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

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SYNOPSIS

With the emergence of a new awareness of disability rights in South Africa, the introduction of new labour legislation and the poor disability claims experience of the South African life insurance industry in the early 1990's, the role of the occupational therapist in the management of disability in the workplace has gained increasing recognition.

The South African group life insurance industry began employing occupational therapists in 1991 and from an informal survey conducted by the researcher in 1999, the number of occupational therapists employed in this industry had reached thirty nine. This is a new role for occupational therapists that has not been documented in the international literature and appears to be unique to South Africa.

Occupational therapists employed in the group life insurance industry in South Africa are faced with the challenge of both adapting to a new professional role and identity, and of securing a professional future in this new field. The research aimed to investigate the current role and develop a future perspective for occupational therapists employed in the group life insurance industry in South Africa.

In order to gather information systematically and to obtain the opinions from experts on this topic, the researcher chose a cross-sectional descriptive study using the Delphi technique. Twenty panel members who were identified as being experts in the field of disability management were purposively selected to take part in the study. Three questionnaires were circulated in order to achieve consensus on the issues identified by the panel members. A response rate of 65% was achieved in the final round of the questionnaire.

Responses were received to the same five questions in each of the three rounds of questionnaires circulated to the panel members. Questions related to:

- the current role of the occupational therapist in group insurance,
- the challenges currently faced and the likely future trends in managing disability in the workplace,
- how occupational therapists in group insurance could facilitate the management of disability in the workplace in the future and,
- the additional skills and knowledge required for this.

The research highlighted that the future group insurance arena is likely to become increasingly competitive. A competitive edge for group insurers lies in addressing the impact of a high incidence of disability claims through a more pro-active approach. With the current employment of occupational therapists, the group assurers already have the necessary expertise to begin to facilitate workplace based disability management strategies. Occupational therapists

employed in the group life assurance industry are ideally positioned to bridge the gap between the insurer and the employer, and to facilitate the formulation and implementation of disability management strategies in the workplace.

From the results the current role performed by the occupational therapist in group insurance in disability claims assessment and management is likely to broaden into the more holistic and pro-active approach of workplace based disability management, incorporating:

- strategic disability management planning,
- educating role players on disability management,
- managing disability claims more pro-actively with early intervention and prevention and,
- developing a network of experts in impairment assessment and disability management.

It is likely that occupational therapists outside the insurance industry will also be required to perform workplace based disability management as well. The challenge is for the occupational therapists to equip themselves with the necessary additional skills and knowledge, to market their abilities, and to educate insurers and employers on the benefits of the more pro-active disability management approach. The need for further knowledge and skills to be incorporated in the curriculum at an under and post-graduate level, and for further research in this new field has been highlighted in the study.

CHAPTER ONE: INTRODUCTION

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1 INTRODUCTION

1.1 BACKGROUND

The philosophy of occupational therapy recorded in 1979, states that the profession is based on the belief that purposeful activity (occupation) may be used to prevent or medicate dysfunction[1]. Recently, the relationship between occupation and quality of life has sparked a renewed interest in the study of occupation and practice of occupational therapy[2-5].

Work is an important occupation in adult life, providing a source of satisfaction and sense of personal mastery[6]. The expert role of occupational therapy in vocational rehabilitation[7-8], industrial rehabilitation[9-11] and occupational health[12-14] has been well documented in the literature.

With the emergence of a new awareness of disability rights and issues in South Africa[15], the introduction of new labour legislation[16-17] and the poor disability claims experience of the South African life insurance industry in the early 1990's[18], the role of the occupational therapist in the prevention[9,12-14], assessment[8-9,12,19], treatment[8-12] and management[9,14,20-2] of disability in the workplace has gained increasing recognition.

The South African group life insurance industry began employing occupational therapists in 1991 and from an informal survey conducted by the researcher in 1999, the number of occupational therapists employed in this industry had reached thirty nine. This is a new role for occupational therapists that has not been documented in the international literature and appears to be unique to South Africa.

1.2 PROBLEM STATEMENT

Occupational therapists employed in the group life insurance industry in South Africa are faced with the challenge of both adapting to a new professional role and identity, and of securing a professional future in this new field.

1.3 PURPOSE

The purpose of the research is to investigate the current role and develop a future perspective for occupational therapists employed in the group life insurance industry in South Africa.

1.4 SIGNIFICANCE

The study aims to contribute towards the following:

- An understanding of the current role of occupational therapists employed in the group life insurance industry.
- An understanding of the likely future developments of the role of occupational therapists employed in the group life insurance industry.
- An understanding of the possible implications of this future role for occupational therapists outside of the insurance industry.
- The identification of training needs for curriculum development at under and post graduate levels.
- The identification of further aspects in this new field of occupational therapy that can be researched.

1.5 POPULATION

The results of the study will not be able to be generalised to the entire population of occupational therapists employed in the group life insurance industry.

1.6 OPERATIONAL DEFINITIONS

In this dissertation, the following meanings will be ascribed to the terms listed hereunder:

Insurance / assurance: For the purposes of this study, these terms will be used interchangeably. Assurance is the term used in the United Kingdom for insurance. Insurance is defined as "financial protection against loss or harm: an arrangement by which a company gives customers financial protection against loss or harm, for example theft or illness, in return for payment (premium)" [23].

Life insurance companies: In this dissertation, the term will refer to companies that are licensed to sell life, health and disability cover in the form of individual or group policies.

Life insurance industry: For the purposes of this dissertation, the life insurance industry will refer to life

insurance companies, insurance brokerages and reassurance companies.

Group life insurance: Pension or provident funds, life, health and disability cover offered to employers (policy holder) for their employees (life insured) usually in the form of employee benefit plans which form part of the employee's total remuneration[18].

Disability benefits: There are two main types of disability benefits:

- Lump sum disability benefits:

The benefit is paid in the form of a lump sum. The definition of disability in the policy is usually "own or similar occupation" where the claimant is required to be totally and permanently unable to perform any occupation for which he/she is reasonably suited by education or training[18].

- Disability income benefits:

Benefits are based on percentage of earnings. The definition of disability is frequently for "own occupation" for the first two years of the claim and thereafter, "own or similar occupation". The emphasis is on total disability rather than on total and permanent disability as for the lump sum benefits[18].

Role:

For the purposes of this study, a role will comprise of four of the five components described in the American Journal of Occupational Therapy[24] namely, major functions, scope of the role, key performance areas and qualifications. The fifth component, supervision, is not relevant to the study.

Impairment / Disability:

The American Medical Association's[25] definitions of these terms will be used in this study (refer to *Chapter 2.1*):

- Impairment is defined as a condition which interferes with a person's performance of activities of daily living such as self-care, recreational, social and work activities.
- Disability arises from a person's altered capacity to meet personal, social or occupational demands because of the impairment.

Functional impairment: For the purposes of this study, this term will relate to the affected performance of activities of daily living, particularly work activities as a result of an injury or illness.

1.7 ASSUMPTIONS

The occupational therapists employed in the group life insurance industry were requested to select the sample population of experts in the field of disability management. It was therefore assumed that these occupational therapists have knowledge of and exposure to experts in this field.

1.8 LIMITATIONS

A sample of twenty experts in the field of disability management was finally selected to take part in the research. The sample is not representative of all the experts in this field in South Africa. Reid[26] cautions that the generalisability of the results from a small sample, are questionable. For this reason, the results will not be able to be generalised to the entire population of occupational therapists.

CHAPTER TWO: LITERATURE REVIEW

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2.4 OCCUPATIONAL THERAPY AND THE GROUP LIFE INSURANCE INDUSTRY

- 2.4.1 INTRODUCTION
- 2.4.2 DISABILITY CLAIMS ASSESSMENT
- 2.4.3 CASE MANAGEMENT
- 2.4.4 INDUSTRIAL REHABILIATION
- 2.4.5 DISABILITY MANAGEMENT
- 2.4.6 CONCLUSION

2 LITERATURE REVIEW

2.1 PERSPECTIVES ON DISABILITY

Modern medicine often loses sight of the patient as a human being...by reducing health to mechanical functioning. This is perhaps the most serious shortcoming of the biomedical approach. The phenomenon of healing cannot be understood in reductionist terms. This applies to the healing of wounds and even more to the healing of illnesses, which generally involve a complex interplay among the physical, psychological, social and environmental aspects of the human condition.

F Capra "The turning point", 1982

2.1.1 INTRODUCTION

Truter[15] estimates the prevalence rate of disability in South Africa to be between 5% and 12% but he cautions that there are no reliable statistics on the nature and prevalence of disability in South Africa. Several reasons may account for this, including the use of different definitions of disability, different survey techniques and the poor service infra-structure that exists[15].

Marks[27] identifies a further reason for the difficulty in obtaining accurate statistics on the prevalence of disability, because capacities and values given to people's physical, intellectual and psychological abilities are highly changeable. In spite of this, "our benefit and employment systems expect

disabled people to have fixed functional capacities which can be reliably measured. The nature and extent of impairments occur on a continuum, rather than on one or other side of a clear boundary distinguishing ability and disability"[27].

There are a number of definitions of disability referred to in the literature. These definitions can be summarised according to three models of disability[28]:

- Biomedical model
- Economic model
- Socio-political model

2.1.2 BIOMEDICAL MODEL

The biomedical model focuses on the impairment, on what is wrong and on what can be cured[28]. The WHO international classification[29] is based on this model and defines the following:

- Impairment as "any loss or abnormality of psychological, physiological, or anatomical structure or function"
- Disability as "any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being".

This classification of disability is criticised for its "outsiders" or medical view of disability and because it ignores structural and attitudinal barriers[27].

According to Truter[15], the South African Employment Equity Act's[16] definition of disability is also based on the biomedical model. It focuses on the effect the impairment has on achieving success and promotion in the workplace with no mention of the societal barriers excluding people with disabilities from the open labour market. Disability is defined in the act as, "people who have long-term or recurring physical or mental impairments, which substantially limit their prospects of entry into or advancement in employment"[16].

2.1.3 ECONOMIC MODEL

The economic model focuses on disability and assesses the individual according to his/her capacity to be productive and to contribute to the economy[28]. The definitions of disability in insurance policies would fall into this category. Insurance policies usually define disability in terms of a person's ability to perform an occupation[22-3]. Most insurance policies do not take environmental considerations such as transport, structural barriers and availability of alternative employment into account[23].

The American Medical Association[25] (AMA) has developed definitions of impairment and disability to facilitate assessment for insurance purposes:

- Impairment is defined as a condition which interferes with a person's performance of activities of daily living such as self-care, recreational, social and work activities.
- Disability arises from a person's altered capacity to meet personal, social or occupational demands because of the impairment. Disability is assessed as the gap between environmental demands such as the requirements of a person's job and the impaired person's abilities.

According to the AMA, impairment is a medical issue and is assessed by medical means[25]. Disability is assessed by non-medical means and should be assessed in the context of the relevant insurance policy, the nature of the person's job and other factors such as the person's education and work experience[25].

2.1.4 SOCIOPOLITICAL MODEL

The socio-political model focuses on the promotion of self-advocacy to bring about social change, equality and justice[28]. It emphasises what is wrong with the environment from the viewpoint of the person with a disability[28]. In terms of the socio-political model, dependency is not related to an intrinsic incapacity but rather to the way in which needs are met.

According to Waddington[30] there is a move internationally, away from the medical model towards a social model of disability. A social model is

becoming more acceptable as it encourages the integration of disabled people and the removal of physical and attitudinal barriers[30]. Marks[27] advocates that "we need to rethink our culture, institutions and relationships in order to create a more inclusive society which can tolerate a higher degree of differences". In South Africa, a national strategy on the disabled was published as a white paper in 1997[31]. It advocates a social model of disability and addresses issues such as public transport, employment and integrated education[15].

2.1.5 CONCLUSION

Disability is a complex issue and many factors have been identified as having an effect on a person's ability to adapt and adjust to a disability. These include the severity of the disability, prognosis and stability of the condition, the experience of pain, gender and age, a person's internal and external resources, their interests, values and goals, the activities affected, as well as the environment[28].

The different medical, social, legal and contractual definitions of disability does little to facilitate the adjustment of the person with a disability or to reduce the confusion for all parties involved in the assessment, treatment, and employment of people with disabilities.

