

APPENDIX F: THE THIRD 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 responding to the second round of the questionnaire in connection with the research I am conducting. I again received an excellent response rate. I would like to encourage you to continue to participate – this questionnaire will not take long to complete. The aim of the questionnaire now is to attempt to achieve some consensus on the subject matter. If this is not achieved in this round, one final questionnaire will be circulated.

Attached is the third questionnaire for you to complete. The most popular choices made by the respondents (reflected as the mean scores) are indicated in this questionnaire, so that you can see whether you are in agreement with the majority of the other respondents.

You are required in this round, to confirm your choice. You are quite entitled to have a different opinion – please do not change your opinion just because it does not lie with the majority.

Please note that any item with a mean score of 3 (“uncertain” on the Likert Scale) or more will be included in the research results. Those items with a mean score of 1 or 2 (“disagree” / “strongly disagree”) will not be included.

Please review the new items that have been added from comments in the previous questionnaire and indicate whether and to what extent you agree or disagree with them. Thank you for your general comments as well as your feedback on the categories. This will be very helpful when I analyse and interpret the information.

Please complete this questionnaire and return it to me by _____.

Regards,

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IN THE LAST QUESTIONNAIRE, YOU PROVIDED AN INDICATION OF WHETHER AND TO WHAT EXTENT YOU AGREED WITH THE OPINIONS OF THE OTHER RESPONDENTS, USING THE LIKERT SCALE.

THE CHOICE YOU MADE IS NOW INDICATED IN THE COLUMN WITH THE HEADING "IC" – INITIAL CHOICE. AS BEFORE, THE ABBREVIATIONS STAND FOR:

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

THE MEAN SCORE (REFLECTING THE MOST POPULAR CHOICE) OF THE PARTICIPANTS RESPONSES IS INDICATED IN THE COLUMN WITH THE HEADING "MS"

YOU ARE REQUIRED TO:

- **CONFIRM YOUR CHOICE BY MAKING A CROSS OR TICK ON THE LIKERT SCALE**
- **GIVE YOUR OPINION ON THE ADDITIONAL COMMENTS PROVIDED BY THE RESPONDENTS IN THE SECOND QUESTIONNAIRE**

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.

		IC	M S	SA	A	?	D	SD
DISABILITY CLAIMS ASSESSMENT/MANAGEMENT								
A	ITEM ADDED FROM COMMENTS IN THE 2ND QUESTIONNAIRE: TO DO THE FOLLOWING IN ACCORDANCE WITH THE SPECIFIC POLICY/CONTRACT							
1	INTERPRET INFORMATION:							
2	TO DETERMINE VALIDITY OF CLAIMS		4					
3	TO MAKE RECOMMENDATIONS ON FURTHER MANAGEMENT		4					
4	TO PROVIDE ADVICE ON A CLAIM		4					
5	FOR NON-MEDICAL ASSESSORS TO APPLY TO POLICY		3					
6	TO DETERMINE FURTHER MEDICAL REQUIREMENTS		4					
7	PROVIDE AN OPINION / ADVISE ON:							



8	FUNCTIONAL IMPAIRMENT BY MATCHING THE MEDICAL CONDITION, FUNCTIONAL IMPAIRMENT & JOB DESCRIPTION	5					
9	REASONABLE ALTERNATIVE WORK/ACCOMMODATIONS TAKING CLAIMANT'S TRAINING, EXPERIENCE & IMPAIRMENT INTO ACCOUNT	5					
10	DETERMINE EXTENT OF FUNCTIONAL IMPAIRMENT / CAPACITY TO WORK BASED ON:						
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	4					
12	WORK VISIT INCLUDING ANALYSIS OF JOB, WORK ENVIRONMENT, ACCESSIBILITY & INTERPERSONAL RELATIONS AT WORK	5					
13	ASSESSMENT OF REASONABLE ALTERNATIVE OCCUPATIONS & ACCOMMODATIONS INCLUDING WORKPLACE MODIFICATIONS, RE-DEPLOYMENT, RE-TRAINING & ADAPTATIONS	5					
14	COMPILE REPORTS ON FINDINGS & MAKE RECOMMENDATIONS	4					
15	GIVE FEEDBACK IN TEAM DISCUSSIONS ON ASSESSMENT /OPINION	4					
16	ASSIST WITH DETECTION OF MALINGERING WITH UNANNOUNCED HOME VISITS	3					
B	ITEM ADDEDD FROM COMMENTS IN THE 2ND QUESTIONNAIRE: APPLY VARIOUS TECHNIQUES TO DETERMINE INAPPROPRIATE ILLNESS BEHAVIOUR DURING FUNCTIONAL ASSESSMENT						
17	REVIEW ONGOING CLAIMS	4					
18	COUNSEL NEW CLAIMANTS TO ENCOURAGE EARLY RETURN TO WORK OR IN ONGOING CLAIMS - TO SEEK EMPLOYMENT	4					
CONSULTATION WITH EMPLOYER							
19	EDUCATE EMPLOYER ON IMPACT OF DISABILITY, PREVENTION AND REHABILITATION	4					
20	LIAISE WITH EMPLOYER TO FACILITATE EARLY RETURN TO WORK	5					
21	NEGOTIATE THE IMPLEMENTATION OF ACCOMMODATIONS	4					
22	ADVISE ON PREVENTION / DISABILITY MANAGEMENT / CASE MANAGEMENT	4					
23	EVALUATE COMPLIANCE WITH LABOUR LEGISLATION	3					
REHABILITATION							
24	ADVISE ON VOCATIONAL REHABILITATION	4					
25	EDUCATE OCCUPATIONAL HEALTH PROFESSIONALS ON REHAB	4					
26	CONDUCT CASE MANAGEMENT, OVERSEEING PROCESS OF RECOVERY, REHABILITATION, RETRAINING	4					
27	EVALUATE CLAIMANT'S REHABILITATION POTENTIAL	4					



28	MAKE RECOMMENDATIONS FOR REHABILITATION OR RETRAINING THAT WILL ALLOW ACCOMMODATION IN WORKPLACE	4					
29	FORMULATE A REHABILITATION PLAN IN CONSULTATION WITH ALL STAKEHOLDERS	4					
30	MOTIVATE AND PERSUADE STAKEHOLDERS OF BENEFITS OF REHABILITATION	4					
31	REFER CLAIMANT TO SERVICE PROVIDERS	4					
C	ITEM ADDEDD FROM COMMENTS IN THE 2ND QUESTIONNAIRE: REFER CLAIMANT BACK TO TREATING DOCTORS FOR APPROPRIATE TREATMENT & MANAGEMENT						
32	LIAISE WITH DOCTORS/THERAPISTS WHERE TREATMENT/REHABILITATION IS SUBOPTIMAL	4					
33	MANAGE, MONITOR, ADJUST AND CO-ORDINATE REHABILITATION	4					
34	FACILITATE JOB REINTEGRATION & SUPPORT STAKEHOLDERS	4					
D	ITEM ADDEDD FROM COMMENTS IN THE 2ND QUESTIONNAIRE: PERFORMING WORK HARDENING & TREATMENT						
ADDITIONAL FUNCTIONS							
35	INVOLVEMENT IN PRODUCT DESIGN, ESPECIALLY RELATED TO REHABILITATION	4					
36	ASSISTING WITH ASSESSMENT OF CLIENT NEEDS AND MOST APPROPRIATE PRODUCT DESIGN	4					
37	MANAGEMENT, SUPERVISORY AND ADMINISTRATIVE FUNCTIONS IN CLAIMS DEPARTMENT	3					
38	ASSISTING INSURERS WITH INTERPRETATION AND IMPLEMENTATION OF NEW LABOUR LEGISLATION IN RELATION TO CLAIMS ASSESSMENT AND MANAGEMENT	3					
39	LIAISON WITH & EDUCATION OF ALL STAKEHOLDERS FOR MANAGEMENT OF GROUP SCHEME	4					
40	MARKET THE ROLE OF THE OT IN THE INSURANCE INDUSTRY	4					
41	CONTINUE OWN PROFESSIONAL DEVELOPMENT & EDUCATION	4					
E	ITEM ADDEDD FROM COMMENTS IN THE 2ND QUESTIONNAIRE: INPUT IN OCCUPATIONAL HEALTH & SAFETY						

PLEASE COMMENT ON THE FOLLOWING:

- 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.

		IC	M S	SA	A	?	D	SD
INSURER								
CLAIMS ASSESSMENT & MANAGEMENT								
1	DELAYED NOTIFICATION OF CLAIMS		4					
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 & EARLY INTERVENTION</i>		5					
3	BUSY CLAIMS TEAMS UNABLE TO CONDUCT CASE MANAGEMENT <i>OUTSOURCING</i>		3.5					
4	LACK OF OBJECTIVE PARAMETERS/INFORMATION TO ASSESS CLAIMS <i>GUIDELINES FOR DOCTORS TO BE UPDATED & APPLIED IN PRIVATE SECTOR</i>		4					
5	FRAUDULENT CLAIMS <i>GOOD INTERNAL CONTROLS & STAKEHOLDER EDUCATION</i>		4					
6	NEGATIVE IMPRESSION OF INSURERS APPROACH TO CLAIMS		4					
7	CONTENTIOUS CLAIMS WITH LEGAL / OMBUDSMAN INVOLVEMENT <i>OMBUDSMAN/INSURER EDUCATION & DISCUSSION ON CLAIMS, CONSULT LEGAL EXPERTISE, CHECK WRITTEN MATERIAL CORRECT</i>		4					
8	CLAIM NUMBERS INCREASING WITH RETRENCHMENT CLIMATE		4					
9	COMMUNICATION WITH EMPLOYER HAMPERED BY INTERMEDIARY <i>CLARIFY ROLE OF BROKER/INSURER, EDUCATE BROKER, ESTABLISH GOOD WORKING RELATIONSHIP WITH BROKER</i>		5					
10	POOR COMMUNICATION WITH HEALTH CARE PROVIDERS <i>STIMULATE BETTER COMMUNUCATION</i>		4					
OT'S AS CLAIMS ASSESSORS								
11	ETHICALLY QUESTIONABLE EMPLOYMENT OF OT'S BY INSURERS TO ASSESS CLAIMS		1					
12	NEGATIVE INFLUENCE OF INSURANCE MANAGEMENT ON OT ASSESSOR'S DECISION		3					



13	LACK OF STANDARDISED PRACTICES OF OT CLAIMS ASSESSMENT		4						
PRODUCTS									
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 & DURING CLAIM, DETAILS OF EMPLOYER'S DISABILITY MANAGEMENT PROCEDURES, REVISE PRODUCTS BASED ON INCAPACITY</i>		3						
15	LUMP SUM BENEFITS INHIBIT RETURN TO WORK & REHABILITATION <i>REVIEW PRODUCT</i>		5						
16	PRODUCT / CLIENT MISMATCH <i>EDUCATE SALESFORCE & EMPLOYERS</i>		4						
SUBHEADING ADDED FROM COMMENTS IN THE 2ND QUESTIONNAIRE: INTERNAL DEPARTMENT MANAGEMENT									
A	INEFFICIENT MANAGEMENT DUE TO LACK OF UNDERSTANDING OF COMPLEXITIES OF O.T SERVICE OR EMPLOYER NEEDS, POOR STAFFING OF DEPT & REMUNERATION OF O.TS								
B	PROBLEMS IN THIS AREA GIVE RISE TO MANY PROBLEMS OF SERVICE DELIVERY								
EMPLOYER									
17	LACK OF INTEGRATION OF HR POLICY/PROCEDURES WITH INSURED DISABILITY BENEFITS <i>HR EDUCATION AND INTEGRATION</i>		5						
18	LACK OF COMMUNICATION/COORDINATION WITH INSURER ON DISABILITY CLAIMS <i>EMPLOYMENT EQUITY ACT PLACES OBLIGATION ON EMPLOYER TO COMMUNICATE WITH INSURER, EDUCATION OF EMPLOYEE</i>		4						
19	NON-COMPLIANCE WITH LABOUR LEGISLATION <i>IMPROVE EMPLOYER COMPLIANCE AND EDUCATION</i>		4						
20	NEGATIVE ATTITUDE TOWARDS PEOPLE WITH DISABILITIES AND EMPLOYING OR ACCOMMODATING THEM <i>EDUCATION AND IMPLEMENTATION OF EMPLOYMENT EQUITY ACT</i>		4						
21	GENERAL LACK OF UNDERSTANDING OF DISABILITY MANAGEMENT / INSURANCE & LABOUR LAW <i>CLOSER WORKING RELATIONSHIP BETWEEN EMPLOYER & INSURER, INSURER TO CONSULT WITH EMPLOYER</i>		5						
22	LACK OF INVOLVEMENT OF LINE MANAGERS, OCCUPATIONAL HEALTH SERVICES & HR IN DISABILITY MANAGEMENT		4						
23	MISUSE OF INSURANCE WITH EMPLOYERS EVADING THEIR RESPONSIBILITIES RE DISABILITY MANAGEMENT & RETRENCHMENT <i>RETRENCHMENT SUPPORT PROGRAMMES</i>		4						
24	LACK OF SICK LEAVE MANAGEMENT <i>IT PROGRAMMES TO MONITOR SICK LEAVE</i>		4						



25	LACK OF PRE-PLACEMENT SCREENING RESULTING IN EMPLOYEE/JOB MISMATCH	4					
26	POORLY MANAGED CYCLE OF POOR STAFF RELATIONS, RESULTING IN SICK LEAVE ABUSE & EVENTUAL DISABILITY CLAIM	4					
EMPLOYEE							
27	LACK OF KNOWLEDGE OF INSURANCE POLICY <i>EDUCATE EMPLOYEE WITH INFORMATION SUPPLIED BY BROKER/INSURER AND INVOLVE EMPLOYEE REPRESENTATIVES</i>	4					
28	DISABILITY MINDSET/SICK ROLE AND UNWILLINGNESS TO UNDERGO REHABILITATION OR ATTEMPT RETURN TO WORK <i>EDUCATE STAKEHOLDERS ON LABOUR LEGISLATION & BENEFITS OF EARLY RETURN TO WORK</i>	4					
29	MISCONCEPTION THAT CLAIM READILY PAID ON RECOMMENDATION OF TREATING DOCTOR <i>EDUCATE ALL STAKEHOLDERS</i>	5					
30	SENSE OF ENTITLEMENT	4					
REHABILITATION/RETRAINING/ACCOMMODATION							
31	LACK OF ADEQUATE SERVICE PROVIDERS <i>MORE CENTRES REQUIRED</i>	5					
32	LACK OF USE OF REHABILITATION & WORK HARDENING <i>OT'S TO MARKET POSITIVE OUTCOMES</i>	5					
33	LACK OF REHABILITATION INCENTIVES	5					
34	LACK OF FOLLOW-UP BY INSURER ON RECOMMENDATIONS FOR REHABILITATION ETC	4					
35	LACK OF TRAINING OPPORTUNITIES <i>GOVERNMENT INVOLVMENT</i>	4					
36	LACK OF SHELTERED EMPLOYMENT <i>INSURERS TO DEVELOP SUCH FACILITIES</i>	3					
37	LACK OF REDEPLOYMENT OPPORTUNITIES AT PREVIOUS EMPLOYER <i>COMPREHENSIVE REDEPLOYMENT DATA BASE</i>	4					
LEGAL ENVIRONMENT							
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	4					
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>	4					
40	IMPACT OF EQUALITY BILL UNCLEAR	3					
MEDICAL/PARAMEDICAL PROFESSIONS							
	DOCTORS						



41	POOR KNOWLEDGE/UNDERSTANDING OF INSURANCE/LEGAL ASPECT OF DISABILITY EDUCATION	5					
42	"BOARD" OR LABELLE PEOPLE AS DISABLED, PREMATURELY	5					
43	INFORMATION PROVIDED IN REPORTS IS FREQUENTLY INADEQUATE & LACKS DETAIL	5					
44	EXAMINING DOCTORS ARE BIASED, NON-OBJECTIVE AND INCONSISTENT <i>TRAINING IN DISABILITY ASSESSMENT, ACCREDITATION OF INDEPENDENT EXAMINERS</i>	4					
45	DOCTORS TAKE TIME TO PROVIDE INFORMATION REQUIRED FOR SUBMISSION OF CLAIM ITEM REPHRASED FROM COMMENTS IN THE 2ND QUESTIONNAIRE: DOCTORS TAKE LONG TO PROVIDE INFORMATION REQUIRED FOR SUBMISSION OF CLAIM, RESULTING IN ILL-AFFORDED TIME DELAYS	4					
	OT'S						
46	INADEQUATE ASSESSMENT OF FUNCTIONAL IMPAIRMENT	4					
47	REPORTS FREQUENTLY REFLECT A CLAIMANT BIAS <i>GUIDELINES TO IMPROVE OBJECTIVITY</i>	4					
48	LACK OF FEEDBACK FROM INSURER ON CLAIMS, OT REPORTS, OT SERVICE	3.5					
49	FEW OT'S SPECIALISING/TRAINED IN INSURANCE, DISABILITY MANAGEMENT, VOCATIONAL REHABILITATION	4					
50	LACK OF EQUIPMENT & DIAGNOSTIC APPARATUS FOR MODERN DISABILITY ASSESSMENTS	3					
51	INSUFFICIENT DISCUSSION AMONGST OT'S AND DOCTORS ON SPECIFIC CLAIMS	4					
52	DEMAND FOR MORE DETAILED ASSESSMENT & MORE INFORMATION IN REPORTS BUT AT LOWER PRICE <i>NEED FOR TARIFF FIXING</i>	4					

PLEASE COMMENT ON THE FOLLOWING:

- 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 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.

		IC	M S	SA	A	?	D	SD
INSURANCE								
CLAIMS ASSESSMENT AND MANAGEMENT								
1	MORE PROFESSIONAL CLAIMS ASSESSMENT		5					
2	MORE TRAINING & INTERACTION AMONGST ASSESSORS		5					
3	MORE SUBJECTIVE CAUSES OF CLAIMS <i>FIND OBJECTIVE WAYS OF ASSESSING CLAIMS</i>		4					
4	INDEPENDENT MEDICAL OPINIONS OBTAINED IN ALL/MOST CLAIMS		4					
5	WITH ONGOING CHANGES IN THE DISABILITY ARENA, MORE COMPLICATED HANDLING OF CLAIMS		4					
6	EARLIER INTERVENTION IN CLAIMS –INVOLVEMENT IN POTENTIAL CLAIMS		4					
7	MORE ACTIVE CLAIMS MANAGEMENT DUE TO FINANCIAL PRESSURE		4					
8	MORE RISK MANGEMENT WITH INCENTIVES TO PROMOTE PREVENTATIVE MEASURES IN THE WORKPLACE		4					
9	INCREASING SYMPTOM MAGNIFICATION AND FRAUD		4					
A	ITEM ADDED FROM COMMENTS IN THE 2ND QUESTIONNAIRE: DETECTION OF MALINGERING MAY BECOME MORE SCIENTIFIC IN THE FUTURE							
10	OUTSOURCING DISABILITY ASSESSMENT, REHABILITATION & CASE MANAGEMENT		4					
11	INCREASING LITIGATION <i>EDUCATION/SPECIALISATION OF MEDICAL / PARAMEDICAL INSURANCE STAFF, WELL RESEARCHED POLICIES/PRODUCTS, DISCUSSION AMONGST ROLEPLAYERS</i>		4					
PRODUCTS								
12	PRODUCTS DESIGNED & PROVIDED IN ALIGNMENT WITH NEW LABOUR LEGISLATION		4					
13	INSURING IMPAIRMENT RATHER THAN DISABILITY WHICH IS OBJECTIVELY DEFINABLE		4					
14	PRODUCTS PROVIDING/PROMOTING SICK LEAVE MANAGEMENT, EARLY INTERVENTION & EARLY RETURN TO WORK <i>DEVELOPMENT OF IT SOFTWARE</i>		4					
OTHER								

15	INTERMEDIARY DILUTION AND DIRECT ACCESS TO EMPLOYER	5					
16	BETTER CLIENT SERVICE & COMMUNICATION	4					
17	SHARING KNOWLEDGE AS AN INDUSTRY	4					
18	PAYING FOR THE COST OF VOCATIONAL REHABILITATION	4					
EMPLOYER							
19	IMPROVED AWARENESS & ATTITUDE TOWARDS JOB ACCOMMODATION, REHABILITATION & RE-TRAINING	4					
20	REQUIREMENT OF PRODUCTIVITY & SAFETY IN LESS LABOUR INTENSIVE ENVIRONMENT	4					
EMPLOYEE							
21	THREAT OF UNEMPLOYMENT <i>JOB CREATION INCENTIVES BY INSURER</i>	4					
22	EXPECTATION OF COMPREHENSIVE BENEFITS <i>INFORMATION BOOKLET</i>	4					
23	GREATER ENTITLEMENT ATTITUDE RELATED TO SICK LEAVE & DISABILITY CLAIMS <i>EDUCATION</i>	4					
DISABILITY MANAGEMENT							
24	CONDUCTED AT THE WORKSITE BY OCCUPATIONAL HEALTH TEAM WITH CASE MANAGEMENT SERVICES OFFERED BY INSURER/BROKER ALONGSIDE THIS	4					
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					
B	ITEM ADDED FROM COMMENTS IN THE 2ND QUESTIONNAIRE: GREATER COST & RISK REDUCTION IN DISABILITY MANAGEMENT WITH INSURANCE O.TS INVOLVED IN COST REDUCTION AS A RISK MANAGEMENT TOOL ALONGSIDE OTHER PROVIDERS						
IMPACT OF EMPLOYMENT EQUITY ACT							
26	NEW CODE OF GOOD PRACTICE (DISABILITY): EMPLOYER REQUIRED TO DEVELOP FUNCTIONAL JOB DESCRIPTIONS, PROVIDE REASONABLE ACCOMMODATIONS, INVESTIGATE EACH CASE OF DISABILITY	4					
27	MORE LABOUR/UNION INVOLVEMENT <i>STRATEGIES FOR BETTER COMMUNICATION & TRUST</i>	4					
28	EMPLOYER TAKING RESPONSIBILITY FOR ILL HEALTH RETIREMENT	4					
29	INCREASED USE OF INDEPENDENT MEDICAL/PARAMEDICAL ASSESSMENT SERVICES BY EMPLOYER	5					



C	ITEM ADDED FROM COMMENTS IN THE 2 ND QUESTIONNAIRE IN PRACTISE, THE NEW LABOUR LEGISLATION IS SELDOM APPLIED OR ENFORCEABLE & THEREFORE IT IS USELESS LEGISLATION							
HIV/AIDS								
30	INCREASING CLAIMS & COST OF DISABILITY INSURANCE <i>CONSISTENT ASSESSMENT CRITERIA APPLIED THROUGHOUT INSURANCE INDUSTRY, CAPPING OF DISABILITY BENEFITS</i>		4					
31	IMPACT ON PENSION FUND – LESS MONEY FOR RETIREMENT SAVINGS		5					
32	CHALLENGE FOR EMPLOYER REGARDING JOB ACCOMMODATION		4					
REHABILITATION								
33	<i>DISABLED EMPLOYEES ACCOMMODATED IN WORKPLACE MAY DETERIORATE QUICKER DUE TO (FOR EXAMPLE) OVERUSE</i> ITEM REPHRASED FROM COMMENTS IN THE 2ND QUESTIONNAIRE: DISABLED EMPLOYEES ACCOMMODATED IN WORKPLACE MAY DETERIORATE QUICKER DUE TO (FOR EXAMPLE) EXCESSIVE STRAIN ON THEIR INJURED BODY PART		4					
34	RESISTANCE OF PSYCHIATRIC CONDITIONS TO JOB ACCOMMODATION & ADAPTATION		4					
35	RISK: FAILURE OF REHABILITATION - WAST OF TIME & MONEY		4					
MEDICAL & PARAMEDICAL PROFESSION								
DOCTORS								
36	ADDRESSING OF PROBLEM RELATED TO DOCTORS INADVERTANTLY ENCOURAGING DISABILITY BEHAVIOUR <i>ENCOURAGE PROACTIVE DISABILITY MANAGEMENT</i>		4					
OT'S								
37	SPECIALISATION IN VOCATIONAL REHABILITATION		4					
38	FORMALISED TRAINING IN INSURANCE		4					
39	OFFERING INDEPENDENT DISABILITY CLAIM ASSESSMENT SERVICES		4					
40	CONSULTING IN EMPLOYMENT RELATED AREAS WITH OTHER CONSULTING PROFESSIONALS		5					
41	CONSULTING ON VOCATIONAL RIGHTS & REHABILITATION		4					
42	PROVIDING SOLUTIONS TO PREVENT EMPLOYER NON-COMPLIANCE		4					
43	UTILISING CASE MANAGEMENT AS A DISABILITY MANAGEMENT TOOL		4					
44	STRATEGIC REPOSITIONING OF OT PROFESSION		4					
45	REPORTS WITH RECOMMENDATIONS FOR ACCOMMODATIONS WILL BECOME MORE		4					



DISCLOSABLE								
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PLEASE COMMENT ON THE FOLLOWING:

- 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.

