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## **APPENDICES**

- A FORM FOR IDENTIFICATION OF EXPERTS
- B CONSENT FORM
- C THE PILOT QUESTIONNAIRE
- D THE FIRST QUESTIONNAIRE
- E THE SECOND QUESTIONNAIRE
- F THE THIRD QUESTIONNAIRE
- G CONTENT ANALYSIS OF THE RESPONSES TO THE FIRST QUESTIONNAIRE
- H THE INDIVIDUAL AND MEAN SCORES

## **APPENDIX A: FORM FOR IDENTIFICATION OF EXPERTS**

Dear \_\_\_\_\_ :

Attached is a consent and 'nomination' form in connection with a research study. Please read the following carefully. Your participation in this phase of the research is vital and would be greatly appreciated.

**Title of study**

The current and future role of occupational therapists in the South African life insurance industry.

**Research study**

I, \_\_\_\_\_ willingly agree to participate in this study which has been explained to me by Lesley Byrne, who is conducting the research as part of a thesis towards a master's degree through the Department of Occupational Therapy, University of Pretoria.

**Purpose of the study**

Recent labour legislation is forcing employers and insurance companies to change past practices of dealing with injury and illness in the workplace. The literature refers to new trends in incapacity management that have developed internationally, as a result of similar legislative changes. The purpose of the study is to investigate the current role and develop a future perspective for occupational therapists employed by life insurance companies in South Africa. The study aims to develop a more relevant, effective and consistent approach for occupational therapists working in the life insurance industry in facilitating incapacity management.

**Description of procedures**

You should understand that this study involves research using the Delphi technique. The Delphi technique will be used to collect and analyse the opinions from members of a panel who have knowledge in the field of incapacity management, on the current and future role of occupational therapists in the life insurance industry.

In order to remove researcher bias in selecting the panel members, the researcher decided that the occupational therapists employed by life insurance companies should identify individuals whom they consider to be knowledgeable in the field of incapacity management.

You are requested to complete the form below, identifying individuals who in your opinion are knowledgeable in the field of incapacity management. The researcher will confirm the eligibility of the individuals you identify to ensure that they are appropriate candidates and that they have the necessary knowledge and expertise as outlined in the study protocol.

**Risk and discomforts**

You will not experience any risk or discomfort by participating in this research study.

**Contact person**

Any queries with regards to the research study can be forwarded to the researcher, Lesley Byrne, at telephone number: (011) 377-5098.

### **Benefits**

The researcher's intention is to publish the findings to benefit all occupational therapists working for life insurance companies in South Africa.

### **Alternatives**

There are no alternatives to completing the form below in this research study.

### **Voluntary participation**

Participation in this study is voluntary and there is no compensation for participation. You are free to withdraw your consent to participate in this study at any time. Refusing to participate will involve no penalty.

### **Confidentiality**

A record of your form will be kept in a confidential folder and also in a computer file at the researcher's residence. No information by which you can be identified will be divulged and no information by which you can be identified will be released or published.

***I have read all of the above, had time to ask questions, received answers concerning areas I did not understand. By completing the form below, I willingly give my consent to participate in this research study.***

**Please complete the form below by 30 June 1999 and return it by e-mail to [leslieb@sage.co.za](mailto:leslieb@sage.co.za) .**

**Please list individuals whom you consider to be knowledgeable in the field of incapacity management. Please do not discuss your choices with your fellow occupational therapists working in the life insurance industry.**

**Consider the following individuals when making your choices:**

- Individuals working in the fields identified below who have a tertiary qualification
- Individuals who have a post-graduate qualification related to the field of incapacity management
- Individuals who have given talks on incapacity management
- Individuals who have published articles on incapacity management
- Individuals who have extensive experience in the field of incapacity management

**More than one individual may be listed in a specific field of work.**



Field of work	Name/address/tel no	Name/address/tel no	Name/address/tel no
Labour law			
Medicine			
Occupational health			
Human resources			
Occupational therapy			
Life insurance/ Reinsurance			
Incapacity management			
Other			

## **APPENDIX B: CONSENT FORM**



Dear \_\_\_\_\_

Thank you for considering participating in this **research study of the current and future role of occupational therapists in the South African life insurance industry** (conducted by the Dept of Occupational Therapy, University of Pretoria - ethical approval certificate number: S113/99).

New labour legislation in South Africa is forcing employers and insurance companies to change past practices of dealing with injury and illness in the workplace. The employment of occupational therapists in the insurance industry seems to correlate with the introduction of these legislative changes. Occupational therapy's contribution in the assessment and management of disability in the workplace has been recognised and currently, approximately forty occupational therapists are employed by life assures, brokerages and re-assures in South Africa. These occupational therapists are faced with the challenge of adapting to a new professional role and identity, as well as securing a professional future in the life insurance industry.

Little or no research has been conducted by occupational therapists working in this field both locally and internationally. The researcher aims to create a starting point for further research by documenting the occupational therapist's new role in the South African insurance industry.

You have been identified by the occupational therapists employed in the insurance industry as a **potential candidate** for taking part in this research study. With your knowledge in the field of incapacity management and understanding of the role and functions of the occupational therapist in the insurance industry, **your input is vital**.

Attached is a **consent form** providing further details and a description of the procedures. **By providing the details requested in section 2 of the consent form, you are consenting to be a candidate for this research.** Based on the information provided, the researcher will determine your eligibility as outlined in the study protocol. Only candidates who meet the eligibility criteria as outlined in the study protocol will be selected to take part in the study, in the new year.

I hope that after reading the above, you will consent to being a candidate for the research. Should you have any queries, please contact me. Please e-mail the completed consent form to me by **1 December 1999**.

Kind regards,  
Lesley Byrne  
E-mail: [leslieb@sage.co.za](mailto:leslieb@sage.co.za)  
Telephone: (011) 377-5684  
Fax: (011) 377-5684

## RESERCH STUDY CONSENT FORM SECTION 1

### **Title of the study**

The current and future role of occupational therapists in the South African life insurance industry.

### **Research study**

I, \_\_\_\_\_ willingly agree to participate in this research study which has been explained to me by Lesley Byrne. The research is being conducted by the Department of Occupational Therapy, University of Pretoria. Ethical approval certificate number: S113/99.

### **Purpose of the study**

Recent labour legislation is forcing employers and insurance companies to change past practices of dealing with injury and illness in the workplace. The literature refers to new trends in incapacity management that have developed internationally, as a result of similar legislative changes. Occupational therapy's contribution in the assessment and management of disability in the workplace has been recognised and currently, approximately forty occupational therapists are employed in the insurance industry in South Africa. These occupational therapists are faced with the challenge of adapting to a new professional role and identity, as well as securing a professional future in the life insurance industry. The purpose of the research is to investigate the current role and develop a future perspective for occupational therapists employed in the life insurance industry.

### **Description of procedures**

You have been invited to participate in this research study which involves the Delphi technique. The Delphi technique is a method of collecting and analysing the opinions of panel members on an individual basis, using rounds of successive questionnaires.

You have been identified by occupational therapists employed in the insurance industry as knowledgeable in the field of incapacity management and of understanding the occupational therapists role in the insurance industry. By providing the details requested in section 2 of the consent form, you are consenting to be a candidate for this research. Based on the information provided, the researcher will determine your eligibility as outlined in the study protocol. Twenty candidates who meet the eligibility criteria as outlined in the study protocol will be selected to take part in the study, in the new year. The candidates selected will represent the fields of law, medicine, occupational health, the allied health professions, human resources and the insurance industry.

The Delphi technique requires you to complete three or four rounds of questionnaires to explore your ideas and insights with regards to the current and future role of occupational therapists working for life insurance companies. You will receive feedback on the responses of the other panel members in successive questionnaires, and points of convergence and divergence will be explored.

### **Risk and discomforts**

You will not experience any risk or discomfort by participating in this research study.

### **Contact person**



Any queries with regards to the research study can be forwarded to the researcher, Lesley Byrne, who may be contacted at telephone number: (011) 377-5098 or e-mail address: [leslieb@sage.co.za](mailto:leslieb@sage.co.za).