2.2 THE SOUTH AFRICAN GROUP LIFE INSURANCE INDUSTRY

Whenever there is a contingency, the cheapest way of providing against it is by uniting with others, so that each man may subject himself to a small deprivation, in order that no man may be subjected to a great loss. He, upon whom the contingency does not fall, does not get his money back again, nor does he get from it any visible or tangible benefit, but he obtains security against ruin and consequent peace of mind. He upon whom the contingency does fall, gets all that those whom fortune has exempted from it have lost in hard money, and is thus enabled to sustain an event which would otherwise overwhelm him.

Select Committee of the House of Commons, 1825

2.2.1 INTRODUCTION

Insurance is a concept that was well established by the Middle Ages in Europe, being mainly concerned with ships and their cargoes[32]. The first South African life insurance company was established in 1845, namely the South African Mutual Life Assurance Society, commonly known as Old Mutual which is still in operation today[32].

In South Africa, group assurance grew after the Second World War in the post-war economic boom, in conjunction with the introduction of legislation such as the Insurance Act (1943), the Pension Funds Act (1956) and the Workmen's Compensation Act (1941)[18]. Life insurance companies have

become the most important risk carriers in the group assurance market and most of the large South African insurers are involved in this market today[18]. Group assurance plays an important social and economic role in the country, providing death and disability cover to a greater proportion of the population than possible with individual assurance[18].

According to Murphy and de Kock[18], "perhaps the greatest spur in the growth of the group assurance market, however, has been as a result of the increased affluence and awareness of employees, and the corresponding attempts by employers to attract and retain suitable staff with additional benefits". It is estimated that more than 90% of all employers with a hundred employees or more provide some form of group assurance to their staff[18]. By 1992, the total group assurance market was worth R1 billion to the South African insurance industry[18].

Group assurance is one channel employers can use to provide their employees with risk benefits such as health, death and disability cover. These benefits can also be arranged directly through the employer himself or through a pension or provident fund established by the employer[18]. The benefits provided through group assurance are typically in the form of employee benefit plans, the formation of which has been encouraged by legislative and fiscal incentives available to employers[18]. The employer is typically the policyholder while the members (employees) are the insured

with the employee benefits constituting a significant portion of the insured's total remuneration. The pricing of group assurance is based on the expected cost of claims, expenses such as administrative costs, a profit charge and a margin for adverse claims fluctuations[18].

2.2.2 ROLE PLAYERS IN GROUP INSURANCE

There are many role players in the group life insurance industry in South Africa. It is not relevant for the purposes of the research to discuss all of the role players. For a model depicting all the role players in group insurance, refer to refer to *Figure 3* in *Chapter 6*. Some of the role players will be discussed hereunder:

- THE INTERMEDIARY

Insurance brokers/intermediaries represent the interests of their clients in dealings with insurers[18]. Currently, there is no legislation in South Africa preventing someone with a minimal knowledge of insurance from becoming a broker[33]. The South African Financial Services Intermediaries Association developed minimum standards and a code of conduct for its members in an attempt to regulate this industry[33].

Some very large firms of intermediaries have developed in the South African insurance industry. They control the placement of business with

insurers for schemes with 1000 members or more[18]. The powerful position that the large brokerages have frequently places pressure on insurers with regard to premium rates and the admission of claims[18].

- THE REINSURANCE INDUSTRY

A reinsurance company only transacts reinsurance – it shares the risk that an insurance company accepts if the amount that needs to be paid in the event of a claim is more than the insurer can afford[33]. The reinsurer shares in the premiums received by the insurer in these instances[33].

- THE LIFE OFFICES ASSOCIATION OF SOUTH AFRICA (LOA)

The LOA is a voluntary association of life insurers in South Africa and it operates as the spokesperson for the insurance industry and the insuring public[33]. The management committee of the LOA is comprised of twelve members, all of whom are senior executives of member offices[33]. The LOA member offices conduct more than 98% of the insurance business in South Africa[33].

2.2.3 THE DIFFERENCE BETWEEN GROUP INSURANCE AND WORKMEN'S COMPENSATION

There are fundamental differences between group insurance and workmen's compensation. The Workmen's Compensation Act of 1941 was replaced by the Compensation for Occupational Injuries and Diseases Act (COIDA) of 1993[15]. "COIDA provides a system of no-fault compensation for employees who are injured in accidents that arise out of and in the course of their employment or contract occupational diseases"[15]. Group insurance on the other hand is not restricted to the payment of benefits for events arising solely from the workplace[18].

Coverage and contributions under COIDA extends to all employees but the benefits are restricted[15,18]. This coverage is therefore inadequate for higher earners[18]. All employers in South Africa except for the mining and building industry which have their own centralised funds, must register and pay contributions to the state fund[15]. Group insurance however, is not compulsory for employers.

2.2.4 LEGISLATION REGULATING THE INSURANCE INDUSTRY

Section 46 of the Long-term Insurance Act, 1998[34], requires life insurers to ensure that their policies are actuarially sound and that premium distinctions are actuarially justified[35]. According to Section 29 of the Long-term Insurance Act, 1998[34], the business of a life insurer must be maintained in a financially sound condition[35].

Recent legislation protecting the rights of the individual has emerged, including the Promotion of Access to Information Act, 2000[36] which entitles the insured to obtain access to the documents upon which a decision was based[35]. The Policy Holders Protection Rules (under the Long-term Insurance Act[32]), which becomes effective from 1 July 2001, will enable policyholders to make informed decisions and ensure that intermediaries and insurers conduct business honestly, fairly and with appropriate care and diligence[33].

2.2.5 DISABILITY CLAIMS

Because disablement is not an easily measured and objective phenomenon, it is a source of potential conflict amongst the parties' concerned[37]. Approving disability claims carries significant economic consequences for the employee, employer and the insurer[37-8].

The correlation between disability claims experience and the economic climate is well publicised in the literature[18,39-40]. From the mid-nineteen eighties, claims incidence rates in South Africa soared[18,41]. "Employers and employees seemed to be selecting against disability insurers as a more humane way of retrenching staff"[18]. This, combined with a casual approach by insurers with regard to claim admission and monitoring, had a prominent by 1992 and 1993 when some insurance companies lost more money than the accumulated value of their historical profits[18,40].

A number of factors have been referred to in the literature that may account for an increased incidence of disability claims in the insurance industry world wide:

- Employer anti-selection – employers use their insured disability benefits in an attempt to manage unproductive employees as an alternative to retrenchment, dismissal or early retirement. This has helped them to avoid complications such as union pressure, the financial burden and legal obligations [39-40]

- Lack of objective medical data provided by medical practitioners who are not trained to appropriately assess and report on impairment and disability for insurance purposes[25]

- Lack of qualified claims assessors and poor claims assessment practices resulting in poor claims management[40,41]

- Loosely worded insurance policies that do not provide return to work incentives and do not stipulate obligations to undergo reasonable medical treatment[40]

- Generous disability benefits – Frequency of claims and severity of disability have been observed to increase as benefits increase[40-2].

In South Africa the incidence of claims and the management of disability claims in particular, is further affected by the following:

- In 1996, 24% of the population over the age of nineteen only had a primary school education and 19% had no formal education[43]. Employment for this sector of the population is limited to unskilled, manual occupations with a higher risk of illness and injury, but where the chances for re-training or re-alignment thereafter, are minimal.

- Employment-related health insurance is available to only 20% of the population[43]. Medical treatment and rehabilitation is for 80% of the

population is therefore limited to public facilities where the resources for quality care are limited.

- An unemployment rate of around 34%[43] limits the employment opportunities for all people particularly for those with disabilities.

- Approximately 15% of South Africans between the ages of twenty and sixty-four are infected with HIV[43]. HIV prevalence in the workplace is expected to plateau at between 15% and 18% of the workforce in 2008[44]. The impact of HIV on individual households, on the health care system, the economy and the cost of employee benefits is likely to be significant[43]

- The number of work-related accidents is increasing. According to compensation statistics, work-related accidents increased from 230 000 in 1994 to 304 000 in 1995[44]. In total, the compensation commissioner in 1994 paid R42 million and this figure increased dramatically to R300 million the following year[44].

2.2.6 CONCLUSION

The South African life insurance industry has grown significantly over the years into a dominant sector of the economy. The social role of insurance has developed with a wide range of individual and employee benefits available for the sick, aged and bereaved. The profitability of this industry lies in the careful pricing of these benefits and the management of claims. The latter is complicated by the HIV/AIDS epidemic and high unemployment rate in the country. The industry has become highly regulated and the introduction of new legislation protecting the rights of the individual has posed further challenges.

2.3 THE NEW SOUTH AFRICAN LABOUR LEGISLATION

An equitable and just (social security) system should aim at preventing disability if possible, to compensate disability where it occurs, to help people recover from disability and the resulting loss of income, and to (re) integrate people into society by ensuring access to employment and other social activities. Preferences must be given to prevention and rehabilitation and positive incentives must be available to persons to continue with employment.

L Truter in "Social Security Law", 1999

2.3.1 INTRODUCTION

The Constitution of South Africa, 1996, prohibits discrimination on the grounds of disability[15]. New labour legislation introduced in South Africa requires employers to integrate and accommodate people with disabilities in the workplace[15,19-21]. "People with disabilities form an important minority group within society...Fortunately, a new awareness of disability issues and rights has started to emerge"[15].

2.3.2 LABOUR RELATIONS ACT, 1995

The Labour Relations Act, 1995 declares dismissal based on discriminatory grounds, as unfair[15]. Dismissal based on a person's disability is prohibited unless it can be shown that the ill or injured person cannot perform the essential functions of the job[15]. *Schedule 8: Code of Good Practice* (The

Code)[17] is a guide for employers on the norms when dealing with dismissal due to misconduct, poor work performance or incapacity[21]. It places a greater responsibility on the employer to investigate the extent of an employee's incapacity, as well as the realignment and rehabilitation of the employee[19-21].

The Code focuses on the incapacity or inability of the employee to perform efficiently, effectively and safely in the workplace, in an attempt to prevent past practices of dismissal of employees simply because they became ill or injured[19-21]. The employer has a responsibility to investigate the nature and extent of an employee's illness or injury[15]. Where an employee is likely to suffer permanent incapacity, all alternatives short of dismissal should be explored. The employer has a responsibility to determine the possibility of securing altemative employment and adapting the duties or work circumstances of the employee to accommodate the employee's disability[15].

According to Strasheim[20], "The new Act and Code therefore makes available a wider range of fairer and empowering alternatives – other than 'boarding' or dismissal".

2.3.3 THE EMPLOYMENT EQUITY ACT, 1998

The Employment Equity Act, 1998[16] is of great importance to ensure equal opportunities for people with disabilities in the workplace[15]. The Act prohibits unfair discrimination in the employment of designated groups including people with disabilities.

The Act is twofold in that it firstly, prohibits unfair discrimination against disabled employees based on irrelevant legal, social or economic grounds[15]. Secondly, it requires employers to implement affirmative action measures, including the reasonable accommodation of people with disabilities[15]. Reasonable accommodations are defined as "any modification or adjustment to a job or to the working environment that will enable a person from a designated group to have access to or participate in or advance in employment"[16].

A Code of Good Practice: Disability (The Code: Disability) has been drafted by the Department of Labour[46]. "The Code: Disability covers four key areas of disability rights in employment practice: at entry, employee development, retention, as well as return to work and reintegration"[46]. The Code: Disability provides guidelines for interpreting the Act's broad definition of disability and for the application of the right to reasonable accommodations in three areas: the job application process; modifications

to the job and work environment; and in employee benefits and conditions of service[46].

2.3.4 IMPLICATIONS OF THE NEW LEGISLATION

Employers have in the past relinquished the responsibility of managing disability in the workplace to the insurer and other parties external to the work environment[39-40]. According to Botes[47], "Protection against income loss due to disablement has always been an essential part of any employee benefit package. However, the traditional approach to disability benefits – simply seeking to terminate employment rather than implementing effective disability management and rehabilitation – is no longer appropriate".

Disability benefits should be aligned with the new labour legislation by promoting staff retention, development, vocational rehabilitation and return to work[46]. Lump sum benefits do not facilitate the employer's compliance with the disability equity and retention requirements of the new labour legislation[46]. Furthermore, once the lump sum benefit has been paid, the claimant is usually placed on ill-health retirement, which relinquishes any responsibility the employer has towards the claimant[46]. According to Strasheim[46] monthly benefits may become the benefit of choice as their

purpose and structure supports most of the disability equity and fair labour practice requirements of the new labour legislation.

In response to the new labour legislation, most life insurance companies have developed products that combine a monthly benefit with a rehabilitation benefit for re-training the disabled employee or re-aligning the job in an attempt to facilitate return to work[48]. Most insurance companies have also employed occupational therapists to assess and manage disability claims[49].