		IC	MS	SA	A	?	D	SD
EDUCATION								
1	OF CLAIMANT, EMPLOYER, UNION REP, DOCTOR & OCCUPATIONAL HEALTH TEAM ON IMPLICATIONS/APPLICATION OF INSURANCE POLICY, LABOUR LEGISLATION & DISABILITY MANAGEMENT		5					
2	<i>OF INSURER ON EMPLOYMENT EQUITY ACT – CODE OF GOOD PRACTICE: DISABILITY</i> ITEM REPHRASED FROM COMMENTS IN THE 2ND QUESTIONNAIRE: OF INSURER ON EMPLOYMENT EQUITY ACT – CODE OF GOOD PRACTICE: DISABILITY, BUT INITIAL EDUCATION SHOULD BE DONE BY A LEGAL ADVISOR		4					
3	<i>OF CLAIMS ASSESSOR ON FUNCTIONAL CAPACITY/IMPAIRMENT</i> ITEM REPHRASED FROM COMMENTS IN THE 2ND QUESTIONNAIRE: OF NON O.T CLAIMS ASSESSOR ON FUNCTIONAL CAPACITY/IMPAIRMENT/DISABILITY		4					
4	OF OT'S OUTSIDE INSURANCE INDUSTRY ON DISABILITY MANAGEMENT		4					
INTERACTION WITH EMPLOYER								
5	DIRECT & MORE FREQUENT CONTACT WITH EMPLOYER		5					
6	MEDIATOR BETWEEN EMPLOYER/OCCUPATIONAL HEALTH TEAM & INSURER		4					
7	ASSIST EMPLOYER TO IMPLEMENT DISABILITY MANAGEMENT STRATEGIES IN ALIGNMENT WITH INSURED BENEFITS & LABOUR LEGISLATION		4					



8	CONSULT EMPLOYER ON DISABILITY CLAIMS		4					
9	WORK VISIT TO FAMILIARISE WITH WORK ENVIRONMENT & RANGE OF JOBS ETC ON COMMENCEMENT OF RISK		4					
10	RISK MANAGEMENT TOOL TO PREVENT EMPLOYER NON-COMPLIANCE		4					
CLAIMS ASSESSMENT & MANAGEMENT								
11	MORE INVOLVEMENT IN CLAIMS		4					
12	ON-SITE OT ASSESSMENT IN ALL DECLINED CLAIMS		3					
13	USE OF MORE MODERN / ACCREDITED MEASUREMENT TOOLS IN FUNCTIONAL EVALUATIONS		4					
14	<i>ASSESSMENT OF POTENTIAL CLAIMS</i> ITEM REPHRASED FROM COMMENTS IN THE 2ND QUESTIONNAIRE: ASSESSMENT AND COST-EFFECTIVE SCREENING OF POTENTIAL CLAIMS		4					
15	CASE MANAGEMENT & COUNSELLING OF CLAIMANTS		4					
16	LIAISON WITH OT'S, DOCTORS & OCCUPATIONAL HEALTH TEAM		4					
17	DEVELOP, COACH & MAINTAIN NETWORK OF EXPERTS		4					
A	ITEM ADDED FROM COMMENTS IN THE 2ND QUESTIONNAIRE: EVALUATION OF CERTAIN CLAIMANTS AT THE INSURERS MEDICAL SUITE							
B	ITEM ADDED FROM COMMENTS IN THE 2ND QUESTIONNAIRE: EVALUATE CLAIMS TOGETHER WITH THE APPROPRIATE SPECIALIST DOCTOR CONSULTING TO THE INSURER							
PREVENTION								
18	EARLIER OT INTERVENTION		5					
19	SAFETY & ERGONOMIC EVALUATION OF WORKPLACE		4					
20	ANALYSIS OF SICK LEAVE		4					
21	EARLY IDENTIFICATION OF THOSE AT RISK IN COMPANY & APPLY INTERVENTION		4					
REHABILITATION								
22	<i>ENSURE IMPLEMENTATION OF RECOMMENDATIONS, GIVE IN-PUT & FOLLOW-UP</i> ITEM REPHRASED FROM COMMENTS IN THE 2ND QUESTIONNAIRE: FACILITATE / OVERSEE / MONITOR IMPLEMENTATION OF RECOMMENDATIONS, GIVE IN-PUT & FOLLOW-UP		4.5					
23	FACILITATE CREATION OF EMPLOYMENT OPPORTUNITIES		4					
C	ITEM ADDEDD FROM COMMENTS IN THE 2ND QUESTIONNAIRE: ADVISE ON CREATION OF EMPLOYMENT OPPORTUNITIES BY FACILITATING COMPLIANCE OF EMPLOYMENT EQUITY ACT BUT INSURER IS NOT AN EMPLOYMENT AGENCY							



D	ITEM ADDEDD FROM COMMENTS IN THE 2ND QUESTIONNAIRE: ADVISE ON / FACILITATE JOB RESTRUCTURING AND REDESIGN							
24	FORM MULTI-DISCIPLINARY TEAMS / CENTRES	4						
25	SUPPORT COLLEAGUES IN REHABILITATION FIELD TO ENCOURAGE THEIRSERVICES	4.5						
E	ITEM ADDEDD FROM COMMENTS IN THE 2ND QUESTIONNAIRE: PERFORMING WORK HARDENING 7 TREATMENT							
OTHER								
26	TEAM WORK WITH ALL ROLEPLAYERS	4.5						
27	INVOLVEMENT IN STRATEGIC PLANNING IN INSURANCE INDUSTRY REGARDING DISABILITY MANAGEMENT	4						
28	INVOLVEMENT IN PRODUCT DESIGN BASED ON EXPERIENCE OF EMPLOYERS / EMPLOYEES NEEDS	4						
29	<i>RESEARCH TO STANDARDISE & STREAMLINE FUNCTIONAL & WORK ASSESSMENTS</i> ITEM REPHRASED FROM COMMENTS IN THE 2ND QUESTIONNAIRE: <i>RESEARCH TO STANDARDISE & STREAMLINE FUNCTIONAL & WORK ASSESSMENTS FOR USE IN THE INSURANCE INDUSTRY</i>	4						
30	MARKET THE ROLE OF THE OT IN THE INSURANCE INDUSTRY	4						
31	VOCATIONAL RIGHTS CONSULTANCY	4						
F	ITEM ADDEDD FROM COMMENTS IN THE 2ND QUESTIONNAIRE: INTERACTION WITH TRADE UNIONS AND ORGANISATIONS FOR PEOPLE WITH DISABILITIES.							
32	OT'S ROLE IN INSURANCE INDUSTRY WILL NOT CHANGE SIGNIFICANTLY IN FUTURE	2						

PLEASE COMMENT ON THE FOLLOWING:

- 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.

		IC	M S	SA	A	?	D	SD
THEORETICAL KNOWLEDGE								
MEDICINE								
1	IMPROVED KNOWLEDGE OF MEDICAL CONDITIONS & THEIR TREATMENT , PHARMACOLOGY & PHYSIOLOGY		4					
A	ITEM ADDEDD FROM COMMENTS IN THE 2ND QUESTIONNAIRE: TEACHING SHOULD TAKE PLACE DURING CLAIMS ASSESSMENT BY THE INSURERS CONSULTING DOCTOR ON A PARTICULAR RELEVANT MEDICAL ASPECT							
INSURANCE								
2	BROAD UNDERSTANDING OF INSURANCE INDUSTRY		4					
3	KNOWLEDGE OF INSURANCE PRODUCTS		4					
4	KNOWLEDGE OF CLAIMS MANAGEMENT PROCESS		4					
5	UNDERSTAND THE LEGAL INTERPRETATION OF INSURANCE CONTRACTS		5					
6	STANDARD FORMAL CLAIMS ASSESSMENT TRAINING		4					
7	FORMAL EXAMINATIONS OF KEY ASPECTS IN FIELD TO ESTABLISH QUALIFIED EXPERTS		4					
8	INSURANCE QUALIFICATIONS		3					
9	NO FURTHER DEGREES REQUIRED BUT UNDERSTANDING OF EMPLOYER, EMPLOYEE, INSURER		4					
10	BROAD/HOLISTIC CONCEPT OF DISABILITY MANAGEMENT REQUIRED		5					
LABOUR LEGISLATION & & CONSITUION								
11	KNOWLEDGE OF THESE LAWS & IMPLICATIONS FOR DISABILITY MANAGEMENT		4					
12	COMPLIANCE STRATEGIES		4					
13	DISPUTE RESOLUTION STRATEGIES		4					
14	DISABILITY RIGHTS		4					
BUSINESS & FINANCIAL								
15	BASIC FINANCIAL BACKGROUND KNOWLEDGE		3					
16	BASIC BUSINESS KNOWLEDGE – ADMINISTRATION, IT, CORPORATE CULTURE & HR MANAGEMENT		4					



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



42	INDUSTRIAL PSYCHOLOGY		3					
43	INDUSTRIAL RELATIONS & HR		3.5					
44	NEURO-PSYCHIATRY & NEURO-PSYCHOLOGY		3					
45	NO FURTHER TRAINING/KNOWLEDGE REQUIRED		1					

PLEASE COMMENT ON THE FOLLOWING:

- PLEASE REPHRASE ANY STATEMENTS TO CLARIFY THEIR DISTINCTIVENESS

- PLEASE IDENTIFY ANY ISSUES OMITTED

THANK YOU FOR YOUR CONTINUED PARTICIPATION AND SUPPORT.

APPENDIX G: CONTENT ANALYSIS OF THE RESPONSES TO THE FIRST QUESTIONNAIRE



QUESTION 1

CATEGORY : DISABILITY CLAIMS ASSESSMENT

SUB-CATEGORY: DETERMINE VALIDITY OF CLAIMS

ACTING PREDOMINANTLY AS CLAIMS ASSESSORS

TO RECOMMEND TO THE FUND ADMINISTRATORS WHETHER OR NOT THE DUE DISABILITY PAYOUT IS WARRANTED.

TO INVESTIGATE THE AUTHENTICITY OF DISABILITY CLAIMS IN ACCORDANCE WITH THE PARTICULAR FUND RULES.

ASSESS ELIGIBILITY FOR DISABILITY BENEFITS BASED ON MEDICAL / PSYCHOLOGICAL CONDITION VS JOB REQUIREMENTS, TAKING POLICY WORDING / CONDITIONS INTO ACCOUNT, TAKING PROGNOSIS FOR RECOVERY INTO ACCOUNT, CONSIDERING POSSIBILITY OF RE-TRAINING / RE-DEPLOYMENT

CLAIMS ASSESSMENT – THIS IS WITHIN AN OFFICE ENVIRONMENT, ASSESSING THE “PAPER TRAIL” AND MAKING A DECISION ON CLAIM’S OUTCOME AND/OR FUTURE MANAGEMENT

CONDUCT CLAIMS ASSESSMENT. OCCUPATIONAL THERAPISTS ASSESS CLAIMS GENERALLY WHICH DO NOT ONLY REFER TO THEIR PARTICULAR FIELD OF EXPERTISE. HOWEVER, THEIR TRAINING AND EXPERIENCE PLACES THEM IN A GOOD POSITION IN ORDER TO ASSESS CLAIMS FROM A GENERAL INSURANCE AND MEDICAL PERSPECTIVE.

DISABILITY CLAIM EVALUATION

DISABILITY ASSESSOR: EVALUATION AND DETERMINATION OF VALIDITY OR OTHERWISE OF DISABILITY CLAIM: ASSESSMENT BASED ON MEDICAL AND OTHER INFORMATION SUPPLIED BY THIRD PARTY SPECIALISTS / CONSULTANTS

ADVISE ON VALIDITY OF CLAIMS, POSSIBILITIES OF NEW OR RE-TRAINING, POLICY DOCUMENT WORDING AND STRUCTURE

SUB-CATEGORY: DETERMINE REQUIREMENTS

REFERRING CERTAIN CASES TO INDEPENDENT OT’S FOR AN INDEPENDENT OPINION AND/OR SPECIAL TESTING WITH STANDARDIZED TESTS OR WORK SAMPLES. EXAMINING THE EXTERNAL OT’S REPORT AND USING THIS INFORMATION TO ADVISE ON FURTHER MANAGEMENT OF THE CLAIM

THEY DECIDE WHAT / WHICH SPECIALIST REPORTS/ASSESSMENTS ARE NECESSARY FOR INFO TO MAKE DECISIONS REGARDING A SPECIFIC CLIENTS SITUATION AND THE REFER THE CLIENTS TO THESE SPECIALISTS (SPECIALISTS INCLUDE OT’S, PHYSIOS ETC)

SUB CATEGORY: INTERPRET INFO

THEY READ ALL THE REPORTS ON A CLIENT AND MAKE DECISIONS REGARDING A CLIENT’S ABILITY TO WORK OR NOT ALL WITHIN THE POLICIES RELEVANT PARAMETERS



REVIEW MEDICAL AND OTHER INFORMATION PERTAINING TO INDIVIDUAL CLAIMS AND ADVISE ON FURTHER MANAGEMENT OF THE CLAIM. THIS MAY INCLUDE: OBTAINING FURTHER MEDICAL OR OTHER INVESTIGATIONS, MAKING DIRECT RECOMMENDATIONS ON HOW THE CLAIM SHOULD BE FURTHER MANAGED

THIS APPEARS TO BE DONE BY THE THERAPIST REQUESTING VARIOUS REPORTS AS MAY BE RELEVANT. THE OCCUPATIONAL THERAPIST USES HER KNOWLEDGE TO READ AND UNDERSTAND THE REPORTS; SHE UNDERSTANDS THE POLICY, TERMINOLOGY (MEDICAL, OT, ETC) AND OTHER ASPECTS OF THE POLICY AND BENEFITS. THE OCCUPATIONAL THERAPIST ANALYSES THIS AND MAKES A FINAL RECOMMENDATION WITH REGARD TO PAYMENT (OR VALIDITY) OF THE CLAIM.

ASSESS DISABILITY CLAIMS – CONSIDERATION OF INFO SUBMITTED – EMPLOYEE, EMPLOYER DETAILS & JOB DESCRIPTION & CONFIDENTIAL MEDICAL REPORTS; FUNCTIONAL ASSESSMENTS & WORK VISITS; CALLING FOR INDEPENDENT MEDICAL REPORTS

SUB-CATEGORY: MAKE RECOMMENDATIONS FOR FURTHER MANAGEMENT OF CLAIM

ADVISE ON FURTHER MANAGEMENT OF THE CLAIM. MAKING DIRECT RECOMMENDATIONS ON HOW THE CLAIM SHOULD BE FURTHER MANAGED

MAKING A DECISION ON CLAIM'S OUTCOME AND/OR FUTURE MANAGEMENT

ADVISE ON POSSIBILITIES OF NEW OR RE-TRAINING, POLICY DOCUMENT WORDING AND STRUCTURE

ADVISE ON DISABILITY CLAIMS: INTERPRET CLAUSE CONDITIONS, PERMANENCY OF IMPAIRMENT

SUB-CATEGORY: ASSIST WITH CLAIMS ASSESSMENT

AIDING IN DETERMINING THE EXTENT OF A CLAIMANT'S DISABILITY BY MATCHING THE CLAIMANT'S IMPAIRMENT WITH HIS/HER JOB DESCRIPTION

ASSIST WITH CLAIMS ASSESSMENT. IN PARTICULAR THE ASSESSMENT OF THE FUNCTIONAL ABILITY OF CLAIMANTS AND THEIR CAPACITY TO WORK IN THEIR EMPLOYMENT OR ALTERNATIVE EMPLOYMENT. IN THIS REGARD THE OCCUPATIONAL THERAPIST WOULD GIVE INPUT IN GROUP DISCUSSIONS REGARDING THE VALIDITY OF CLAIMS.

ASSESSMENT OF DISABILITY CLAIMS

READ AND UNDERSTAND THE MEDICAL CONDITIONS AND INTERPRET IT INTO A FORMAT THAT NON-MEDICAL CLAIMS ASSESSORS CAN APPLY TO THE INSURANCE CONTRACT'S DEFINITION. PROVIDE ANOTHER LEG IN THE CLAIMS PROCESS TO APPEAR FAIR IN THE PROCESS.

SUB-CATEGORY: PROVIDE AN OPINION ON FUNCTIONAL IMPAIRMENT/CAPACITY

TO PROVIDE AN OPINION ON FUNCTIONALITY OF – THE AFFECTED PART, SYSTEM, ANATOMY OF CLAIMANT; TO DETERMINE & PROVIDE OPINIONS ON THE IMPAIRMENT IN TERMS OF THE CURRENT WORKPLACE, OWN JOB/OCCUPATIONS AND ABILITY TO COMMUTE

TRANSLATING PATHOLOGY INTO FUNCTIONAL IMPAIRMENT IN THE PRACTICAL SITUATION (WORK / HOME ENVIRONMENT)

ASSESSMENT OF INCAPACITY BASED ON THE MEDICAL EVIDENCE SUBMITTED, THE WORKPLACE SITUATION & MAKE A SOUND ARGUMENT FOR THE DECISION

ADVISE ON FUNCTIONAL CAPACITY RELATING TO THE CAUSE OF CLAIMS ASSESS THE OBJECTIVE MEDICAL FINDINGS PROVIDED BY THE TREATING DOCTOR AND RELATE THE INFORMATION TO THE INSURED OCCUPATION'S JOB DESCRIPTION IN TERMS OF THE POTENTIAL CLAIMANTS ABILITY TO DO THE JOB GIVEN IN THE JOB DESCRIPTION. ASSESS THE



LEVEL OF FUNCTIONAL IMPAIRMENT IN TERMS OF TOTAL OCCUPATIONAL DISABILITY
<u>SUB-CATEGORY: PROVIDE AN OPINION ON REASONABLE ALTERNATIVE WORK</u>
TO PROVIDE AN OPINION ON AN ALTERNATIVE JOB/OCCUPATION WITH REGARD TO THE IMPAIRMENT
DETERMINING WHICH REASONABLE ALTERNATIVE EMPLOYMENT IS AVAILABLE TO THE CLAIMANT TAKING INTO ACCOUNT HIS/HER TRAINING, EXPERIENCE & IMPAIRMENT
EVALUTING JOB DESCRIPTION, POSSIBLE ADAPTATIONS TO WORK STATUS
CONSIDERING POSSIBILITY OF RE-TRAINING / RE-DEPLOYMENT
CAPACITY TO WORK IN THEIR EMPLOYMENT OR ALTERNATIVE EMPLOYMENT
POSSIBILITIES OF NEW OR RE-TRAINING
<u>SUB-CATEGORY: REVIEW OF ONGOING CLAIMS</u>
RE-ASSESSMENT OF TEMPORARY DISABILITY BENEFIT RECEIVERS AGAINST CRITERIA AS ABOVE
ONGOING MANagements OF DISABILITY CLAIMS – CALLING FOR MEDICAL EVIDENCE FROM APPROPRIATE SPECIALISTS & THERAPISTS AT APPROPRIATE TIMES TO DETERMINE ONGOING ENTITLEMENT TO/FOR DISABILITY BENEFITS; PROACTIVE MANAGEMENT BY BEING TRANSPARENT RE DISABILITY DEFINITION CHANGES & EXPECTATIONS FOR SUBMITTING EVIDENCE; ABILITY TO ADJUST BENEFITS DUE TO “DEEMED ABILITY” TO WORK VS ACTUAL WORKING ETC
<u>SUB-CATEGORY: INVOLVEMENT IN CLAIMS TEAM DISCUSSIONS</u>
PARTICIPATING IN CLAIMS TEAM DISCUSSIONS CONCERNING INDIVIDUAL CLAIMANTS. GIVING FEEDBACK ON OWN ASSESSMENTS AND OPINIONS
ASSIST WITH CLAIMS ASSESSMENT. IN PARTICULAR THE ASSESSMENT OF THE FUNCTIONAL ABILITY OF CLAIMANTS AND THEIR CAPACITY TO WORK IN THEIR EMPLOYMENT OR ALTERNATIVE EMPLOYMENT. IN THIS REGARD THE OCCUPATIONAL THERAPIST WOULD GIVE INPUT IN GROUP DISCUSSIONS REGARDING THE VALIDITY OF CLAIMS.
<u>SUB-CATEGORY: CONDUCT FUNCTIONAL AND WORK-SITE ASSESSMENTS</u>
LIAISE / GET BACKGROUND INFORMATION FROM WORKPLACE, SOCIAL ENVIRONMENT
THEY DO ACTUAL ASSESSMENTS, HOME VISITS AND WORK VISITS (I'M NOT SURE HOW THEY DECIDE WHICH THEY DO THEMSELVES AND WHICH THEY OUTSOURCE)
CONDUCT WORK VISITS AND COMPILE REPORTS IN RELATION TO THE VALIDITY OF CLAIMS. THIS IS EXTREMELY USEFUL IN ORDER TO OBTAIN AN ACCURATE PICTURE REGARDING A PARTICULAR CLAIM.