### **Benefits**

You will benefit from taking part in the study because the Delphi technique provides the opportunity to develop a greater understanding of the topics under discussion. The findings of the study will be published to benefit the role players in the management of workplace disability including health professionals, employers, the insurance industry and the occupational therapists employed in this industry.

### **Voluntary participation**

Participation in this pilot study is voluntary and there is no compensation for participation. You are free to withdraw your consent to participate in this study at any time. You will in no way be disadvantaged/discriminated against if you do not participate.

### **Confidentiality**

A record of your consent form and your responses to the questionnaires will be kept in a confidential file at the researcher's residence. No information by which you can be identified will be divulged and no information by which you can be identified will be released or published.

### **Alternatives**

There are no alternatives to participating in the Delphi technique in this research study.

**I have read all of the above, had time to ask questions, received answers concerning areas I did not understand. By completing section 2 of the consent form, I willingly give my consent to be a candidate for this research study.**



**SECTION 2**

PLEASE PROVIDE THE FOLLOWING DETAILS

SURNAME: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

TEL NO: \_\_\_\_\_ (Code) \_\_\_\_\_ CELL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TERTIARY QUALIFICATIONS:

1) \_\_\_\_\_ YEAR: \_\_\_\_\_

2) \_\_\_\_\_ YEAR: \_\_\_\_\_

3) \_\_\_\_\_ YEAR: \_\_\_\_\_

PLEASE INDICATE THE NUMBER OF YEARS YOU HAVE DEALT WITH OCCUPATIONAL THERAPISTS EMPLOYED IN THE INSURANCE INDUSTRY: \_\_\_\_\_ years

BRIEF WORK HISTORY TO DATE:

COMPANY	OCCUPATION / TITLE	YEARS OF SERVICE
(current)		

## **APPENDIX C: THE PILOT QUESTIONNAIRE**

Dear

Thank you for agreeing to participate in this **pilot study of the current and future role of occupational therapists in the South African life insurance industry.**

Recent labour legislation changes in South Africa are forcing employers and insurance companies to change past practices of dealing with injury and illness in the workplace. The employment of occupational therapists in the life insurance industry seems to correlate with the introduction of these legislative changes. Occupational therapists' contribution to the management of disability in the workplace has been recognised by the insurance industry and currently, more than 40 occupational therapists are employed in this industry.

Occupational therapists working in the insurance industry are faced with the challenge of adapting to a new professional role and identity, as well as securing a professional future in the insurance industry. With your knowledge in the field of incapacity management and understanding of the role and functions of the occupational therapist in the insurance industry, your input is vital to assist occupational therapists in meeting these challenges.

Please read the attached **consent form** carefully as it provides more detail regarding the research study.

For the purpose of the pilot study, you are required to complete the attached **initial questionnaire.**

As part of the pilot study, I would also particularly appreciate **your comments and suggestions** regarding the following:

- Clarity with regards to the purpose of the research, why your answers are important and the procedure using the Delphi technique
- Layout and presentation of the questionnaire
- Clarity of questions

Please complete the initial questionnaire by **30 September 1999.** I will make arrangements to collect the forms and discuss your comments and suggestions nearer the time.

Kind regards,

Lesley Byrne

THE CURRENT AND FUTURE ROLE OF THE OCCUPATIONAL THERAPIST IN THE  
SOUTH AFRICAN LIFE INSURANCE INDUSTRY

**PILOT STUDY QUESTIONNAIRE**

FOR THE PURPOSES OF THE STUDY, THE FOLLOWING OPERATIONAL  
DEFINITIONS ARE APPLICABLE:

LIFE INSURANCE INDUSTRY

This term applies to the life insurance companies, insurance brokerages and re-insurers.

KEY FUNCTIONS

The key performance areas or common activities and expectations associated with the occupational therapists role in the life insurance industry.

INCAPACITY/DISABILITY MANAGEMENT

An active process of minimising the impact of impairment on the individual's capacity to participate competitively in the work environment" *Shrey DE. Disability and Rehabilitation 1996 18(8) 408-414.*

INSURED DISABILITY BENEFITS

Life and disability cover for employees in a group scheme, with contributions paid to and benefits paid by an insurance company in terms of the contract between the employer and the insurer (monthly or lump-sum).

**PLEASE TAKE TIME TO CONSIDER YOUR RESPONSES TO THE FOLLOWING  
QUESTIONS**



- 1) WHAT IS YOUR UNDERSTANDING OF THE KEY FUNCTIONS CURRENTLY PERFORMED BY MOST OCCUPATIONAL THERAPISTS EMPLOYED IN THE LIFE INSURANCE INDUSTRY WHOM YOU HAVE DEALT WITH?

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- 2) IN YOUR EXPERIENCE, WHAT ARE THE MAIN FACTORS HINDERING THE CURRENT MANAGEMENT OF INCAPACITY IN THE WORKPLACE WHERE THERE ARE INSURED DISABILITY BENEFITS?

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- 3) FROM YOUR OWN PERSPECTIVE, WHAT DEVELOPMENTS OR CHANGES WOULD IMPROVE THE FUTURE MANAGEMENT OF INCAPACITY IN THE WORKPLACE WHERE THERE ARE INSURED DISABILITY BENEFITS?

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- 4) IN YOUR OPINION, WHAT KEY FUNCTIONS SHOULD MOST OCCUPATIONAL THERAPISTS EMPLOYED IN THE INSURANCE INDUSTRY PERFORM IN THE FUTURE, TO HELP OPTIMISE THE MANAGEMENT OF INCAPACITY IN THE WORKPLACE WHERE THERE ARE INSURED DISABILITY BENEFITS?

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## **APPENDIX D: THE FIRST QUESTIONNAIRE**



Dear \_\_\_\_\_

**RESEARCH STUDY OF THE CURRENT AND FUTURE ROLE OF OCCUPATIONAL THERAPISTS IN THE SOUTH AFRICAN LIFE INSURANCE INDUSTRY** (conducted by the Dept of Occupational Therapy, University of Pretoria - ethical approval certificate number: S113/99).

Thank you for completing the consent form to participate in this study. Based on the eligibility criteria set out in the study protocol, I am pleased to advise that you have been selected as one of the 20 participants.

As mentioned in previous correspondence to you, the purpose of the study is to explore the current role and develop a future perspective for occupational therapists employed in the insurance industry. It is only in the last decade that companies have employed occupational therapists in the insurance industry in South Africa. This new role has not been researched previously and one of the researcher's aims is to document the role, thereby creating a starting point for further research in this field.

The eligibility criteria has ensured that you are an appropriate participant based on your qualifications, experience in the field of incapacity management and exposure to occupational therapists employed in the insurance industry. With this background, your contributions to the study are both vital and greatly appreciated.

Enclosed, please find the first round of the questionnaire. **Please take time and carefully consider your responses to the questions. When answering the questions, please provide in as much detail as possible, your opinion based on your experience in your particular field.**

Please fax your completed questionnaire to me by the **10<sup>th</sup> of February 2000**. The second round of the questionnaire will include feedback on the responses received and this will be circulated towards the end of February/beginning of March.

Should you have any queries, please do not hesitate to contact me.

Kind regards,

Lesley Byrne  
E-mail: [leslieb@sage.co.za](mailto:leslieb@sage.co.za)  
Telephone: (011) 377-5098  
Fax: (011) 377-5684



## THE CURRENT AND FUTURE ROLE OF THE OCCUPATIONAL THERAPIST IN THE SOUTH AFRICAN LIFE INSURANCE INDUSTRY

### RESEARCH QUESTIONNAIRE 1

FOR THE PURPOSES OF THE STUDY, THE FOLLOWING OPERATIONAL DEFINITIONS ARE APPLICABLE:

#### ***OCCUPATIONAL THERAPISTS IN THE LIFE INSURANCE INDUSTRY***

This term applies to the occupational therapists formally employed by life insurance companies, insurance brokerages or re-insurance companies. Please note that it does not include the occupational therapists who perform disability assessments on request for the insurance industry either while in the employ of companies other than those referred to above, in private practice or in the public sector.

