

**‘Throughout the cancer patient’s journey, there ought to be a discussion about work’:
The role of GPs in Scotland.**

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Conflict of Interest

There are no conflict of interests to disclose.

Ethical Permission

Ethical approval was obtained from the University of Aberdeen College Ethics Review Board (CERB/2015/1/1154).

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Key Points

1. Given the dearth of research in Scotland it is difficult to ascertain the explicit role of GPs in providing work-related advice to cancer patients.
2. In-depth telephone interviews were conducted with a sample of GPs across North and Southeast Scotland.
3. Interviews were analysed using a grounded theory approach. Three key themes emerged from the interviews, which led to the development of the core concept of: Achieving the ideal role of GPs in providing work-related advice to cancer patients in Scotland.
4. Six key recommendations were made to improve the current provision of work-related advice to cancer patients in Scotland.
5. To achieve sustainable and better ways of supporting cancer patients in their work, a multifaceted approach to change is needed. An evolution, rather than a revolution, of current services is recommended.

Introduction

A significant proportion of working-age individuals receive a cancer diagnosis each year in the United Kingdom (UK). Work offers many benefits to cancer patients (1). However, latent treatment effects can cause recurrent sickness absence and lowered work ability (2), necessitating workplace adjustments (3). As they adjust to their new capabilities, cancer patients turn to General Practitioners (GPs) for work-related advice (4). However, beyond the statutory duty of assessing fitness to work (Fit Note), many GPs are uncertain of their role in this area (5). The abundance of occupations and cancer types makes it difficult for GPs to gain enough knowledge to adequately provide work-related advice to individual cancer patients (5). There is also limited clinical guidance available concerning the provision of such advice (5). Time constraints imposed on GP consultations further compound these difficulties, often meaning that work is not given due consideration. Few studies in Scotland have explored the role of GPs in advising cancer patients about work, despite the recommendation that employment should be discussed with cancer patients in primary care (6), and the increasing calls for GPs to deliver cancer follow-up care (7). The aim of this exploratory study was to determine the role of GPs in Scotland in providing work-related advice to cancer patients.

Methods

GPs with/without a specialist interest in cancer working across North and Southeast Scotland were invited to participate. Sampling was performed in three stages: convenience, purposive, and theoretical (Supplementary File 1) (8). The sample size was determined by data saturation (8). In-depth telephone interviews were conducted with participants by an experienced researcher, were audio-recorded and transcribed verbatim. An interview topic guide - developed according to existing literature and evolved during analysis - was used flexibly during interviews (Supplementary File 2). Informed consent was obtained prior to each interview. Two researchers independently coded the transcripts using a grounded theory approach (8), and subsequently met to agree key themes. The core concept was developed by examining key themes, memos, and existing literature. Relationships between the themes and core concept were mapped, forming the substantive theory (Figure 1).

Results

Nine GPs participated (six female, three male), with an average age of 50 years (range 33-60) (Table 1).

Three key themes emerged, leading to the core concept: *Achieving the ideal role of GPs in providing work-related advice to cancer patients in Scotland.*

1. Current ways of supporting cancer patients in work engagement

...if you're thinking holistically about somebody...you will ask them about work...it's an important role for a GP. Doctor I

GPs strived to provide work advice to cancer patients, and encouraged return to work (RtW) where possible. The majority perceived the Fit Note to be a useful tool in which to provide

work-related guidance and frame expectations. There was a tendency of GPs to rely on, and signpost patients to, charities for specialist work advice. Five participants believed they empowered cancer patients to make decisions about work in line with the patient's own preferences and goals. When patients experienced difficulties in returning to work, two GPs acted as "advocates", negotiating the RtW process with employers. GPs frequently provided information to occupational health (OH) providers to facilitate RtW, but this could be challenging due to the "incredibly detailed reports" requested.