2.4 OCCUPATIONAL THERAPY AND THE GROUP LIFE INSURANCE INDUSTRY

"Those we serve need the power to achieve their vital goals, walk the pathways of independence, and derive a sense of efficacy from their own efforts. We, as occupational therapists, need the power to achieve our potential contribution to society, defining our own knowledge and scope of practice."

EJ Yerxa in AJOT,1997.

2.4.1 INTRODUCTION

The employment of occupational therapists in the group life insurance industry in South Africa appears to coincide with the period in the early 1990's when both the number of disability claims increased significantly and changes to labour legislation occurred [40].

The role of the occupational therapist in the insurance industry in South Africa has not been well documented in the literature. There is no indication in the international literature that occupational therapists are employed in the insurance industry in countries other than South Africa. The literature, which will be discussed hereunder, refers to a number of roles and functions which may in varying degrees, be performed by occupational therapists in the insurance industry and which may lead to an understanding of their unique role. The following functions namely,

disability claims assessment, case management, industrial rehabilitation and disability management, will be discussed hereunder.

2.4.2 DISABILITY CLAIMS ASSESSMENT

The assessment of disability claims is a complex process requiring individuals with professional training in a variety of fields as well as good problem solving and analytical skills[41]. Historically, however, most disability claims assessment jobs were considered little more than entry-level positions[42]. According to Lehman[41], "to be effective today, a claims examiner needs to be a bit of an accountant; a medical, legal and occupational expert; an investigator; a salesperson; and a sympathetic yet street-smart listener". Although medical practitioners are able to comment on the employee's impairment, they do not have the training to make recommendations on disablement [19,25].

With the incorporation of rehabilitation benefits in the disability products, the occupational therapists employed by group life insurers are also involved in the development and co-ordination of rehabilitation programmes, training programmes and return-to-work schedules[49].

2.4.3 CASE MANAGEMENT

Case management is a specialised practice that has emerged with the introduction of managed care in the USA[50]. Occupational therapists appear to be ideally suited to performing case management (outside the life insurance industry) particularly in the workers compensation arena[50]. A number of the roles mentioned by Fisher[50] are similar to the functions that occupational therapists may currently perform in the South African insurance industry such as:

- assisting the human resource manager by acting as a liaison between the employer and insurer
- directing care and rehabilitation to service providers who have an early return-to-work philosophy and
- advising on task modifications and job accommodations

2.4.4 INDUSTRIAL REHABILITATION

Occupational therapists in industrial rehabilitation perform evaluation, rehabilitation and training services to meet the specialised needs of business and industry[9]. Workplace based strategies fall into two main areas namely primary prevention, and secondary/tertiary intervention (rehabilitation)[14]. Industrial rehabilitation is therefore closely aligned with

occupational health and safety. Innes[14] has developed a model depicting the occupational therapist's role in the workplace (refer to *Figure 1*).

From a review of the literature, the role of the occupational therapist in industrial rehabilitation encompasses a range of services including pre-placement screening[9], job modification[9,12-13], injury prevention programmes[9,12-14], health promotion and wellness programmes[9,14], ergonomics consultation[9,12-14], functional and work evaluations[9-10,12-14,19], work hardening programmes[9,11-12] and vocational rehabilitation[8,9,12].

"Occupational therapy offers the corporate sector... a unique range of skills and expertise which results in a cost effective method of providing quality occupational health and safety programmes in both preventative and rehabilitative areas.... The challenge that occupational therapy now faces is to promote these skills and expertise to the corporate sector"[14]. The need for the promotion of these services is particularly relevant for the occupational therapist's new role in the insurance industry where the range of skills of and the scope for intervention by occupational therapists is not yet fully developed or understood.

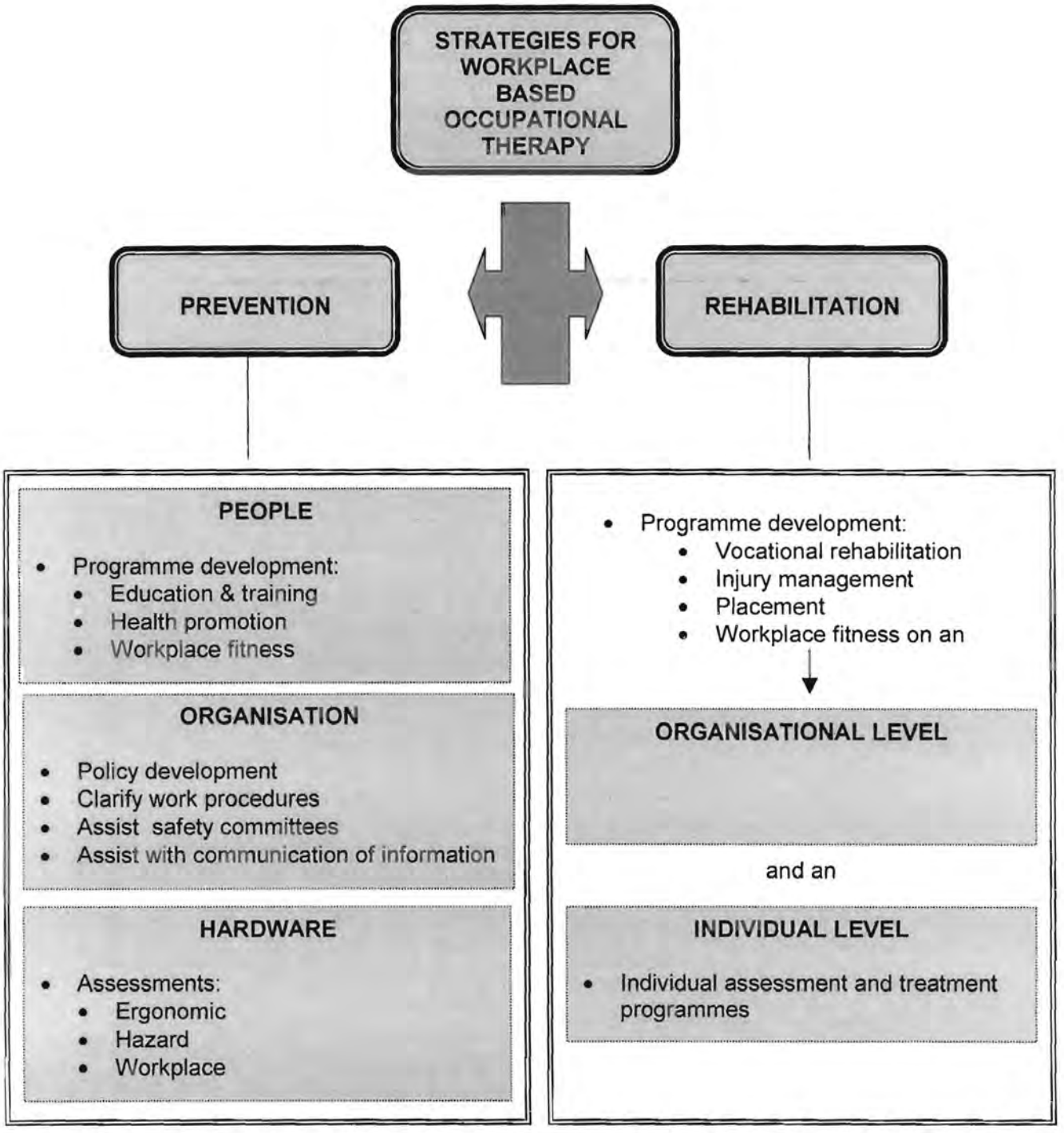

Figure 1: Workplace based occupational therapy (adapted from Innes[14])

2.4.5 DISABILITY MANAGEMENT

Disability management has become one of the most broadly defined terms in health care mainly because it has been conceptualised in many different fields including medicine, insurance and rehabilitation to promote the self-interests of the particular field[51]. Disability management is defined by Shrey[51] as "an active process of minimising the impact of an impairment (resulting from injury, illness or disease) on the individual's capacity to participate competitively in the work environment". In this context, occupational therapists employed in the insurance industry have a crucial role in disability management.

Trends in disability management internationally suggest a paradigm shift from the medical management model and traditional approaches of rehabilitation performed in hospitals and specialised centres, to workplace based intervention strategies[10,39,51-2] that take into account the complexity of the return to work process[37]. The trends are a direct result of the increasing costs related to poorly managed incapacity, which have impacted heavily on employees, employers and insurers alike[37].

From a review of the literature, crucial elements of new trends in disability management include:

- Early intervention[38-9,51,53]

- Promotion of disability prevention strategies[13-4,39,51]
- Occupation-centred rehabilitation[9-11,54]
- Return-to-work/transitional work programmes implemented at the workplace[9,14,39,51]
- Preservation of the ill or injured employee's perception as a wage earner[51]
- Maintenance of the psychological bond with the work environment and of compatible relationships with supervisors and co-workers[39,55]
- A multi-disciplinary team approach[38,51]
- Shared responsibility amongst all the parties involved including the medical and legal profession, insurance and vocational experts, management and labour[38,51,56]
- Recognition of the complexity of work-related injury[57].

The three main components of a disability management strategy as proposed by Shrey[51], are depicted in *Figure 2*, namely:

- a human resource component
- an operational component
- a communications component

Innes's[14] model of workplace based occupational therapy, depicted in *Figure 1*, can be applied to Shrey's[51] broader model of the components of a disability management strategy as depicted in *Figure 2*. Services provided

by occupational therapists in the workplace such as those in industrial rehabilitation should take into account the broader context of disability management as depicted by Shrey.

2.4.6 CONCLUSION

At present, it is mainly through the insurance industry that occupational therapists are gaining a platform for the development of workplace based intervention strategies in South Africa. Occupational therapists in the insurance industry are challenged to develop an understanding of, and skills in, claims assessment, case management, industrial rehabilitation and disability management all of which can be applied in the group insurance arena where there is an interface with the employer and employee.

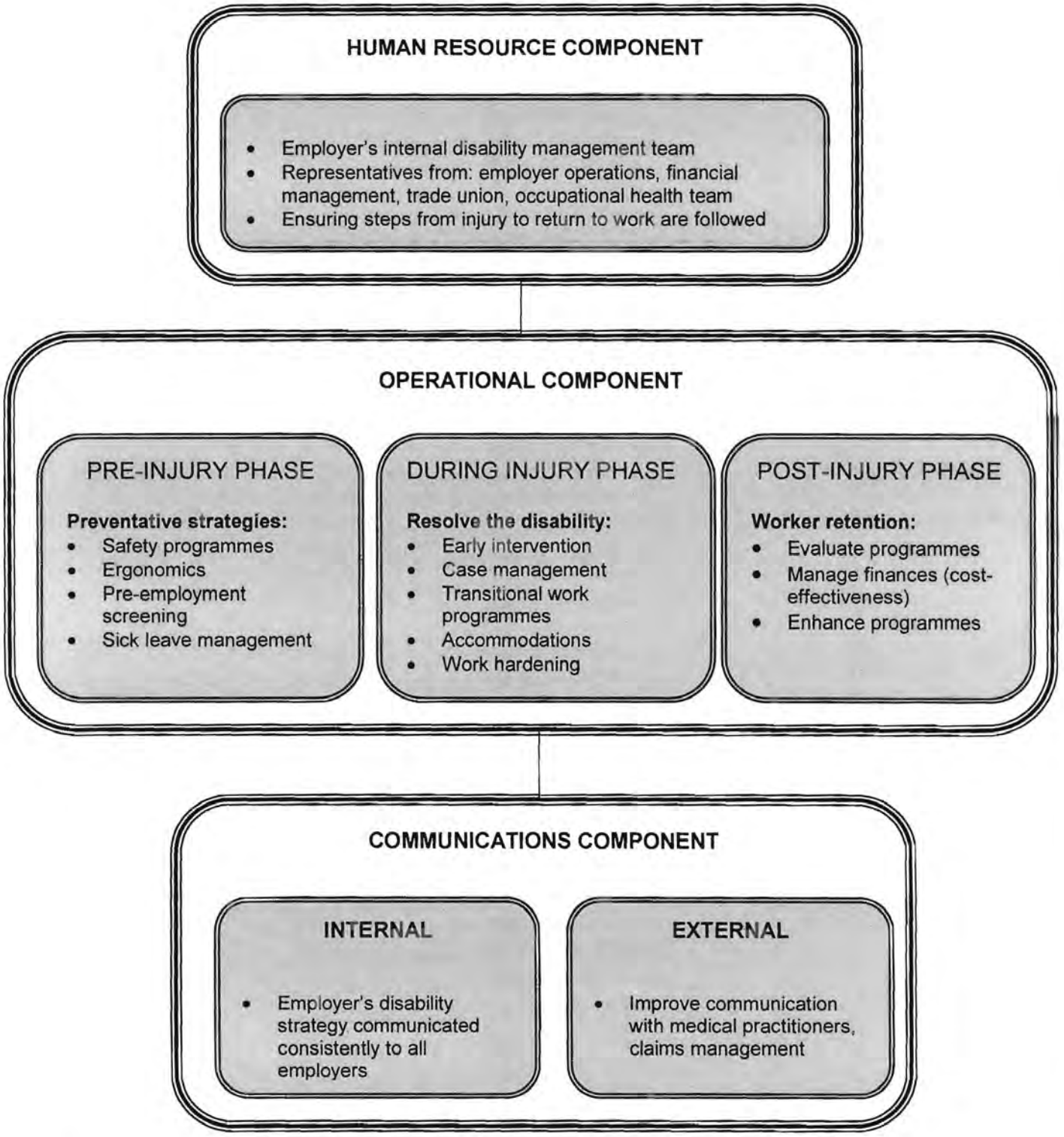

Figure 2: The three main components of a disability management strategy (adapted from Shrey[51])

CHAPTER THREE: METHODOLOGY

CONTENTS:

3 METHODOLOGY

3.1 RESEARCH DESIGN

In order to gather information systematically and to obtain the opinions from experts on this topic, the researcher chose a cross-sectional descriptive study using the Delphi technique.