DISABILITY CLAIMANT ASSESSMENT
DISABILITY ASSESSORS: FUNCTIONAL VOCATIONAL ASSESSMENTS & WORKSITE EVALUATIONS: FUNCTIONAL ASSESSMENTS: WORK UNIT EVALUATIONS / HOME VISITS TO DETERMINE FUNCTIONAL STATUS; WORK UNIT EVALUATION OFTEN UTILISING VALPAR EQUIPMENT WORK-SITE VISITS: ANALYSIS OF VOCATIONAL REQUIREMENTS OF IMPAIRED INDIVIDUAL; DETERMINATION OF TASK AND/OR WORKPLACE ADAPTATION; ASSESSING CAPABILITY OF IMPAIRED INDIVIDUAL TO MEET WORK DEMANDS; EMPLOYER/EMPLOYEE COUNSELLING/GUIDANCE SOME CASES IN ASSESSMENT OF CLAIMANTS
<u>SUB-CATEGORY: TO DETERMINE FUNCTIONAL IMPAIRMENT/CAPACITY</u>
THE OT'S DO WORK VISITS AND EVALUATE CLAIMANTS ON SITE IN THE ... TO PROVIDING ADDITIONAL INFORMATION WITH REGARD TO THE CLAIMANT'S FUNCTIONAL CAPABILITIES
TO CONDUCT TOTAL (WHOLE BODY & PSYCHOLOGICAL) ASSESSMENT OF FUNCTIONALITY ON EACH REFERRED CASE. THIS INCLUDES EDUCATIONAL, FAMILY, SOCIAL & FINANCIAL BACKGROUND
ASSESSING CERTAIN CLAIMANTS' IMPAIRMENT LEVELS BY PERSONAL CLINICAL EXAMINATION EITHER AT THE CLIENT'S HOME OR AT THE INSURER'S MEDICAL FACILITIES
EVALUATING DEGREE OF FUNCTIONAL IMPAIRMENT BY HISTORY, PHYSICAL & PSYCHOLOGICAL MEANS
TO CONDUCT ON-SITE ASSESSMENT OF THE CLAIMANTS DISABILITY, TAKING INTO ACCOUNT THE TYPE OF JOB, THE OCCUPATIONAL ENVIRONMENT, ETC.
PERFORMING STANDARD FUNCTIONAL ABILITY ASSESSMENTS ON CLAIMANTS IE INTERVIEW, ASSESSMENT OF PHYSICAL ABILITIES, ASSESSMENT OF PSYCHOSOCIAL STATUS, OCCASIONALLY WORK VISITS AND/OR HOME VISITS (LITTLE STANDARDIZED ASSESSMENT TESTS ARE USED IN THESE ASSESSMENTS)
PROVIDE FUNCTIONAL ASSESSMENTS TO ASSIST IN TERMS OF ASSESSING THE CLAIM. PERFORM FUNCTIONAL ASSESSMENTS IN TERMS OF STANDARD OCCUPATIONAL THERAPY PRACTICE. ASSESS THE MENTAL AND SOCIAL FACTORS AS WELL AS THE MEDICAL FACTORS THAT MAY IMPACT ON THE CLAIM. ASSESS THE CLAIMANT IN HIS HOME OR WORK AND ACTIVELY SEEK INFORMATION THAT MAY ASSIST IN THE ASSESSMENT OF THE CLAIM.
<u>SUB-CATEGORY: TO DETERMINE REASONABLE ALTERNATIVE ACCOMMODATIONS</u>
TO CONDUCT WORKPLACE VISITS TO DETERMINE PROSPECTS FOR: WORKPLACE MODIFICATIONS, RE-DEPLOYMENT, RE-SKILLING, ALTERNATIVE OCCUPATION, COUNSELLING OF EMPLOYER & CO-WORKERS
ASSESSING WORKPLACE ADAPTATION/ACCOMMODATIONS ON SITE TO AID RETURN TO WORK IN OWN OR ALTERNATIVE POSITIONS OF WORKERS WITH IMPAIRMENT. EVALUATING COMPLIANCE WITH LABOUR RELATIONS LAW
SPECIALISED ASSESSMENTS – "MEDICO-LEGAL" DISABILITY ASSESSMENTS. THIS ENTAILS GOING OUT TO ASSESS THE CLAIMANT AND HIS/HER WORK ENVIRONMENT, ASSESS THE CLAIMANT'S FUNCTIONAL CAPACITY TO WORK WITHIN THIS ENVIRONMENT OR ANOTHER WITH OR WITHOUT ADJUSTMENTS, REHAB, RETRAINING. THE LEGALITIES OF THE INSURANCE CONTRACT PROVIDE THE PARAMETERS REQUIRED
OWN ASSESSMENTS: SOME OCCUPATIONAL THERAPISTS APPEAR TO BE INVOLVED IN DOING THEIR OWN



ASSESSMENTS FOR THE INSURANCE COMPANY THEY WORK FOR. THIS INCLUDES THE USUAL EVALUATIONS, WORK VISITS, HOME VISITS, OR WHATEVER MAY BE NECESSARY, AS WELL AS COMPILING A REPORT AND MAKING RECOMMENDATIONS. FROM THE FEW REPORTS I HAVE READ, THESE REPORTS COVER THE BACKGROUND OF THE CLAIMANT, FUNCTION AND COMMENTS WITH REGARD TO WORKING IN OWN OR ALTERNATE OCCUPATION.

PERFORM WORK VISITS AND SPEAK TO THE EMPLOYER RE WORKPLACE ACCOMMODATIONS. PERFORM WORK VISITS, ASSESS THE WORKPLACE FOR ACCESSIBILITY, PROBLEMS AND INTERACTIONS THAT MAY HAVE LEAD TO THE CLAIM OCCURRING. DISCUSS POSSIBILITIES OF KEEPING THE EMPLOYEE IN THE WORKPLACE WITH MINIMAL MODIFICATIONS IDENTIFY ANY FACTORS THAT MAY NOT HAVE BEEN IDENTIFIED EARLIER

SUB-CATEGORY: TO ASSIST IN DETECTING MALINGERING

DOING UNANNOUNCED HOME VISITS AND EVALUATION OF CLIENTS WHERE SYMPTOM MAGNIFICATION OR MALINGERING IS SUSPECTED

SUB-CATEGORY: TO ASSIST IN MAINTENANCE OF QUALITY OF LIFE

TO CONDUCT HOME VISITS (WHERE APPROPRIATE) TO DETERMINE ABILITY TO PERFORM ACTIVITIES OF DAILY LIVING, HOME ADJUSTMENTS AND ASSISTIVE DEVICES REQUIRED TO MAINTAIN AN OPTIMAL QUALITY OF LIFE

SUB-CATEGORY: COUNSELLING CLAIMANTS

TO FOLLOW UP DISABLED EMPLOYEES THAT HAVE BEEN GIVEN DISABILITY MONTHLY PAYOUTS SO AS TO CONTINUE TO ATTEMPT TO RE-MOTIVATE THEM TOWARDS SOME FORM OF EMPLOYMENT.

COUNSELLING CLAIMANTS IN THE EARLY STAGES OF THEIR CLAIM. WHERE POSSIBLE, ENCOURAGING EARLY RETURN TO WORK.

CATEGORY: CONSULTATION WITH EMPLOYER

SUB-CATEGORY: EDUCATE

BE A CHANGE AGENT FOR CLIENTS SO THAT THEY BECOME CONSCIOUS OF IMPACTS OF INCAPACITY & BECOME MORE PREVENTATIVE & REHAB FOCUSSED (SUPPORT THE OCC HEALTH TEAM, IF ONE EXISTS)

SUB-CATEGORY: FACILITATE

LIAISING WITH EMPLOYERS TO FACILITATE EARLY RETURN TO WORK WHERE APPROPRIATE (HERE WORK VISISTS MAY ALSO BE CARRIED OUT)

SUB-CATEGORY: NEGOTIATE

NEGOTIATION:
OCCUPATIONAL THERAPISTS APPEAR TO BE INVOLVED IN NEGOTIATION WITH EMPLOYERS (OR HUMAN RESOURCES OFFICERS) TO CARRY OUT RECOMMENDATIONS, SUCH AS MODIFICATIONS TO WORK, ALTERNATIVE JOBS, ETC.



<u>SUB-CATEGORY: MEDIATE</u>
CLAIM 'MEDIATION' SERVICES - PREDOMINANTLY OFFERED BY BROKER INTERMEDIARIES.
<u>SUB-CATEGORY: ADVISE</u>
ASSIST CLIENTS TO MAKE WORK PLACE SAFER, DRAW UP MEANINGFUL JOB SPECS, IDENTIFY SUITABLE POSITIONS FOR TEMPORARY OR PERMANENT PLACEMENTS
OPERATIONAL "INCAPACITY MANAGEMENT ADVISORY SERVICES TO EMPLOYERS
CASE MANAGEMENT ADVISORY SERVICES TO EMPLOYERS - SELF-EVIDENT. NO SA INSURER OR BROKER OFFERS A COHERENT DISABILITY MANAGEMENT SERVICE TO EMPLOYERS BECAUSE IT IS TOO FAR REMOVED FROM THE WORKPLACE TO DO SO.
<u>CATEGORY: REHABILITATION</u>
<u>SUB-CATEGORY: ADVISE</u>
ADVICE ON VOCATIONAL REHAB
<u>SUB-CATEGORY: EDUCATE</u>
EDUCATOR OF REHAB ISSUES TO HEALTH PROFESSIONALS IN THE WORKPLACE
<u>SUB-CATEGORY: CASE MANAGEMENT</u>
CASE MANAGEMENT – CASE MANAGERS SHOULD BE OT'S. THIS WORK INVOLVES MANAGING THE RECOVERY/REHAB/RETRAINING PROCESS FROM START TO FINISH. IT DOES NOT INVOLVE TREATMENT ITSELF, BUT RATHER OVERSEEING THE PROCESS FROM AN OBJECTIVE STANCE
<u>SUB-CATEGORY: EVALUATE REHABILITATION POTENTIAL</u>
ASSESS REHABILITATION POTENTIAL: MOTIVATION, SKILLS, FUNCTIONAL CAPACITY & PREDICT OUTCOMES
ASSESS SUITABILITY OF PARTIALLY/TEMPORARILY DISABLED PERSONS FOR REHAB
INITIAL ASSESSMENT REGARDING REHAB POTENTIAL
<u>SUB-CATEGORY: MAKE RECOMMENDATIONS FOR REHAB ETC</u>
TO RECOMMEND ANY REHABILITATION, RE-DEPLOYMENT OR TRAINING THAT WOULD ALLOW THE DISABLED EMPLOYEE TO BE ADEQUATELY ACCOMMODATED IN THE WORKPLACE.



<u>SUB-CATEGORY: MOTIVATE STAKEHOLDERS</u>
PERSUADE ALL PARTIES (EMPLOYEE, EMPLOYER, INSURANCE COMPANY, UNION REP) OF BENEFITS OF REHABILITATION
<u>SUB-CATEGORY: PROVIDE PROGRAMMES</u>
TO PROVIDE IN-DEPTH, FULLY DETAILED (INCLUDING TIME FRAMES, COSTS & PROVIDERS) REHABILITATION PROGRAMMES. IN CERTAIN CASES TO MANAGE THE PROCESS ON A SUBCONTRACTED BASIS
<u>SUB-CATEGORY: REFER TO SERVICE PROVIDERS</u>
ACCESS SUITABLE REHABILITATION RESOURCES/CENTRES
<u>SUB-CATEGORY: MONITOR/MANAGE/CO-ORDINATE REHAB</u>
ASSESSING THE ADEQUACY OF VOCATIONAL REHAB & PHYSICAL TREATMENT MODALITIES APPLIED IN CASES WITH SLOW OR NO RETURN TO WORK
LIAISING WITH TREATING OT'S, PHYSIOS, ORTHOPAEDIC SURGEONS IN CASES WHERE TREATMENT AND REHAB ARE PERCEIVED TO BE SUBOPTIMAL
MONITORING & ADJSUTING REHAB
MONITOR/MANAGE REHABILITATION PROGRAMME,
DINATION OF REHABILITATION PROGRAMMES. THIS INVOLVES CONSULTING WITH DISABLED CLAIMANTS AND ASSESSING THE REHABILITATION POTENTIAL AND THEREAFTER PERFORMING AND CO-ORDINATING THE REHABILITATION PROCESS.
<u>SUB-CATEGORY: FACILITATE RETURN TO WORK</u>
REINTEGRATE PERSON BACK INTO THE WORKPLACE (LARGE PSYCHO-SOCIAL COMPONENT IN THIS RESPECT)
JOB TRAILS, WORKPLACE VISIT, WORKPLACE ADJUSTMENT, MODIFICATION OF TASKS; RETURN TO WORK & SUPPORT OF STAKEHOLDERS
<u>CATEGORY: ADDITIONAL FUNCTIONS IN INSURANCE COMPANY</u>
<u>SUB-CATEGORY: PRODUCT DESIGN</u>
OT'S CAN OFFER A GREAT DEEL AND SHOULD BE INVOLVED IN DISABILITY PRODUCT DESIGN. THIS REQUIRES WORKING WITH ACTUARIES AND UNDERSTANDING RISK MANAGEMENT AS A WHOLE CONCEPT
THEY GIVE INPUT IN THE DEVELOPMENT OF NEW POLICIES REGARDING SPECIFICALLY REHABILITATION
POLICY WORDING/BENEFITS: INVOLVED IN ASPECTS OF THE DRAWING UP OF POLICY DOCUMENT AND BENEFITS. THIS IS PARTICULARLY IN LIGHT OF THE NEW LEGISLATION ON DISABILITY AND EMPLOYMENT, MOTIVATING FOR REHABILITATION TO BE PART OF POLICIES, ETC. THERE MAY BE MORE



INVOLVEMENT ON THIS ASPECT BUT I LACK THE UNDERSTANDING TO COMMENT FURTHER

PRODUCT DESIGN – ASSISTANCE WITH DESIGNING & IMPLEMENTING APPROPRIATE PRODUCTS; ASSISTANCE WITH ASSESSING EMPLOYER & EMPLOYEE NEEDS RELATED TO INDUSTRY TYPE, ENVIRONMENT ETC AND MOST APPROPRIATE DISABILITY PRODUCT

PROVIDE FEEDBACK TO THE TECHNICAL SECTION WITHIN THE COMPANY WITH PARTICULAR EMPHASIS ON PRACTICAL EXPERIENCE OF THE OCCUPATIONAL THERAPIST IN THE REHABILITATION AND ASSESSMENT PROCESS WHICH IS OF GREAT ASSISTANCE IN THE PRODUCT DEVELOPMENT

SUB-CATEGORY: CONSULTATION WITH STAKEHOLDERS

FUND MANAGEMENT – LIAISON WITH TRUSTEES, BROKERS & EMPLOYER PERSONNEL RESPONSIBLE FOR DAILY MONITORING OF DISABILITY SCHEMES; EDUCATION RE TYPE OF DISABILITY BENEFITS PRODUCT, LATEST LEGISLATION EG LRA & EE; RELATIONSHIP BUILDING WITH ALL STAKEHOLDERS

CONSULTATION TO COMPANIES OR TO CLAIMANTS, TO INSURERS

SUB-CATEGORY: ADMIN/MANAGEMENT FUNCTIONS WITHIN CLAIMS TEAM

PARTICIPATING IN CLAIMS TEAM FUNCTIONS FOR THE EB DIVISION OF THEIR COMPANIES. THIS MAY INCLUDE (DEPENDING ON THE STATUS & SENIORITY OF THE OT) MANAGEMENT OF THE CLAIMS DIVISION, DEVELOPMENT WORK (NEW CLAIMS MANAGEMENT PROCESSES, NEW PRODUCTS ETC), GENERAL ADMINISTRATION (RECORDS OF ALL CLIENT INTERACTIONS WITH DOCTORS, MEDICAL SPECIALISTS, THERAPISTS, EMPLOYER, FAMILY AND OTHER PERSONS PROVIDING RELEVANT INFO; STATISTICS AND ANY OTHER RECORDS WHICH MAY BE REQUIRED BY A SPECIFIC COMPANY)

MANAGEMENT SUPERVISION:

OCCUPATIONAL THERAPISTS IN THE INSURANCE INDUSTRY HAVE BEEN PLACED INTO MANAGEMENT POSITIONS WITH SUPERVISION/MANAGEMENT OF STAFF AS WELL AS OTHER OCCUPATIONAL THERAPISTS.

MANAGING AND ADMINISTERING THE CLAIMS ASSESSMENT SECTION AND DEALING WITH CLAIMANTS IN A SYMPATHETIC AND KNOWLEDGEABLE MANNER.

MANAGEMENT & SUPERVISORY OUTPUTS IN ORGANISATIONS

STANDARD FUNCTIONS IN THE ORGANISATION WHERE THE OT HAS CHOSEN TO MOVE FROM A PROFESSIONAL TO A MANAGEMENT CAREER PATH.

SUB-CATEGORY: ASSIST INSURERS WITH INTERPRETATION OF NEW LABOUR LEGISLATION

ASSIST INSURERS TO INTERPRET THE NEW ACTS IN TERMS OF CLAIMS ASSESSMENT AND FUNCTIONAL CAPACITY IN THE WORKPLACE. RELATE THE KNOWLEDGE OF EMPLOYMENT PRACTICE AND THE LAWS RELATED TO EMPLOYMENT TO CLAIMS MANAGEMENT PRACTICE. ASSESS THE NEW ACTS AND FIND WAYS TO IMPLEMENT PRACTICES TO ASSIST THE INSURER MAINTAIN A PROFITABLE DISABILITY PORTFOLIO

CATEGORY: ROLE IN OCCUPATIONAL HEALTH

TO ASSESS THE PARAMETERS OF THE OCCUPATION (S) IN RELATION TO THE CRITERIA AND RECONCILABLE JOB DESCRIPTIONS AND REQUIREMENTS OF PEOPLE AT WORK. TO RELATE THE ASSESSMENT TO THE OCCUPATION, IN TERMS OF BOTH MEDICAL AND/OR OTHER (PHYSICAL OR MENTAL) DYSFUNCTION IN ORDER TO ESTABLISH CRITERIA FOR MAINTAINING AND/OR IMPROVING EMPLOYMENT. TO CO-ORDINATE FINDINGS IN KEEPING WITH STATUTORY REQUIREMENTS. TO ASSIST, CO-ORDINATE, RELATE TO AND CONSOLIDATE CO-OPERATIVE



ISSUES WITH THE CARE OF WORKERS (OR ANY EMPLOYEE) AT WORK. TO EVALUATE OCCUPATIONAL HAZARDS AND TO AUDIT AND MONITOR (SURVEILLANCE) CASE STUDIES ALREADY INITIATED. TO ESTABLISH METHODOLOGIES AND PROCESSES IN KEEPING WITH ERGONOMIC REVIEWS, AND TO ASSIST IN UNDERSTANDING PRINCIPLES RELATING TO ENGINEERING UPDATES, WORK ETHICS AND RELATIONSHIPS AND REHABILITATION

CATEGORY: DEVELOPMENT OF THE PROFESSION AND THE PROFESSIONAL

TO CONTINUE TO BE UP TO DATE WITH THE TRENDS OF THE DISABILITIES THAT ARE BEING SEEN FROM EACH PARTICULAR INDUSTRY SECTOR.

MARKETING THE ROLE OF THE OT WITHIN THE INSURANCE INDUSTRY

TO IDENTIFY JOINT VENTURE BUSINESS OPPORTUNITIES WHICH ALLOW THE INDIVIDUAL OT TO EXPAND HIS/HER OT CAPABILITIES



<u>QUESTION 2</u>
<u>CATEGORY: INSURER</u>
<u>SUB-CATEGORY: CLAIMS ASSESSMENT</u>
<u>SUB-CATEGORY: MEDICAL/PARAMEDICAL ASSESSMENTS AND REPORTS</u>
INADEQUATE MEDICAL INFORMATION FREQUENTLY PROVIDED BY THE CLAIMANT'S OWN MEDICAL PRACTITIONER
LACK OF DETAIL – MEDICAL / PARAMEDICAL INFORMATION
INADEQUATE EVALUATION OF FUNCTIONAL IMPAIRMENT
OFTEN WORDY AND QUITE UNHELPFUL OT REPORTS – THERE FREQUENTLY APPEAR TO REFLECT A CLAIMANT BIAS
I HAVE YET TO SEE AN OT REPORT IN PRIVATE PRACTICE THAT RECOMMENDS THE CLAIMANT NOT TO BE DISABLED. OT REPORTS IN THE PRIVATE SECTOR ARE THEREFORE NOT OF MUCH VALUE. GUIDELINES TO IMPROVE OBJECTIVITY ARE REQUIRED.
PRICE-RELATED OT REPORTING PROBLEMS - NEED FOR TARRIFF FIXING OTS CONTRACTED-IN BY INSURERS TO WRITE INDEPENDENT FUNCTIONAL ABILITY ASSESSMENT REPORTS ARE INCREASINGLY REQUIRED TO PROVIDE MORE AND MORE FUNCTION-RELATED INFORMATION (WHICH REQUIRES INCREASING WORK AND INTERPRETATION OF RESULTS) AT THE SAME TIME AS THE PRICE PAID FOR REPORTS IS REDUCING. THERE ARE ONLY TWO BENEFICIARIES - THE INSURER (WHO EXPERIENCES LOWER COST OF CLAIMS OVERHEADS, AND CORRESPONDINGLY INCREASED SCHEME PROFITABILITY) AND OTS WHO HAVE MORE INFORMATION TO ASSESS CLAIMS ON AND LOWER RISKS OF FAILURE OR ERROR - AT THE EXPENSE OF THE CONTRACTED IN OT. IN THIS THE MOST SIGNIFICANT CASUALTY IS AND WILL CONTINUE TO BE PROFESSIONAL ETHICS AND THE QUALITY OF OT REPORTS, WHICH WILL ULTIMATELY BE PASSED ON AND PREJUDICE THE CLAIMANT. THE PROFESSIONAL BOARD SHOULD BE FIXING A TARIFF ON THE USUAL MODELS AD PRECEDENT ARRANGEMENTS FOR OTHER PROFESSIONS.
<u>SUB-CATEGORY: CLAIMS DISCUSSION AMONGST SPECIALISTS</u>
CONTACT WITH THE OTHER SPECIALISTS RE MORE INFO OR CLARIFICATION OR EVEN JUST DISCUSSION OF A MATTER CONCERNING A CASE. IT'S CURRENTLY ALL TELEPHONIC (IF YOU'RE LUCKY). MOST SPECIALISTS NEVER AVAILABLE OR DO NOT RETURN CALLS. BETTER CASE DUSCUSSION AMONGST SPECIALISTS
<u>SUB-CATEGORY: APPROACH TO CLAIMS</u>
ARBITRARY OR AD-HOC APPROACHES A FAIRLY WELL ESTABLISHED VIEW EXISTS THAT CLAIMS ARE APPROVED WHEN CLAIMANT EXPERIENCE AND SCHEME PROFITABILITY ARE FAIR AND ARE DECLINED WHEN OTHERWISE THE CREDIBILITY OF OTS IS DRAWN INTO QUESTION AS WELL AS THE ETHICS OF OTS BEING EMPLOYED BY ORGANISATIONS IN THE CAPACITY THEY ARE CURRENTLY FUNCTIONING IN.