#### ***KEY FUNCTIONS***

The key performance areas or common activities and expectations associated with the role of the occupational therapist in a particular sector of the life insurance industry (insurance company, insurance brokerage or re-insurance company).

#### ***INCAPACITY/DISABILITY MANAGEMENT***

"An active process of minimising the impact of impairment on the individual's capacity to participate competitively in the work environment" Shrey DE. *Disability and Rehabilitation* 1996 18(8) 408-414.

#### ***GROUP DISABILITY BENEFITS***

Disability benefits (lump sum or monthly benefit) for employees, with contributions paid to and benefits by an insurance company in terms of the contract between the employer and the insurer.



**PLEASE PROVIDE DETAILED ANSWERS TO THE FOLLOWING QUESTIONS, TAKING TIME TO CONSIDER YOUR OWN EXPERIENCES IN YOUR PARTICULAR FIELD.**

1. FOR THE PURPOSES OF THIS STUDY, PLEASE IDENTIFY THE SECTOR OF THE LIFE INSURANCE INDUSTRY WHERE MOST OF THE OCCUPATIONAL THERAPISTS WHOM YOU HAVE DEALT WITH, ARE EMPLOYED:

Insurance company \_\_\_\_\_ Insurance brokerage \_\_\_\_\_ Re-insurance company \_\_\_\_\_

2. WHAT IS YOUR UNDERSTANDING OF THE KEY FUNCTIONS CURRENTLY PERFORMED BY THE OCCUPATIONAL THERAPISTS IN THE SECTOR YOU IDENTIFIED IN QUESTION 1. PLEASE PROVIDE A DETAILED DESCRIPTION OF EACH KEY FUNCTION IDENTIFIED.

2.1 \_\_\_\_\_

\_\_\_\_\_

2.2 \_\_\_\_\_

\_\_\_\_\_

2.3 \_\_\_\_\_

\_\_\_\_\_

2.4 \_\_\_\_\_

\_\_\_\_\_

2.5 \_\_\_\_\_

\_\_\_\_\_

3. WHAT PROBLEMS AND CHALLENGES ARE YOU CURRENTLY ENCOUNTERING IN YOUR PARTICULAR FIELD IN MANAGING INCAPACITY IN THE WORKPLACE, WHERE THERE ARE GROUP DISABILITY BENEFITS?

PLEASE PROVIDE DETAILS OF THESE AS WELL AS POSSIBLE SOLUTIONS including how and by whom the problem/challenge should be addressed.

3.1 \_\_\_\_\_

\_\_\_\_\_



3.2 \_\_\_\_\_

\_\_\_\_\_

3.3 \_\_\_\_\_

\_\_\_\_\_

3.4 \_\_\_\_\_

\_\_\_\_\_

3.5 \_\_\_\_\_

\_\_\_\_\_

4. WHAT CHANGES AND NEW TRENDS DO YOU FORSEE AND WHAT CHALLENGES DO YOU EXPECT TO ENCOUNTER IN THE FUTURE, IN YOUR PARTICULAR FIELD, IN MANAGING INCAPACITY IN THE WORKPLACE WHERE THERE ARE GROUP DISABILITY BENEFITS?

PLEASE COMMENT ON WAYS IN WHICH THESE CAN BE ADDRESSED, AS WELL.

4.1 \_\_\_\_\_

\_\_\_\_\_

4.2 \_\_\_\_\_

\_\_\_\_\_

4.3 \_\_\_\_\_

\_\_\_\_\_

4.4 \_\_\_\_\_

\_\_\_\_\_

4.5 \_\_\_\_\_

\_\_\_\_\_

5. IN YOUR OPINION, HOW SHOULD OCCUPATIONAL THERAPISTS WORKING IN THE SECTOR OF THE LIFE INSURANCE INDUSTRY YOU IDENTIFIED IN QUESTION 1, BEST FACILITATE THE MANAGEMENT OF INCAPACITY IN THE WORKPLACE, WHERE THERE ARE GROUP DISABILITY BENEFITS, IN THE FUTURE.

PLEASE INCLUDE IN YOUR ANSWER, DETAILS OF WHAT FUNCTIONS OCCUPATIONAL THERAPISTS SHOULD PERFORM IN THE FUTURE, HOW THEY SHOULD PERFORM THESE, WHEN, WHERE AND FOR WHOM.

5.1 \_\_\_\_\_  
\_\_\_\_\_

5.2 \_\_\_\_\_  
\_\_\_\_\_

5.3 \_\_\_\_\_  
\_\_\_\_\_

5.4 \_\_\_\_\_  
\_\_\_\_\_

5.5 \_\_\_\_\_  
\_\_\_\_\_

6. BASED ON YOUR ANSWER TO THE PREVIOUS QUESTION, WHAT ADDITIONAL KNOWLEDGE, SKILLS OR TRAINING DO THE OCCUPATIONAL THERAPISTS WORKING IN THE SECTOR OF THE INSURANCE INDUSTRY YOU IDENTIFIED IN QUESTION 1, REQUIRE TO MEET THESE FUTURE CHALLENGES?

PLEASE PROVIDE A BRIEF EXPLANATION TO SUPPORT EACH RECOMMENDATION.

6.1 \_\_\_\_\_  
\_\_\_\_\_

6.2 \_\_\_\_\_  
\_\_\_\_\_

6.3 \_\_\_\_\_

\_\_\_\_\_

6.4 \_\_\_\_\_

\_\_\_\_\_

6.5 \_\_\_\_\_

\_\_\_\_\_

THANK YOU FOR COMPLETING THE FIRST ROUND OF THIS DELPHI QUESTIONNAIRE. THE SECOND ROUND WILL INCLUDE FEEDBACK ON THE RESPONSES FOR YOUR COMMENT AND WILL BE CIRCULATED TOWARDS THE END OF FEBRUARY/BEGINNING OF MARCH.

## APPENDIX E: THE SECOND QUESTIONNAIRE

Dear

**RESEARCH STUDY OF THE CURRENT AND FUTURE ROLE OF OCCUPATIONAL THERAPISTS IN THE SOUTH AFRICAN LIFE INSURANCE INDUSTRY** (conducted by the Dept

of Occupational Therapy, University of Pretoria - ethical approval certificate number: S113/99)

Thank you for your detailed response to the initial questionnaire that was circulated in January.

I have compiled the second questionnaire based on an excellent 18 responses received from 20 participants. Using a method of data analysis called coding, I have reduced and summarised the information received – no easy task! A great variety of different opinions were provided which may enrich your understanding of the topic, and which I hope you will find interesting and useful.

You are required in this second round of the Delphi technique, to review the opinions of the other participants and decide whether and to what extent, you agree or disagree with their opinions. You will also have the opportunity to comment on and suggest any changes to the questionnaire.

Please take time to read this second questionnaire. Your expert opinion and contribution is vital to the success of this research, its value and relevance.

**Please return your completed questionnaire to me by the 24<sup>th</sup> of March 2000. This is in 11 days time!**

The third questionnaire will be circulated at the beginning of April 2000 when you will be provided with an indication of the extent to which the other participants agree or disagree with the opinions listed. The aim of the subsequent questionnaires is to attempt to achieve some consensus. If the third round does not achieve this, a fourth and final questionnaire will be circulated.

Please do not hesitate to contact me should you have any queries.

KIND REGARDS,

LESLEY BYRNE  
E-mail: [LESLIEB@SAGE.SO.ZA](mailto:LESLIEB@SAGE.SO.ZA)  
Telephone: (011) 377-5098  
Fax: (011) 377-5684

Using the likert scale, please indicate whether and to what extent you agree with the participants responses and opinions to the questions asked in the initial questionnaire.