2. Barriers to providing work-related advice to cancer patients

...the [consultation] is focused on medication, treatment, ok sick line, but probably beyond that, we don't really have the time, and possibly not the skills to deal with [work]. Doctor B

All but one participant believed there is not enough time to discuss work in detail during consultations, but that time should be found for this. Lack of discussion was attributed to cancer patients bringing "a list of things" to discuss, and work typically being "pushed to the bottom of the pile". Five GPs were uncertain of providing work-related advice beyond the Fit Note. Cancer patients were reported to "disappear into specialist services" during treatment. Together with delays in clinical correspondence and an absence of work recommendations from secondary care, the majority felt out of touch with their patient's progress and uncertain of what work advice to give. More than half believed that secondary care and OH "ought to be playing a part" in advising cancer patients about work rather than GPs, many of whom lack specialist training. The majority were unaware of specific work and cancer resources. A specialist GP adviser was aware of such resources, but admitted that these are poorly utilised in practice. Limited OH knowledge was common amongst participants, and many reported "ducking" the issue of work for fear of "opening up a can of worms".

3. Planning for the future: reshaping services and changing behaviours

...small changes [in practice] ...might empower people in their return to work...[that] should be what we are aiming for...it would have the potential not only to help patients...but changing attitudes within primary and secondary care. Doctor D

Four participants recommended developing specific work and cancer resources (online decision aids or booklets) and an online compendium of information to help patients and clinicians understand work options and identify sources of support. Three others recommended integrating information about work into existing cancer literature. Just over half advocated sharing the responsibility to advise cancer patients about work with others. This could be achieved by training primary care practice nurses and charitable organisations to provide specialist work advice, encouraging secondary care professionals to raise work during cancer consultations, and integrating work recommendations into treatment summaries. Two thirds believed they would benefit from work and cancer training (workshops or online). Four GPs also suggested that employers require education regarding the impact of cancer on work, which could improve adaptation and accommodation (9).

Discussion

This study allows insight into the role of GPs in advising cancer patients in Scotland about work. Work is important to cancer patients and GPs can play a key role in supporting patients in work-related matters. However, there appears to be a conflict between GPs wanting to support cancer patients in work, and achieving this behavioural intention. Given the recognised barriers, it would appear more feasible for GPs to share this responsibility throughout the cancer journey and collaborate with other key stakeholders, each within their own competencies. Using the conceptual framework, clinical guidance could be developed to clarify the roles and responsibilities of key stakeholders in advising cancer patients in work-related issues, and piloted across Scotland. In the short-term, better publicity of existing work and cancer resources may help to address some of the identified barriers. This could be achieved through the development of an online compendium with integrated training modules.

Despite the relatively small sample size, the themes demonstrated depth and breadth. No new concepts emerged after the seventh participant (verified using two subsequent interviews), suggesting data saturation. A representative sample of GPs from primary care practices across rural and urban areas of North and Southeast Scotland participated. The age and gender distribution of the study population reflects the Scottish GP workforce.

Validation of the conceptual framework with GPs working across different areas of Scotland and the UK would enhance understanding of the GPs role in supporting cancer patients who face different economic and social challenges. It would be advantageous to include cancer patients and other key stakeholders in future research.

Conclusion

A multifaceted approach to change is needed if cancer patients are to receive appropriate and timely advice about work. Key stakeholders need to work together and share the responsibility of advising cancer patients about work. Small changes in practice could lead to sustainable ways of supporting cancer patients to engage with work. Here we are recommending an evolution, rather than a revolution, of current services.

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Table 1: Sample Demographics

	N (%) / Mean (Range)
Role	
- Lead cancer GP	4 (44.4)
- Full-time salaried GP	2 (22.2)
- Part-time salaried GP and part-time academic	2 (22.2)
- Specialist GP adviser	1 (11.1)
Duration in Role (Years)	7.2 (1-25)
Practice Location	
- Urban	4 (44.4)
- Rural	5 (55.6)
No. Cancer Patients Consulted in GP Practice / Annum	156 (2-500)
Consultation Time	13.8 (10-20)

