



Australasian Faculty of
Occupational and Environmental Medicine



The Royal Australasian
College of Physicians

Vocational Rehabilitation Case Conferencing

The Royal Australasian College of Physicians' (RACP) Australasian Faculty of Occupational & Environmental Medicine (AFOEM) strongly supports case conferencing as a way of bringing together the medical practitioner, employee, employer and other relevant parties, such as workers' compensation or rehabilitation providers. Evidence based medical literature clearly indicates the health benefits of accommodating workers with a disability, and rehabilitating injured or ill workers at work, when this can be reasonably accommodated by the employer and is within the safe capacity of the worker.

Context and rationale

New Zealand and Australian legislative instruments (both Federal and State or Territorial, in Australia) define the responsibilities for work health and safety. Legislation imposes clear and specific obligations on employers to manage the health and safety risks of all employees, including injured workers.

An employer, in discharging its duty to accommodate (reasonably) the needs of a disabled or injured employee, has an obligation to understand the nature of the disability or injury in so far as it affects the capacity of the worker to work safely. In the case of work associated injuries or illnesses, the role of the medical practitioner is to assess and advise the safe capability of the worker to assist the employer to accommodate the injured or ill worker. This then forms the basis of a suitable duties plan developed by the employer or an authorised service provider. The certifying doctor will assess the plan and validate or amend the proposed plan according to the needs of their patient. Sometimes the complexity of the medical issues or the idiosyncrasies of the workplace require specialist advice to supplement the input of the treating practitioner.

Key features

The RACP considers case conferencing – with the intent of facilitating the timely and effective rehabilitation of the disabled, injured or ill employee – to be an essential part of a proper process to ensure that employees receive appropriate support. It is vital for the employer to be actively involved.

Some key parameters for effective case conferencing include:

- Participation of employee, employer, treating medical practitioner and other relevant parties, which may include a support person for the employee (although not all parties need to be involved in each meeting; the purpose of any given meeting will determine who needs to attend)
- Clear separation from medical consultations
- Employee's informed consent to the conference and to the participation of each attendee
- Respect for the employee's right to confidentiality and procedural fairness
- Written information available for doctors, employees and employers to explain the case conference, what it may cover, and how it differs from a medical consultation



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- Emphasis should always be on providing constructive support for the employee and their rehabilitation needs.

In many cases certificates may not reflect adequately the capacity of the individual to perform certain tasks, nor the capacity of the workplace to accommodate them. Face to face discussions between treating practitioners and employers – facilitated by workers' compensation and/or rehabilitation providers – can help to clarify these issues and break down misperceptions. This makes it easier to establish how the workplace can best accommodate and support the employee's rehabilitation. Rehabilitation case conferences may involve a variety of disciplines in addition to medical practitioners such as psychologists, occupational therapists or physiotherapists.

Roles of key participants

a. General practitioners

Typically the primary treating medical practitioner is the patient's (worker's) general practitioner. We expect the doctor to use his or her professional judgement to weigh and discern the relevance of information about the patient's condition when assessing the needs of the patient. When issuing a medical certificate it should be consistent with best practice to ensure the optimal outcomes for the worker. If that means the certificate is amended or re-issued then that is appropriate. The certificate should enable the workplace or their service provider to develop a suitable and safe return to work program for the worker. This is very much in the spirit of the *Consensus Statement on the Health Benefits of Work*.

b. Occupational physicians

Occupational physicians are not the primary treating medical practitioner; they might be the treating specialist or be acting in an independent capacity. Occupational physicians have an important role in rehabilitation case conferences due to their in-depth understanding of the various participants' perspectives. They can analyse the complexities of rehabilitation in the workplace in a balanced and impartial way and apply their expertise to finding solutions that are to the benefit of all parties.

c. Other medical specialists

Other medical specialists including rehabilitation physicians, psychiatrists, orthopaedic and other surgeons can have a role in case conferences. They will typically be involved as treating practitioners contributing their specialised knowledge relevant to their medical specialty, rather than providing broader work capacity opinion.

d. Employer

We encourage an employer to advise the certifying medical practitioner of any circumstances at work that might be relevant to the doctor's considerations. This includes the workplace's capacity to accommodate a disabled, injured or ill worker, and the resources available at the workplace or from the insurer to assist with the worker's rehabilitation. The only information a medical practitioner may communicate to the employer without the worker's explicit consent is limited to information pertaining to any periods the worker needs to be absent from the workplace, and what functional capacity the worker has or what specific activities the worker is not fit to perform.



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Professional standards

The professional standards implied by our expectations of certifying doctors cannot be assumed to be known by the wider medical profession. The RACP actively supports training medical practitioners to ensure they have the appropriate skills and confidence to resist any pressure from employers to change certificates in ways that might be inappropriate. The RACP also advocates for resources to support medical practitioners, such as a helpline to facilitate access to occupational physicians.

We also appreciate the need to ensure any change suggested by an employer is not to the disadvantage of the injured worker. In addition to the role of the treating practitioner, we see a valuable role for employee representatives in this regard and encourage unions to raise issues with the treating medical practitioner when they have concerns relevant to the wellbeing of their members.

Differentiation from medical consultations

It is important to distinguish between “case conferences” and “consultations”. Case conferences should never threaten the sanctity of the doctor-patient consultation. A case conference is an activity independent of the consultation between the doctor and the patient. It is only in exceptional circumstances, and with the explicit understanding and agreement of the injured or ill worker, that third parties participate in any part of a medical consultation.

The RACP cannot support any coercive activities by any party involved in vocational rehabilitation. We therefore support and encourage constructive dialogue involving medical practitioners to facilitate the optimal outcomes for the injured, ill or disabled worker.

Evidence has shown that case conferencing can align thinking, address misconceptions, and open communication channels. It is a strategy that ultimately benefits the worker.

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