3.1.1 THE DELPHI TECHNIQUE

The Delphi technique was first used in the 1950's in a study that attempted to predict the effects and policy implications of an atomic attack on the USA[26]. The technique has also been used successfully by occupational therapists in South Africa[58]. The technique solicits the opinions from a group of experts on an individual basis about a particular subject on which they are believed to possess expertise[59]. Goodman[60] refers to four characteristics of the Delphi technique namely:

- *Anonymity,* which encourages respondents to express their true opinions[60-1].
- *The use of experts*, selected on the basis of their knowledge of a particular topic and willingness to take part in the study[60-1]. The

validity of the panel's responses relies on their commitment and understanding of the aims at the outset of the study [60].

- *Controlled feedback through multiple iterations* provides the opportunity for thorough consideration and response[60-1].
- *Statistical summaries of the group's responses* enable respondents to see where their opinion lies in relation to the group[60].

Goodman[60] maintains that the stability of the group response on an item over successive rounds is more important than an apparent consensus, and areas of disagreement should be noted and included in the results. The Delphi technique is therefore effective not only for obtaining consensus, but also for elucidating areas where there is no apparent consensus[59].

The Delphi technique is useful in dealing with problems that do not lend themselves to precise analytical techniques but can benefit from subjective judgements on a collective basis[26]. The technique also lends itself to studies that gather opinion rather than those that seek an in-depth analysis of an issue[61]. It allows experts from diverse backgrounds and covering a wide geographical area to contribute inexpensively[61]. The technique ensures that all respondents have an equal voice and that interpersonal influences on reaching consensus are removed[26].

After considering all these factors, and the fact that the Delphi technique has been used by South African occupational therapists successfully in a similar manner, the researcher decided that is a suitable method for achieving the aims of the study.

3.1.2 ETHICAL CONSIDERATIONS

Informed consent was obtained from the panel members. The anonymity of their responses was guaranteed and the confidentiality of the panel members was ensured. Researcher bias in the selection of the panel members was removed. Ethical approval certificate number: S113/99 was obtained through the University of Pretoria.

3.2 SAMPLE SELECTION

The sample selection was divided into three phases, namely identifying the sample population, confirming eligibility criteria and obtaining consent, and the purposive selection of the sample.

3.2.1 IDENTIFICATION OF THE SAMPLE POPULATION

In order to eliminate researcher bias in selecting the sample, the occupational therapists working in the life insurance industry were asked to identify the sample population of experts in incapacity management.

The names of all the occupational therapists employed by life insurance companies in South Africa were obtained from the group, "Occupational Therapists in Life Insurance" and by contacting the various life insurance companies. At the time, thirty-eight occupational therapists (excluding the researcher) were employed in this industry.

These occupational therapists were asked to identify individuals with a tertiary qualification working in the field of medicine, labour law, human resources, occupational health, occupational therapy, life insurance, reinsurance and incapacity management whom they considered to be an expert in the field of incapacity management.

Forms were provided for recording the necessary details of the individuals' the occupational therapists identified (see *Appendix A: Form For Identification Of Experts*). They were requested not to discuss their choices with other occupational therapists.

Six of the thirty-eight occupational therapists did not take part in this identification process – four declined and two did not respond. A total number of a hundred and six experts were identified but only fifty-one of these experts were identified by more than one occupational therapist.

3.2.2 ELIGIBILITY CRITERIA AND CONSENT

The researcher sent consent forms to the fifty-one experts who had been identified by more than one occupational therapist (see *Appendix B: Consent form for experts*). The experts were requested to provide the following information:

- Contact details and date of birth
- Details of tertiary qualification/s
- Years of experience dealing with occupational therapists involved in the life insurance industry

3.2.3 PURPOSIVE SELECTION OF THE PANEL MEMBERS

Of the fifty-one experts contacted, eleven declined participation in the research. From the forty experts that consented to taking part in the research, a purposive sample of twenty panel members was selected. Three steps were involved in the selection process (see *Table I: Selection of Panel Members*):

1. The sample was divided into the following four categories:
    - medical practitioners
    - occupational health practitioners and nurses
    - occupational therapists
    - other (labour lawyers, human resource personnel, physiotherapists, insurance personnel)

2. A score was obtained for each expert based on:
    - the number of occupational therapists who had identified the expert
    - the number of years they had dealt with occupational therapists involved in the life insurance industry

3. The five panel members with the highest scores in each of the four categories were selected. In this way, a heterogeneous panel of experts in incapacity management, representing a wide geographical area and a variety of ages, types and levels of professional qualifications, types of experience and work settings were selected.

A letter was sent to the experts who had not been selected advising them of the outcome of the selection process and thanking them for their participation. Letters were also sent to the experts selected advising them of what would be required and when the first questionnaire would be circulated.

Table I: Selection of panel members

	FIELD OF WORK	YEARS OF DEALING WITH OT'S IN INSURANCE	NUMBER OF OT NOMINATIONS	SCORE
		MEDICAL PRACTITIONERS		
1	**Insurance**	**10**	**4**	**14**
2	**Insurance**	**6**	**6**	**12**
3	**Insurance**	**8**	**4**	**12**
4	**Insurance**	**10**	**2**	**12**
5	**Insurance**	**10**	**2**	**12**
6	Insurance	7	3	10
7	Medico-legal	7	2	9
8	Insurance	2	6	8
9	Insurance	5	2	7
		OCCUPATIONAL HEALTH PRACTITIONERS/NURSES		
1	**Medicine**	**10**	**2**	**12**
2	**Medicine**	**7**	**2**	**9**
3	**Medicine**	**7**	**2**	**9**
4	**Medicine**	**6**	**2**	**8**
5	**Medicine**	**5**	**3**	**8**
6	Medicine	5	2	7
7	Nursing	4	2	6
8	Nursing	2	2	4
		OCCUPATIONAL THERAPISTS		
1	**Medico-legal**	**6**	**11**	**17**
2	**Medico-legal**	**5**	**10**	**15**
3	**Insurance**	**9**	**4**	**13**
4	**Insurance**	**10**	**3**	**13**
5	**Medico-legal**	**9**	**3**	**12**
6	Insurance	6	5	11
7	Insurance	5	5	10
8	Insurance	6	4	10
9	Medico-legal	8	2	10
10	Medico-legal	5	2	7
11	Medico-legal	5	2	7
12	Insurance	2.5	3	5.5
13	Insurance	3	2	5
14	Insurance	2.5	2	4.5
15	Insurance	2	2	4
16	Medico-legal	2	2	4
		OTHER		
1	**Labour lawyer**	**10**	**5**	**15**
2	**Labour lawyer**	**6**	**8**	**14**
3	**Insurance**	**7**	**4**	**11**
4	**Insurance**	**6**	**4**	**10**
5	**Physiotherapist**	**6**	**2**	**8**
6	Lawyer	2	3	5
7	Social worker	.5	2	2.5

3.2.4 PILOT STUDY

The pilot study was conducted once the sample selection process had been completed. Four experts (two of whom were occupational therapists), not selected to take part in the research, were requested to take part in the pilot study.

It was necessary to pilot the following aspects of the study:

- the first questionnaire - in order to check the validity of the questions (see *Appendix C: Pilot Questionnaire*)
- the method of content analysis - to become proficient in the use of this method of data analysis

3.3 DATA COLLECTION

3.3.1 INTRODUCTION

The panel members were given four weeks to complete the first questionnaire, which required detailed responses. Panel members were given ten days to complete the subsequent questionnaires (see *Table II: Questionnaire time frames*). A maximum of four questionnaires would be circulated in order to reach consensus. As consensus was reached after the third questionnaire, a fourth one was not circulated.

The researcher circulated the first questionnaire to the panel members in January 2000. Questionnaires were sent and responses were received by facsimile or electronic mail. Response dates and dates for the circulation of the subsequent questionnaires was provided with the circulation of each questionnaire. The researcher sent reminders via electronic mail, telephone and facsimile during the week before the responses were due and when responses had not been received by the due date.

Table II: Questionnaire time frames

QUESTIONNAIRE	DATE CIRCULATED	DATE RETURNED
FIRST QUESTIONNAIRE	10/1/00	10/2/00
SECOND QUESTIONNAIRE	13/3/00	24/3/00
THIRD QUESTIONNAIRE	10/4/00	20/4/00

3.3.2 THE FIRST QUESTIONNAIRE

Five open-ended questions were used to elicit the panel members' ideas and insights on the current and future role of occupational therapists employed in the life insurance industry in incapacity management (see *Appendix D: The First Questionnaire*). The same five questions were repeated in the subsequent rounds.

3.3.3 THE SECOND QUESTIONNAIRE

The responses to the questions in the first questionnaire were summarised and grouped into categories and sub-categories using content analysis. Using a Likert scale (refer to *Table III: Likert scale*), the panel members were asked to agree or disagree with the summarised panel statements.

The panel members also had the opportunity to suggest changes to clarify the categories and sub-categories; to identify summarised panel statements that did not fit in the category; to rephrase statements to clarify their distinctiveness; and to identify any issues omitted from the results of the initial questionnaire (see *Appendix E: The Second Questionnaire*).

3.3.4 THE THIRD QUESTIONNAIRE

The third questionnaire included the mean scores of the responses from the panel members to the second questionnaire. The panel members were asked to confirm their opinions of the panel statements using the Likert scale. Comments and suggestions made by panel members in the second questionnaire were included in the third questionnaire (see *Appendix F: The Third Questionnaire*). For a summary of the data collection process, refer to *Table IV*.