SUB-CATEGORY: CLAIMS ASSESSMENT CRITERIA

TOO MANY CLAIMS ARE BASED ON SUBJECTIVE CONDITIONS (PSYCHIATRIC AND BACK CLAIMS) DUE TO THE LACK OF OBJECTIVE PARAMETERS IN ASSESSING THESE CLAIMS. GUIDELINES NEED TO BE UPDATED AND APPLIED MORE WIDELY IN THE PRIVATE SECTOR

SUB-CATEGORY: CLAIMS NOTIFICATION/ASSESSMENT

THE LONG DELAYS ENCOUNTERED FROM THE TIME THE DISABILITY APPLICATION HAS BEEN COMPLETED BY THE DOCTOR, TO THE TIME THAT A DECISION HAS BEEN MADE AND CONVEYED TO THE EMPLOYEE. SOLUTION

THE INDUSTRY NEEDS TO DEVISE A *STREAMLINED WAY OF DEALING WITH THE APPLICATIONS*.

THE CLAIMS MANAGEMENT PROCESS IS USUALLY VIA A PAPER TRAIL. THIS TENDS TO RESULT IN TIME DELAYS AS DOCUMENTS ARE GATHERED AND SHUFFLED FROM ONE DESK TO THE NEXT. THESE TIME DELAYS IN TURN RESULT IN SEVERAL PROBLEMS:

- THE CLAIMANT BECOMES INSECURE AND MISTRUSTFUL OF THE ENTIRE PROCESS. IT BECOMES A CASE OF "ME VS THE INSURANCE COMPANY"
- A RESISTANCE TO REHABILITATION GROWS AS THE CLAIMANT ADOPTS THE "DISABLED ROLE" AND TRIES TO "PROVE" THEIR DISABILITY
- SOMETIMES THE CLAIMS PROCESS ITSELF REINFORCES AND PROMOTES DISABILITY (KNOWN AS IATROGENIC OR TREATMENT INDUCED DISABILITY) BY SENDING CLAIMANTS FROM ONE DOCTOR TO THE NEXT

SOLUTION:

- I BELIEVE *EARLY INTERVENTION* BEFORE INCAPACITY BECOMES A DISABILITY IS THE MAIN OBJECTIVE HERE. *GOOD SICK LEAVE MANAGEMENT* BY THE EMPLOYER (OR AN EXTERNAL BODY ON THEIR BEHALF) WILL, ACCORDING TO INTERNATIONAL EXPERIENCE, SIGNIFICANTLY REDUCE THE NUMBER OF DISABILITY CASES THAT EVENTUALLY END UP AS CLAIMS. THIS IN TURN WILL GREATLY REDUCE THE AMOUNT OF PAPER WORK PASSING OVER CLAIMS ASSESSORS DESKS AND ALLOW THEM TO DEAL MORE TIMEOUSLY WITH THE CASES THAT DO BECOME CLAIMS.
- A *MEETING WITH THE CLAIMANT RIGHT AT THE ONSET* TO EXPLAIN HOW THE PROCESS WORKS, WHAT DOCUMENTATION IS NECESSARY AND THEIR RESPONSIBILITY IN PROVIDING THAT DOCUMENTATION SHOULD ALSO ASSIST IN SPEEDING UP THE PROCESS.
- *CLEARLY DELINEATED ROLES WITHIN THE CLAIMS DEPT* AS TO WHO DOES WHAT AND IN WHAT ORDER IT SHOULD BE DONE. THIS SHOULD HELP AVOID FILES BEING PASSED FROM ONE DESK TO ANOTHER WITH LITTLE PROGRESS BEING MADE. *WHERE REINSURERS AND BROKERS ARE INVOLVED*, IT IS ESSENTIAL THAT THE PROCESS BE EVEN MORE THOROUGHLY *CO-ORDINATED*, AND THE CLAIMANT INFORMED REGARDING WHO IS DOING WHAT AND WHY.
- *DECISIONS* REGARDING WHAT INDEPENDENT MEDICAL EXPERT OPINIONS ARE NECESSARY SHOULD BE *TAKEN BY A SENIOR CLAIMS ASSESSOR*, OR PREFERABLY THE CLAIMS TEAM. EXPERTS SHOULD BE CAREFULLY SELECTED FOR OBJECTIVITY AND QUALITY OF REPORT

PROCESS OF GETTING DOCUMENT TOGETHER. FIELD MANAGEMENT NOT INTERESTED/SKILLED TO OFTEN DO A GOOD JOB. MEDICAL DOCTORS OFTEN TAKE THEIR TIME IN PROVIDING INFO

SUB-CATEGORY: BUSY CLAIMS TEAMS

CLAIMS TEAMS TOO BUSY - MANY INSURANCE ORGANISATIONS BELIEVE THEY HAVE CAPACITY TO MANAGE THE WORK REINTEGRATION PROCESS, BUT THIS FAILS REPEATEDLY DUE TO EXCESSIVE WORKLOADS. *OUTSOURCED REHAB MANAGEMENT* IS ONE OF THE SOLUTIONS



SUB-CATEGORY: FEEDBACK TO O.T'S FOLLOWING ASSESSMENT

FEEDBACK - WAS OUR ASSESSMENT CORRECT, DID WE MISS SOMETHING, CAN WE LEARN AND CHANGE AND DEVELOP OUR SERVICES TO THE INDUSTRY. A REGULAR REPORT BACK ON CLIENTS

SUB-CATEGORY: DISABILITY PRODUCTS

ONE HAS THE IMPRESSION THAT THE DIB PRODUCTS DO NOT WORK

THE CAPITAL DISABILITY BENEFIT WHICH USUALLY ACCOMPANIES GROUP SCHEMES, IS IN MY OPINION, A PROBLEM WITH ITSELF. THE FOCUS IN THIS PRODUCT IS ON TOTAL AND PERMANENT DISABILITY WITH NO RECOURSE SHOULD THE CLAIMANT IMPROVE OR BECOME PARTIALLY DISABLED. THIS OFTEN MAKES THE CLAIMANT VERY RESISTANT TO ANY REHABILITATION. IN ADDITION, LUMP SUM PAYMENTS IN GROUP SCHEMES ARE FREQUENTLY RELATIVELY SMALL AMOUNTS, AND DO NOT ADEQUATELY PROVIDE FOR THOSE PEOPLE WHO GENUINELY CANNOT GO BACK TO WORK. THE CAP DIS BENEFIT OFFERS NO INCETIVE TO RETURN TO WORK

SOLUTION:

THE QUESTION NEEDS TO BE ASKED "ARE CAPITAL DISABILITY BENEFITS REALLY WORTH IT FOR ANYONE". THEY CERTAINLY WILL NOT TIE IN WITH PROPOSED CODES OF GOOD PRACTICE DISABILITY – EE ACT WHICH CHAMPIONS DISABILITY MANAGEMENT

POLICY DESIGN - IS SOMETIMES A HINDERANCE ESPECIALLY LUMP SUM BENEFITS

INCORRECT PRODUCT SOLD TO A CLIENT CREATES DIFFICULTIES FOR ALL STAKEHOLDERS SO INSURERS SALESFORCE NEED APPROPRIATE KNOWLEDGE AND MUST EDUCATE BROKERS/EMPLOYERS

SUB-CATEGORY: VIEW OF DISABILITY

"NON SA MINDSET" USED BY DISABILITY COMPANIES, NOT HOLISTIC EG POOR PUBLIC TRANSPORT: A PERSON WITH A LOWER LIMB PROBLEM CANNOT ACCESS WORK, ALTHOUGH, ONCE SEATED AT WORK, THEY COULD BE PRODUCTIVE. DISABILITY COMPANY WASHES THEIR HANDS OF A VERY GENUINE PROBLEM

DISABILITY IS GENERALLY VIEWED AS A MEDICAL PROBLEM ONLY. ALL THE FOCUS IS ON MEDICAL DIAGNOSIS AND MEDICAL PROGNOSIS, WITH SOLUTIONS BEING SOUGHT IN MEDICAL INTERVENTIONS ONLY. LITTLE OR NO CONSIDERATION IS GIVEN TO EXTERNAL AND ENVIRONMENTAL FACTORS WHICH AFFECT THE DISABILITY PROCESS INCLUDING: WORK ENVIRONMENT, LABOUR RELATIONS ISSUES, FAMILY & SOCIAL ISSUES

SOLUTION:

- PRE-CLAIMS ASSESSMENTS COULD INCLUDE INFORMATION NOT ONLY ON WORK HISTORY, BUT ALSO ON WORKING CONDITIONS, PHYSICAL AND MENTAL REQUIREMENTS OF THE JOB, STRESS, EMOTION AND LIFE EVENTS, SOCIAL SUPPORT, EXPECTATION, EXPERIENCE AND EVALUATIONS OF HEALTH CARE, CAUSAL AND CONTROL BELIEFS AND HEALTH RELATED BEHAVIOUR. MUCH OF THE ABOVE IS ALREADY AVAILABLE IN INTERNATIONALLY DEVELOPED QUESTIONNAIRES EG MEASURES IN HEALTH PSYCHOLOGY BY NPER-NELSON. SUCH INFORMATION MAY HELP TO ASSESS A PERSONS PREDISPOSITION TO DISABILITY.
- CLAIMS ASSESSMENT ITSELF SHOULD ALWAYS ENTAIL A HOLISTIC APPROACH WHICH IS WHERE THE OT USUALLY COMES IN. INFORMATION ON WORK ENVIRONMENT, SOCIAL STATUS, MEDICAL STATUS, PERCEPTION OF DISABILITY ETC SHOULD ALWAYS BE OBTAINED IN DIFFICULT OR LARGE CLAIMS
- A REPORT FROM THE EMPLOYER REGARDING THE DISABILITY AND INCAPACITY MANAGEMENT PROCEDURE/S HE/SHE HAS FOLLOWED (IN TERMS OF LABOUR LEGISLATION). THE CODES OF GOOD PRACTICE – DISABILITY OF THE EE ACT IS LIKELY TO



PLACE A DIRECT RESPONSIBILITY ON THE EMPLOYER TO MANAGE DISABILITY.
FROM 'INCAPACITY' MANAGEMENT TO DISABILITY CASE MANAGEMENT THE CODE OF GOOD PRACTICE: DISABILITY UNDER THE EMPLOYMENT EQUITY ACT INTRODUCES A VERY POWERFUL VERSION OF THE 'SOCIAL MODEL' OF DISABILITY INTO SA LABOUR AND DISCRIMINATION LAW (AS MANDATED BY THE SA CONSTITUTION). IN THIS CONTEXT "INCAPACITY" IS A TERM TO BE AVOIDED, ALONG WITH 'HANDICAP', 'THE DISABLED', AND SO ON. <i>THE CODE AND THE DISABILITY RIGHTS IT INTRODUCES EMPHASISE DIFFERENT ABILITY AND EQUALITY. CONCEPTS OF INABILITY, IMPLIED SUB-STANDARD PERFORMANCE AND NEGATIVE STEREOTYPES ARE KEY CONSTRUCTS THAT THE CODE AIMS TO DISLodge. PRODUCTS BUILT AROUND 'INCAPACITY' OUGHT TO BE REVISITED AND RECONFIGURED.</i>
CATEGORY: EMPLOYER
<u>SUB-CATEGORY: INTEGRATION OF INSURANCE AND DISABILITY MANEGEMENT</u>
ABSENCE OF INTEGRATION OF DISABILITY CASE MANAGEMENT INTO CORPORATE HR & IR POLICY. DISABILITY BENEFITS CLAIM PROCESSING ARRANGEMENTS ARE ALMOST ALWAYS SEPARATE AND INDEPENDENT OF THE HR PROCESSES THEY WORK ALONGSIDE. THIS CAUSES EMPLOYERS COSTS AND EXPENSES THAT COULD BE AVOIDED IF HR EDUCATION AND BENEFITS INTEGRATION TOOK PLACE. SOMETIMES CLAIMS TAKE SO LONG TO ASSESS THAT EMPLOYERS DISMISS THE CLAIMANT BEFORE THE OUTCOME IS COMMUNICATED TO THE PARTIES.
<u>SUB-CATEGORY: ATTITUDE TOWARDS DISABLED</u>
INCAPACITY IS SHUNNED BY MANY EMPLOYERS WHO SEEK ALTERNATE WAYS OF "ESCAPING" FROM THE PROBLEM. MANAGEMENT IN SA IS GENERALLY INADEQUATE IN COPING WITH INCAPACITY. ILL HEALTH RETIREMENT IS MUCH MORE COMFORTABLE. ATTITUDE TOWARDS DIFFERENTLY ABLED PEOPLE AND EMPLOYING THEM. ONE OF THE REASONS IS <i>EDUCATIONAL</i>
<u>SUB-CATEGORY: EMPLOYERS COMPLIANCE WITH LABOUR LEGISLATION</u>
EMPLOYERS ARE NON-COMPLIANT WITH THE LABOUR RELATIONS ACT. WORKERS ARE BOARDED AS THIS IS THE BETTER FINANCIAL WAY OUT, IN STEAD OF ACCOMMODATING THE IMPAIRED WORKER. <i>WAYS TO IMPROVE EMPLOYER COMPLIANCE SHOULD BE INVESTIGATED</i> EMPLOYER DISREGARD FOR REQUIREMENTS OF LABOUR LEGISLATION. EMPLOYER IGNORING THEIR LEGAL OBLIGATIONS TOWARDS ACCOMMODATING IMPAIRED INDIVIDUAL. SOLUTION: <i>EDUCATION</i>
<u>SUB-CATEGORY: EMPLOYERS UNDERSTANDING OF DISABILITY, INSURANCE AND LABOUR LAW</u>
CLIENTS NOT KNOWING WHAT INSURANCE IS ALL ABOUT
INCAPACITY IS SHUNNED BY MANY EMPLOYERS WHO SEEK ALTERNATE WAYS OF "ESCAPING" FROM THE PROBLEM. MANAGEMENT IN SA IS GENERALLY INADEQUATE IN COPING WITH INCAPACITY. ILL HEALTH RETIREMENT IS MUCH MORE COMFORTABLE. EMPLOYER RESISTANCE - USUALLY DUE TO A LACK OF UNDERSTANDING REGARDING DISABILITY MANAGEMENT. THE SOLUTION IS FOR <i>INSURERS TO WORK MORE CLOSELY WITH</i>



EMPLOYERS BY MEANS OF DIRECT CONTACT

THERE IS A POTENTIAL PROBLEM IN CONVINCING EMPLOYERS OF THE IMPORTANCE OF A MANAGING INCAPACITY IN THE WORKPLACE. GENERALLY SPEAKING, DISABILITY BENEFITS HAVE BEEN THE DOMAIN OF PENSION FUNDS AND PROVIDENT FUNDS, HOWEVER THE MANAGEMENT OF INCAPACITY IS ACTUALLY AN EMPLOYER ISSUE. IN THIS REGARD IT IS VITAL THAT THE EMPLOYERS *HUMAN RESOURCES PROCESSES ARE ALIGNED* WITH THE TYPE OF DISABILITY PRODUCT AND THE DISABILITY MANAGEMENT PROCESS. WE HAVE ADDRESSED EMPLOYERS ON THIS ASPECT AND WE FORESEE THAT IN THE FUTURE *DISABILITY BENEFITS WILL BE PROVIDED BY THE EMPLOYER AND NOT THE PENSION FUNDS CONCERNED* WHICH WOULD MAKE IT MUCH EASIER IN ORDER TO MANAGE INCAPACITY IN THE WORKPLACE.

FEW PEOPLE UNDERSTAND CLAIMS MANAGEMENT PRINCIPLES AND THE BENEFIT TO ALL IF IMPLEMENTED. I BELIEVE I HAVE MENTIONED A LOT OF THE BENEFITS ETC.

SHAREHOLDERS – BOTTOM LINE BENEFITS

POLICYHOLDERS – EXPENSE MANAGEMENT REDUCTIONS TO INCREASE INVESTMENT OPPORTUNITIES

POTENTIAL CLAIMANTS – EDUCATED AND STAYING IN THE WORKFORCE LONGER, PROVIDING SKILLS, ETC. THIS IS PROBABLY GOING TO GAIN IMPORTANCE ONCE THE AIDS EPIDEMIC HITS THE ECONOMY. THE LATEST STATISTICS SHOW THAT 70% OF PEOPLE WITH HIV ARE BETWEEN THE AGES OF 20 –40, I.E. THE ACTIVE WORKFORCE. IT IS EXPECTED THAT THE GDP WILL BE REDUCING BY APPROXIMATELY 1,5% PA.

LACK OF EDUCATION ON THE SIDE OF EMPLOYER, EMPLOYEE & UNIONS: EMPLOYER DOES NOT REALISE THE IMPACT ON BUSINESS, EMPLOYEE DOES NOT REALISE THE LONGTERM IMPACT ON THEIR LIVES AND UNION DOES NOT REALISE IMPACT ON JOB STABILITY

DUE TO DIFFICULTY WITH FIRST HAND ACCESS TO CLIENTS/EMPLOYERS. POOR UNDERSATNDING BY EMPLOYER OF NATURE & HOW THEIR DISABILITY PRODUCT WORKS – *INSURER NEEDS TO EDUCATE* ALL PARTIES AS THIS SOMETIMES AFFECTS THE INSURERS ABILITY TO NOT ONLY ASSESS CLAIMS APPROPRIATELY BUT DELAYED INTERVENTION IS OFTEN DETRIMENTAL TO REHAB POTENTIAL AND POSSIBLE RETURN TO WORK AND COMPLIANCE WITH CURRENT LEGISLATION.

EMPLOYER IGNORANCE

EMPLOYERS DON'T SEEM TO UNDERSTAND THE IMPACT TO THEMSELVES AND THEIR POCKETS OF NOT WORKING WITHIN THE CAPACITY OF THE LABOUR RELATIONS ACT, EMPLOYMENT EQUITY.

SUB-CATEGORY: EMPLOYER ATTITUDE

UNWILLINGNESS OF EMPLOYER TO CO-OPERATE / SEEK SOLUTIONS / RETRAIN / RE-DEPLOY OR ACCOMMODATE EMPEAIRED EMPLOYEE

DIFFICULTY IN OBTAINING THE CORRECT INFORMATION FROM EMPLOYER: THIS IS EITHER CAUSED BY A NEGATIVE ATTITUDE WHERE THE EMPLOYER TRIES TO EVADE ANSWERING QUESTIONS OR A DIFFICULTY BY THE THERAPIST IN IDENTIFYING THE PERSON WHO WOULD GIVE THE CORRECT INPUT AND INFORMATION. FOR EXAMPLE, I MAKE A CALL TO THE SWITCHBOARD ASKING TO SPEAK TO THE RELEVANT PERSON. THE RECEPTIONIST DECIDES SHE IS THE ONE! WHENASKED FOR HER NAME AND IF I CAN QUOTE HER, SHE THEN DECIDES THAT I NEED SOMEONE MORE SENIOR. THIS IS USUALLY THE HUMAN RESOURCES OFFICER/MANAGER. HE/SHE OPENS A FILE AND PROVIDES INFORMATION FROM THIS AND OFTEN SAYS "THERE IS NO SEDENTARY/ALTERNATIVE WORK". WITH SOME PERSUASION, I MAY EVENTUALLY GET THE NAME OF THE LINE MANAGER OR SOMEONE WHO ACTUALLY WORKED WITH THE CLAIMANT. TRYING TO REACH A LINE MANAGER WHO IS 'ON THE FACTORY FLOOR' AND NOT NEAR A PHONE CAN BE TRYING.

THE EMPLOYER AGREEING TO THE WORK VISIT: AT TIMES I HAVE HAD DIFFICULTY IN GETTING PERMISSION FROM THE EMPLOYER TO DO A WORK VISIT. IT IS DIFFICULT TO SET UP A TIME AND CO-ORDINATE THE RELEVANT PEOPLE SUCH AS THE HUMAN RESOURCES OFFICER, LINE MANAGER AND OCCUPATIONAL HEALTH NURSE. ON THE WHOLE THE OCCUPATIONAL HEALTH



NURSES HAVE BEEN GREAT IN ORGANISING AND ACCOMPANYING ME ON WORK VISITS. WHERE THE REQUEST HAS COME DIRECTLY FROM THE COMPANY, E.G. CHALLENGING AN INSURANCE COMPANY'S DECISION OR A COMPANY WANTING TO FIND AN ALTERNATIVE POSITION, THEY ARE VERY KEEN TO HAVE A WORK VISIT.

NEGATIVE ATTITUDE BY THE EMPLOYER ON ANY MILD SUGGESTION OR HINT ON ALTERNATE OCCUPATIONS: WHEN I PHONE OR VISIT A COMPANY AND START ASKING ABOUT SEDENTARY POSITIONS, I CAN ALMOST HEAR 'THE DOOR CLOSING'. SUDDENLY A COMPANY WITH A 3000 WORKFORCE HAS NO SEDENTARY POSITIONS! ON ONE OCCASION I IDENTIFIED A SEDENTARY POSITION AND ASKED ABOUT THAT. THIS POSITION TURNED OUT TO BE A TEMPORARY POSITION (NOT MUCH CONSISTENT WORK REQUIRED FROM THAT MACHINE) AND THE POSITION WAS RESERVED FOR WORKERS WHO WERE ILL AND RETURNED TO WORK ON A TEMPORARY LIGHT WORK BASIS BEFORE BEING FIT FOR DUTY. I FIND THAT I AM NOT GIVEN THE TOTAL PICTURE OF THE SIZE OF THE COMPANY. I MAY BE TAKEN INTO ONE FACTORY AND TOLD THAT THE SUPPLIERS OF RAW MATERIAL AND THE WHOLESALER WHO SELLS THE PRODUCT ARE DIFFERENT COMPANIES AND THIS IS OFTEN NOT TRUE, I.E. A WORKFORCE OF ABOUT 500 MAY WELL BE A 5000 WORKFORCE.

SOLUTION: THE SOLUTION MAY BE IN THE '*NEGOTIATING SKILLS*' AND ATTITUDE OF THE OCCUPATIONAL THERAPIST. BY PROVIDING A MORE NEUTRAL, OR EVEN '*SYMPATHETIC*' ATTITUDE (EVEN IF ONE'S OPINION IS DIFFERENT). I OFTEN GET THE INFORMATION OR AGREEMENT TO THE WORK VISIT ON THE UNDERSTANDING THAT THIS WILL HELP THE CLAIMANT AND ENABLE THE CLAIM TO PROCEED. THIS ATTITUDE IS MORE DIFFICULT TO APPLY WHEN LOOKING AT ALL THE ALTERNATIVE JOBS. I TRY TO EXPLAIN THAT IT IS PART OF A COMPREHENSIVE ASSESSMENT THAT I HAVE BEEN ASKED TO DO. I TRY TO LET THE EMPLOYER KNOW THAT I AM INDEPENDENT, NOT EMPLOYED BY THE INSURANCE COMPANY AND THAT I NEED THE INFORMATION TO PROVIDE A GLOBAL OR MORE HOLISTIC VIEW (PARTICULARLY WITH VERY LARGE COMPANIES).

