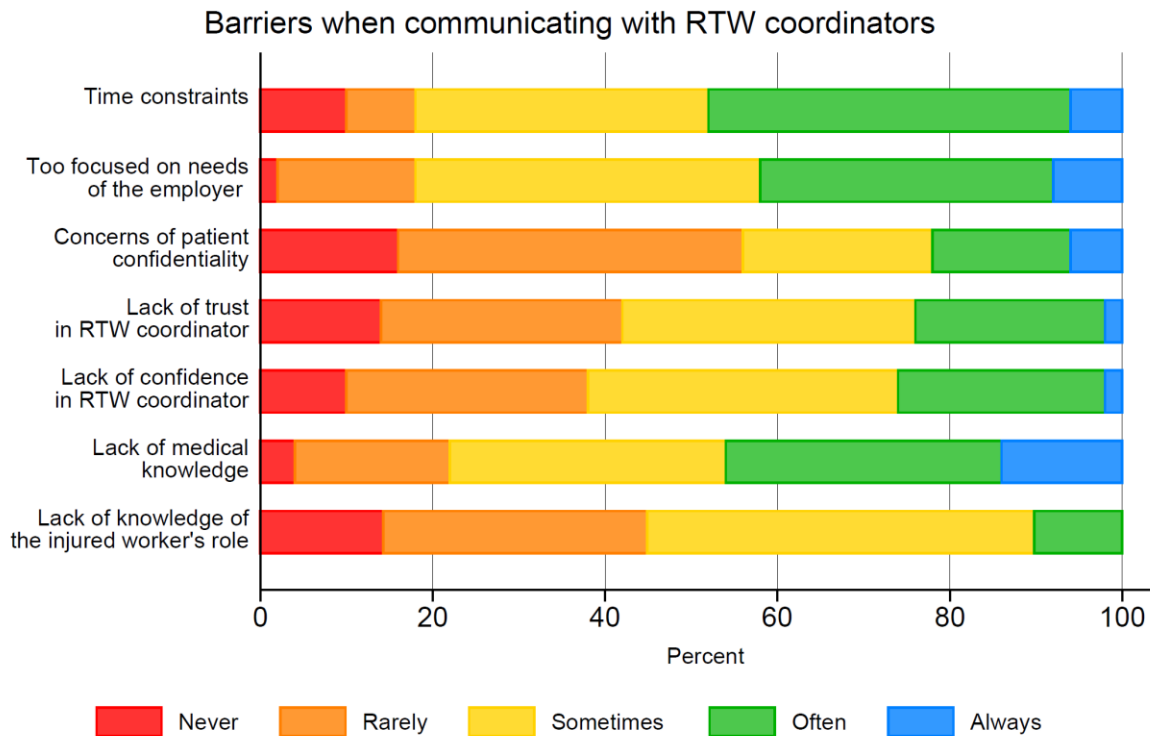


Figure 2: Barriers when communicating with RTWCs

In section 5 of the questionnaire, respondents were asked about their preferred method of contact with workplace RTWCs. The majority of the GPs participating in this study (90% n=45) indicated that they considered it appropriate for adequately prepared RTWCs to attend medical appointments with consenting injured workers. Participants in this study were also asked how often they received details of workplace suitable duties from RTWCs. Over half-reported receiving details of suitable duties and 68% n= 34 of these responding GPs reported, they found the details of workplace suitable duties from RTWCs very useful or mostly useful when certifying an injured worker to return to work.

Participants in the study were also asked to comment on the level of training required for a RTWC. Sixty four percent indicate that RTWCs should undertake a vocational education training certificate or diploma (see Table 3). Furthermore, 68% n= 34 of the responding GPs reported that it was very important or important that RTWCs have a health professional background. Notably 78% n= 39 of the GPs in this study regarded RTWCs as very important or important in assisting injured workers to return to work.