Table III: Likert scale

5	STRONGLY AGREE
4	AGREE
3	UNCERTAIN
2	DISAGREE
1	STRONGLY DISAGREE

Table IV: Summary of the data collection process

QUESTIONNAIRE	FIRST	SECOND	THIRD
DETAILS OF THE QUESTIONNAIRE	5 questions asked	Results from content analysis for each of the 5 questions, in the form of: • Categories • Sub-categories • Summarised panel statements	Questionnaire based on prior questionnaire with same: • Categories • Sub-categories • Summarised panel statements Also included from prior questionnaire: • Mean scores from the Likert scale • PMs initial choice from Likert scale • Additional comments made in prior questionnaire
REQUIRED OF PANEL MEMBERS (PMs)	Provide detailed answers	Use Likert scale to agree / disagree with above Make additional comments	Use Likert scale to confirm initial choice Make additional comments
REQUIRED BY RESEARCHER	Interpret results using content analysis	Calculate mean scores from the Likert scale	Calculate mean scores from the Likert scale Determine degree of consensus

CHAPTER FOUR: DATA ANALYSIS

CONTENTS:

4 DATA ANALYSIS

4.1 DEMOGRAPHICS OF THE PANEL MEMBERS

The following demographic detail was obtained from the twenty panel members selected (refer to *Table V: Demographics of panel members*):

- The average age of the experts was 43 years
- Eight experts were female and twelve were male
- Nineteen experts had a minimum qualification of an honours degree
- Of these nineteen experts, fifteen had additional post-graduate qualifications
- Nine experts resided in Cape Town, nine in Johannesburg and two in Durban

Table V: Demographics of the panel members

AGE	GENDER	QUALIFICATIONS	YEARS OF DEALING WITH OT'S IN INSURANCE	CITY
43	M	MBCHB, FCP	6	JOHANNESBURG
40	F	MBCHB	8	JOHANNESBURG
58	M	MBCHB, MFGP	10	JOHANNESBURG
47	M	MBCHB, BSC (HONS), FAADEP	10	CAPE TOWN
46	M	MBCHB, BSC	10	CAPE TOWN
41	M	MBCHB, MMED, DOH	7	CAPE TOWN
58	M	MBCHB, MSC, MFGP, DOH	6	DURBAN
40	M	MBCHB, BSC, DOH, MBA	10	DURBAN
45	M	MBCHB, DOH, MBA	7	CAPE TOWN
47	M	MBCHB, DGG (COMM HEALTH) DOH, DHSM (HEALTH SERVICES)	5	CAPE TOWN
31	F	BSCOT (HONS), MOT, DIPL VOC REHAB, ADVANCED LABOUR LAW	6	JOHANNESBURG
35	F	BSCOT (HONS)	10	CAPE TOWN
37	F	BSCOT (HONS, MOT	5	JOHANNESBURG
41	F	BSCOT (HONS), DIPL VOC REHAB	9	JOHANNESBURG
36	F	BSCOT (HONS)	9	CAPE TOWN
38	M	BA, LLB, LLM	10	CAPE TOWN
44	M	BA BPPROC, LLB, ADVANCED LABOUR LAW	6	JOHANNESBURG
44	F	BSC (HONS)	6	JOHANNESBURG
44	F	DIPL NURSING, FELLOW-INSURANCE INSTITUTE	7	JOHANNESBURG
38	F	BSCPT (HONS)	7	CAPE TOWN

4.2 RESPONSE RATE

The response rate for each questionnaire is summarised in *Table VI*. From the twenty panel members who consented to taking part in the research, thirteen (65%) completed the third and final questionnaire. For a description of these thirteen panel members, refer to *Table VII*. The main reason given by the experts who did not complete the questionnaires related to their busy schedules and a lack of time.

Table VI: Response rate

QUESTIONNAIRE	FIRST	SECOND	THIRD
NO. THAT COMPLETED QUESTIONNAIRES	18	15	13
PERCENTAGE	90%	75%	65%

Table VII: Panel member profile at the end of the third questionnaire

	MEDICAL PRACTITIONERS	OCCUPATIONAL HEALTH PRACTITIONERS	OCCUPATIONAL THERAPISTS	OTHER
NO.AT START	5	5	5	5
NO. AT FINISH	3	3	5	2
PERCENTAGE	60%	60%	100%	40%

4.3 CONTENT ANALYSIS

Content analysis was used to interpret and summarise the panel statements from the first questionnaire. This method of data analysis has been used successfully in conjunction with the Delphi technique[62-3].

Categories to classify the content of the panel statements were developed by identifying similar themes. Refer to *Appendix G: Content Analysis of the Responses to the First Questionnaire* for the preliminary identification of themes/categories and sub-categories from all the panel statements received in the first questionnaire. Similar panel statements were listed under these categories and sub-categories. In order to keep the questionnaire to a realistic length, the researcher reduced the similar panel statements in each category and sub-category by developing brief summaries of the similar panel statements. Only those statements supported by at least one other panel member were included in the second questionnaire.

Steps to increase the validity of content analysis have been described in the literature[64-6]. In this study the panel members had an opportunity in the second and third questionnaires to ensure that the researcher had accurately interpreted their statements. For a summary of the themes that

emerged in the first, second and third questionnaires, refer to *Table VIII: Themes from the first questionnaire*.

Table VIII: Themes from the first questionnaire

QUESTION 1
WHAT IS YOUR UNDERSTANDING OF THE KEY FUNCTIONS CURRENTLY PERFORMED BY THE OCCUPATIONAL THERAPISTS IN THE LIFE INSURANCE INDUSTRY.
• TO INTERPRET INFORMATION FOR CLAIMS ASSESSMENT AND MANAGEMENT • TO PROVIDE AN OPINION OR ADVICE ON IMPAIRMENT AND WORK ABILITY • TO DETERMINE EXTENT OF IMPAIRMENT/CAPACITY TO WORK BASED ON FUNCTIONAL EVALUATIONS AND WORK ASSESSMENTS • TO CONSULT WITH EMPLOYER TO EDUCATE AND FACILITATE RETURN TO WORK • INVOLVEMENT IN REHABILITATION ADDITIONAL FUNCTIONS SUCH AS INPUT IN PRODUCT DESIGN, MARKETING OF THE PROFESSION AND CONTINUING OWN PROFESSIONAL DEVELOPMENT

QUESTION 2
WHAT PROBLEMS AND CHALLENGES ARE YOU CURRENTLY ENCOUNTERING IN YOUR PARTICULAR FIELD IN MANAGING INCAPACITY IN THE WORKPLACE, WHERE THERE ARE GROUP DISABILITY BENEFITS

• INSURER:
  • CLAIMS ASSESSMENT AND MANAGEMENT
  • OCCUPATIONAL THERAPISTS AS CLAIMS ASSESSORS
  • DESIGN OF INSURANCE PRODUCTS
  • INTERNAL DEPARTMENT MANAGEMENT
• EMPLOYER:
  • LACK OF INTEGRATED HR POLICIES/PROCEDURES WITH INSURED DISABILITY BENEFITS, LACK OF UNDERSTANDING OF DISABILITY MANAGEMENT, LACK OF SICK LEAVE MANAGEMENT
• EMPLOYEE:
  • LACK OF UNDERSTANDING OF INSURANCE POLICY, MISCONCEPTIONS AND SENSE OF ENTITLEMENT
• REHABILITATION:
  • LACK OF SERVICE PROVIDERS AND INSUFFICIENT UTILISATION THEREOF
• LEGAL ENVIRONMENT
  • THE INTERFACE BETWEEN CONTRACTUAL LAW AND LABOUR LEGISLATION, AND THE LACK OF LEGISLATION FOR DISABILITY MANAGEMENT
• MEDICAL/ALLIED HEALTH PROFESSIONS
  • MEDICAL PROFESSION'S POOR UNDERSTANDING OF INSURANCE/DISABILITY, PREMATURE RECOMMENDATION OF MEDICAL BOARDING, SUBJECTIVE REPORTS
  • OCCUPATIONAL THERAPISTS' INADEQUATE ASSESSMENT OF FUNCTION, REPORTS REFLECT A CLAIMANT BIAS

QUESTION 3
WHAT CHANGES AND NEW TRENDS DO YOU FORESEE AND WHAT CHALLENGES DO YOU EXPECT TO ENCOUNTER IN THE FUTURE, IN YOUR PARTICULAR FIELD, IN MANAGING INCAPACITY IN THE WORKPLACE WHERE THERE ARE GROUP DISABILITY BENEFITS?

• INSURANCE
  • CLAIMS ASSESSMENT AND MANAGEMENT MORE PROFESSIONAL CLAIMS ASSESSMENT WITH MORE TRAINING FOR ASSESSORS, MORE ACTIVE CLAIMS MANAGEMENT
  • PRODUCTS PROMOTING SICK LEAVE MANAGEMENT, EARLY INTERVENTION AND EARLY RETURN TO WORK
  • DIRECT ACCESS TO THE CLIENT, BETTER CLIENT SERVICE
• EMPLOYER
  • IMPROVED AWARENESS AND ATTITUDE TOWARDS NEW LABOUR LEGISLATION
• EMPLOYEE
  • GREATER EXPECTATIONS OF COMPREHENSIVE BENEFITS, INCREASING ENTITLEMENT ATTITUDE
• DISABILITY MANAGEMENT
  • MORE COMPREHENSIVE DISABILITY MANAGEMENT, CONDUCTED AT THE WORKSITE WITH INVOLVEMENT OF OCCUPATIONAL THERAPISTS
• IMPACT OF EMPLOYMENT EQUITY ACT
  • INCREASED RESPONSIBILITY OF EMPLOYERS, INCREASING DEMAND FOR INDEPENDENT MEDICAL/ALLIED MEDICAL OPINIONS
• HIV/AIDS
  • INCREASING COSTS OF DISABILITY INSURANCE AND IMPACT ON PENSION FUND, CHALLENGE FOR JOB ACCOMMODATION
• REHABILITATION
  • RISK OF FAILED REHABILITATION, RISK OF QUICKER DETERIORATION IN CONDITION OF DISABLED EMPLOYEES WHO RETURN TO WORK
• MEDICAL/ALLIED HEALTH PROFESSIONS
  • ADDRESSING OF PROBLEMS RELATED TO MEDICAL PROFESSION RECOMMENDATIONS FOR MEDICAL BOARDING
  • OCCUPATIONAL THERAPISTS CONSULTING IN EMPLOYMENT RELATED FIELDS

QUESTION 4
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.
• EDUCATION OF STAKEHOLDERS ON DISABILITY MANAGEMENT • INTERACTION WITH EMPLOYER TO FACILITATE DISABILITY MANAGEMENT • MORE INVOLVEMENT IN CLAIMS ASSESSMENT AND MANAGEMENT INCLUDING SCREENING POTENTIAL CLAIMS, COUNSELING CLAIMANTS, DEVELOPING A NETWORK OF EXPERTS • PREVENTION OF CLAIMS THROUGH EARLIER INVOLVEMENT, SAFETY AND ERGONOMIC EVALUATIONS, SICK LEAVE MANAGEMENT • OVERSEEING OF REHABILITATION, ADVISING ON ACCOMMODATIONS AND FACILITATING CREATION OF EMPLOYMENT OPPORTUNITIES
QUESTION 5
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?

• THEORETICAL KNOWLEDGE
  • MEDICINE
  • INSURANCE
  • LABOUR LEGISLATION
  • BUSINESS AND FINANCIAL
• INTERPERSONAL SKILLS
• HIGHER COGNITIVE SKILLS
• CLINICAL SKILLS
• OTHER KNOWLEDGE AND SKILLS
• **ADDITIONAL POST-GRADUATE TRAINING**

4.4 CONSENSUS

Panel members were deemed to have reached consensus when 20% or fewer of the statement mean scores moved above/below the mean of 4 ("agree" on the Likert Scale).

The panel statement mean score was calculated by obtaining the average of the individual scores. *Appendix H* contains the table with the mean scores for the second and third questionnaires listed in the second and third columns (MS2 and MS3). Scores that moved above/below 4 from the first round are underlined.

Refer to *Table IX* for the results of the consensus achieved in each question. In total, 35 of the 228 (15%) panel statement mean scores moved from above/below the mean of 4.00 in the third questionnaire. As the degree of consensus defined in the study was the point at which 20% or fewer of the panel statement mean scores moved from above/below the mean of 4.00, consensus had been achieved after the third questionnaire.

Table IX: Consensus achieved after the third questionnaire

CONSENSUS IN TERMS OF THE MEAN SCORES						
QUESTIONS	**ONE**	**TWO**	**THREE**	**FOUR**	**FIVE**	**TOTAL**
NUMBER OF PANEL STATEMENTS	42	54	48	38	46	228
TOTAL NUMBER OF MEAN SCORES THAT MOVED ABOVE/BELOW 4.00	13	4	10	5	3	35
EXPRESSED AS A PERCENTAGE	31%	7%	21%	13%	6%	15%

CHAPTER FIVE: RESULTS

CONTENTS:

5 RESULTS

5.1 ANALYSIS OF THE RESPONSES TO THE QUESTIONS

The three questionnaires were comprised of the same five questions, each of which will be discussed hereunder. In the discussion of the responses to the questions, the following terms will be used to describe the quantitative results:

LIKERT SCALE		TERMS USED IN THE DISCUSSION
5:	**STRONGLY AGREE**	Likert score of 4.5 and above: strong consensus / strong agreement / agreed strongly
4:	**AGREE**	Likert score of 4 – 4.4: agreement / consensus / agreed upon
3:	**UNCERTAIN**	Uncertain / unsure
2:	**DISAGREE**	Disagreed / disagreement
1:	**STRONGLY DISAGREE**	Strong disagreement

5.1.1 QUESTION ONE

In the first question, the panel members were questioned about their understanding of the key functions currently performed by the occupational therapists in the life insurance industry.

DISCUSSION

The responses received were grouped into four main categories: disability claims assessment/management, consultation with the employer, rehabilitation and additional functions.