LIKERT SCALE: SA	–	STRONGLY AGREE	(5)
A	–	AGREE	(4)
?	-	UNCERTAIN	(3)
D	–	DISAGREE	(2)
SD	-	STRONGLY DISAGREE	(1)



**PLEASE NOTE:** the words written in *italics* are the solutions provided by the participants.

1. SECOND QUESTION OF THE INITIAL QUESTIONNAIRE:  
WHAT IS YOUR UNDERSTANDING OF THE KEY FUNCTIONS CURRENTLY PERFORMED BY THE OCCUPATIONAL THERAPISTS IN THE SECTOR YOU IDENTIFIED IN QUESTION 1. PLEASE PROVIDE A DETAILED DESCRIPTION OF EACH KEY FUNCTION IDENTIFIED.

		SA	A	?	D	SD
<b>DISABILITY CLAIMS ASSESSMENT/MANAGEMENT</b>						
1	<b>INTERPRET INFORMATION:</b>					
2	TO DETERMINE VALIDITY OF CLAIMS	2	7	2	1	0
3	TO MAKE RECOMMENDATIONS ON FURTHER MANAGEMENT	6	6	0	0	0
4	TO PROVIDE ADVICE ON A CLAIM	1	8	2	1	0
5	FOR NON-MEDICAL ASSESSORS TO APPLY TO POLICY	1	3	5	2	1
6	TO DETERMINE FURTHER MEDICAL REQUIREMENTS	2	7	2	1	0
7	<b>PROVIDE AN OPINION / ADVISE ON:</b>					
8	FUNCTIONAL IMPAIRMENT BY MATCHING THE MEDICAL CONDITION, FUNCTIONAL IMPAIRMENT & JOB DESCRIPTION	8	4	0	0	0
9	REASONABLE ALTERNATIVE WORK/ACCOMMODATIONS TAKING CLAIMANT'S TRAINING, EXPERIENCE & IMPAIRMENT INTO ACCOUNT	11	1	0	0	0
10	<b>DETERMINE EXTENT OF FUNCTIONAL IMPAIRMENT / CAPACITY TO WORK BASED ON:</b>					
11	FUNCTIONAL ASSESSMENT CONDUCTED AT CLAIMANT'S HOME OR IN A WORK UNIT OR AT INSURER'S MEDICAL SUITE, INCLUDING PHYSICAL, PSYCHOLOGICAL, SOCIAL, EDUCATIONAL AND FINANCIAL ASPECTS	3	7	2	0	0
12	WORK VISIT INCLUDING ANALYSIS OF JOB, WORK ENVIRONMENT, ACCESSIBILITY & INTERPERSONAL RELATIONS AT WORK	7	2	2	1	0
13	ASSESSMENT OF REASONABLE ALTERNATIVE OCCUPATIONS & ACCOMMODATIONS INCLUDING WORKPLACE MODIFICATIONS, RE-DEPLOYMENT, RE-TRAINING & ADAPTATIONS	7	3	1	1	0
14	COMPILE REPORTS ON FINDINGS & MAKE RECOMMENDATIONS	5	6	1	0	0
15	GIVE FEEDBACK IN TEAM DISCUSSIONS ON ASSESSMENT /OPINION	3	8	1	0	0
16	ASSIST WITH DETECTION OF MALINGERING WITH UNANNOUNCED HOME VISITS	1	2	4	5	0
17	REVIEW ONGOING CLAIMS	2	7	1	2	0





18	COUNSEL NEW CLAIMANTS TO ENCOURAGE EARLY RETURN TO WORK OR IN ONGOING CLAIMS – TO SEEK EMPLOYMENT	4	5	3	0	0
<b>CONSULTATION WITH EMPLOYER</b>						
19	EDUCATE EMPLOYER ON IMPACT OF DISABILITY, PREVENTION AND REHABILITATION	3	6	3	0	0
20	LIAISE WITH EMPLOYER TO FACILITATE EARLY RETURN TO WORK	6	3	3	0	0
21	NEGOTIATE THE IMPLEMENTATION OF ACCOMMODATIONS	1	6	3	1	0
22	ADVISE ON PREVENTION / DISABILITY MANAGEMENT / CASE MANAGEMENT	4	4	3	1	0
23	EVALUATE COMPLIANCE WITH LABOUR LEGISLATION	1	1	5	4	1
<b>REHABILITATION</b>						
24	ADVISE ON VOCATIONAL REHABILITATION	4	8	0	0	0
25	EDUCATE OCCUPATIONAL HEALTH PROFESSIONALS ON REHAB	2	5	5	0	0
26	CONDUCT CASE MANAGEMENT, OVERSEEING PROCESS OF RECOVERY, REHABILITATION, RETRAINING	2	8	2	0	0
27	EVALUATE CLAIMANT'S REHABILITATION POTENTIAL	5	6	1	0	0
28	MAKE RECOMMENDATIONS FOR REHABILITATION OR RETRAINING THAT WILL ALLOW ACCOMMODATION IN WORKPLACE	6	6	0	0	0
29	FORMULATE A REHABILITATION PLAN IN CONSULTATION WITH ALL STAKEHOLDERS	4	7	1	0	0
30	MOTIVATE AND PERSUADE STAKEHOLDERS OF BENEFITS OF REHABILITATION	5	6	1	0	0
31	REFER CLAIMANT TO SERVICE PROVIDERS	3	6	3	0	0
32	LIAISE WITH DOCTORS/THERAPISTS WHERE TREATMENT/REHABILITATION IS SUBOPTIMAL	5	5	1	1	0
33	MANAGE, MONITOR, ADJUST AND CO-ORDINATE REHABILITATION	2	5	4	1	0
34	FACILITATE JOB REINTEGRATION & SUPPORT STAKEHOLDERS	3	6	2	1	0
<b>ADDITIONAL FUNCTIONS</b>						
35	INVOLVEMENT IN PRODUCT DESIGN, ESPECIALLY RELATED TO REHABILITATION	3	7	1	1	0
36	ASSISTING WITH ASSESSMENT OF CLIENT NEEDS AND MOST APPROPRIATE PRODUCT DESIGN	0	8	3	0	1
37	MANAGEMENT, SUPERVISORY AND ADMINISTRATIVE FUNCTIONS IN CLAIMS DEPARTMENT	0	4	6	2	0
38	ASSISTING INSURERS WITH INTERPRETATION AND IMPLEMENTATION OF NEW LABOUR LEGISLATION IN RELATION TO CLAIMS ASSESSMENT AND MANAGEMENT	2	3	2	4	1
39	LIAISON WITH & EDUCATION OF ALL STAKEHOLDERS FOR MANAGEMENT OF GROUP SCHEME	0	6	4	2	0
40	MARKET THE ROLE OF THE OT IN THE INSURANCE INDUSTRY	1	8	2	1	0



41	CONTINUE OWN PROFESSIONAL DEVELOPMENT & EDUCATION	3	8	0	1	0
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PLEASE COMMENT ON THE FOLLOWING:

- WHAT CHANGES DO YOU SUGGEST TO CLARIFY THE GROUPING OF THE RESPONSES?
- WHICH RESPONSES / OPINIONS ARE INAPPROPRIATE IN RELATION TO THE QUESTION ASKED
- WHICH RESPONSES / OPINIONS DO NOT FIT IN THE GROUPINGS?
- PLEASE REPHRASE ANY STATEMENTS TO CLARIFY THEIR DISTINCTIVENESS
- PLEASE IDENTIFY ANY ISSUES OMITTED

2. THIRD QUESTION FROM THE INITIAL QUESTIONNAIRE:  
WHAT PROBLEMS AND CHALLENGES ARE YOU CURRENTLY ENCOUNTERING IN YOUR PARTICULAR FIELD IN MANAGING INCAPACITY IN THE WORKPLACE, WHERE THERE ARE GROUP DISABILITY BENEFITS?  
*PLEASE PROVIDE DETAILS OF THESE AS WELL AS POSSIBLE SOLUTIONS including how and by whom the problem/challenge should be addressed.*