Table 3: Contact with workplace RTWCs

In your experience, are RTWCs prepared for the role?					
	Adequately prepared	Requires more preparation			
	N = 21 (%)	N = 29 (%)	Chi ²	df	p=
How often would you typically have contact with a RTWC during an injured worker's RTW process?					
Never	1 (4.8)	3 (10)	2.1	3	0.5
1 - 2 occasions	14 (66)	20 (69)			
3 - 4 occasions	4 (19)	2 (6.9)			
More than 4 occasions	2 (9.5)	4 (13)			
How many RTWC would you typically interact with in a month?					
0	3 (14)	5 (17)	0.1	2	0.9
1 - 5	17 (81)	22 (75)			
6 - 10	1 (4.8)	2 (6.9)			
If the injured worker consents, do you think that it is appropriate for a RTWC to attend medical appointments with them?					
Yes	19 (90.5)	23 (79.3)	1.1	1	0.2
No	2 (9.5)	6 (20.7)			
Would you be available to meet with the RTWC following your consultation with the injured worker?					
Yes	0 (0.0)	2 (33.3)	0.8	1	0.3
No	2 (100.0)	4 (66.7)			
How often do you receive details of available workplace suitable duties for the injured workers from the RTWC?					
Always	6 (28.6)	2 (6.9)	15.2	3	0.002
Mostly	12 (57.1)	7 (24.1)			
Sometimes	2 (9.5)	17 (58.6)			
Never	1 (4.8)	3 (10.30)			
Generally, do you find details of workplace suitable duties provided by the RTWC useful when certifying an injured worker for return to work?					
Very useful	7 (33.3)	5 (17.2)	4.6	3	0.2
Mostly useful	10 (47.6)	12 (41.4)			
Somewhat useful	4 (19.0)	9 (31.0)			
Not useful at all	0 (0.0)	3 (10.3)			
Has a RTWC ever requested further information from you in developing suitable workplace duties for an injured worker?					
Yes	18 (85.7)	22 (75.9)	0.7	1	0.3
No	3 (14.3)	7 (24.1)			
How important do you think it is for a RTWC to have a health professional background?					
Very important	5 (23.8)	9 (31.0)	0.6	2	0.7
Important	8 (38.1)	12 (41.4)			
Somewhat important	8 (38.1)	8 (27.6)			
In your opinion what level of training would you consider appropriate for a RTWC?					
Regulator provided certification	3 (14.3)	1 (3.4)	3.0	3	0.3
Vocational Education and Training (VET) certificate	4 (19.0)	9 (31.0)			
Vocational Education and Training (VET) diploma	7 (33.3)	12 (41.4)			
University qualification	7 (33.3)	7 (24.1)			
How important do you think the RTWC role is in assisting injured workers?					
Very important	12 (57.1)	9 (31.0)	5.6	3	0.1
Important	7 (33.3)	11 (37.9)			
Somewhat important	1 (4.8)	8 (27.6)			
Not important	1 (4.8)	1 (3.4)			

Discussion

This study reports the results of a cross-sectional survey of GPs from Australian states and territories where legislation requires employers to appoint a workplace RTWC. The findings of this study provide a unique insight from the GP perspective about their experiences with workplace RTWCs and their preparedness for the role. They particularly highlight the need for the workplace RTWC to both possess specific personal attributes and undergo appropriate professional training necessary to enable them to facilitate a timely and successful return to work for the injured worker.

While there is considerable research validating the need for effective collaborations between stakeholders in the return to work process (Roberts-Yates 2003; Pransky *et al.* 2004; Shaw *et al.* 2008), little has been done to establish a more efficacious partnership between the injured workers' nominated GP and the workplace RTWC. Despite the modest sample size, which is typical of GP surveys, (Fielding *et al.* 2005; James *et al.* 2011; Pit *et al.* 2014) this study brings to light a number of important issues that merit further exploration and comment. Perhaps one of the most surprising findings was the number of responding GPs not trained in the workers' compensation system or the return to work process. It is clear a concerted effort is required to provide GPs with the necessary ongoing training in this specialised area of assisting injured workers to return to their pre-injury duties. The onus in this regard, lies with the educational providers who deliver medical training and, subsequent specialised GP training, and more importantly through the provision of ongoing and relevant CPD, so that overtime GPs will gain (and maintain) an increased understanding of the contemporary return to work process consistent with regulatory guidelines. An equally important result from this study is that the responding GPs acknowledged the importance of the role of the workplace RTWC and the substantial meaningful contribution they make to the return to work process and to assisting injured workers when they are adequately prepared for the role.