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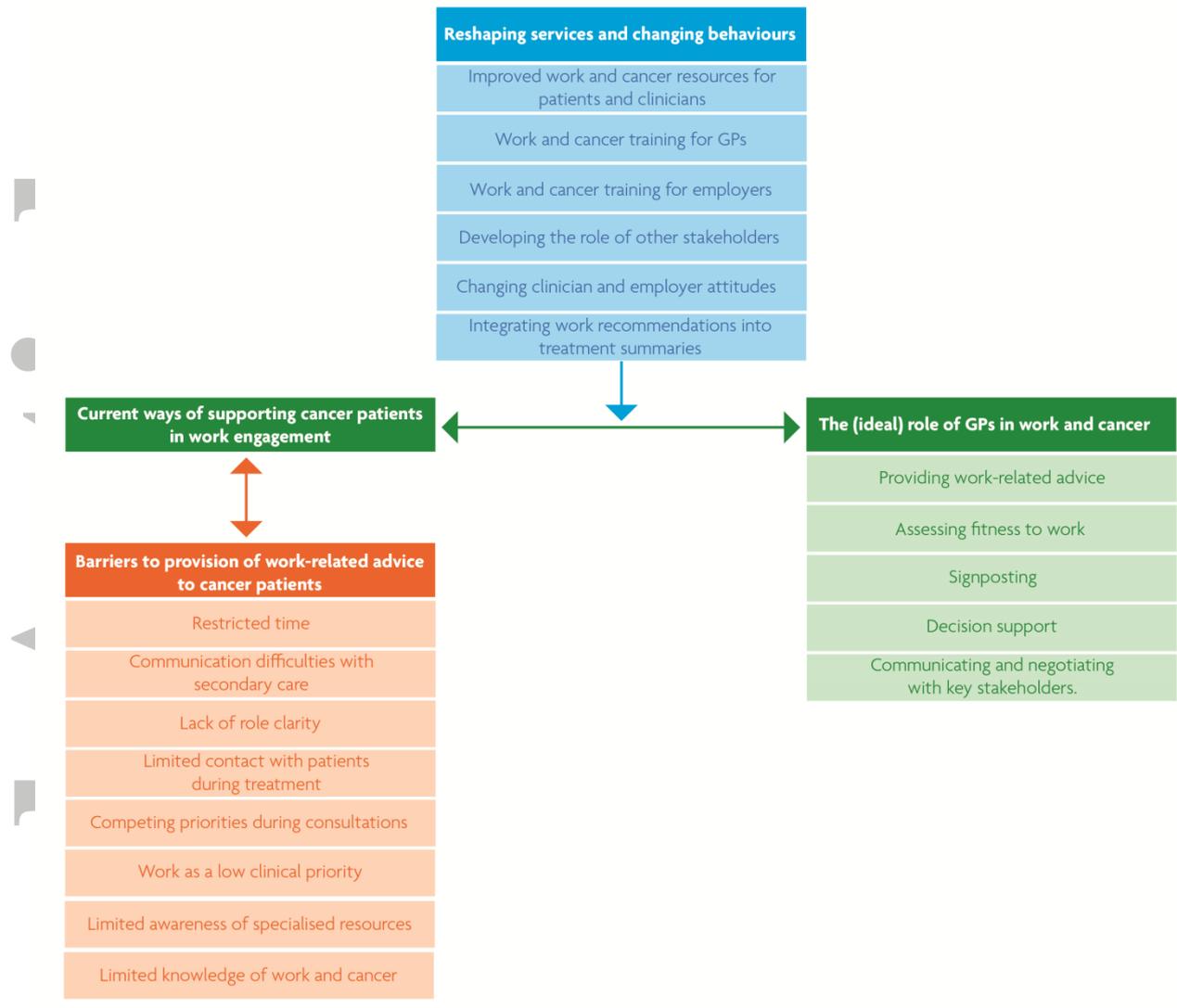


Figure 1: Achieving the Ideal Role of GPs in Providing Work-Related Advice to Cancer Patients in Scotland - A Conceptual Framework

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