		SA	A	?	D	SD
<b>INSURER</b>						
CLAIMS ASSESSMENT & MANAGEMENT						
1	DELAYED NOTIFICATION OF CLAIMS	5	4	1	0	0
2	LENGTHY CLAIMS ASSESSMENT WHICH REINFORCES DISABILITY <i>INSURERS TO STREAMLINE PPROCESS, EDUCATE CLAIMANT, DELINEATE ROLES IN CLAIMS DEPT, CO-ORDINATE REINSURER/BROKER INVOLVEMENT, INVOLVE SENIOR ASSESSORS/TEAM IN DECISIONS, SICKLEAVE MANAGEMENT &amp; EARLY INTERVENTION</i>	4	3	4	0	0
3	BUSY CLAIMS TEAMS UNABLE TO CONDUCT CASE MANAGEMENT <i>OUTSOURCING</i>	4	2	4	2	0



4	LACK OF OBJECTIVE PARAMETERS/INFORMATION TO ASSESS CLAIMS <i>GUIDELINES FOR DOCTORS TO BE UPDATED &amp; APPLIED IN PRIVATE SECTOR</i>	3	3	3	3	0
5	FRAUDULENT CLAIMS <i>GOOD INTERNAL CONTROLS &amp; STAKEHOLDER EDUCATION</i>	2	4	5	1	0
6	NEGATIVE IMPRESSION OF INSURERS APPROACH TO CLAIMS	1	4	4	2	0
7	CONTENTIOUS CLAIMS WITH LEGAL / OMBUDSMAN INVOLVEMENT <i>OMBUDSMAN/INSURER EDUCATION &amp; DISCUSSION ON CLAIMS, CONSULT LEGAL EXPERTISE, CHECK WRITTEN MATERIAL CORRECT</i>	3	7	2	0	0
8	CLAIM NUMBERS INCREASING WITH RETRENCHMENT CLIMATE	3	6	3	0	0
9	COMMUNICATION WITH EMPLOYER HAMPERED BY INTERMEDIARY <i>CLARIFY ROLE OF BROKER/INSURER, EDUCATE BROKER, ESTABLISH GOOD WORKING RELATIONSHIP WITH BROKER</i>	8	3	0	1	0
10	POOR COMMUNICATION WITH HEALTH CARE PROVIDERS <i>STIMULATE BETTER COMMUNICATION</i>	4	7	0	1	0
<b>OT'S AS CLAIMS ASSESSORS</b>						
11	ETHICALLY QUESTIONABLE EMPLOYMENT OF OT'S BY INSURERS TO ASSESS CLAIMS	1	2	2	2	5
12	NEGATIVE INFLUENCE OF INSURANCE MANAGEMENT ON OT ASSESSOR'S DECISION	0	3	4	4	1
13	LACK OF STANDARDISED PRACTICES OF OT CLAIMS ASSESSMENT	2	6	2	1	1
<b>PRODUCTS</b>						
14	DISABILITY POLICIES (BASED ON MEDICAL MODEL OF DISABILITY) NOT ALIGNED WITH EMPLOYMENT EQUITY ACT (SOCIAL MODEL OF DISABILITY) <i>OBTAIN HOLISTIC (OT) EVALUATIONS PRE-CLAIM &amp; DURING CLAIM, DETAILS OF EMPLOYER'S DISABILITY MANAGEMENT PROCEDURES, REVISE PRODUCTS BASED ON INCAPACITY</i>	1	4	5	1	1
15	LUMP SUM BENEFITS INHIBIT RETURN TO WORK & REHABILITATION <i>REVIEW PRODUCT</i>	8	2	2	0	0
16	PRODUCT / CLIENT MISMATCH <i>EDUCATE SALESFORCE &amp; EMPLOYERS</i>	5	5	2	0	0
<b>EMPLOYER</b>						
17	LACK OF INTEGRATION OF HR POLICY/PROCEDURES WITH INSURED DISABILITY BENEFITS <i>HR EDUCATION AND INTEGRATION</i>	5	7	0	0	0
18	LACK OF COMMUNICATION/CO-ORDINATION WITH INSURER ON DISABILITY CLAIMS <i>EMPLOYMENT EQUITY ACT PLACES OBLIGATION ON EMPLOYER TO COMMUNICATE WITH INSURER, EDUCATION OF EMPLOYEE</i>	4	6	2	0	0



19	NON-COMPLIANCE WITH LABOUR LEGISLATION <i>IMPROVE EMPLOYER COMPLIANCE AND EDUCATION</i>	5	5	2	0	0
20	NEGATIVE ATTITUDE TOWARDS PEOPLE WITH DISABILITIES AND EMPLOYING OR ACCOMMODATING THEM <i>EDUCATION</i>	5	7	0	0	0
21	GENERAL LACK OF UNDERSTANDING OF DISABILITY MANAGEMENT / INSURANCE & LABOUR LAW <i>CLOSER WORKING RELATIONSHIP BETWEEN EMPLOYER &amp; INSURER, INSURER TO EDUCATE EMPLOYER</i>	6	6	0	0	0
22	LACK OF INVOLVEMENT OF LINE MANAGERS, OCCUPATIONAL HEALTH SERVICES & HR IN DISABILITY MANAGEMENT	4	6	1	0	0
23	MISUSE OF INSURANCE WITH EMPLOYERS EVADING THEIR RESPONSIBILITIES RE DISABILITY MANAGEMENT & RETRENCHMENT <i>RETRENCHMENT SUPPORT PROGRAMMES</i>	4	6	1	0	0
24	LACK OF SICK LEAVE MANAGEMENT <i>IT PROGRAMMES TO MONITOR SICK LEAVE</i>	4	7	1	0	0
25	LACK OF PRE-PLACEMENT SCREENING RESULTING IN EMPLOYEE/JOB MISMATCH	3	5	3	1	0
26	POORLY MANAGED CYCLE OF POOR STAFF RELATIONS, RESULTING IN SICK LEAVE ABUSE & EVENTUAL DISABILITY CLAIM	4	5	2	1	0
<b>EMPLOYEE</b>						
27	LACK OF KNOWLEDGE OF INSURANCE POLICY <i>EDUCATE EMPLOYEE WITH INFORMATION SUPPLIED BY BROKER/INSURER</i>	5	7	0	0	0
28	DISABILITY MINDSET/SICK ROLE AND UNWILLINGNESS TO UNDERGO REHABILITATION OR ATTEMPT RETURN TO WORK <i>EDUCATE STAKEHOLDERS ON LABOUR LEGISLATION &amp; BENEFITS OF EARLY RETURN TO WORK</i>	6	4	2	0	0
29	MISCONCEPTION THAT CLAIM READILY PAID ON RECOMMENDATION OF TREATING DOCTOR <i>EDUCATE ALL STAKEHOLDERS</i>	7	4	1	0	0
30	SENSE OF ENTITLEMENT	5	6	0	0	0
<b>REHABILITATION/RETRAINING/ACCOMMODATION</b>						
31	LACK OF SERVICE PROVIDERS <i>MORE CENTRES REQUIRED</i>	7	2	2	1	0
32	LACK OF USE OF REHABILITATION & WORK HARDENING <i>OT'S TO MARKET POSITIVE OUTCOMES</i>	6	6	0	0	0
33	LACK OF REHABILITATION INCENTIVES	7	4	1	0	0
34	LACK OF FOLLOW-UP BY INSURER ON RECOMMENADTIONS FOR REHABILITATION ETC	5	6	0	1	0
35	LACK OF TRAINING OPPORTUNITIES <i>GOVERNMENT INVOLVMENT</i>	3	3	5	1	0
36	LACK OF SHELTERED EMPLOYMENT <i>INSURERS TO DEVELOP SUCH FACILITIES</i>	1	3	3	3	1