The majority of the participants in this study, however, had consistent views on the characteristics and attributes required of workplace RTWCs. In particular, trustworthiness, respectfulness and ethicalness were among the most frequently nominated characteristics and attributes required of RTWCs, with approachability, being a good communicator and listener also seen as important. These results are consistent with a recent Australian study which highlighted those characteristics and attributes RTWCs themselves considered as important when they were relating to an injured worker (Bohatko-Naismith *et al.* 2015) .

Communication between most stakeholders continues to be problematic during the return to work process. In this study, the participants considered time constraints as a key obstacle for their lack of

communication with RTWCs. In addition, respondents cited the lack of trust and confidence they have in the RTWC, as well as noting the lack of medical knowledge possessed by workplace RTWCs as other important barriers to effective communication. These perceived deficiencies in workplace RTWCs which may impede stakeholder communication were highlighted in a recent Australian study which explored the appropriateness of the training available for contemporary RTWCs (Bohatko-Naismith *et al.* 2016). Perhaps also the finding that respondents in the present study perceived workplace RTWCs as being too focused on the needs of the employer is a factor in this regard. Similarly, the problems of a lack of medical knowledge of some workplace RTWCs reported by GP respondents in the present survey has also been reported by Australian RTWCs themselves in another recent study (Bohatko-Naismith *et al.* 2015). Internationally, medical knowledge is also considered a necessary attribute of the RTWC, however it is not clear which aspects of medical knowledge are required for the workplace RTWC to better undertake their role (Pransky *et al.* 2010). Shaw *et al.* suggest that if the RTWCs has some understanding of an injured worker's medical condition this could then assist them to respond appropriately to the worker's concerns, and having this knowledge may further provide them with some integrity with the GP, and other stakeholders (Shaw *et al.* 2008).

Without the appropriate guidance and training, RTWCs often struggle as they try to negotiate the obstacles they encounter as a stakeholder in the return to work process, including their relationship with the 'gatekeeper' of the process, the GP (Bohatko-Naismith *et al.* 2012).

Regulatory guidelines afford GPs with certain responsibilities within the return to work process, and one of the functions prescribed by the guidelines, is for GPs to recommend suitable duties for the injured worker (State Insurer Regulatory Authority 2015). Over half of the GPs in the present study, reported that they receive a list of workplace suitable duties from the injured workers RTWCs, and they acknowledged finding the list useful when assigning suitable duties for the injured worker. However, of concern is the 80% of RTWCs that require more information from the GPs to help inform the duties they recommend, and perhaps this could be attributed to the RTWCs lack of understanding of medical terms and conditions. Interestingly, when the participants in this study were asked about the level of training required by a RTWC they generally indicated a vocational education training at a certificate or diploma level, which may enable sufficient scope to include medical terminology and a basic understanding of relevant medical conditions, rather than the current limited regulatory training being provided (WorkCover NSW 2011; Bohatko-Naismith *et al.* 2016).

One of the limitations of this study is the modest sample size, which may reflect a non-response bias and therefore, suggesting causation, when drawing inferences about the general GP population from which this sample is drawn. On the other hand, the findings of this study can be seen as valuable as they indicate the need for a targeted education program for GPs to assist them with better understanding the return to work process and the associated potential benefits of engaging more fully with the workplace RTWC. Establishing regular changes to the current education and training available to GPs would help to ensure they maintain currency with the contemporary return to work process, and this is particularly necessary for those GPs who are consulting with injured workers. This would require the involvement and support of the regulators and relevant professional bodies who could potentially prompt individual GPs when they need to update their training. In particular, the implications of this study highlight the need for both the GP and the workplace RTWC to receive regular appropriate training to equip them to confidently guide an injured worker through an often adversarial return to work process and ultimately return them to their pre-injury duties. Further research should include consultation with GPs and workplace RTWCs to gain an insight into their perceived specific training requirements.

Additionally, further research identifying the expectations GPs have of RTWCs, especially delineating their role in the return to work process would be useful, as would research aimed at determining the collective impact GPs and RTWCs have when working collaboratively and effectively towards the same goal of expeditiously returning the injured workers to their pre-injury duties.

Conflict of interest

The authors have no conflict of interest to declare.

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