SUB-CATEGORY: IMPACT OF POOR STAFF RELATIONS

EMPLOYERS ARE UNAWARE OF THE IMPACT OF POOR STAFF RELATIONS HAS ON THEIR DISABILITY POLICIES AND THE SICK LEAVE ABUSE AND EVENTUAL BENEFIT ABUSE THAT ARISES OUT OF THIS ONE FACTOR. SOLUTION: OCCUPATIONAL THERAPISTS ARE SKILLED TO ASSIST WITH THE PSYCHOLOGICAL PROBLEMS, VOCATIONAL PROBLEMS AS WELL AS THE OCCUPATIONAL PROBLEMS THAT OCCUR FROM A FUNCTIONAL IMPAIRMENT. THEREFORE IT IS MY BELIEF THAT THE *MORE CONTACT AN OT HAS WITH THE EMPLOYER THE BETTER* IT WILL BE FOR THE EMPLOYER'S PRODUCTIVITY AND EVENTUAL PROFITS AS WELL AS FOR THE INSURANCE COMPANY. WE LIVE IN A DAY WHERE CORE TASKS HAVE THE CONTROL AND THE OT HAS THE FORTUNATE POSITION OF HAVING THE HOLISTIC KNOWLEDGE TO ASSIST IN MANY OF THE LEVELS

TROUBLESOME STAFF ARE NOT NEW, AND IT IS DOCUMENTED THAT WHERE A SITUATION IS DEALT WITHIN THE BOUNDS OF FAIR PRACTICE AND THE LEGAL FRAMEWORK, IT DOES NOT, CONTRARY TO BELIEF DEMOTIVATE THE WORKFORCE BUT ENCOURAGES THEM AS THEY ARE HAPPIER WITHIN THE SET BOUNDARIES THAT THEY ARE ABLE TO UNDERSTAND THAN TO WORK WITHIN THEIR PERCEPTIONS OF UNFAIR LABOUR PRACTICE. THEY WILL THEN ALSO ENCOURAGE BETTER PERFORMANCE FROM STAFF. WHERE LENIENCY IS NOTED OTHER STAFF WHO ARE DISGRUNTLED AND UNHAPPY IN THE WORKPLACE WILL ALSO ATTEMPT TO CLAIM UNDER THE POLICY BENEFITS. ALTHOUGH THEY MAY NOT SUCCEED THE INCREASE IN WORK FOR THE ASSURANCE COMPANY DUE TO DECLINING CLAIMS, ETC. CREATES STAFFING PROBLEMS AND CLAIMS MANAGEMENT PROBLEMS. SOLUTION: THIS MAY WELL BE AVERTED IF *EMPLOYER EDUCATION* IS DONE BY THE OCCUPATIONAL THERAPISTS TO, NOT ONLY, THE TRUSTEES OF THE FUND, BUT ALSO TO THE HUMAN RESOURCE STAFF.

SUB-CATEGORY: SICK LEAVE MONITORING



<p>EARLY IDENTIFICATION OF INCAPACITY. MOST COMPANIES ARE NOT PRO-ACTIVE IN THE MONITORING AND IDENTIFICATION OF CHRONIC ABSENCE FROM WORK AS THIS INCAPACITY IS OFTEN ALLOWED TO BECOME A MAJOR ISSUE BEFORE ANY INPUT IS FORTHCOMING FROM PROFESSIONALS.</p> <p><u>SOLUTION</u> PROGRAMS THAT <i>MONITOR AND MANAGE ABSENTEEISM</i> ARE VITAL TO EARLY IDENTIFICATION OF INCAPACITY.</p>
<p><u>SUB-CATEGORY: INVOLVEMENT OF THE EMPLOYER</u></p>
<p>LACK OF INVOLVEMENT OF THE WORKPLACE IN DISABILITY ISSUES – LINE MANAGEMENT, OCCUPATIONAL HEALTH SERVICE, HUMAN RESOURCES</p>
<p><u>SUB-CATEGORY: EMPLOYER MISUSE OF INSURANCE</u></p>
<p>INCAPACITY IS SHUNNED BY MANY EMPLOYERS WHO SEEK ALTERNATE WAYS OF “ESCAPING” FROM THE PROBLEM. MANAGEMENT IN SA IS GENERALLY INADEQUATE IN COPING WITH INCAPACITY. ILL HEALTH RETIREMENT IS MUCH MORE COMFORTABLE.</p> <p>EMPLOYER ABUSE OF THE FUND – DOWNSIZING, GETTING RID OF A TROUBLESOME EMPLOYEE. AGAIN, DUE TO IGNORANCE THE EMPLOYER SEES HIS POLICY AS A WAY OUT OF HIS PROBLEMS WITH LITTLE CONSIDERATION FOR THE LONG-TERM EFFECTS IT WILL HAVE ON HIS WORKFORCE, HIS PRODUCTIVITY AND EVENTUALLY HIS PROFITABILITY</p>
<p><u>SUB-CATEGORY: COMMUNICATION/CO-ORDINATION</u></p>
<p>COMMUNICATION BETWEEN INSURER AND CLIENT HAMPERED BY INTERMEDIARIES</p>
<p>THERE IS LITTLE OR NO CO-OPERATION BETWEEN EMPLOYERS AND INSURERS REGARDING ILL HEALTH RETIREMENT. EMPLOYERS TEND TO “BOARD” PEOPLE WITH LITTLE REGARD TO WHETHER THEY QUALIFY FOR A BENEFIT OR NOT. THIS OFTEN RESULTS IN WORKERS LEAVING THE WORKFORCE, BEING LABELLED AS DISABLED AND SITTING WITHOUT ANY INCOME.</p> <p>SOLUTION: HOPEFULLY (AND FORSEEABLY) THE CODES OF GOOD PRACTICE FOR THE <u>EE ACT</u> WILL DEAL WITH THIS PROBLEM, AND PLACE AN <i>OBLIGATION ON EMPLOYERS TO COMMUNICATE WITH INSURERS</i> OF GROUP SCHEMES) BEFORE PLACING PEOPLE ON ILL-HEALTH RETIREMENT. (<i>PROPER EDUCATION OF THE CLAIMANT REGARDING HIS/HER POLICY WILL ALSO GO ALONG WAY TO RESOLVING THIS PROBLEM</i>)</p>
<p>DIFFICULTY WITH FRIST HAND ACCESS TO CLIENTS/EMPLOYERS – NEED TO <i>DETERMINE ROLES AND RESPONSIBILITIES OF ROLEPLAYERS ESP BROKERS VS INSURERS AND ESTABLISH GOOD WORKING RELATIONSHIPS – EDUCATE BROKER ON INSURER ROLE, LEGISLATION</i> SO ALL PARTIES WORK FOR CLIENTS BENEFIT</p>
<p>POOR COMMUNICATION BETWEEN HEALTH PROVIDERS, EMPLOYER AND INSURER LEADS TO MISTRUST. SOLUTION – TO HAVE A STRUCTURE IN PLACE THAT WILL <i>STIMULATE BETTER CO-ORDINATION BETWEEN INDUSTRY AND HEALTH CARE PROVIDERS</i> TO BENEFIT EVERYBODY</p>
<p>INCAPACITY ASSESSMENT PROCEDURES ARE POORLY CO-ORDINATED, PROBABLY BECAUSE OF LACK OF APPROPRIATE AWARENESS AND TRAINING, AND ALSO BECAUSE LABOUR LAWS AND STATUTORY REQUIREMENTS WERE MISSING BEFORE EG FORUMS, GOOD BUSINESS PRACTISES (LRA), ATTITUDINAL CHANGE (DISABILITY ACT POORLY DEFINED IN SA)</p>



<u>CATEGORY: CLAIMANT</u>
<u>SUB-CATEGORY: FRAUD</u>
FRAUD – PEOPLE CLAIMING BENEFITS NOT DUE TO THEM AS CONTRACTUAL CONDITIONS NOT FULFILLED – NEED FOR INSURER TO HAVE <i>GOOD INTERNAL CONTROLS</i> & NEED TO <i>EDUCATE STAKEHOLDERS</i> OF ROLES/RESPONSIBILITIES EG NOTIFICATION OF WORKING SO BENEFIT CAN BE REDUCED
LACK OF KNOWLEDGE OF INSURANCE / THE PRODUCT
IN MY EXPERIENCE, CLAIMANTS OFTEN DO NOT UNDERSTAND THEIR INSURANCE PRODUCT – PARTICULARLY WHERE GROUP SCHEMES ARE CONCERNED. THEY USUALLY BELIEVE THAT ONCE THEIR DOCTOR HAS DECLARED THEM “DISABLED”, THEY ARE ENTITLED TO THE DISABILITY BENEFIT SOLUTION: <ul style="list-style-type: none"> - <i>BROKERS</i> SELLING INSURANCE PRODUCTS TO EMPLOYERS OR INDIVIDUALS <i>SHOULD PROVIDE BASIC UNDERSTANDABLE INFO</i> REGARDING THE POLICY, THE DEFINITION OF DISABILITY AND HOW CLAIMS WILL BE ASSESSED. - FOR GROUP SCHEMES, I FEEL THAT THE <i>EMPLOYER SHOULD THEN MAKE SURE THAT THIS INFO IS ADEQUATELY CONVEYED TO THE EMPLOYEE</i> EG DURING THE JOB INDUCTION OR ORIENTATION PROCESS - SIMPLE <i>PAMPHLETS</i> MAY BE ADEQUATE EG HOW THE GOVERNMENT EDUCATES PEOPLE ON NEW LAWS, THE CONSTITUTION ETC - THE <i>INSURER</i> WHOSE PRODUCT IT IS, MAY BE RESPONSIBLE <i>FOR PRODUCING THE RELEVANT EDUCATION MATERIALS</i>
EMPLOYEE NOT UNDERSTANDING THE CONCEPTS OF DISABILITY POLICY WORDING AND HAVING NO CLUE AS TO THE IMPACT OF DISABILITY ON HIS/HER OVERALL LIFESTYLE. SOLUTION: <i>EDUCATION</i>
<u>SUB-CATEGORY: EMPLOYEE MIND SET/ ATTITUDE</u>
WORKERS GETTING LABELLED PREMATURELY AS TOTALLY DISABLED AND THEN GETTING INTO THE SICK ROLE CLIENT’S ATTITUDE: THE CLIENT FEELS THAT HE CANNOT DO HIS OWN JOB AND THEREFORE IS ENTITLED TO HIS BENEFIT AND ALL ALTERNATIVE JOB OPTIONS OR SUGGESTIONS SEEM TO ANGER HIM. THE CLIENT CLEARLY EXPRESSES THAT HE HAS CONTRIBUTED TO THE GROUP BENEFIT OVER A LONG PERIOD AND IS THEREFORE ENTITLED TO HIS PAYMENT AND AN ASSESSMENT IS NOT NECESSARY. AN AGGRESSIVE ATTITUDE BY A CLAIMANT WHO SEES THE ASSESSMENT PROCESS AS PEOPLE CONSIDERING HIM TO BE A LIAR. CLIENT EXAGGERATES; THIS REQUIRES CAREFUL OBSERVATION SKILLS BY THE THERAPIST TO SPOT ANY INCONSISTENCIES. SOLUTION: AGAIN THE SOLUTION LIES IN THE <i>SKILLS OF THE THERAPIST</i> AND TAKING THE UTMOST CARE IN GETTING THE CLIENT AS RELAXED AS POSSIBLE, PORTRAYING AN ATTITUDE OF BEING ‘ON THE CLIENT’S SIDE’. GATHERING THE APPROPRIATE INFORMATION AND TRYING TO AVOID ALL COMMENTS ON THE VALIDITY OF THE CLAIM OR ON THE AMOUNTS (QUANTUM) OF A PERSONAL INJURY CLAIM IS ALSO IMPORTANT.
THERE HAVE BEEN SITUATIONS WHERE CLAIMANTS WHO OUGHT TO BE REHABILITATED ARE SIMPLY NOT INTERESTED IN REHABILITATION WHICH IS A HURDLE IN THE INCAPACITY MANAGEMENT PROCESS. IN THIS REGARD A PROCESS OF <i>EMPLOYER AND EMPLOYEE</i>



EDUCATION IS BEING CARRIED OUT IN WHICH WE EMPHASISE THAT THE LEGISLATION AND EMPLOYMENT POLICY IS AIMED AT RETAINING DISABLED EMPLOYEES AS OPPOSED TO DISMISSING THEM. THIS PLACES GREATER EMPHASIS ON THE REHABILITATION PROCESS.

LACK OF MOTIVATION TO RETURN TO WORK

MANY CLAIMANTS LACK MOTIVATION TO RETURN TO WORK AFTER AN INCIDENT RENDERED THEM INCAPABLE OF WORKING DUE TO MISINFORMATION BY THE EMPLOYER, THE BROKER AND THE MEDICAL PROFESSION.

SOLUTION

I BELIEVE THAT THE ROLE THE OT COULD PLAY IS TO EDUCATE ALL THE ROLE PLAYERS ON THE BENEFITS OF EARLY RETURN TO WORK WITHOUT THERE BEING A NEGATIVE IMPACT ON THE POLICY OR FOR THE EMPLOYER

EMPLOYEE ADOPTING A DISABILITY MINDSET. UNWILLINGNESS TO TRY ALTERNATE OCCUPATION AND/OR ADAPTATION. EMPLOYEE RECEIVING DR BOARDING CERTIFICATE IS THE ULTIMATE AND FINAL DETERMINING FACTOR IN DISABILITY. EMPLOYEE BELIEVING DR IS RIGHT EVEN FOR MINOR IMPAIRMENTS.

SUB-CATEGORY: JOB/EMPLOYEE MISMATCH

PEOPLE WHO WERE EMPLOYED MANY YEARS AGO, WITHOUT ADEQUATE INTERVIEWS, AND WHO, WITH MOUNTING PRESSURE TO PERFORM, ARE NOW FOUND TO BE INTELLECTUALLY INADEQUATE FOR THEIR JOBS, WITHOUT CHANGE IN THEIR MEDICAL/PSYCHOLOGICAL STATUS, ALSO PLACE PRESSURE ON BENEFITS. THEY ARE TOO YOUNG TO GO ON EARLY PENSION, AND NOT 'NEWLY DISABLED'; BUT THEY DO NOT HAVE THE INHERENT CAPACITY TO DO THE JOB - AND ARE THEREFORE SUBJECT TO AN INCAPACITY PROCESS. IT SEEMS UNFAIR TO DISMISS ON GROUNDS OF INCAPACITY, WITHOUT BENEFITS, WHEN ONE KNOWS THEY WILL, AFTER HAVING BEEN 'EMPLOYED' 12 - 15 YEARS, NOT BE ABLE TO COMPETE IN THE OPEN LABOUR MARKET. THEY REQUIRE SHELTERED EMPLOYMENT AS AN ALTERNATIVE, BUT SUCH RESOURCES ARE VERY LIMITED (MOST OF THE BURDEN IS LAID ON THE SHOULDERS OF GOVT, WHO ARE LESS AND LESS WILLING TO BEAR THIS BURDEN) COULD THE INSURANCE COMPANIES INITIATE MORE SUCH RESOURCES?

CATEGORY: REHABILITATION/RE-TRAINING

SUB-CATEGORY: LACK OF REHAB AND SERVICE PROVIDERS/AVAILABILITY

THERE IS A GENERAL LACK OF THE USE OF REHAB AND WORK HARDENING IN SA. THE POSITIVE OUTCOMES OF THIS TREATMENT INTERNATIONALLY NEEDS TO BE PROPOGATED. MORE CENTRES ARE NEEDED

A FURTHER PROBLEM REGARDING REHABILITATION IS THE AVAILABILITY OF FACILITIES IN CERTAIN REMOTE AREAS. IT HAPPENED THAT A CLAIMANT IS SUITABLE FOR REHABILITATION BUT THE FACILITIES ARE SIMPLY NOT AVAILABLE.

SUB-CATEGORY: LACK OF REHAB INCENTIVES

NO REHAB INCENTIVES

SUB-CATEGORY: IMPLEMENTATION OF REHAB

IMPLEMENTATION OF REHAB, ASSISTIVE DEVICES AND ADAPTATION - WHO HELPS THE CLIENT TO GET THE THINGS WE SUGGEST & DO THEY WORK, DO THEY USE THEM, DO THEY COMPLY?



FOLLOW-UP - WHAT HAPPENS TO THE CLIENTS AFTER I'VE (O.T) SEEN THEM. THERE NEEDS TO BE "SOMEONE" RESPONSIBLE FOR THE FOLLOW-UP OF CLIENTS

SUB-CATEGORY: TRAINING OPPORTUNITIES

INADEQUATE TRAINING OPPORTUNITIES FOR DIFFERENTLY ABLED INDIVIDUALS IN ORDER TO REDEPLOY SUCH INDIVIDUALS. SOLUTION: GOVT INVOLVEMENT

CATEGORY: LEGAL ENVIRONMENT

SUB-CATEGORY: UNKNOWN IMPACT OF NEW LEGISLATION

LEGAL ENVIRONMENT – OMBUDSMANS ROLE, RULINGS AND NOT ALWAYS UNDERSTANDING ALL FACTORS CONSIDERED IN CLAIM ASSESSMENT. *INSURER AND OMBUDSMAN NEED TO EDUCATE EACH OTHER AND HOLD REGULAR MEETINGS TO CLARIFY CONTENTIOUS CLAIMS. SIMILAR SITUATION TRUE FOR MOST ATTORNEYS – INSURERS CAN BENEFIT FROM APPROPRIATE LEGAL EXPERTISE ON BEHALF OF THE COMPANY TO DEAL WITH THESE SITUATIONS. NEED TO ENSURE THAT ALL WRITTEN MATERIAL ISSUED TO EMPLOYEES ACCURATELY REFLECTS POLICY WORDINGS AND DEFINITIONS – RESPONSIBILITY OF ALL STAKEHOLDERS*

CURRENT ABSENCE OF APPLICABLE LAW FOR MANAGING INCAPACITY. THE CONCEPT OF 'INCAPACITY MANAGEMENT' COMES FROM THE LRA'S CODE OF GOOD PRACTICE: DISMISSAL, AND ITS PROVISIONS FOR MANAGING INCAPACITY AND ILLNESS - IN THE CONTEXT OF DISMISSAL. THE PROVISIONS DID NOT ACTUALLY CONTEMPLATE THE RANGE OF STRATEGIES OF OTHER LEGAL JURISDICTIONS THAT ENCOMPASS FUNCTIONAL ABILITY ASSESSMENT, RETURN TO WORK, WORK TRANSITIONING AND SO ON.
WE HOWEVER INTERPRETED AND THEN APPLIED THE CODE IN THE PROCESS OF DECLINING CLAIMS AS THOUGH IT DID, TO BOTH MANAGE DISABILITY CLAIMS STRATEGICALLY, AND PROMOTE DECLINED CLAIMANTS INTERESTS - AS FAR THIS WAS POSSIBLE: THUS, THE PHRASE 'THE EMPLOYERS RESPONSIBILITY' EVOLVED. THE PROBLEM REMAINS THAT THERE IS NO BODY OF COHERENT LAW TO COVER DISABILITY RIGHTS (AS MANY DECLINED CLAIMANTS FALL INTO ONE OR OTHER OF THE VARIANTS OF THE DEFINITIONS OF 'DISABILITY' OF THE WHO OR ILO AMONGST OTHERS.

CONFUSION & UNCERTAINTY FOR EMPLOYERS, INSURERS, BROKERS & EMPLOYEES. THIS CURRENT STATE OF AFFAIRS BENEFITED INSURERS, CONFUSED EMPLOYERS AND DID NOT SUPPORT EMPLOYEES IN TERMS OF FAIR LABOUR PRACTICES IN THE AREA THEY NEEDED THEM IN MOST - RIGHTS OF PEOPLE WITH DISABILITIES. THERE IS ALSO LITTLE APPRECIATION BY INSURERS AND BROKERS OF HOW CONTRACT LAW (GROUP OR INDIVIDUAL DISABILITY POLICIES) INTERACTS WITH OTHER LEGAL RIGHTS. THE LEGAL RIGHTS ARE THOSE IN RELATION TO THE EMPLOYMENT EQUITY ACT AND THE RIGHTS OF 'PEOPLE WITH DISABILITIES' AND GENERAL EQUALITY LAWS IN THE FORM OF THE EQUALITY ACT AND THE DEFINITION OF 'DISABILITY DISCRIMINATION' THERE.

ONE OF THE OBJECTIVES OF THE CODE OF GOOD PRACTICE: DISABILITY UNDER THE EMPLOYMENT EQUITY ACT IS TO ESTABLISH THE LINK IN ACCORDANCE WITH INTERNATIONAL LITERATURE.

LITTLE IS KNOWN ABOUT HOW FAR RANGING THE IMPACT THE EQUALITY BILL WILL HAVE ON THE HANDLING OF STAFF AND CLAIMS IN THE WORKPLACE

SUB-CATEGORY: ECONOMIC CLIMATE

THE PRESENT-DAY 'RETRENCHMENT CLIMATE IN MANY COMPANIES AGGRAVATES THE SITUATION AS MENTIONED IN 3.1 THE SOLUTION DOESN'T DIFFER FROM THAT MENTIONED IN



SITUATION AS MENTIONED IN 3.1 THE SOLUTION DOESN'T DIFFER FROM THAT MENTIONED IN 3.1 IF COMPANIES HAVE A *RETRENCHMENT SUPPORT PROGRAMME* (ASSISTING RETRENCHMEES WITH RE-EMPLOYMENT) THERE IS LESS PRESSURE ON DISABILITY BENEFITS REDEPLOYMENT OPPORTUNITIES WHERE ALTERNATE WORK IS NOT POSSIBLE AT PREVIOUS EMPLOYER EG HIGH PHYSICAL IMPACT JOB – NO ALTERNATIVE LIGHT IMPACT JOBS AVAILABLE. SOLUTION – *COMPREHENSIVE REDEPLOYMENT DATA BASE*

SUB-CATEGORY: GENERAL MISCONCEPTIONS

THE HISTORY OF THE TERM "BOARDING" STILL LINGERS BOTH IN THE VOCABULARY OF DOCTORS NOT IN INDUSTRY AND THE AVERAGE HR EMPLOYEE. ONCE THE IDEA OF A MEDICAL BOARDING HAS BEEN PUT TO THE PROSPECTIVE DISABLED EMPLOYEES, A "MIND SET" HAS BEEN INTRODUCED WHICH IS VERY DIFFICULT TO CHANGE AND DOES LEAD TO POOR PERFORMANCE IF THE DISABILITY BENEFITS ARE REJECTED. SOLUTION "ROAD SHOWS" TO COMPANIES AND DOCTORS CME MEETINGS SO AS TO *EDUCATE DOCTORS AND HR PEOPLE*.

MISCONCEPTIONS THAT DISABILITY BENEFITS (PERMANENT) ARE READILY AWARDED (EMPLOYEE;PRIVATE PHYSICIAN;SUPERVISOR/MANAGER;UNION REP;FAMILY OF EMPLOYEE) ARE UNDER THE IMPRESSION THAT AN EDICT OF 'PERMANENTLY DISABLED' BY THE PRIVATE PHYSICIAN, MEANS THAT A DISABILITY BENEFIT WILL BE PAID OUT, THUS 'SOLVING THE PROBLEM'
POSSIBLE SOLUTION:
EDUCATE LINE MANAGERS, H-R CONSULTANTS, WITH UNION REPS PRESENT, ON WHAT CONSTITUTES ELIGIBILITY FOR A DISABILITY BENEFIT.
GUIDE THE LINE MANAGER THROUGH MANAGEMENT OF THE FIRST FEW INCAPACITY CASES, FOLLOWING THE EDUCATION PROCESS.