- DISABILITY CLAIMS ASSESSMENT/MANAGEMENT

Strong consensus was achieved with regards to occupational therapists providing an opinion or advice on functional impairment and alternative work/accommodations. Panel members agreed that the occupational therapist's current involvement in claims assessment and management includes:

- The interpretation of information to determine the validity of claims
- Making recommendations on the further management of claims
- Providing advice on claims and
- Determining the extent of functional impairment or capacity to work.

Agreement was reached on the performance of functional and work evaluations, on the assessment of alternative occupations and work-place accommodations, and on giving feedback in team discussions. Consensus was also achieved with regards to the assessment of inappropriate illness behaviour (symptom exaggeration / malingering) with the application of various techniques during the functional evaluation.

Strong consensus was noted for the compilation of reports including recommendations, and for counselling new claimants to encourage return to work.

- CONSULTATION WITH THE EMPLOYER

Panel members agreed strongly that occupational therapists are currently consulting with the employer to facilitate a claimant's early return to work, and to advise on prevention and disability management. Consensus was achieved with regards to the education of the employer on the impact of disability, prevention and rehabilitation. Agreement was also reached on the occupational therapist's role in negotiating the implementation of accommodations in the workplace. Panel members were uncertain that the role of the occupational therapist extended to the evaluation of the employer's compliance with the new labour legislation.

- REHABILITATION

Strong consensus was reached on the advisory role of the occupational therapist in vocational rehabilitation, on making recommendations for rehabilitation or re-training, for formulating a rehabilitation plan, motivating stakeholders on the benefits thereof, and for referring claimants to service providers. Agreement was noted with regards to the evaluation of the claimant's rehabilitation potential, for overseeing the implementation of rehabilitation and for liasing with doctors/therapists where

treatment/rehabilitation is sub-optimal. The education of occupational health professionals on rehabilitation and the facilitation of job reintegration by occupational therapists employed in the insurance industry were also agreed upon.

- ADDITIONAL FUNCTIONS

Panel members agreed that occupational therapists are currently involved in the design of insurance products specifically related to rehabilitation and in providing assistance with the assessment of client needs. Marketing the role of the occupational therapist in the insurance industry and the pursuit of continued professional development and education achieved consensus.

Panel members were unsure if the occupational therapist's current role included management, supervisory and administrative functions within the claims department. They were also uncertain that occupational therapists currently assist insurers with the interpretation and implementation of the new labour legislation in relation to claims assessment and management.

5.1.2 QUESTION TWO

In the second question panel members were asked about the problems and challenges they were currently encountering in their particular field in managing incapacity in the workplace, where there were insured disability benefits.

DISCUSSION

The problems/challenges identified by the respondents were divided in terms of those related to the insurance industry, employers, employees, rehabilitation, legal issues and the medical profession. In some instances, the respondents also provided solutions.

- INSURANCE INDUSTRY

Strong consensus was achieved on problems such as the late notification of claims; lengthy claims assessment procedures which inhibit return to work and rehabilitation efforts. Solutions suggested included the streamlining of claims processes, sick leave management and earlier intervention by the insurer. Consensus was also reached on the problem of contentious claims with legal/ombudsman involvement and the increasing number of claims in the current retrenchment climate. Panel members were uncertain that claims teams were too busy to conduct case

management and that there was a need for this function to be out-sourced. The statement that the public has a negative impression of the insurer's approach to disability claims also received an uncertain response from panel members.

Panel members agreed that lump sum benefits also inhibit return to work and rehabilitation efforts. It was suggested that insurers should review the structure of these disability benefits. The panel members were unsure about the statement that disability policies are based on the medical model and that they should be aligned with the Employment Equity Act which is based on the social model of disability.

The mismatch between the client and the insurance product achieved agreement amongst panel members and the need to educate employers and intermediaries was suggested as a possible solution. Another problem, which achieved strong consensus, related to communication with the employer being hampered by the intermediary or insurance broker. It was suggested that the insurer should attempt to improve the relationship with the intermediary and to clarify their role.

Agreement was reached on the problem related to the lack of objective parameters/information for the assessment of disability claims. Providing

guidelines for the medical profession for the writing of reports was suggested as a possible solution to this problem.

There was strong disagreement from panel members with regards to concerns surrounding the ethically questionable employment of occupational therapists in the group life insurance industry. The negative influence that claims managers may have on the occupational therapists decisions on claims drew an uncertain response. Panel members were also unsure about the lack of standard practices amongst occupational therapists in claims assessment.

- EMPLOYER

Several respondents indicated problems related to the employer's poor understanding of disability management, group life insurance and labour law as well as the lack of integration of human resource policies and procedures with insured disability benefits. The education and integration of human resource personnel was suggested as a solution. Strong consensus was reached in this regard as well as on the lack of sick leave management within companies.

The employers' negative attitude towards the employment and accommodation of people with disabilities, and non-compliance with labour legislation achieved agreement amongst the panel members. Consensus

was achieved with regards to the lack of communication/integration with the insurer on disability claims and the lack of involvement of line managers, occupational health services and human resource personnel in disability management. Panel members agreed on the misuse of group life insurance by employers evading their responsibility with regards to disability management and retrenchment, and the poorly managed cycle of poor staff relations, resulting in sick-leave abuse and eventual disability claims. The lack of pre-placement screening resulting in employee/job mismatch also achieved consensus. In general, solutions suggested related to the education of the employer, developing a closer working relationship between the employer and insurer, and facilitating the implementation of the new legislation.

- EMPLOYEE

Panel members agreed strongly that claimants have a lack of knowledge of insurance policies and a misconception that a claim will be readily paid on the recommendation of the treating doctor. A further problem identified that received strong consensus was the claimant's sense of entitlement. The adoption of a disability mindset and sick role by claimants which results in an unwillingness to undergo rehabilitation or attempt to return to work, achieved consensus.

- REHABILITATION

Most respondents agreed strongly on the lack of adequate service providers, and the poor utilisation of rehabilitation and work hardening services where those services do exist. Strong consensus was reached with regards to the lack of rehabilitation incentives for disability claimants and of redeployment opportunities. The lack of training/re-training facilities and the lack of follow-up by the insurer on recommendations for rehabilitation achieved consensus. Panel members were uncertain with regards to a statement highlighting the problem of a lack of sheltered employment and the suggestion that insurers should develop such facilities.

- LEGAL ENVIRONMENT

No strong consensus was achieved on items under this sub-heading. The main problem identified related to the interface between contract law and the Employment Equity Act. At the time the Delphi was circulated, the Act had only been in force for two years and may play a bigger role in the future.

- MEDICAL AND ALLIED HEALTH PROFESSIONS

Panel members were in strong agreement on the poor understanding of the medical profession of insurance and legal aspects related to disability. The

problems related to their premature labelling of people as disabled, premature recommendations for medical boarding, as well as their reports being frequently inadequate and lacking in detail, achieved strong consensus.

The respondents were generally uncertain with regards to the problems identified with occupational therapy assessments and reports, which included:

- inadequate assessment of functional impairment
- reports reflecting a claimant bias
- few occupational therapists specialising in insurance, disability management and vocational rehabilitation and
- insufficient discussion amongst occupational therapists and the medical profession on specific claims

5.1.3 QUESTION THREE

The third question requested respondents to share the changes and trends they foresee and the challenges they expect to encounter in the future, in their particular field, in managing disability in the workplace where there are insured disability benefits.

DISCUSSION

The issues highlighted in the responses were related to the insurer, employer, employee, disability management, the impact of the Employment Equity Act, HIV/AIDS and the medical and allied health professions.

- CLAIMS ASSESSMENT AND MANAGEMENT

Panel members agreed strongly that claims assessment practices were likely to become more professional in the future with claims assessors undergoing more training. The panel members agreed to predictions of more complex claims with increasing symptom magnification and fraud, increasing litigation, and more claims related to subjective medical conditions. More active claims management due to financial pressures, earlier intervention in claims with involvement in potential claims, and more risk management with incentives to promote preventative measures in the workplace achieved consensus. Agreement was also reached on the

likelihood of insurers outsourcing disability assessment, rehabilitation and case management in the future.

Most panel members agreed that foreseeable changes to insurance policies and products would relate to alignment with the new labour legislation, and the provision and promotion of services related to sick leave management, early intervention and early return to work. Panel members were uncertain that insurers would begin insuring impairment, which is more objectively definable than disability, in the future.

Strong consensus was achieved with regards to intermediary involvement being diluted in the future and that group life insurers would have more direct access to their client, the employer. Agreement was reached with regards to future sharing of knowledge as an industry and the payment of rehabilitation costs.

- EMPLOYER

Panel members agreed strongly that employers were anticipated to have an improved awareness and positive attitude towards job accommodation, rehabilitation and retraining in the future.

- EMPLOYEE

The threat of rising unemployment and the employee's rising expectations of more comprehensive benefits achieved consensus among panel members. A greater entitlement attitude with regards to sick leave and disability claims were also envisaged and agreed upon by the panel members.

- DISABILITY MANAGEMENT

Panel members were in strong agreement about broader disability management incorporating aspects such as pre-placement screening and on-site vocational rehabilitation. Consensus was achieved with regards to these services being conducted at the worksite by occupational health teams with case management services offered by the insurer/broker alongside this.

- IMPACT OF THE EMPLOYMENT EQUITY ACT

Panel members agreed strongly that employers would make use of independent medical / paramedical assessment services more frequently in the future as a result of this new labour legislation. Consensus was achieved on the likelihood of more labour/union involvement and the need for employers to develop more functional job descriptions, provide reasonable accommodations and investigate each case of disability.

- HIV/AIDS

Panel members agreed strongly that HIV/AIDS would have an increasing impact on claims, the cost of disability insurance and the extent of the employer's contributions to pension funds.

- MEDICAL AND ALLIED HEALTH PROFESSIONS

Strong consensus was achieved with regards to the future addressing of the problem of medical practitioners inadvertently encouraging disability behaviour. Agreement was reached with regards to the prediction that occupational therapists would begin consulting, in employment related areas with other consulting professionals, and in vocational rights and rehabilitation. Panel members agreed that occupational therapists would provide solutions to prevent employer non-compliance, offer independent disability claims assessment services, and specialise in vocational rehabilitation in the future. The utilisation of case management as a disability management tool, and the likelihood of reports with recommendations for accommodations becoming more disclosable were also agreed upon.

5.1.4 QUESTION FOUR

The fourth question focussed on how occupational therapists working in the sector of the life insurance industry identified by the panel member in question 1, should best facilitate management of incapacity in the workplace in the future, where there are insured disability benefits.

DISCUSSION

The results from this question were categorised under the headings of education, interaction with the employer, claims assessment and management, prevention, rehabilitation and other.

- EDUCATION

Strong consensus was not achieved on any of the items in this category. Many panel members were in agreement on the future role of the occupational therapist involving more education of the employer, union representatives and the medical and occupational health team on the implications and application of the insurance policy, labour legislation and disability management. It was also agreed that occupational therapists in the insurance industry should educate claims assessors who do not have a formal medical qualification on functional capacity, impairment and disability. Consensus was achieved with regards to occupational therapists

educating other occupational therapists outside of the insurance industry on disability management.

- INTERACTION WITH THE EMPLOYER

Interaction with the employer was seen as important and strong consensus was reached on the statement that more direct and frequent contact with the employer was required. Agreement amongst panel members was noted with regards to occupational therapists assisting employers to implement disability management strategies in alignment with the insured benefits and labour legislation. Panel members also agreed that the occupational therapist should consult with the employer on disability claims and perform work visits to become familiar with the work environment and the range of jobs available when an employer commences the insurance. Interaction with the employer as a risk management tool to prevent employer non-compliance was agreed upon.

- CLAIMS ASSESSMENT AND MANAGEMENT

Agreement was reached on the occupational therapist's role in case management and the counselling of claimants; liaison with other occupational therapists, medical and occupational health teams; and with regards to developing, coaching and maintaining an independent network of experts to assist in claims management. Panel members were uncertain of the need for more modern/accredited measurement tools in functional

evaluations performed by occupational therapists. The assessment and cost-effective screening of potential claims by occupational therapists in the future also received an uncertain response from panel members.

- PREVENTION

Strong agreement was achieved on the need for earlier occupational therapy intervention. Consensus was achieved on the need for more preventative measures such as safety and ergonomic evaluations, and the early identification of and intervention in those employees who are more at risk of becoming injured/ill within a company. Panel members were uncertain that occupational therapists should analyse sick leave in the future.