37	LACK OF REDEPLOYMENT OPPORTUNITIES AT PREVIOUS EMPLOYER <i>COMPREHENSIVE REDEPLOYMENT DATA BASE</i>	3	7	2	0	0
<b>LEGAL ENVIRONMENT</b>						
38	NO APPLICABLE LAW FOR MANAGING DISABILITY, LABOUR RELATIONS ACT IS LIMITED TO CONTEXT OF DISMISSAL & DOES NOT APPLY TO RETURN TO WORK OR WORK TRANSITIONING	2	4	2	4	0
39	UNCLEAR HOW CONTRACT LAW (INSURANCE POLICY) INTERFACES WITH EMPLOYMENT EQUITY ACT <i>EMPLOYMENT EQUITY ACT - CODE OF GOOD PRACTICE: DISABILITY AIMS TO ESTABLISH LINK</i>	2	4	4	2	0
40	IMPACT OF EQUALITY BILL UNCLEAR	0	4	3	3	1
<b>MEDICAL/PARAMEDICAL PROFESSIONS</b>						
<b>DOCTORS</b>						
41	POOR KNOWLEDGE/UNDERSTANDING OF INSURANCE/LEGAL ASPECT OF DISABILITY <i>EDUCATION</i>	5	5	1	1	0
42	"BOARD" OR LABELABLE PEOPLE AS DISABLED, PREMATURELY	7	4	1	0	0
43	INFORMATION PROVIDED IN REPORTS IS FREQUENTLY INADEQUATE & LACKS DETAIL	6	5	1	0	0
44	EXAMINING DOCTORS ARE BIASED, NON-OBJECTIVE AND INCONSISTENT <i>TRAINING IN DISABILITY ASSESSMENT, ACCREDITATION OF INDEPENDENT EXAMINERS</i>	2	5	2	3	0
45	DOCTORS TAKE TIME TO PROVIDE INFORMATION REQUIRED FOR SUBMISSION OF CLAIM	1	5	1	5	0
<b>OT'S</b>						
46	INADEQUATE ASSESSMENT OF FUNCTIONAL IMPAIRMENT	0	7	3	2	0
47	REPORTS FREQUENTLY REFLECT A CLAIMANT BIAS <i>GUIDELINES TO IMPROVE OBJECTIVITY</i>	3	5	2	2	0
48	LACK OF FEEDBACK FROM INSURER ON CLAIMS, OT REPORTS, OT SERVICE	1	4	5	2	0
49	FEW OT'S SPECIALISING/TRAINED IN INSURANCE, DISABILITY MANAGEMENT, VOCATIONAL REHABILITATION	2	5	0	5	0
50	LACK OF EQUIPMENT & DIAGNOSTIC APPARATUS FOR MODERN DISABILITY ASSESSMENTS	1	4	2	5	0
51	INSUFFICIENT DISCUSSION AMONGST OT'S AND DOCTORS ON SPECIFIC CLAIMS	4	3	1	3	1
0	DEMAND FOR BROADER ASSESSMENT & MORE INFORMATION IN REPORTS BUT AT LOWER PRICE <i>NEED FOR TARIFF FIXING</i>	1	4	4	2	1

PLEASE COMMENT ON THE FOLLOWING:

- WHAT CHANGES DO YOU SUGGEST TO CLARIFY THE GROUPING OF THE RESPONSES?

- WHICH RESPONSES / OPINIONS ARE INAPPROPRIATE IN RELATION TO THE QUESTION ASKED
  - WHICH RESPONSES / OPINIONS DO NOT FIT IN THE GROUPINGS?
  - PLEASE REPHRASE ANY STATEMENTS TO CLARIFY THEIR DISTINCTIVENESS
  - PLEASE IDENTIFY ANY ISSUES OMITTED
3. FOURTH QUESTION FROM THE INITIAL QUESTIONNAIRE:  
**WHAT CHANGES AND NEW TRENDS DO YOU FORESEE AND WHAT CHALLENGES DO YOU EXPECT TO ENCOUNTER IN THE FUTURE, IN YOUR PARTICULAR FIELD, IN MANAGING INCAPACITY IN THE WORKPLACE WHERE THERE ARE GROUP DISABILITY BENEFITS? PLEASE COMMENT ON WAYS IN WHICH THESE CAN BE ADDRESSED, AS WELL.**

		SA	A	?	D	SD
<b>INSURANCE</b>						
CLAIMS ASSESSMENT AND MANAGEMENT						
1	MORE PROFESSIONAL CLAIMS ASSESSMENT	6	6	0	0	0
2	MORE TRAINING & INTERACTION AMONGST ASSESSORS	5	6	1	0	0
3	MORE SUBJECTIVE CAUSES OF CLAIMS <i>FIND OBJECTIVE WAYS OF ASSESSING CLAIMS</i>	4	6	1	1	0
4	INDEPENDENT MEDICAL OPINIONS OBTAINED IN ALL/MOST CLAIMS	1	8	3	0	0
5	WITH ONGOING CHANGES IN THE DISABILITY ARENA, MORE COMPLICATED HANDLING OF CLAIMS	4	3	3	2	0
6	EARLIER INTERVENTION IN CLAIMS -INVOLVEMENT IN POTENTIAL CLAIMS	5	7	0	0	0
7	MORE ACTIVE CLAIMS MANAGEMENT DUE TO FINANCIAL PRESSURE	5	5	1	1	0
8	MORE RISK MANAGEMENT WITH INCENTIVES TO PROMOTE PREVENTATIVE MEASURES IN THE WORKPLACE	5	5	2	0	0
9	INCREASING SYMPTOM MAGNIFICATION AND FRAUD	2	5	4	1	0
10	OUTSOURCING DISABILITY ASSESSMENT, REHABILITATION & CASE MANAGEMENT	2	5	4	1	0
11	INCREASING LITIGATION <i>EDUCATION/SPECIALISATION OF MEDICAL / PARAMEDICAL INSURANCE STAFF, WELL RESEARCHED POLICIES/PRODUCTS, DISCUSSION</i>	4	6	2	0	0



AMONGST ROLEPLAYERS						
<b>PRODUCTS</b>						
12	PRODUCTS DESIGNED & PROVIDED IN ALIGNMENT WITH NEW LABOUR LEGISLATION	4	6	2	0	0
13	INSURING IMPAIRMENT RATHER THAN DISABILITY WHICH IS OBJECTIVELY DEFINABLE	3	3	2	2	1
14	PRODUCTS PROVIDING/PROMOTING SICK LEAVE MANAGEMENT, EARLY INTERVENTION & EARLY RETURN TO WORK <i>DEVELOPMENT OF IT SOFTWARE</i>	4	8	0	0	0
<b>OTHER</b>						
15	INTERMEDIARY DILUTION AND DIRECT ACCESS TO EMPLOYER	6	4	1	1	0
16	BETTER CLIENT SERVICE & COMMUNICATION	5	7	0	0	0
17	SHARING KNOWLEDGE AS AN INDUSTRY	4	6	2	0	0
18	PAYING FOR THE COST OF VOCATIONAL REHABILITATION	3	6	3	0	0
<b>EMPLOYER</b>						
19	IMPROVED AWARENESS & ATTITUDE TOWARDS JOB ACCOMMODATION, REHABILITATION & RE-TRAINING	4	8	0	0	0
20	REQUIREMENT OF PRODUCTIVITY & SAFETY IN LESS LABOUR INTENSIVE ENVIRONMENT	1	7	3	1	0
<b>EMPLOYEE</b>						
21	THREAT OF UNEMPLOYMENT <i>JOB CREATION INCENTIVES BY INSURER</i>	2	3	6	0	1
22	EXPECTATION OF COMPREHENSIVE BENEFITS <i>INFORMATION BOOKLET</i>	3	6	3	0	0
23	GREATER ENTITLEMENT ATTITUDE RELATED TO SICK LEAVE & DISABILITY CLAIMS <i>EDUCATION</i>	3	6	3	0	0
<b>DISABILITY MANAGEMENT</b>						
24	CONDUCTED AT THE WORKSITE BY OCCUPATIONAL HEALTH TEAM WITH CASE MANAGEMENT SERVICES OFFERED BY INSURER/BROKER ALONGSIDE THIS	2	8	2	0	0
25	BROADER DISABILITY MANAGEMENT <i>PRE-PLACEMENT SCREENING, CORPORATE WELLBEING /FITNESS PROGRAMMES, EARLY INTERVENTION, SICK LEAVE MANAGEMENT, EARLY RETURN TO WORK, JOB ACCOMMODATION, ON-SITE VOCATIONAL REHABILITATION WITH TRANSITIONAL WORK PROGRAMMES, ALIGNMENT OF HR PROCESSES WITH DISABILITY INSURANCE, DEVELOPMENT OF HIV POLICIES /PRINCIPLES</i>	4	8	0	0	0
<b>IMPACT OF EMPLOYMENT EQUITY ACT</b>						
26	NEW CODE OF GOOD PRACTICE (DISABILITY): EMPLOYER REQUIRED TO DEVELOP FUNCTIONAL JOB DESCRIPTIONS, PROVIDE REASONABLE ACCOMMODATIONS, INVESTIGATE EACH CASE OF	3	7	2	0	0