CATEGORY: MEDICAL AND ALLIED MEDICAL PROFESSION

SUB-CATEGORY: OT TRAINING & ASSESSMENT FACILITIES

INSUFFICIENT OT'S TRAINED IN DISABILITY ASSESSMENT/MANAGEMENT, VOCATIONAL TRAINING & REHABILITATION
VERY FEW OT'S SPECIALISING IN THE GROUP BENEFITS ARENA IN GENERAL. MOST PRIVATE PRACTICES ATTEMPT TO DO "A LITTLE BIT OF EVERYTHING"
MOST OT'S LACK APPROPRIATE EQUIPMANT, DIAGNOSTIC APPARATUS REQUIRED FOR MODERN DISABILITY ASSESSMENT

SUB-CATEGORY: DOCTORS KNOWLEDGE AND UNDERSTANDING OF INSURANCE/DISABILITY MANAGEMENT

LITTLE PROFESSIONAL KNOWLEDGE ABOUT THE ART OF DISABILITY ASSESSMENTS BY MEDICAL FRATERNITY
EXAMINING DOCTORS ARE BIASED, TOTALLY NON-OBJECTIVE AND INCONSISTENT. PATIENT'S ARE BOARDED TOO EASILY. CONTINUOUS *TRAINING* IS NECESSARY IN DISABILITY ASSESSMENT, AS WELL AS A PROCESS OF *ACCREDITATION* OF INDEPENDENT MEDICAL EXAMINERS
MEDICAL PROFESSION IS A MAJOR PROBLEM IN DISABILITY – DRS ARE COMPOUNDING THE PROBLEM AND HAVE NO IDEA OF THE LEGAL/INSURANCE ASPECT OF DISABILITY. SOLUTION: *EDUCATION*



SUB-CATEGORY: OCCUPATIONAL HEALTH

OH IS A RELATIVELY "CINDERELLA" DISCIPLINE, WHICH IS CURRENTLY FINDING ITS OWN IN THE INDUSTRY. SINCE INCEPTION OF OHSA (1993) THE PROBLEMS ARE INCREASING DIAMETRICALLY

SUB-CATEGORY: ETHICAL ISSUES FOR THE OT

ARBITRARY OR AD-HOC APPROACHES

A FAIRLY WELL ESTABLISHED VIEW EXISTS THAT CLAIMS ARE APPROVED WHEN CLAIMS EXPERIENCE AND SCHEME PROFITABILITY ARE FAIR AND ARE DECLINED WHEN OTHERWISE. THE CREDIBILITY OF OTS IS DRAWN INTO QUESTION AS WELL AS THE ETHICS OF OTS BEING EMPLOYED BY ORGANISATIONS IN THE CAPACITY THEY ARE CURRENTLY FUNCTIONING IN.

UNSTANDARDISED PRACTICES

NO UNIFORM STANDARD HAS BEEN INSISTED ON BY OTS OR MOOTED BY THE LIFE OFFICES ASSOCIATION FOR ENSURING ETHICS, CONSISTENCY, STANDARDISATION AND UNIFORMITY IN ALL THE KEY ASPECTS OF OT PRINCIPLE AS THEY APPLY TO CLAIM ASSESSMENT.

OTS SHOULD ALSO HAVE A BODY THEY MAY SEEK REDRESS, GUIDANCE FROM, OR TO WHOM THEY MAY COMPLAIN, WITHOUT FEAR TO JOB SECURITY, WHERE THEY ARE SUBJECTED TO UNDUE INFLUENCE IN THE PROCESS OF CLAIM ASSESSMENT OR EVALUATION- SEE THE NEXT TWO POINTS.

ETHICALLY QUESTIONABLE EMPLOYMENT ARRANGEMENTS

THE CURRENT EMPLOYMENT ARRANGEMENTS IN WHICH OTS ARE EMPLOYED BY INSURERS AND THEN ASSESS THE INSURERS OWN DISABILITY CLAIMS ON SCHEMES THE INSURER CONTROLS AND ADMINISTERS IS HIGHLY QUESTIONABLE IN CONTRACT LAW, GENERAL ETHICS AND SPECIFICALLY OT PRACTICE ETHICS. THE PENSION FUND ADJUDICATOR AND LEGAL OPINION CIRCULATED BY THE LIFE OFFICES OMBUDSMAN HAVE RECOMMENDED AGAINST THE CURRENT SITUATION.

CONFLICT BETWEEN PROFESSIONAL OPINION AND MANAGERIAL INFLUENCE

THIS IS SELF-EVIDENT: THE DECISION BY THE OT, OR THE OT IN CONSULTATION WITH THE MORE SENIOR OT CLAIM ASSESSOR AS TO THE ADMISSIBILITY OF A CLAIM MUST BE FINAL. NO EXTERNAL NON-EXPERTS SHOULD BE ABLE TO INFLUENCE AN OBJECTIVE PROFESSIONAL OPINION.



QUESTION 3

CATEGORY: INSURER

SUB-CATEGORY: CLAIMS ASSESSMENT/MANAGEMENT

SUB-CATEGORY: MORE DIFFICULT CLAIMS ASSESSMENT

NEW PROBLEMS ARE OCCURRING, AS THE AREA OF DISABILITY IS DYNAMIC, SO THE CHALLENGE IN DEALING WITH THEM WILL BECOME GREATER AND TOGETHER WITH PEOPLE'S ATTITUDES, ETC. IT WILL MAKE THE HANDLING OF THESE CLAIMS MORE DIFFICULT.

SUB-CATEGORY: OBJECTIVE CLAIMS ASSESSMENT

CAUSES OF CLAIM ARE BECOMING MORE SUBJECTIVE IN NATURE, BRINGING A GREATER RELIANCE ON SELF-REPORTED SYMPTOMS, AND ONE NEEDS TO *FIND WAYS TO ASSESS THESE OBJECTIVELY*. WHAT BETTER WAY THAN VIA OT SKILLS.

SUB-CATEGORY: IMPROVED CLAIMS ASSESSMENT

MORE PROFESSIONAL CLAIMS ASSESSMENT; MORE TIME PER CLAIM

ALL CLAIMANTS (OR ALMOST ALL) BE ASSESSED BY INDEPENDENT DOCTORS

SUB-CATEGORY: IMPROVED CLAIMS MANAGEMENT

FINANCIAL PRESSURES: INCREASING PREMIUMS, DECREASING BENEFITS WILL RESULT IN MORE ACTIVE CLAIMS MANAGEMENT

SUB-CATEGORY: INCREASING FRAUD

FRAUD – INCREASING DAILY AS PEOPLE BECOME MORE DESPERATE

AS WELL AS THE IMPACT THE INTERNET IS GOING TO HAVE ON POTENTIAL CLAIMANTS ABILITY TO SYMPTOM MAGNIFY PROVIDE JUST THE RIGHT MEDICAL INFORMATION AS HAS ALREADY BEEN THE EXPERIENCE IN THE USA.

SUB-CATEGORY: OUTSOURCING

AN INCREASING DEMAND BY INSURERS FOR OUTSOURCED, INDEPENDENT DISABILITY ASSESSORS & REHABILITATION PROVIDERS. I BELIEVE THIS TREND WILL GROW INCREASING MOMENTUM THROUGHOUT THE INSURANCE INDUSTRY

OUTSOURCING MUST BE ENCOURAGED IN ORDER TO ENSURE THE BEST POSSIBLE FOCUS ON REINTEGRATION INTO WORK. INSURERS NEED TO BECOME LESS "DEFENSIVE" AND MORE FOCUSED ON THE BEST WAY TO MANAGE CERTAIN ASPECTS OF DISABILITY CLAIMS



SUB-CATEGORY: INCREASING LITIGATION

LITIGATION IS ON THE INCREASE. MEDICAL AND PARAMEDICAL STAFF IN EMPLOYMENT IN THE INSURANCE INDUSTRY SHOULD UNDERGO *ONGOING CME* IN DISABILITY MEDICINE, AND PREFERABLY OBTAIN POST-GRADUATE *QUALIFICATIONS* IN DISABILITY MEDICINE

BECAUSE OF INCREASED LITIGATION, CLAIM *POLICIES OF COMPANIES SHOULD BE WELL RESEARCHED* AND EVIDENCE-BASED. ALSO ROUND-TABLE *DISCUSSIONS WITH THE CLAIMANT AND HIS DOCTORS*, WILL PREVENT MANY COURT CASES ACTUALLY TAKING PLACE

I SEE CHANGING ROLES IN TERMS OF THE CHANGING LEGAL FRAMEWORK IN WHICH WE WORK. THE NUMBER OF CASES FOR ADJUDICATION AND LITIGATION WILL INCREASE. THE POLICY WORDINGS ARE LOOKING FOR MEDICAL OPINIONS AND THE FACT THAT OT'S ARE REGISTERED WITH MASA AND HAVE ALWAYS BEEN RECOGNISED FOR THEIR CONTRIBUTION TO FORENSIC MEDICINE WILL CONTINUE TO GROW.

EDUCATION ROLE OF ALL ROLEPLAYERS NEEDS MORE ATTENTION WITH THE INCREASING TENDANCY OF CLAIMANTS TO SEEK LEGAL INTERVENTION, CCMA'S ROLE ETC

CATEGORY: INSURANCE PRODUCTS

SUB-CATEGORY: CHANGING PRODUCTS

INSURANCE PRODUCTS SHOULD INSURE IMPAIRMENT RATHER THAN DISABILITY. THIS IS OBJECTIVELY DEFINEABLE AND WILL IMPROVE PRODUCTIVITY AS A RESULT OF FEWER DISPUTES AND A PATIENT BEING REWARDED IRRESPECTIVE OF WHETHER HE CAN CONTINUE WORKING OR NOT

NEED FOR MORE INNOVATIVE, FLEXIBLE & PRACTICAL PRODUCT DESIGN TO MEET CHANGING NEEDS OF WORKFORCE, WORK ENVIRONMENT & LEGISLATION

POLICIES WILL NEED TO CHANGE – LUMP SUM COVER SHOULD BE ABOLISHED AND ONLY PHI TYPE COVER ALLOWED BUT PHI BENEFITS NEED TO BE CONTINUOUSLY MONITORED AND THE CLAIMANT CORRECTLY MANAGED. INSURANCE COMPANIES NEED TO MAKE CORRECT DECISIONS AND NOT BUSINESS ONES

SUB-CATEGORY: PRODUCTS ALIGNED WITH LEGISLATION

INSURERS WILL HAVE TO MAKE SURE THAT THERE PRODUCTS ARE PROVIDED IN A FAIR AND NON-DISCRIMINATORY MANNER – AS RECOMMENDED IN THE CODES OF THE EE ACT. CAPITAL DISABILITY BENEFITS IN A GROUP SCHEME, FOR EXAMPLE, MAY BE FOUND TO BE A PROBLEM IN TERMS OF RETURNING DISABLED PEOPLE TO THE WORK FORCE – AND THEREBY UNDERMINING THE SPIRIT OF THE ACT

NEW PRODUCTS MUST INCORPORATE NEW LEGISLATIVE DEMANDS. THE EQUITY ACT IS GOING TO PROVIDE/CREATE A BIG CHALLENGE TO EB BUSINESS

SUB-CATEGORY: PROACTIVE DISABILITY AND RISK MANAGEMENT

GROUP SCHEME NEEDS ARE SHIFTING TOWARDS MANAGING ABSENTEEISM, EARLY REHAB AND RETURN TO WORK. INSURANCE COMPANIES SHOULD *DEVELOP IT STRUCTURES* TO SUPPORT PRODUCTS THAT PROVIDE THIS

MORE RISK MANAGEMENT BY INSURERS: *INCENTIVES* TO BETTER OCCUPATIONAL HEALTH, ERGONOMICS, PLACEMENTS



SUB-CATEGORY: IMPROVED FIRST HAND COMMUNICATION WITH EMPLOYER

BETER COMMUNICATION, EARLY FEEDBACK TO CLIENTS, BETTER CLIENT SERVICE

CHANGING INSURANCE ENVIRONMENT AND LEGISLATION SHOULD HOPEFULLY SUPPORT CLOSER/FIRST HAND ACCESS TO ALL ROLE PLAYERS ESP EMPLOYER/EMPLOYEE

INTERMEDIARY DILUTION WILL ENHANCE THE RELATIONSHIP BETWEEN EMPLOYER AND INSURER. AT PRESENT IT HINDERS THIS RELATIONSHIP AND OFTEN INTERFERES WITH CLAIMS PROBLEM-SOLVING AND MANAGEMENT

SUB-CATEGORY: COMMUNICATION WITHIN THE INDUSTRY

SHARING KNOWLEDGE AS AN INDUSTRY SHOULD BE ENCOURAGED. THERE IS STILL A SOURCE OF TOO MUCH "OWNERSHIP" OF INFORMATION THAT IS PERTINENT TO THE INDUSTRY AS A WHOLE. ONE CAN/SHOULD BE ABLE TO SHARE KNOWLEDGE WITHOUT LOSING THE COMPETITIVE EDGE.

TRAINING AND MORE INTERACTION OF ASSESSMENT PERSONS. HAVE WORKSHOPS/MEETINGS

CATEGORY: EMPLOYER

SUB-CATEGORY: IMPROVED AWARENESS AND ATTITUDE TOWARDS JOB ACCOMMODATION

LABOUR RELATIONS ACT AND ILL HEALTH: AN INCREASE IN AWARENESS SHOULD OCCUR WITH AN IMPROVED ATTITUDE TOWARDS JOB ACCOMMODATION: MORE WORK OPTION FOR OCCUPATIONAL THERAPISTS TO DO WORK REHABILITATION AND FOR INSURANCE INDUSTRY TO COVER THIS COST.

THE MAIN CHALLENGE WOULD BE TO CONVINCE EMPLOYERS THAT MANAGING INCAPACITY IS AN EMPLOYER ISSUE. THIS INVOLVES *CONSTANTLY REMINDING EMPLOYERS* OF THE LEGISLATIVE REQUIREMENTS IN RESPECT OF THE LABOUR RELATIONS ACT, THE EMPLOYMENT EQUITY ACT, THE DEVELOPMENT OF SKILLS ACT.

THIS LEGISLATION ENCOURAGES EMPLOYERS TO REHABILITATE AND RETAIN DISABLED EMPLOYEES. THIS IS IN MY VIEW, WHAT WE CAN EXPECT TO ENCOUNTER IN THE FUTURE.

SUB-CATEGORY: GREATER ACCEPTANCE OF DISABLED ON WORK FORCE

EMPLOYMENT EQUITY: GREATER AWARENESS AND ACCEPTANCE OF DISABLED INTO WORKFORCE. AGAIN MORE WORK IN WORK REHABILITATION. I AM CONCERNED THAT AT SOME POINT DISABLED WORKERS WILL BECOME MORE DISABLED AND THEN HAVE A VALID CLAIM; FOR EXAMPLE, A PARAPLEGIC DEVELOP SEVERE BACK AND SHOULDER PAIN DUE TO 'OVERUSE' - AT THE TIME HE/SHE REACHES 50, HE/SHE MAY HAVE 'PUSHED' A WHEELCHAIR FOR 30 YEARS.

CATEGORY: EMPLOYEE

SUB-CATEGORY: GREATER EMPLOYEE EXPECTATIONS

GREATER EXPECTATIONS FROM EMPLOYEES BEING PROVIDED WITH COMPREHENSIVE BENEFITS. A SIMPLE *BOOKLET OF FAQs* WOULD BE OF GREAT BENEFIT



SUB-CATEGORY: ENTITLEMENT ATTITUDE

CONSUMERISM WILL PLAY AN INCREASING ROLE ON THE RIGHT TO CLAIM MENTALITY OF MANY OF THE CLAIMANTS. IT WILL NEED PEOPLE SKILLED IN OBJECTIVE ASSESSMENT OF FUNCTIONAL INCAPACITY TO PERFORM THE TESTS IN A CONVINCING WAY SO AS TO

THE EXPECTATION OF MANY EMPLOYEES THAT SICK ABSENCE REMAINS AN ENTITLEMENT ALSO NEEDS TO BE ADDRESSED VIA *EDUCATION*.

CATEGORY: DISABILITY MANAGEMENT

SUB-CATEGORY: FUTURE CONCEPTS

THE MANAGEMENT OF INCAPACITY IS GOING TO BE BROADER IN FUTURE THAN SIMPLY REHABILITATION. ABSENTEEISM ANALYSIS, THE ALIGNMENT OF HUMAN RESOURCES PROCESSES WITH THE DISABILITY PRODUCT AND ESTABLISHED PRINCIPLES AND POLICIES REGARDING HIV/AIDS IS GOING TO BE OF VITAL IMPORTANCE.

I BELIEVE THAT THE INSURANCE INDUSTRY WOULD HAVE TO HAVE A BROADER FOCUS ON INCAPACITY MANAGEMENT WHICH MAY ENTAIL MORE OF A HUMAN RESOURCES FUNCTION THAN SIMPLY PROVIDING INSURANCE BENEFITS.

OTS MOVING INTO VOCATIONAL RIGHTS CONSULTING AND REHABILITATION. THE BEST PLACE 'INCAPACITY MANAGEMENT' UNDER THE CODE OF GOOD PRACTICE: DISABILITY CAN BE UNDERTAKEN IS IN THE WORKPLACE IN CO-OPERATION WITH OPERATIONALLY COMPETENT PRACTITIONERS - OCCUPATIONAL HEALTH NURSES AND DOCTORS. HOWEVER SOME CASE MANAGEMENT SERVICES OFFERED BY INSURERS AND BROKERS IN SUPPORT OF DISABILITY PRODUCTS WILL BE ABLE TO WORK ALONGSIDE THE OPERATIONAL SERVICE. OTS WILL ALSO OVER TIME FORM STRATEGIC ALLIANCES WITH OCCUPATIONAL HEALTH NURSES AND DOCTORS TO OFFER AN INTEGRATED OPERATIONALLY COMPLIANT SERVICE.

SUB-CATEGORY: PREPLACEMENT SCREENING

MORE EMPHASIS SHOULD BE PUT ON PRE-PLACEMENT SCREENING OF WORKERS TO PREVENT INJURIES/IMPAIRMENT RATHER THAN MANAGING THEM. ALSO INCORPORATING CORPORATE WELL-BEING AND FITNESS PROGRAMMES TO PREVENT DISEASE

SUB-CATEGORY: EARLIER INTERVENTION

MORE INVOLVEMENT OF O.TS AT AN EARLIER STAGE

MORE REHABILITATION, EARLY INTERVENTION INTO LONG TERM ABSENTEEISM

EARLY INTERVENTION HAS BEEN INTERNATIONALLY RECOGNISED AS ONE OF THE MOST IMPORTANT DISABILITY MANAGEMENT PRINCIPLES. I BELIEVE MANY INSURERS ARE ALREADY TRYING TO DEAL WITH CLAIMS AS EARLY AS POSSIBLE – PREFERABLY BEFORE THE CLAIMANT LEAVES THE WORK PLACE

SUB-CATEGORY: SICK LEAVE MANAGEMENT

DISABILITY NEEDS TO BE MANAGED FROM DAY 1 OF ABSENTEEISM AS OVER 955 OF ALL DISABILITIES FOLLOW A PERIOD OF ABSENTEEISM

IT DEVELOPMENT: MORE SOFTWARE AVAILABLE TO MANAGE ABSENTEEISM ETC



<u>SUB-CATEGORY: EARLY RETURN TO WORK</u>
EARLY RETURN TO WORK IS CRITICAL IN PREVENTING PERMANENT DISABILITY BEHAVIOUR – NEED NOT BE IN OWN OCCUPATION
<u>SUB-CATEGORY: COST/BENEFIT</u>
THE MAIN ISSUE IS ONE OF COSTS AND IT IS VITAL THAT THE MANAGEMENT OF INCAPACITY HAS THE EFFECT OF REDUCING THE COSTS OF DISABILITY. THIS WILL BE INCREASINGLY IMPORTANT WITH THE PREVALENCE OF HIV/AIDS AS THE RISING COSTS OF DISABILITY BENEFITS MAY IMPACT ON THE AMOUNT OF RETIREMENT SAVINGS WHICH ARE AVAILABLE FOR EMPLOYEES.
<u>SUB-CATEGORY: IMPACT ON THE DISABLED</u>
EMPLOYMENT EQUITY: GREATER AWARENESS AND ACCEPTANCE OF DISABLED INTO WORKFORCE. AGAIN MORE WORK IN WORK REHABILITATION. I AM CONCERNED THAT AT SOME POINT DISABLED WORKERS WILL BECOME MORE DISABLED AND THEN HAVE A VALID CLAIM; FOR EXAMPLE, A PARAPLEGIC DEVELOP SEVERE BACK AND SHOULDER PAIN DUE TO 'OVERUSE' - AT THE TIME HE/SHE REACHES 50, HE/SHE MAY HAVE 'PUSHED' A WHEELCHAIR FOR 30 YEARS.
<u>SUB-CATEGORY: CHALLENGE OF PSYCHIATRIC DISABILITIES</u>
PSYCHIATRIC CONDITION: THIS AREA MAY HAVE THE GREATEST RESISTANCE TO JOB ACCOMMODATION AND ADAPTATION. IT IS LIKELY THAT TREATING OCCUPATIONAL THERAPISTS AND THE INSURANCE INDUSTRY WILL HAVE TO EDUCATE EMPLOYERS.
<u>SUB-CATEGORY: GREATER SOCIAL RESPONSIBILITY</u>
GREATER SOCIAL RESPONSIBILITY - WHEN IT IS FOUND THAT AN ALTERNATIVE JOB CAN BE DONE ACTUAL PLACEMENT AND ASSISTANCE WITH TRAINING AND JOB SEEKING NEEDS TO BE AVAILABLE
<u>CATEGORY: REHABILITATION</u>
<u>SUB-CATEGORY: VOCATIONAL REHABILITATION</u>
EMPLOYMENT EQUITY: GREATER AWARENESS AND ACCEPTANCE OF DISABLED INTO WORKFORCE. AGAIN MORE WORK IN WORK REHABILITATION. I AM CONCERNED THAT AT SOME POINT DISABLED WORKERS WILL BECOME MORE DISABLED AND THEN HAVE A VALID CLAIM; FOR EXAMPLE, A PARAPLEGIC DEVELOP SEVERE BACK AND SHOULDER PAIN DUE TO 'OVERUSE' - AT THE TIME HE/SHE REACHES 50, HE/SHE MAY HAVE 'PUSHED' A WHEELCHAIR FOR 30 YEARS.
WITH THE EMPHASIS MOVING TOWARDS ACCOMMODATING DISABLED WORKERS RATHER THAN REMOVING THEM FROM THE WORKFORCE, VOCATIONAL REHABILITATION BECOMES AN ISSUE. INTERNATIONAL RESEARCH BY PEOPLE LIKE DONALD SHREY HAVE SHOWN THAT THIS IS MOST EFFECTIVE WHEN PERFORMED ON-SITE IE THE DISABLED WORKER IS REHABILITATED IN THEIR WORK ENVIRONMENT. TRANSITIONAL WORK PROGRAMMES OR TWP'S ARE THE MEANS BY WHICH DISABLED WORKERS CAN BE REHABILITATED ON-SITE. A



TWP IS DEFINED BY SHREY & LACERTE, 1995 AS "AN INDIVIDUALISED PROGRAMME FACILITATING AN INJURED WORKERS GRADUAL TRANSITION FROM DISABILITY TO MODIFIED WORK TO THE EVENTUAL OBJECTIVE" (EG RETURN TO PREVIOUS JOB)

A TWP INCLUDES: AN OBJECTIVE EVALUATION OF THE WORKER; JOB ANALYSIS; DEVELOPMENT OF SPECIAL WORK TRANSITION UNITS WITHIN THE COMPANY; ON-SITE CLINICAL SUPERVISION (OCC HEALTH NURSE, DOCTOR OR OT); A GRADUAL WORK RETURN PLAN THAT INCREASES THE WORKERS CAPACITY TO RETURN TO FULL DUTY

REHABILITATION SERVICES - WE SO OFTEN SUGGEST PROGRAMS AND SERVICES THAT ARE EITHER NOT AVAILABLE OR NOT ACCESSIBLE FOR CLIENTS

APPROPRIATE VOCATIONAL DIRECTED REHABILITATION IS PARAMOUNT, INCLUDING EMPLOYER AND EMPLOYEE EDUCATION: EMPLOYEE COPING STYLE NEEDS TO BE ADDRESSED

LABOUR RELATIONS ACT AND ILL HEALTH: AN INCREASE IN AWARENESS SHOULD OCCUR WITH AN IMPROVED ATTITUDE TOWARDS JOB ACCOMMODATION: MORE WORK OPTION FOR OCCUPATIONAL THERAPISTS TO DO WORK REHABILITATION AND FOR INSURANCE INDUSTRY TO COVER THIS COST.