- REHABILITATION

Panel members were in agreement on the need for occupational therapists to facilitate, oversee and monitor the implementation of recommendations for rehabilitation. The need for occupational therapists within the insurance industry to support their colleagues in the rehabilitation field to encourage their services was agreed upon. Consensus was achieved with regards to occupational therapists facilitating the creation of employment opportunities, advising on and facilitating job restructuring and redesign. The respondents were unsure on the need for occupational therapists to develop multi-disciplinary teams/centres in the future.

- OTHER

The occupational therapist's future involvement in the design of insurance products based on their experience of the employers and employees needs was agreed upon. Consensus was achieved on their involvement in strategic planning within the insurance industry regarding disability management. Agreement on the need for teamwork with all the role players, and on the need to market the role of the occupational therapist in the insurance industry, was also reached. Panel members were uncertain on the need for research to standardise and streamline functional and work assessments for use in the insurance industry. The view that occupational therapists would become involved in vocational rights consultancy in the future also drew an uncertain response.

5.1.5 QUESTION FIVE

The fifth question requested the panel members to, based on their opinions in the previous question, identify the additional knowledge, skills and training required by the occupational therapists working in the life insurance industry to meet these future challenges.

DISCUSSION

The comments received were grouped in terms of theoretical knowledge (including medicine, insurance and labour legislation), interpersonal, higher cognitive and clinical skills, and other knowledge/skills.

- THEORETICAL KNOWLEDGE

- Medicine

Panel members identified and agreed that occupational therapists required an improved knowledge of medical conditions, the treatment thereof, pharmacology and physiology.

- Insurance

Strong agreement was reached with regards to the need for occupational therapists to understand the legal interpretation of insurance contracts, and to have a broad, holistic concept of disability management. Panel

members were in agreement on the need for a broad understanding of the insurance industry, the employer and employee, knowledge of insurance products, and of the claims management process. Consensus was achieved with regards to the need for standard, formal claims assessment training.

Panel members were uncertain on the need for formal examination of occupational therapists employed in the insurance industry, to establish qualified experts. The need for occupational therapists to have insurance qualifications also drew an uncertain response.

- Labour legislation and the Constitution

Panel members were in strong agreement on the need for occupational therapists to have knowledge of these laws and the implications for disability management. Panel members were unsure that occupational therapists need to acquire knowledge on compliance strategies, dispute resolution strategies and disability rights.

- Business and Financial

Panel members were uncertain on the need for occupational therapists to have basic financial/business knowledge of administration, information technology, corporate culture and human resource management.

- INTERPERSONAL SKILLS

Strong consensus on the importance of communication skills, and agreement with regards to counselling and networking skills was achieved, for occupational therapists employed in the group life insurance industry. Panel members were uncertain about the other interpersonal skills identified including negotiation, mediation, leadership and education skills as well as presentation skills and skills for conflict management.

- HIGHER COGNITIVE SKILLS

The panel members agreed on the need for occupational therapists to possess problem solving and interpretative skills and the ability to think laterally.

- CLINICAL SKILLS

Strong consensus was achieved on the need for occupational therapists employed in group life insurance to be skilled in the use of assessment techniques and methods, and applied disability management skills including vocational counselling, accommodation strategies and transitional work programmes. Panel members also strongly agreed on the need for clinical reasoning skills. The need for clinical skills related to medical rehabilitation and vocational rehabilitation were highlighted and agreed upon. The respondents were unsure on the need for placement skills.

- OTHER KNOWLEDGE AND SKILLS

Panel members agreed strongly on the need for occupational therapists to familiarise themselves with new trends in related fields and for medico-legal report writing skills. Knowledge of and skills to manage the impact of HIV/AIDS in the work environment and on the insured benefits was highlighted and agreed upon. Panel members also agreed on the need for knowledge in the field of occupational health. The respondents were unsure on the need for job creation skills, skills for absenteeism control and risk assessment/management skills.

- POST-GRADUATE QUALIFICATIONS OUTSIDE OCCUPATIONAL THERAPY

Panel members were uncertain that occupational therapists were required to acquire further post-graduate qualifications in the fields of industrial psychology, industrial relations and human resource management, and neuro-psychiatry and neuro-psychology.

CHAPTER SIX: DISCUSSION

CONTENTS:

6 DISCUSSION

6.1 INTRODUCTION

A number of interesting themes have emerged from the responses of the panel members. Clear distinctions between the role of the occupational therapist in group insurance and the traditional role of the occupational therapist in the public health sector, as well as between the patient and the claimant became apparent. An understanding of the group insurance / disability claims arena, the key role players and the disability claims process emerged from the research and the literature reviewed. It became apparent from the research that a dilemma exists with regards to the employment of people with disabilities, the new labour legislation and group insurance.

Clear future developments of the role of the occupational therapist in group insurance emerged against a likely future backdrop of the group insurance / disability claims arena. The impact of high disability claims incidence on the insurer, employer and employee and ways in which this can be better managed in the future is explored. The broad concept of disability management as a future role for occupational therapists inside and outside the group insurance industry is reviewed. The need for further knowledge, skills and research for the development of this future role is highlighted.

6.2 THE OCCUPATIONAL THERAPIST'S CURRENT ROLE IN THE GROUP ASSURANCE

6.2.1 A COMPARISON OF THE OCCUPATIONAL THERAPIST'S ROLE IN THE PUBLIC HEALTH SECTOR AND GROUP ASSURANCE

Although the group life insurance industry has become one of the main employers of occupational therapists in the private sector in South Africa, more occupational therapists are currently employed in the public health sector. It emerged from the research that the occupational therapists' role in group insurance differs significantly from the role of the occupational therapist in the public health sector. Although the latter role was not specifically researched, the researcher has tried to highlight some of the role differences that became apparent during the course of the research with a comparison in *Table X*.

Table X: A comparison between the traditional role of the occupational therapist and their role in group assurance

TRADITIONAL ROLE	CURRENT ROLE IN GROUP LIFE INSURANCE
EMPLOYER AND WORK ENVIRONMENT	
Public hospital Medical community Hospital environment	Insurance company Business community Office environment
POPULATION SERVED	
Community at large, especially developing community Majority of the population Low socio-economic bracket	Formally employed sector Minority of population Low to upper socio-economic bracket
DISABILITY PERSPECTIVE	
Mainly biomedical Holistic view of patient within this framework	Mainly economic Holistic view of claimant within this framework
PURPOSE OF JOB	
To remediate impairment of body structures & functions that will lead to maximum independence in all spheres of life	To professionally assess & manage disability claims for the optimal management of the insured group risk
NATURE OF THE JOB	
Mainly clinical: Patient assessment & treatment Focus on patients' functioning in all spheres of life Co-ordinate holistic patient management Perform rehabilitation aimed at patient's functional independence Involvement in service development	From the research: Mainly administrative: Disability claims assessment Perform some functional & work-site assessments Focus on claimant's work ability Co-ordinate optimal management of claim Facilitate rehabilitation aimed at claimant's financial independence Consult with employer on disability claims Involvement in product & service development
THE "CUSTOMER"	
The patient (and their family)	The policy holder (employer)

NATURE OF CLIENT INTERACTION	
Direct contact with patient Therapeutic relationship Patient centred Subjective – advocate patient's rights Perception of positive interaction	Mainly indirect contact with claimant & employer Business relationship Business centred Objective – decisions based on insured policy Occasional perception of negative interaction
SKILLS REQUIRED	
Mainly clinical skills (assessment & treatment) Interpersonal skills Cognitive skills	From the research: Occasional use of clinical skills (assessment only) Interpersonal skills Cognitive skills
PHILOSOPHY OF OCCUPATIONAL THERAPY	
Traditional professional philosophy *applied* in daily work	Traditional professional philosophy *seldom applied* in daily work.

6.2.2 A COMPARISON OF THE PATIENT AND THE CLAIMANT

An understanding of the differences between the hospital patient and the disability claimant is vital for occupational therapists employed in the group life insurance industry. From the consensus responses in the research it appears that the motivation amongst disability claimants to be re-trained, vocationally rehabilitated and to resume work is low. The claimant's primary concern is financial security. The treating doctor frequently sympathises with the claimant's predicament and supports a disability claim. The claims process encourages a long absence from work which

significantly reduces the chances of a return to gainful employment. Refer to *Table XI* for a comparison of "the patient" and "the claimant".

Table XI: A comparison of the patient and the claimant

THE HOSPITAL PATIENT	THE DISABILITY CLAIMANT
• A person in the acute phase of medical recovery	• A person who is medically stable but deemed unfit to return to work either temporarily or permanently
• Concerns: – Quality of medical treatment – Nature and extent of injuries – Duration of recovery – Likely extent of recovery – Cost of treatment – Anticipated effect in the short-term on work, daily chores and hobbies	• Concerns: – Loss of financial security – Loss of worker role & identity – Altered status in family & community – Poor understanding of insurance & the claims process – Lengthy duration of claim assessment – Strength of medical evidence – Outcome of claim – Implications if claim declined – Implications for future employment & employee benefits
• Motivation: – Efforts focused on recovery	• Motivation: – Efforts focused on approval of disability claim

6.3 THE CURRENT GROUP ASSURANCE DISABILITY CLAIMS ARENA

6.3.1 THE KEY ROLE PLAYERS

There are many new role players in the group insurance arena that traditionally the occupational therapist has not dealt with. A model of the key role players and their relationships in the group life insurance disability claims arena is depicted in *Figure 3*. The Constitution, as well as specific laws, regulates the industry of each of the role players. Refer to *Chapter 2.2* of the literature review for a further discussion of some of the role players.

The health care sector plays an important role in the treatment of patients as well as in the assessment of disability claimants. Occupational therapists in the public or private health care sector may treat a patient who is formally employed. In these instances, occupational therapists should prompt a discussion with the employer, in the early stages of occupational therapy intervention, conveying information regarding likely duration off work and enquiring into the nature of the employee benefits available to the patient. A report from the treating occupational therapist could accompany the submission of a disability claim. This earlier involvement of the

occupational therapist in a potential claim is advocated in the research and in the literature reviewed.

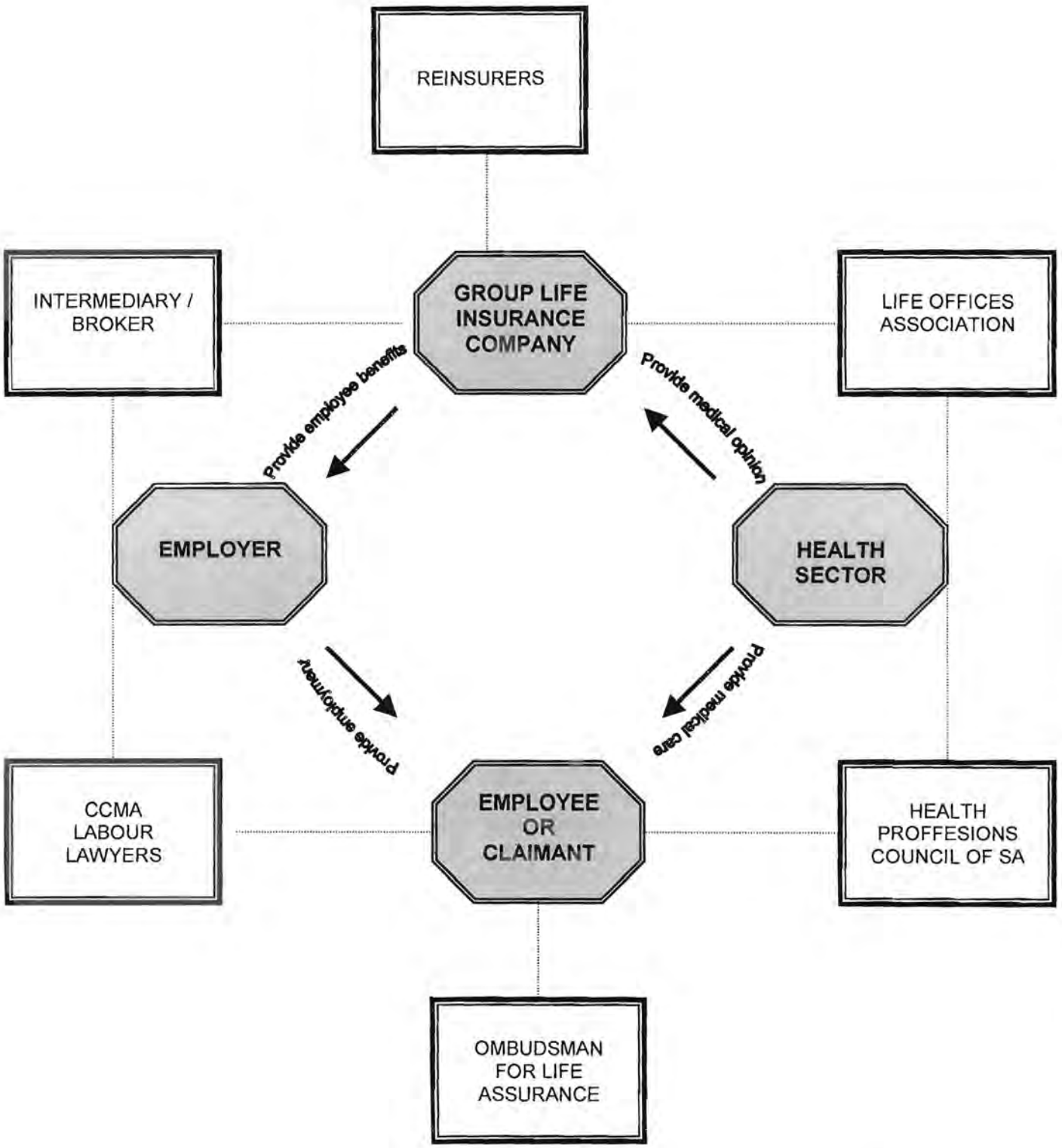

Figure 3: The key role players and their relationships in the group life insurance / disability claims arena