	DISABILITY					
27	MORE LABOUR/UNION INVOLVEMENT <i>STRATEGIES FOR BETTER COMMUNICATION &amp; TRUST</i>	2	10	0	0	0
28	EMPLOYER TAKING RESPONSIBILITY FOR ILL HEALTH RETIREMENT	2	6	2	2	0
29	INCREASED USE OF INDEPENDENT MEDICAL/PARAMEDICAL ASSESSMENT SERVICES BY EMPLOYER	4	3	5	0	0
<b>HIV/AIDS</b>						
30	INCREASING CLAIMS & COST OF DISABILITY INSURANCE <i>CONSISTENT ASSESSMENT CRITERIA APPLIED THROUGHOUT INSURANCE INDUSTRY, CAPPING OF DISABILITY BENEFITS</i>	4	7	1	0	0
31	IMPACT ON PENSION FUND – LESS MONEY FOR RETIREMENT SAVINGS	5	6	1	0	0
32	CHALLENGE FOR EMPLOYER REGARDING JOB ACCOMMODATION	4	7	0	1	0
<b>REHABILITATION</b>						
33	DISABLED EMPLOYEES ACCOMMODATED IN WORKPLACE MAY DETERIORATE QUICKEER DUE TO (FOR EXAMPLE) OVERUSE	1	5	3	2	1
34	RESISTANCE OF PSYCHIATRIC CONDITIONS TO JOB ACCOMMODATION & ADAPTATION	2	7	2	1	0
35	RISK: FAILURE OF REHABILITATION - WAIST OF TIME & MONEY	3	6	2	1	0
<b>MEDICAL &amp; PARAMEDICAL PROFESSION</b>						
<b>DOCTORS</b>						
36	ADDRESSING OF PROBLEM RELATED TO DOCTORS INADVERTANTLY ENCOURAGING DISABILITY BEHAVIOUR <i>ENCOURAGE PROCATIVE DISABILITY MANAGEMENT</i>	2	10	0	0	0
<b>OT'S</b>						
37	SPECIALISATION IN VOCATINAL REHABILITATION	3	9	0	0	0
38	FORMALISED TRAINING IN INSURANCE	3	5	3	1	0
39	OFFERING INDEPENDENT DISABILITY CLAIM ASSESSMENT SERVICES	3	8	1	0	0
40	CONSULTING IN EMPLOYMENT RELATED AREAS WITH OTHER CONSULTING PROFESSIONALS	6	6	0	0	0
41	CONSULTING ON VOCATIONAL RIGHTS & REHABILITATION	3	8	1	0	0
42	PROVIDNG SOLUTIONS TO PREVENT EMPLOYER NON-COMPLIANCE	3	5	4	0	0
43	UTILISING CASE MANAGEMENT AS A DISABILITY MANAGEMENT TOOL	4	7	1	0	0
44	STRATEGIC REPOSITIONING OF OT PROFESSION	4	5	2	1	0



45	REPORTS WITH ACCOMMODATIONS DISCLOSABLE	RECOMMENDATIONS WILL BECOME	FOR MORE	2	6	3	1	0
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**PLEASE COMMENT ON THE FOLLOWING:**

- WHAT CHANGES DO YOU SUGGEST TO CLARIFY THE GROUPING OF THE RESPONSES?
- WHICH RESPONSES / OPINIONS ARE INAPPROPRIATE IN RELATION TO THE QUESTION ASKED
- WHICH RESPONSES / OPINIONS DO NOT FIT IN THE GROUPINGS?
- PLEASE REPHRASE ANY STATEMENTS TO CLARIFY THEIR DISTINCTIVENESS
- PLEASE IDENTIFY ANY ISSUES OMITTED

4. FIFTH QUESTION FROM THE INITIAL QUESTIONNAIRE:  
IN YOUR OPINION, HOW SHOULD OCCUPATIONAL THERAPISTS WORKING IN THE SECTOR OF THE LIFE INSURANCE INDUSTRY YOU IDENTIFIED IN QUESTION 1, BEST FACILITATE THE MANAGEMENT OF INCAPACITY IN THE WORKPLACE, WHERE THERE ARE GROUP DISABILITY BENEFITS, IN THE FUTURE.  
PLEASE INCLUDE IN YOUR ANSWER, DETAILS OF WHAT FUNCTIONS OCCUPATIONAL THERAPISTS SHOULD PERFORM IN THE FUTURE, HOW THEY SHOULD PERFORM THESE, WHEN, WHERE AND FOR WHOM.

		SA	A	?	D	SD
<b>EDUCATION</b>						
1	OF CLAIMANT, EMPLOYER, UNION REP, DOCTOR & OCCUPATIONAL HEALTH TEAM ON IMPLICATIONS/APPLICATION OF INSURANCE POLICY, LABOUR LEGISLATION & DISABILITY MANAGEMENT	5	4	1	1	0
2	OF INSURER ON EMPLOYMENT EQUITY ACT – CODE OF GOOD PRACTICE: DISABILITY	3	4	1	2	1
3	OF CLAIMS ASSESSOR ON FUNCTIONAL CAPACITY/IMPAIRMENT	5	6	0	0	0
4	OF OT'S OUTSIDE INSURANCE INDUSTRY ON DISABILITY MANAGEMENT	4	7	0	0	0
<b>INTERACTION WITH EMPLOYER</b>						
5	DIRECT & MORE FREQUENT CONTACT WITH EMPLOYER	7	4	0	0	0
6	MEDIATOR BETWEEN EMPLOYER/OCCUPATIONAL HEALTH TEAM & INSURER	4	4	2	1	0
7	ASSIST EMPLOYER TO IMPLEMENT DISABILITY MANAGEMENT STRATEGIES IN ALLIGNMENT WITH INSURED BENEFITS & LABOUR LEGISLATION	4	6	1	0	0
8	CONSULT EMPLOYER ON DISABILITY CLAIMS	3	7	1	0	0
9	WORK VISIT TO FAMILIARISE WITH WORK ENVIRONMENT & RANGE OF JOBS ETC ON COMMENCEMENT OF RISK	4	7	0	0	0
10	RISK MANAGEMENT TOOL TO PREVENT EMPLOYER NON-COMPLIANCE	5	5	1	0	0
<b>CLAIMS ASSESSMENT &amp; MANAGEMENT</b>						
11	MORE INVOLVEMENT IN CLAIMS	2	4	4	1	0
12	ON-SITE OT ASSESSMENT IN ALL DECLINED CLAIMS	0	0	5	6	0
13	USE OF MORE MODERN / ACCREDITED MEASUREMENT TOOLS IN FUNCTIONAL EVALUATIONS	2	6	2	1	0
14	ASSESSMENT OF POTENTIAL CLAIMS	2	7	2	0	0
15	CASE MANAGEMENT & COUNSELLING OF CLAIMANTS	3	4	4	0	0
16	LIAISON WITH OT'S, DOCTORS & OCCUPATIONAL HEALTH TEAM	2	9	0	0	0
17	DEVELOP, COACH & MAINTAIN NETWORK OF EXPERTS	4	7	0	0	0
<b>PREVENTION</b>						