SUB-CATEGORY: FAILED REHAB

FAILED EXPECTATIONS WHERE REHAB IS NOT SUCCESSFUL & THE COMPANY HAS SPENT A LOT OF TIME, MONEY & EFFORT IN ACCOMMODATING THE INCAPACITATED PERSON

CATEGORY: IMPACT OF NEW LABOUR LEGISLATION

THE EE ACT'S CODE OF GOOD PRACTICE – DISABILITY WILL SUGGEST GUIDELINES CONCERNING DISABILITY BENEFITS AND THE WAY IN WHICH THEY SHOULD BE MANAGED. IN PARTICULAR, THE EMPLOYER WILL BE REQUIRED TO TAKE RESPONSIBILITY FOR PLACING PEOPLE ON ILL-HEALTH RETIREMENT, AND TO DO SO WITHOUT PROPER INVESTIGATION OF THE DISABILITY AND WHETHER THE PERSON COULD BE REASONABLY ACCOMMODATED – COULD BE SEEN AS UNFAIR LABOUR PRACTICE. EMPLOYERS MAY BE REQUIRED TO (AND INDEED ALREADY ARE) PAY FOR APPROPRIATE INVESTIGATIONS AND ASSESSMENTS OF DISABILITY. SOME OF THE IMPLICATIONS OF THE NEW LEGISLATION ARE EXPECTED TO BE:

- EMPLOYERS WILL BE ADVISED TO DEVELOP FUNCTIONAL, NON-DISCRIMINATORY JOB DESCRIPTIONS TO FACILITATE THE DISABILITY MANAGEMENT PROCESS.
- THEY ARE OBLIGED TO PROPERLY INVESTIGATE EACH CASE OF DISABILITY
- THEY ARE REQUIRED TO PROVIDE REASONABLE ACCOMMODATIONS TO ENABLE DISABLED WORKERS TO PERFORM THEIR OWN OR AN ALTERNATIVE JOB ADEQUATELY
- BECAUSE DISABILITY MANAGEMENT HAS BECOME A LEGAL ISSUE, WE CAN EXPECT TO SEE MORE INVOLVEMENT FROM A LABOUR (TRADE UNION) POINT OF VIEW. JOINT MANAGEMENT-LABOUR EFFORTS AT DEALING WITH DISABILITY WILL HOPEFULLY BE SEEN
- BECAUSE OF THE LEGAL REQUIREMENT THAT DISABILITY BE PROPERLY INVESTIGATED BY THE EMPLOYER BEFORE A DECISION TO DISMISS OR ILL-HEALTH RETIRE IS TAKEN, THE SERVICES OF INDEPENDENT AND ALLIED MEDICAL SPECIALISTS WILL PROBABLY COME INTO GREATER DEMAND. OBJECTIVE, INDEPENDENT REPORTS WILL BE THE ONLY WAY IN WHICH AN EMPLOYER (AND FOR THAT MATTER AN INSURER) CAN PROVE THEY HAVE GIVEN FAIR CONSIDERATION TO THE CASE

EE – HOPEFULLY WILL FACILITATE THE REHABILITATION POTENTIAL AND RETURN TO WORK IN FUTURE; NEED TO EDUCATE AND SUPPORT EMPLOYER/TRUSTEES MORE AGGRESSIVELY; PRODUCT DEVELOPMENT OPPORTUNITIES

CERTAINTY FROM THE DISABILITY CODE OF GOOD PRACTICE

SOME CERTAINTY (SEE 3.1, 3.2 AND 3.3 ABOVE) SHOULD BECOME AVAILABLE FOR ALL IN THE CODE OF GOOD PRACTICE: DISABILITY, THROUGH THE GOOD PRACTICES ON:



- JOB RETENTION AND DISABILITY MANAGEMENT (I.E. RETURN TO WORK, TRANSITIONAL WORK PROGRAMMES, CASE MANAGEMENT AND MANY MORE)
- FUNCTIONAL ABILITY ASSESSMENT
- REASONABLE ACCOMMODATIONS AND UNJUSTIFIABLE HARDSHIP.

THE EMPLOYMENT EQUITY ACT WILL PROBABLY ENCOURAGE SOME EMPLOYEES, FACING RETRENCHMENT TO 'MAKE SPACE' FOR DISADVANTAGED PEOPLE (INCLUDING, IRONICALLY, 'DISABLED' PERSONS) TO APPLY FOR DISABILITY BENEFITS FOR MEDICAL CONDITIONS THAT WERE PREVIOUSLY PRESENT, BUT NON-DISABLING. PART OF THE SOLUTION LIES IN FIRM APPLICATION OF THE CRITERIA AS MENTIONED IN 2.1 AND 3.1

WORKPLACE FORUMS ARE USEFULL, BUT REMAIN A RELATIVELY UNKNOWN QUANTITY (FEARED BY MEDICAL). I PERSONALLY ENDORSE OPPORTUNITIES TO DISCUSS ISSUES OPENLY WITH TRADE UNIONS AND MANAGEMENT

THE ISO REQUIREMENTS WILL IMPACT SIGNIFICANTLY ON FUTURE STANDARDS AND METHODOLOGIES BOTH IN AUDTING AND MANGING INCAPACITY AS WELL.

CATEGORY: HIV/AIDS IMPACT

SUB-CATEGORY: GENERAL IMPACT

AIDS WILL AFFECT PRODUCT DESIGN; IMPACT ON LABOUR INTENSIVE INDUSTRIES, PRODUCTIVITY & ECONOMIC SITUATION OF SA

SUB-CATEGORY: IMPACT ON BENEFIT AND RETIREMENT FUNDS

THE MAIN ISSUE IS ONE OF COSTS AND IT IS VITAL THAT THE MANAGEMENT OF INCAPACITY HAS THE EFFECT OF REDUCING THE COSTS OF DISABILITY. THIS WILL BE INCREASINGLY IMPORTANT WITH THE PREVALENCE OF HIV/AIDS AS THE RISING COSTS OF DISABILITY BENEFITS MAY IMPACT ON THE AMOUNT OF RETIREMENT SAVINGS WHICH ARE AVAILABLE FOR EMPLOYEES.

THE HIV/AIDS EPIDEMIC WILL RESULT IN AN INCREASED NUMBER OF EMPLOYEES THAT ARE MEDICALLY INCAPABLE OF FULFILLING THEIR JOB AND YET ARE NOT AS PER FUND RULES, TOTALLY DISABLED. THE COSTS OF SUPPORTING THESE EMPLOYEES WILL EITHER BE BORNE BY THE COMPANY OR THE EMPLOYEES AS NEW MORE EXPENSIVE FUNDS WILL HAVE TO BE INTRODUCED.

HIV/AIDS WILL PLACE GREAT PRESSURE ON DISABILITY BENEFITS, AS LARGE NUMBERS OF PEOPLE WILL (ACCORDING TO PROJECTIONS) BECOME DISABLED. CONSISTENT CRITERIA FOR ASSESSING DISABILITY AND ADMITTING CLAIMS NEED TO BE APPLIED - COMMON TO ALL INSURANCE COMPANIES. DISABILITY BENEFITS (FOR ALL CONDITIONS, NOT JUST HIV/AIDS) WILL HAVE TO BE 'CAPPED' SO THAT HIV/AIDS DOESN'T IMPACT NEGATIVELY ON THE SIZE OF NORMAL AGE-RELATED PENSIONS

SUB-CATEGORY: ASSESSMENT OF HIV CLAIMS

HIV/AIDS WILL PLACE GREAT PRESSURE ON DISABILITY BENEFITS, AS LARGE NUMBERS OF PEOPLE WILL (ACCORDING TO PROJECTIONS) BECOME DISABLED. CONSISTENT CRITERIA FOR ASSESSING DISABILITY AND ADMITTING CLAIMS NEED TO BE APPLIED - COMMON TO ALL INSURANCE COMPANIES. DISABILITY BENEFITS (FOR ALL CONDITIONS, NOT JUST HIV/AIDS) WILL HAVE TO BE 'CAPPED' SO THAT HIV/AIDS DOESN'T IMPACT NEGATIVELY ON THE SIZE OF NORMAL AGE-RELATED PENSIONS



<u>SUB-CATEGORY: ACCOMMODATION IN WORKPLACE</u>
AIDS – ASSIST HR IN BEING ABLE TO HAVE A REALISTIC SUCCESSION PLAN WHICH ALLOWS THE WORK DEMANDS TO DIMINISH ACCORDING TO THE PATIENT'S HEALTH
AIDS: AIDS WITH DISABILITY AND ESSENTIAL DEATH WILL BE A CHALLENGE FOR JOB ACCOMMODATION IN THE LABOUR FORCE AND FOR THE INSURANCE INDUSTRY.
<u>CATEGORY: ECONOMY</u>
<u>SUB-CATEGORY: PROFITABILITY AND DOWN-SIZING</u>
PRESSURE ON COMPANIES TO BE MORE COST-EFFECTIVE AND COMPETITIVE IN A GLOBAL MARKET. THAT WILL PUT PRESSURE ON THE EMPLOYEE TO BE MORE PRODUCTIVE. THE CHALLENGE IS TO BE MORE PRODUCTIVE AND SAFE IN A LESS LABOUR INTENSIVE MARKET
DIMINISHING JOB NUMBERS WILL BRING PRESSURE TO BEAR ON DISABILITY BENEFITS, SIMILAR TO THE FACTORS MENTIONED IN 3.2. SUCCESSFUL <i>JOB CREATION INITIATIVES</i> COULD EASE PRESSURE. COULD INSURANCE INVOLVE THEMSELVES IN SUCH INITIATIVES? PERHAPS IN CONJUNCTION WITH COMPANY RETRENCHMENT SUPPORT PROGRAMMES?
<u>CATEGORY: MEDICAL AND ALLIED MEDICAL PROFESSION</u>
<u>SUB-CATEGORY: DOCTORS</u>
EARLY INTERVENTION IS CRITICAL – DRS ... AND INADVERTANTLY ENCOURAGE DISABILITY BEHAVIOUR BY NOT BEING PRO-ACTIVE OR MANAGING THE MEDICAL CONDITION, KEEPING IN MIND THE ACTUAL ABILITY TO CONTINUE WORKING. DRS NEED TO EVALUATE THE IMPACT OF THE SYMPTOM COMPLEX AND NOT THE DIAGNOSIS ON AN INDIVIDUALS ABILITY TO CONTINUE WORKING. A DIAGNOSIS DOES NOT EQUAL DISABILITY. THE PROBLEMS RELATED TO THE MEDICAL PROFESSION WILL HAVE TO BE ADDRESSED SOONER OR LATER.
<u>SUB-CATEGORY: OT'S</u>
<u>SUB-CATEGORY: POST GRADUATE TRAINING</u>
OT'S WILL SPECIALISE IN DISABILITY ASSESSMENT AND VOCATIONAL REHABILITATION THROUGH A RECOGNISED POST-GRADUATE QUALIFICATION ALREADY OFFERED BY ONE UNIVERSITY
SA OT'S WILL FIND THEIR SKILLS PARTICULARLY APPLICABLE TO EMERGING ECONOMY EMPLOYMENT CULTURES – THIRD WORLD, PACIFIC ...
EDUCATION OF O.TS IN INSURANCE SHOULD BECOME MORE FORMALISED. TOO FEW O.TS UNDERSTAND THE "BIGGER PICTURE". THIS IS ESSENTIAL
<u>SUB-CATEGORY: REDIFINING OT ROLE</u>
INDEPENDENT DISABILITY CLAIM ASSESSMENT SERVICES BASED ON COMMENTS MADE IN 3.7 AND 3.8, AND OTHERWISE SELF-EVIDENT. (ETHICALLY QUESTIONABLE EMPLOYMENT ARRANGEMENTS THE CURRENT EMPLOYMENT ARRANGEMENTS IN WHICH OTS ARE EMPLOYED BY INSURERS AND THEN ASSESS THE INSURERS OWN DISABILITY CLAIMS ON SCHEMES THE INSURER CONTROLS AND ADMINISTERS IS HIGHLY QUESTIONABLE IN



CONTRACT LAW, GENERAL ETHICS AND SPECIFICALLY OT PRACTICE ETHICS. THE PENSION FUND ADJUDICATOR AND LEGAL OPINION CIRCULATED BY THE LIFE OFFICES OMBUDSMAN HAVE RECOMMENDED AGAINST THE CURRENT SITUATION.CONFLICT BETWEEN PROFESSIONAL OPINION AND MANAGRIAL INFLUENCE. THIS IS SELF-EVIDENT: THE DECISION BY THE OT, OR THE OT IN CONSULTATION WITH THE MORE SENIOR OT CLAIM ASSESSOR AS TO THE ADMISSIBILITY OF A CLAIM MUST BE FINAL. NO EXTERNAL NON-EXPERTS SHOULD BE ABLE TO INFLUENCE AN OBJECTIVE PROFESSIONAL OPINION)

OT ROLE RE-DEFINITION

OTS WILL BRANCH OUT AND DIVERSIFY INTO CONSULTING IN THE EMPLOYMENT-RELATED AREAS SINCE THE CHALLENGES AND REMUNERATION AVAILABLE, WORKING IN ASSOCIATION WITH OTHER CONSULTING PROFESSIONALS WILL BE SIGNIFICANTLY GREATER.

OTS MOVING INTO VOCATIONAL RIGHTS CONSULTING AND REHABILITATION. THE BEST PLACE 'INCAPACITY MANAGEMENT' UNDER THE CODE OF GOOD PRACTICE: DISABILITY CAN BE UNDERTAKEN IS IN THE WORKPLACE IN CO-OPERATION WITH OPERATIONALLY COMPETENT PRACTITIONERS - OCCUPATIONAL HEALTH NURSES AND DOCTORS. HOWEVER SOME CASE MANAGEMENT SERVICES OFFERED BY INSURERS AND BROKERS IN SUPPORT OF DISABILITY PRODUCTS WILL BE ABLE TO WORK ALONGSIDE THE OPERATIONAL SERVICE. OTS WILL ALSO OVER TIME FORM STRATEGIC ALLIANCES WITH OCCUPATIONAL HEALTH NURSES AND DOCTORS TO OFFER AN INTEGRATED OPERATIONALLY COMPLIANT SERVICE.

NON-COMPLIANCE RISK INCREASE - OTS AS RISK MANAGEMENT SOLUTIONS

FOR EMPLOYERS, THE CODE OF GOOD PRACTICE: DISABILITY WILL CREATE MORE CERTAINTY BUT ALSO RISKS WHERE NON-COMPLIANCE CAN BE SHOWN. THE ONUS IS NOT ON THE PERSON WHO ALLEGES NON-COMPLIANCE TO PROVE NON-COMPLIANCE - BUT ON AN EMPLOYER TO SHOW THAT THEY DID COMPLY. IN THIS CONTEXT OT SERVICES WILL BECOME KEY RISK MANAGEMENT TOOLS FOR EMPLOYERS.

HR IGNORANCE OF DISABILITY CLAIMS AND OT SERVICES. SINCE DISABILITY BENEFITS ARE MARKETED TO TRUSTEES OF RETIREMENT FUNDS, THE FUNCTIONALLY RESPONSIBLE PRACTITIONERS OTS NEED TO BE INTERACTING WITH - HR AND IR -REMAIN INACCESSIBLE - UNTIL A CLAIM IS DECLINED AND RETURN TO WORK OR REINTEGRATION IS AN ISSUE.

THIS WILL CHANGE AS THE NEW CODE TAKES EFFECT AND INSURANCE OTS WILL BE ABLE TO CRAFT CASE MANAGEMENT INTO A USEFUL DISABILITY MANAGEMENT TOOL, TO REDUCE COSTS AND PROMOTE PRODUCTIVITY FOR EMPLOYERS.

PROFESSIONAL ROLE POSITIONING : THE CURRENT RISKS, PRESENT REMUNERATION LOSES, EXISTING ETHICAL DILEMMAS AND AVAILABLE OPPORTUNITIES WILL CAUSE OTS TO START TO TAKE ACTION TO REPOSITION THEIR PROFESSION (IN INSURERS AND OTHERWISE) MORE STRATEGICALLY OVER TIME AS FIELD LEADERS ARE MANDATES BY THEIR REPRESENTATIVE BODY'S MEMBERS TO DO SO. PAST TRAINING HAS CONTRIBUTED TO SLOWING THE MOMENTUM NEEDED FOR THIS PROCESS.

SEE ALSO 3.7, 3.8 AND 3.9 ABOVE IN THIS REGARD.

SUB-CATEGORY: OT REPORTS

OT REPORTS WILL BECOME MORE DISCLOSEABLE

OT REPORTS ALWAYS CONTAIN KEY INFORMATION THAT THE CLAIMANT NEEDS TO ASSERT, PROMOTE AND ENFORCE HIS OR HER RIGHT TO REASONABLE ACCOMMODATIONS. THEREFORE THIS ASPECT OF OT REPORTS WILL BECOME DISCLOSABLE TO CLAIMANTS, EMPLOYERS, TRADE UNIONS ETC.

SUB-CATEGORY: DEVELOPMENTS IN MEDICAL TECHNOLOGY

MEDICAL TECHNOLOGY IS CHANGING VERY FAST AND THE NEED TO *KEEP UPDATED* IS GREAT.



QUESTION 4

CATEGORY: EDUCATION

SUB-CATEGORY: EDUCATION WITHIN INSURANCE INDUSTRY

TRAINING INSURERS IN THE 'CODE OF GOOD PRACTICE: DISABILITY'
SELF-EVIDENT

EDUCATE CLAIMS ASSESSORS TO UNDERSTAND THE FUNCTIONAL ASPECTS OF MEDICAL IMPAIRMENTS. IMPROVE THE QUALITY OF THE CLAIMS ASSESSORS UNDERSTANDING OF FUNCTIONAL CAPACITY AND USE THEM AS TECHNICIANS ALLOWING FOR TIME TO ACTUAL DO THE MORE INTERACTIVE WORK.

SUB-CATEGORY: EDUCATION OF CLAIMANTS

COUNSELLING EARLY CLAIMS APPLICANTS REGARDING THE POLICY DEFINITION OF DISABILITY AND HOW IT RELATES TO THEIR CONDITION. IF NECESSARY, PRELIMINARY DISCUSSIONS SHOULD BE HELD WITH THE CLAIMANTS DOCTORS TO OBTAIN THE MEDICAL PERSPECTIVE. COUNSELLING THE DOCTORS REGARDING POLICY DEFINITION AND LABOUR LAW MAY BE INDICATED

COUNSELLING OF CLIENTS REGARDING THEIR HEALTH MANAGEMENT, CHANGING OF BAD HABITS, ACQUIRING OF MORE BALANCED LIFESTYLES – DURING THE PROCESS OF CLAIM HANDLING, AT WORK & AT HOME IN GROUPS OR INDIVIDUAL ONE ON ONE

SUB-CATEGORY: EDUCATION OF DOCTORS

COUNSELLING EARLY CLAIMS APPLICANTS REGARDING THE POLICY DEFINITION OF DISABILITY AND HOW IT RELATES TO THEIR CONDITION. IF NECESSARY, PRELIMINARY DISCUSSIONS SHOULD BE HELD WITH THE CLAIMANTS DOCTORS TO OBTAIN THE MEDICAL PERSPECTIVE. COUNSELLING THE DOCTORS REGARDING POLICY DEFINITION AND LABOUR LAW MAY BE INDICATED

SUB-CATEGORY: EDUCATION OF EMPLOYER

LIAISING WITH EMPLOYERS (IN GROUP SCHEME CASES) AND ASSISTING THEM WITH DISABILITY MANAGEMENT. THIS COULD TAKE FORM OF EDUCATING OCCUPATIONAL HEALTH SISTERS AND DOCTORS AND HR RE THE TYPE/S OF INSURANCE PRODUCTS IN A COMPANY AND THE DISABILITY DEFINITIONS OF EACH; ASSISTING HR OR THE PERSON IN CHARGE OF DISABILITY CLAIMS TO SET UP A SYSTEM FOR MANAGING CLAIMS AND POTENTIAL CLAIMS. THIS MAY INCLUDE SICK LEAVE MANAGEMENT, AND EARLY ASSESSMENT OF CLAIMS APPLICANTS REGARDING THEIR POLICY DEFINITION, THE LIKLIHOOD OF THEIR CLAIM SUCCEEDING, THE FINANCIAL IMPLICATIONS OF TAKING THE BENEFIT; CONSULTING THE EMPLOYER ON A CASE BY CASE BASIS REGARDING CLAIMS; ASSISTING EMPLOYERS IMPLEMENT ON-SITE RETURN TO WORK PROGRAMMES AS DISCUSSED

THE O.T.'S NEED TO BE ACTUALLY INVOLVED IN THE RE-TRAINING OF INCAPACITATED EMPLOYEES, AS WELL AS THE EDUCATION OF MANAGEMENT OF HOW THESE EMPLOYEES WILL BE ABLE TO BE PRODUCTIVE AGAIN.



O.T.'S SHOULD BE INVOLVED IN THE TRAINING OF HR PRACTITIONERS IN WHAT MEDICAL DISABILITY BENEFITS INCLUDE AND HOW THE APPLICATIONS FOR THESE SHOULD BE UNDERTAKEN.

UTILISE CURRENT LEGISLATION TO BEST ADVANTAGE EG LRA,EE – EDUCATE STAKEHOLDERS THROUGH PRESENTATIONS/DEMONSTRATIONS/MEDIA; ACCESS AT PRE-EMPLOYMENT, JOB TRIALS, RETURN TO WORK AND ADVISE REGARDING ACCOMMODATIONS "REASONABLENESS" – SERVICE TO EMPLOYERS

TRAINING OF EMPLOYER IN THE IMPACT OF DISABILITY AND BENEFIT OF RE-DEPLOYING THEM

SUB-CATEGORY: EDUCATION OF TRADE UNION REPS

WORKSHOPS/DISCUSSION GROUPS: THESE WILL EDUCATE PEOPLE ON BENEFITS, AND RETURN TO WORK ISSUES SUCH AS THE LAWS, JOB ACCOMMODATION, ETC. SOME INTERVENTION IN ATTITUDE TOWARDS PEOPLE WITH DISABILITIES MAY BE REQUIRED. THESE "EDUCATIONAL/INFORMATION" GROUPS COULD BE RUN BY THE INSURANCE COMPANY OR BY PRIVATE OCCUPATIONAL THERAPISTS. THE GROUPS ARE LIKELY TO BE TARGETED AT THE TRADE UNION AND REPRESENTATIVES.

TOGETHER WITH THE COMPANY'S MEDICAL ADVISER AND/OR EMPLOYEE ASSISTANCE PROFESSIONALS, HOLD WORKSHOPS FOR H-R CONSULTANTS, LINE MANAGERS, UNION REPS, EMPLOYEE REPS, ON:

- THE PURPOSE OF DISABILITY BENEFITS
- HOW BENEFITS ARE AWARDED
- HOW ASSESSMENTS FOR DISABILITY BENEFITS INTERFACE WITH THE INCAPACITY MANAGEMENT PROCESS AS ENVISAGED BY THE LABOUR RELATIONS ACT

SUB-CATEGORY: EDUCATION OF OTHER OT'S

EDUCATION AND TRAINING OF OT'S REGARDING THE FIELD OF INSURANCE DISABILITY MANAGEMENT. THIS COULD BE DONE IN WORKSHOPS TO PRIVATE OT'S AND ALSO IN THE FORM OF SPECIAL LECTURES TO UNDERGRADUATE AND POST-GRADUATE UNIVERSITY STUDENTS

CATEGORY: CONTACT WITH DOCTORS/OT

THERE NEEDS TO BE CLOSER LIAISON WITH THE O.T.'S AND ESPECIALLY THE OCCUPATIONAL HEALTH TYPE DOCTORS SO AS TO EXPEDITE CLAIMS AS THE LONG DELAYS ARE UNACCEPTABLE.

THEY CAN PLAY A ROLE IN MEDIATION BETWEEN EMPLOYER AND HEALTH CARE PROVIDERS TO SMOOTH THE WAY FOR EMPLOYMENT OF DIFFERENTLY ABLED PEOPLE

BUILDING UP A NETWORK OF INDEPENDENT MEDICAL EXPERTS AND MAINTAINING THAT NETWORK. INFORM NETWORK SPECIALISTS ON CHANGES IN THE CLAIMS MANAGEMENT PROCESS. GIVE THEM SPECIFIC INSTRUCTIONS ON EACH CASE. MAKE SURE THEY HAVE THE NECESSARY DOCUMENTATION RELATING TO A CASE

TREATING OT'S ARE SERIOUSLY NEEDED TOO- INSURANCE IS NOT THE ONLY FUTURE. SOMETIMES IT SEEMS AS IF EVERYBODY WANTS TO WORK IN INSURANCE AND FEW WANT TO TREAT. WE MUST SUPPORT OUR COLLEAGUES – WE REALLY NEED THEM

CATEGORY: CONTACT WITH EMPLOYER



<u>SUB-CATEGORY: DIRECT CONTACT WITH EMPLOYER</u>
CLOSER CONTACT WITH THE COMPANY IN AN ATTEMPT TO REALIGN THE CLAIMANT
MORE LIAISON WITH WORKPLACE. KNOW CASE IN DETAIL BEFORE VISIT TO CLIENT. DO SELECTION OF WORTHWHILE CASES
BE THE BRIDGE BETWEEN PROFESSIONALS (HR & CO MEDICAL) & THE INSURANCE COMPANY
DEVELOP DIRECT RELATIONSHIPS WITH HR CONSULTANTS IN A CONSULTATIVE ROLE SO THAT THEIR FIRST PORT OF CALL IS THE INSURERS OT, (I AM DELIBERATELY IGNORING THE FACT THAT AT PRESENT THE BROKERS DO NOT WANT THE INSURER TO HAVE DIRECT CONTACT WITH HIS CLIENT, AS THIS IS SOMETHING THAT CAN BE CHANGED AND IMPROVE THE CLAIMS EXPERIENCE OF A SCHEME WITHOUT AFFECTING THE RELATIONSHIP BETWEEN THE EMPLOYER AND THE BROKER.
HELP EMPLOYERS TO UNDERSTAND THE STRESSORS FOR DISABILITY ARE VERY OFTEN FAR MORE THAN THE MEDICAL CONDITION AND NEED HIS ATTENTION WAYS IN WHICH TO REDUCE THE PROBLEMS
<u>SUB-CATEGORY: WORK VISIT ON COMMENCEMENT OF RISK</u>
CLOSER FIRST HAND RELATIONSHIP WITH EMPLOYER/S, FAMILIARISE SELF WITH WORK ENVIRONMENT, NATURE OF OCCUPATIONS, POSSIBLE ACCOMMODATIONS, ERGONOMICS WHEN FIRST COMMENCES RISK. THIS WILL PREVENT SOME AND REDUCE THE DURATION OF OTHER DISABILITY CLAIMS
<u>SUB-CATEGORY: CONSULT / ASSIST EMPLOYER</u>
LIAISING WITH EMPLOYERS (IN GROUP SCHEME CASES) AND ASSISTING THEM WITH DISABILITY MANAGEMENT. THIS COULD TAKE FORM OF EDUCATING OCCUPATIONAL HEALTH SISTERS AND DOCTORS AND HR RE THE TYPE/S OF INSURANCE PRODUCTS IN A COMPANY AND THE DISABILITY DEFINITIONS OF EACH; ASSISTING HR OR THE PERSON IN CHARGE OF DISABILITY CLAIMS TO SET UP A SYSTEM FOR MANAGING CLAIMS AND POTENTIAL CLAIMS. THIS MAY INCLUDE SICK LEAVE MANAGEMENT, AND EARLY ASSESSMENT OF CLAIMS APPLICANTS REGARDING THEIR POLICY DEFINITION, THE LIKELIHOOD OF THEIR CLAIM SUCCEEDING, THE FINANCIAL IMPLICATIONS OF TAKING THE BENEFIT; CONSULTING THE EMPLOYER ON A CASE BY CASE BASIS REGARDING CLAIMS; ASSISTING EMPLOYERS IMPLEMENT ON-SITE RETURN TO WORK PROGRAMMES AS DISCUSSED
OCCUPATIONAL THERAPIST VISIT EMPLOYERS IN A SUPPORTIVE ROLE, WITH ENOUGH KNOWLEDGE TO ASSIST WITH REAL PRACTICAL SOLUTIONS TO CURRENT PROBLEMS, WHICH WILL NOT COST MUCH MONEY TO HIM BUT WILL PRODUCE HIS PROFIT MARGINS.
<u>SUB-CATEGORY: VOCATIONAL RIGHTS CONSULTANCY</u>
BASED ON THE COMMENTS IN 4.6 – 8 AND OTHERWISE SELF-EVIDENT CERTAINTY FROM THE DISABILITY CODE OF GOOD PRACTICE .SOME CERTAINTY (SEE 3.1, 3.2 AND 3.3 ABOVE) SHOULD BECOME AVAILABLE FOR ALL IN THE CODE OF GOOD PRACTICE: DISABILITY, THROUGH THE GOOD PRACTICES ON:JOB RETENTION AND DISABILITY MANAGEMENT (I.E. RETURN TO WORK, TRANSITIONAL WORK PROGRAMMES, CASE MANAGEMENT AND MANY MORE), FUNCTIONAL ABILITY ASSESSMENT, REASONABLE ACCOMMODATIONS AND UNJUSTIFIABLE HARDSHIP.
<u>SUB-CATEGORY: RISK MANAGEMENT TOOL FOR EMPLOYER</u>



NON-COMPLIANCE RISK INCREASE - OTS AS RISK MANAGEMENT SOLUTIONS. FOR EMPLOYERS, THE CODE OF GOOD PRACTICE: DISABILITY WILL CREATE MORE CERTAINTY BUT ALSO RISKS WHERE NON-COMPLIANCE CAN BE SHOWN. THE ONUS IS NOT ON THE PERSON WHO ALLEGES NON-COMPLIANCE TO PROVE NON-COMPLIANCE - BUT ON AN EMPLOYER TO SHOW THAT THEY DID COMPLY. IN THIS CONTEXT OT SERVICES WILL BECOME KEY RISK MANAGEMENT TOOLS FOR EMPLOYERS.

CATEGORY: PREVENTION

SUB-CATEGORY: SICK LEAVE MANAGEMENT

SICK LEAVE MANAGEMENT, NOT OF THE ACTUAL INDIVIDUAL BUT AN AUDIT PROCESS OF A SICK LEAVE CYCLE TO POINT OUT AND HIGHLIGHT POTENTIAL PROBLEM AREAS. ANALYSE AND PROCESS THE INFORMATION FOR THE HR DEPT. TO ASSIST THEM WITH PERFORMANCE MANAGEMENT OF THE WORKERS.

SUB-CATEGORY: RISK MANAGEMENT

ASSIST WITH HIGHLIGHTING PROBLEM DEPARTMENTS WHERE THE STRESS LEVELS ARE HIGH AND INTRODUCE STRESS MANAGEMENT TECHNIQUES, DURING WORK TIME TO HELP STAFF COPE. FIND A WAY TO ASSESS WHO IS THE MOST LIKELY PERSON TO SUBMIT A CLAIM, AND BE PROACTIVE IN WORKING WITH THE STAFF MEMBER TO PREVENT MANAGEMENT GIVING UP ON THEM BEFORE A CLAIM IS SUBMITTED.

WALK THROUGH THE WORKPLACES REGULARLY TO DETECT WORKPLACE HAZARDS & TO IMPROVE PROCESSES WHICH IMPACT ON HEALTH (WORKING WITH OCC HEALTH, IF AVAILABLE)

SOME RISK ANALYSIS MAY BE REQUIRED ON DISABLED WORKERS WHO ARE LIKELY TO BECOME MORE DISABLED (E.G. THE PARAPLEGIC (4.2)) OR HAVE A DETERIORATING CONDITION, SUCH AS MULTIPLE SCLEROSIS.

SUB-CATEGORY: EARLY INVOLVEMENT

PREVENTION OF INJURY AND /OR SICK ROLE AND SYMPTOM MAGNIFICATION SYNDROMES. THIS SHOULD HAPPEN AT WORK ASAP AFTER INJURY/LOGGING OF CLAIM. CAN BE DONE AT WORK/HOSPITALS IN GROUPS OR ONE ON ONE

OTS NEED TO BE INVOLVED IN INCAPACITY MANAGEMENT / IMPAIRMENT FROM AS EARLY AS POSSIBLE – AGAIN RELATED TO ABSENTEEISM. OTS ARE CURRENTLY FUNCTIONING AT THE END OF A REACTIVE DISABILITY ASSESSMENT PROCESS, AND CONSEQUENTLY THEIR TRUE VALUE / WORTH LIKE THAT OF OTHERS IS ... OTS ARE NOT GOING TO REDUCE DISABILITIES BY ASSESSING HIS/HER CAPABILITIES 6 MONTHS TO A YEAR AFTER THE START OF ABSENTEEISM – THEY NEED TO BE PART OF THE INTERVENTION /REHABILITATION AND REDEPLOYMENT

CATEGORY: REHABILITATION

CONTINUE REHABILITATION MANAGEMENT

IMPLEMENTATION OF REHAB SUGGESTIONS, ASSISTIVE DEVICES AND DO VARIOUS ADAPTATIONS AT WORK PLACES. THIS SHOULD HAPPEN ASAP WITH GOOD FOLLOW UP TO ENSURE CONTINUOUS USE OF ERGONOMIC DEVICES

APPENDIX H: THE INDIVIDUAL AND MEAN SCORES

* MS 2 : MEAN SCORE FOR THE SECOND QUESTIONNAIRE

* MS 3 : MEAN SCORE FOR THE THIRD QUESTIONNAIRE

* PM : PANEL MEMBER

	MS2	MS3	PM1		PM2		PM3		PM4		PM5		PM6		PM7		PM8		PM9		PM10		PM11		PM12		PM13		
QUESTIONNAIRE	2ND	3RD	2ND	3RD	2ND	3RD	2ND	3RD	2ND	3RD	2ND	3RD	2ND	3RD	2ND	3RD	2ND	3RD	2ND	3RD	2ND	3RD	2ND	3RD	2ND	3RD	2ND	3RD	
QUESTION 1																													
2	3.9	4.3	4	5	4	4	4	5	4	4	4	4	3	4	5	4	4	5	4	4	3	3	5	5	4	4	4	5	
3	4.3	4.4	4	5	5	5	4	4	2	4	4	4	5	4	5	4	5	5	4	4	4	4	5	5	4	4	4	5	
4	3.7	4.2	4	5	5	5	3	4	2	3	4	4	4	4	4	4	4	4	4	4	4	4	4	4	3	4	4	5	
5	2.9	3.3	3	4	3	3	1	3	1	1	3	3	3	4	4	4	3	4	3	3	5	4	4	3	2	2	3	5	
6	3.6	3.9	3	4	4	4	4	4	1	1	4	4	3	4	4	4	2	4	4	4	5	4	5	5	4	4	4	5	
THEME AVERAGE	3.9	4.3																											
8	4.6	4.7	4	5	5	5	5	5	5	5	4	4	5	5	5	4	4	4	5	5	5	5	4	5	4	5	4	4	
9	4.7	4.8	4	5	5	5	5	5	4	4	4	5	5	5	5	4	5	5	5	5	5	5	5	5	5	5	5	4	
THEME AVERAGE	4.7	4.7																											
11	4.1	4.4	4	4	4	4	5	5	4	4	5	5	4	5	3	4	4	4	5	5	4	4	3	4	4	4	4	5	
12	4.3	4.3	4	4	5	5	5	5	5	5	5	5	5	5	5	4	5	4	5	5	2	2	3	4	4	4	4	4	
13	4.2	4.4	4	5	5	5	5	5	2	3	5	5	5	5	5	4	5	5	5	5	2	2	4	4	4	5	4	4	
14	4.3	4.5	4	4	5	5	4	5	4	4	4	5	5	5	5	4	4	4	5	5	5	4	3	4	4	4	4	5	
15	4.1	4.2	4	4	5	5	4	5	3	4	5	5	4	4	5	4	4	3	4	4	5	4	3	4	4	4	4	5	
16	3.1	3.3	3	3	4	4	4	4	4	5	5	4	3	3	2	4	5	4	2	2	2	2	3	3	2	1	2	4	
16a		4.1		4					5										5	5	4	5	3	3	4		4		
17	3.6	3.8	4	4	2	2	4	5	2	2		4	4	4	5	4	4	4	4	4	5	4	4	4	4	4	4	4	
18	4.0	4.5	3	5	5	5	5	5	3	5	5	5	4	4	5	4	5	5	4	4	3	4	4	4	3	4	4	5	
THEME AVERAGE	4.0	4.2																											
19	3.9	4.4	4	4	5	5	4	5	2	5	4	5	4	4	5	4	3	4	4	4	3	3	5	5	4	4	4	5	
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21	3.6	4.4	2	4	5	5	4	5	4	5	4	5	3	4	5	4	4	4	4	4	2	3	3	4	4	4	5	4	

22	3.8	4.5	4	5	5	5	3	5	2	4	4	5	5	4	5	4	4	4	4	2	3	5	5	4	5	4	5		
23	2.9	3.5	2	4	5	5	3	5	2	4	3	3	3	3	3	4	2	2	2	2	1	2	5	3	4	4	2	4	
THEME AVERAGE	3.6	4.3																											
24	4.2	4.5	3	5	5	5	5	5	3	4	5	5	5	5	4	4	4	4	4	4	4	4	5	4	4	5	4	5	
25	3.7	4.2	4	4	5	5	3	4	2	3	5	5	4	4	5	4	3	4	4	4	3	4	4	4	4	4	4	5	
26	3.9	4.2	3		5	5	4	4	2	4	5	5	4	4	4	4	4	4	4	3	3	5	4	4	4	4	4	5	
27	4.1	4.3	3	4	5	5	5	5	2	3	5	4	4	4	5	4	5	5	4	4	4	4	5	5	4	4	4	5	
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31	3.7	4.1	2	3	5	5	4	4	2	2	3	4	4	4	3		3	5	4	4	5	4	5	5	4	4	4	5	
31a		4.0		4	5	5		5		2								5				4		3		4			
32	3.8	4.2	3	4	5	5	5	5	2	2	2	4	5	5	4	4	5	5	4	4	2	4	5	4	4	4	4	5	
33	3.5	3.9	3	4	5	5	3	4	2	2	4	4	4	4	4	4	3	4	4	4	2	3	5	5	4	3	4	5	
34	3.7	4.2	3	4	5	5	4	5	2	5	4	4	4	4	5	4	3	4	4	4	2	3	4	4	5	4	4	5	
34a		3.0		3						3						4		3				2		3		3			
THEME AVERAGE	3.9	4.2																											
35	3.9	4.2	4	4	4	4	5	4	3	5	4	4	4	4	4	4	5	4	4	4	4	4	4	4	5	5	3	4	
36	3.5	4.1	4	4	4	4	4	4	2	5	4	4	4	4	4	4	4	4	4	3	4	4	4	4	4	4	3	4	
37	3.3	3.5	4	3	4	4	3	4	3	1	5	5	3	3	3	4	3	3	2	2	4	4	3	3	4	4	3	5	
38	3.1	3.0	4	3	2	2	2	4	2	2	5	3	4	3	5	4	4	3	1	1	2	2	5	4	4	4	2	4	
39	3.3	3.8	4	3	4	4	2	4	2	5	4	4	3	3	4	4	4	3	4	4	3	3	3	4	4	4	4	5	
40	3.7	4.0	3	3	4	4	5	5	4	4	4	4	4	4	4	4	4	3	3	4	4	4	4	4	4	4	4	5	
41	4.0	4.3	4	4	4	4	5	4	3	4	4	4	5	5	4	4	4	4	4	4	4	4	5	5	4	5	4	5	
41a		3.0		4						2					4					2			2		3		4		
THEME AVERAGE	3.6	3.7																											
QUESTION 2																													
1	4.3	4.5	5	5	5	5			4	4	3	4	5	5	3	4	5	5	4	4	5	5	5	4		4	4		
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27	4.5	4.6	4	5	5	5	5	4	5	5	5	5	5	5	4	4	5	5	4	4	5	5	4	4	4	4	4	5	
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THEME AVERAGE	4.4	4.5																											
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33	4.5	4.8	4	5	5	5	4	5	5	5	4	5	5	5	5	4	5	4	4	4	5	5	5	5	4	5	5	5	
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35	3.9	4.3	4	4	5	5	3	5	5	5	5	5	3	3	4	4	3	5	3	3	4	4	5	5	4	4	5	4	
36	3.3	3.7	3	5	5	5	1	5	5	5	5	3	3	3	4	4	4	4	2	1	2	2	3	3	3	4	4	4	
37	4.3	4.6	4	5	5	5	4	5	5	5	5	5	3	4	4	4	5	5	4	4	5	5	4	4	4	4	4	5	
THEME AVERAGE	4.1	4.4																											
38	3.5	3.9	4	5	5	5	4	5	4	4	4	4	4	4	3	4	2	2	3	3	2	4	5	4	2	2	4	5	
39	3.5	4.1	4	5	5	5	4	5	4	5	3	3	3	3	3	4	3	4	2	2	5	4	3	4	4	4	4	5	
40	3.1	3.7	4	5	4	4		5	3	3	5	5	3	3	3	4	1	4	2	2	4	4	3	3	2	2	4	4	
THEME AVERAGE	3.4	3.9																											
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43	4.5	4.5		4	4	4	3	5	5	5	5	5	5	5	5	4	4	5	4	4	5	5	5	5	4	4	4	4	
44	3.7	3.8	3	4	2	2	2	5	5	5	5	5	4	4	4		3	3	3	3	4	4	5	4	2	2	4	5	
45	3.0	3.8	4	5	4	4	4	5	2	4	1	1	2	4	2	4	5	4	3	3	4	4	2	3	2	3	4	5	
THEME AVERAGE	4.0	4.2																											
46	3.2	3.5	3	3	2	2	4	5	2	4	2	4	3	3	3	4	4	2	3	3	4	4	4	4	2	2	4	5	
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50	3.1	3.2	3	3	2	2	4	4	3	3	3	3	4	4	3	4	2	3	2	2	5	4	4	4	2	2	4	4	
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11	4.4	4.5	4	4	4	4	4	5	5	5	5	5	4	4	5	4	5	5	5	5	5	4	4	4	4	4	5		
12	3.9	3.9	4	3	4	4	4	4	4	4	4	4	4	4	5	4	3	4	3	3	5	4	4	4	4	4	5		
13	3.5	3.5	3	3	4	4	3	2	3	2	4	4	3	3	4	4	4	3	3	3	4	4	3	4	4	4	5		
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THEME AVERAGE	3.8	3.9																											
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THEME AVERAGE	3.6	3.7																											
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18	3.9	3.9	2	4	5	5	4	1	4	4	4	4	5	4	4	5	4	3	3	5	4	3	4	4	4	4	4	5	
19	3.4	3.2	3	3	4	4	4	4	2	2	2	2	4	4	5	2	4	3	3	3	5	4	3	3	3	3	4	4	
20	4.3	4.5	2	3	5	5	5	5	4	4	5	5	5	5	5	4	5	5	5	5	4	5	4	4	4	4	4	4	
21	3.6	3.6	4	3	4	4	4	2	4	5	4	4	3	3	5	4	3	3	3	3	4	4	3	3	4	4	4	5	
22	3.7	3.8	2	2	4	4	4	3	4	4	4	4	4	4	5	4	3	4	3	4	4	4	3	4	4	4	4	5	
23	3.5	3.8	4	4	4	4	3	1	4	4	2	2	4	4	4	4	4	4	3	5	4	4	4	4	3	4	4	5	
24	3.7	3.8	4	3	4	4	3	3	5	5	2	4	3	4	5	4	3	3	3	3	5	4	4	4	4	4	4	5	
25	4.0	4.1	3	3	4	4	5		3	3	2	3	4	4	4	4	5	5	5	5	5	5	4	4	4	4	4	5	
THEME AVERAGE	3.8	3.9																											
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THEME AVERAGE	4.1	3.8																											
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32	4.3	4.5	4	5	4	4	5	4	5	5	4	4	5	4	5	4	5	5	4	4	5	5	3	4	4	4	5	4	5
33	4.1	3.9	3	3	5	5		3	5	5		4	4	4	5	4	5	4	3	3	5	5	3	3	4	3	4	5	
THEME AVERAGE	4.2	4.4																											
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