18	EARLIER OT INTERVENTION	5	5	1	0	0
19	SAFETY & ERGONOMIC EVALUATION OF WORKPLACE	3	6	2	0	0
20	ANALYSIS OF SICK LEAVE	3	3	4	1	0
21	EARLY IDENTIFICATION OF THOSE AT RISK IN COMPANY & APPLY INTERVENTION	4	5	2	0	0
<b>REHABILITATION</b>						
22	ENSURE IMPLEMENTATION OF RECOMMENDATIONS, GIVE IN-PUT & FOLLOW-UP	5	6	0	0	0
23	FACILITATE CREATION OF EMPLOYMENT OPPORTUNITIES	3	5	3	0	0
24	FORM MULTI-DISCIPLINARY TEAMS / CENTRES	1	7	3	0	0
25	SUPPORT COLLEAGUES IN REHABILITATION FIELD TO ENCOURAGE THEIRSERVICES	4	7	0	0	0
<b>OTHER</b>						
26	TEAM WORK WITH ALL ROLEPLAYERS	5	6	0	0	0
27	INVOLVEMENT IN STRATEGIC PLANNING IN INSURANCE INDUSTRY REGARDING DISABILITY MANAGEMENT	3	8	0	0	0
28	INVOLVEMENT IN PRODUCT DESIGN BASED ON EXPERIENCE OF EMPLOYERS / EMPLOYEES NEEDS	4	7	0	0	0
29	RESEARCH TO STANDARDISE & STREAMLINE FUNCTIONAL & WORK ASSESSMENTS	3	8	0	0	0
30	MARKET THE ROLE OF THE OT IN THE INSURANCE INDUSTRY	4	6	1	0	0
31	VOCATIONAL RIGHTS CONSULTANCY	1	5	5	0	0
32	<b>OT'S ROLE IN INSURANCE INDUSTRY WILL NOT CHANGE SIGNIFICANTLY IN FUTURE</b>	1	0	0	4	6

**PLEASE COMMENT ON THE FOLLOWING:**

- WHAT CHANGES DO YOU SUGGEST TO CLARIFY THE GROUPING OF THE RESPONSES?
- WHICH RESPONSES / OPINIONS ARE INAPPROPRIATE IN RELATION TO THE QUESTION ASKED
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- PLEASE REPHRASE ANY STATEMENTS TO CLARIFY THEIR DISTINCTIVENESS



- PLEASE IDENTIFY ANY ISSUES OMITTED

5. SIXTH QUESTION FROM THE INITIAL QUESTIONNAIRE:  
**BASED ON YOUR ANSWER TO THE PREVIOUS QUESTION, WHAT ADDITIONAL KNOWLEDGE, SKILLS OR TRAINING DO THE OCCUPATIONAL THERAPISTS WORKING IN THE SECTOR OF THE INSURANCE INDUSTRY YOU IDENTIFIED IN QUESTION 1, REQUIRE TO MEET THESE FUTURE CHALLENGES? PLEASE PROVIDE A BRIEF EXPLANATION TO SUPPORT EACH RECOMMENDATION.**

		SA	A	?	D	SD
<b>THEORETICAL KNOWLEDGE</b>						
MEDICINE						
1	IMPROVED KNOWLEDGE OF MEDICAL CONDITIONS & THEIR TREATMENT, PHARMACOLOGY & PHYSIOLOGY	3	9	0	0	0
INSURANCE						
2	BROAD UNDERSTANDING OF INSURANCE INDUSTRY	3	9	0	0	0
3	KNOWLEDGE OF INSURANCE PRODUCTS	4	8	0	0	0
4	KNOWLEDGE OF CLAIMS MANAGEMENT PROCESS	3	8	0	1	0
5	UNDERSTAND THE LEGAL INTERPRETATION OF INSURANCE CONTRACTS	5	7	0	0	0
6	STANDARD FORMAL CLAIMS ASSESSMENT TRAINING	3	8	0	1	0
7	FORMAL EXAMINATIONS OF KEY ASPECTS IN FIELD TO ESTABLISH QUALIFIED EXPERTS	2	6	3	1	0
8	INSURANCE QUALIFICATIONS	1	1	8	2	0
9	NO FURTHER DEGREES REQUIRED BUT UNDERSTANDING OF EMPLOYER, EMPLOYEE, INSURER	4	5	2	1	0
10	BROAD/HOLISTIC CONCEPT OF DISABILITY MANAGEMENT REQUIRED	7	5	0	0	0
LABOUR LEGISLATION & CONSITUION						
11	KNOWLEDGE OF THESE LAWS & IMPLICATIONS FOR DISABILITY MANAGEMENT	4	7	0	0	0
12	COMPLIANCE STRATEGIES	2	7	3	0	0
13	DISPUTE RESOLUTION STRATEGIES	0	7	4	1	0
14	DISABILITY RIGHTS	2	6	3	1	0
BUSINESS & FINANCIAL						
15	BASIC FINANCIAL BACKGROUND KNOWLEDGE	2	4	5	1	0
16	BASIC BUSINESS KNOWLEDGE – ADMINISTRATION, IT, CORPORATE CULTURE & HR MANAGEMENT	2	8	1	1	0
<b>INTERPERSONAL SKILLS</b>						



17	COUNSELLING SKILLS	5	3	4	0	0
18	NEGOTIATION SKILLS	4	5	2	1	0
19	LEADERSHIP SKILLS	2	5	4	1	0
20	COMMUNICATION SKILLS	7	5	0	0	0
21	MEDIATION SKILLS	1	5	5	1	0
22	EDUCATION SKILLS	1	8	3	0	0
23	PRESENTATION SKILLS	0	7	5	0	0
24	CONFLICT MANAGEMENT	1	6	4	1	0
25	NETWORKING SKILLS	4	8	0	0	0
<b>HIGHER COGNITIVE SKILLS</b>						
26	PROBLEM-SOLVING SKILLS	4	7	1	0	0
27	LATERAL THINKING ABILITY	4	8	0	0	0
28	INTERPRETATIVE SKILLS	5	7	0	0	0
<b>CLINICAL SKILLS</b>						
29	REHABILITATION & VOCATIONAL REHABILITATION	4	6	2	0	0
30	ASSESSMENT TECHNIQUES & METHODS	6	5	1	0	0
31	CLINICAL REASONING	6	4	1	0	0
32	APPLIED DISABILITY MANAGEMENT SKILLS INCLUDING VOCATIONAL COUNSELLING, ACCOMMODATION STRATEGIES & TRANSITIONAL WORK PROGRAMMES	5	6	1	0	0
33	PLACEMENT SKILLS	4	4	3	0	0
<b>OTHER KNOWLEDGE/SKILLS</b>						
34	FAMILIARISATION WITH NEW TRENDS IN THE FIELD	2	9	1	0	0
35	MEDICO-LEGAL REPORT WRITING SKILLS	7	5	0	0	0
36	JOB CREATION SKILLS	2	6	4	0	0
37	ABSENTEEISM CONTROL	2	7	2	1	0
38	RISK ASSESSMENT & MANAGEMENT	2	6	2	2	0
39	KNOWLEDGE OF AND SKILLS TO MANAGE IMPACT OF HIV/AIDS ON WORK ENVIRONMENT AND INSURED BENEFITS	2	7	2	1	0
40	KNOWLEDGE OF OCCUPATIONAL HEALTH	2	10	0	0	0
41	RESEARCH – EVIDENCE BASED PRACTICE	0	9	3	0	0
<b>OTHER POST-GRADUATE TRAINING</b>						
42	INDUSTRIAL PSYCHOLOGY	1	2	7	2	0



43	INDUTRIAL RELATIONS & HR	2	4	5	1	0
44	NEURO-PSYCHIATRY & NEURO-PSYCHOLOGY	1	3	5	3	0
45	<b>NO FURTHER TRAINING/KNOWLEDGE REQUIRED</b>	0	0	1	3	8

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**THANK YOU FOR YOUR PARTICIPATION**