6.3.2 THE DISABILITY CLAIMS PROCESS

The process for a typical disability income benefit claim is shown in *Figure 4*. In the disability claims process, the current role of the occupational therapist in the public and private health sector can be described as follows:

- The provision of independent functional and work evaluations:

  These may be requested directly by the claimant, the employer or the insurer. However, in most instances the insurer requests them, usually once an independent medical opinion has been obtained. From the research, it is clear that the value of these occupational therapy evaluations is well recognised. The purpose of these evaluations is:

  - to determine the claimant's ability to perform his own or a suitable alternative occupation,
  - to make recommendations for reasonable job accommodations and adaptations,
  - to make recommendations for rehabilitation and/or re-training.

- Intervention to facilitate the claimant's return to work:

  To a lesser extent, occupational therapists outside the insurance industry may become involved in a range of interventions to facilitate a claimant's return to work. Currently, these services are mainly

requested by the insurer. Intervention may range from providing rehabilitation services to facilitating a claimant's return to work during a work trial conducted over several months.

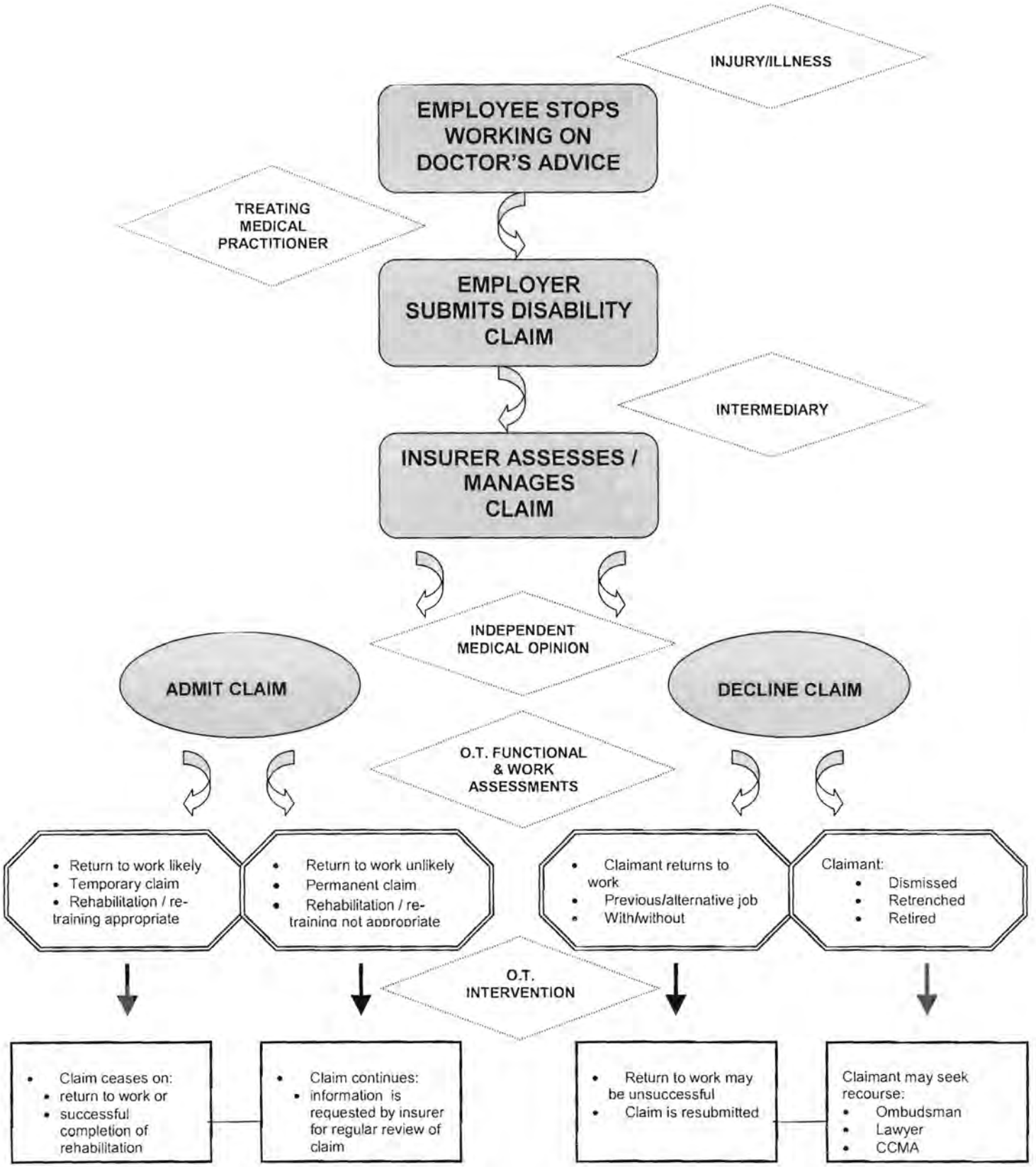

Figure 4: The process of a typical monthly disability income benefit claim

6.3.3 THE CURRENT ARENA

The group life insurance industry in South Africa has become increasingly complex. Insurers only realised this in the late 1980's and early 1990's when huge claims losses were suffered by the industry. The employment of occupational therapists and the introduction of new labour legislation coincides with this period[41].

Figure 5 provides a summary of the problems of claims management in group insurance in South Africa today identified in the research. These include:

- problems related to insurer's and employer's current policies, practices and attitudes with regards to disability
- the poor communication between the employer and insurer as a result of the broker's role
- the difficulties surrounding the application of new labour legislation in an emerging market economy
- the negative influence that medical practitioners can have on facilitating the return to work of ill/injured employees
- problems related to the delivery of quality healthcare and rehabilitation.

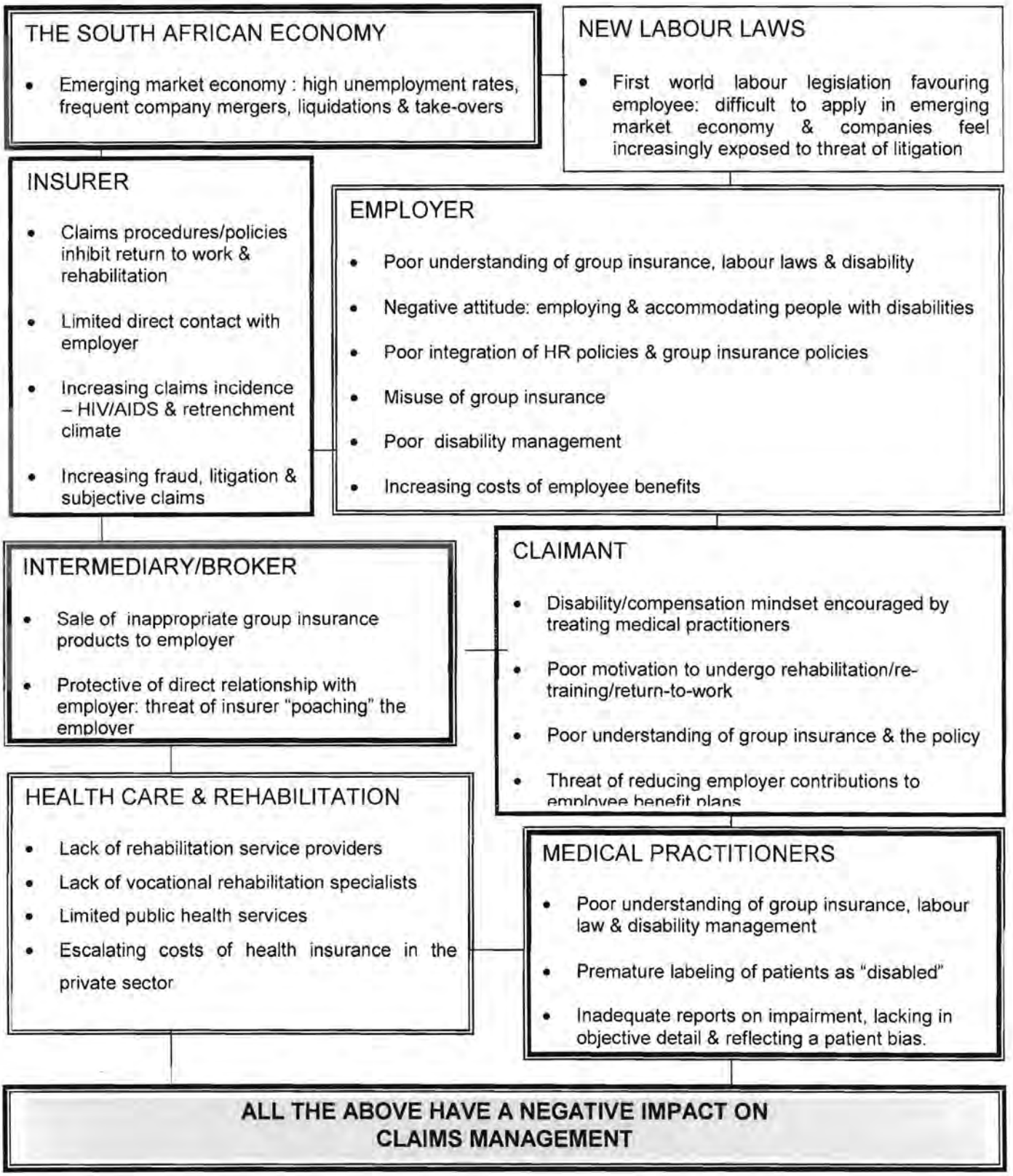

Figure 5: Current problems in claims management in the group life insurance industry in South Africa

6.3.4 THE DISABILITY DILEMMA

In all cases of life insurance, people with a significant medical history are at risk of having medical exclusions applied to the policy, having additional premiums being charged and even having the policy declined. Thus people with disabilities, who are formally employed, particularly in smaller companies, may find it difficult to obtain employee benefits such as death, disability and health cover. This hampers the employment of people with disabilities and does little to facilitate the implementation of the Employment Equity Act. A disabled employee who receives employee benefits from his company may not obtain the same employee benefits when attempting to rejoin the open labour market through another company.

It appears from the research, that employers currently have a negative attitude towards the employment of people with disabilities, and that the new labour legislation has, to some extent, instead of encouraging the employment of people with disabilities, had the opposite effect. One reason for this may be that the labour legislation favours the employee, and that employers are concerned about their increasing exposure to litigation. In addition, the new labour legislation is difficult to apply in an emerging market economy where companies are downsizing, and the threat of mergers, take-overs and retrenchments are ever present.

6.4 THE OCCUPATIONAL THERAPISTS' FUTURE ROLE IN THE GROUP ASSURANCE

6.4.1 A COMPARISON OF THE OCCUPATIONAL THERAPISTS' CURRENT AND FUTURE ROLE IN GROUP ASSURANCE

The research has highlighted that the main role of the occupational therapist currently employed in the group life insurance industry is in claims management, while the consensus on the future role is in the broader concept of disability management. In *Table XII*, the current and future role of the occupational therapist in the group life insurance industry is compared.

Table XII: The current and future role of the occupational therapist in the group life insurance industry

CURRENT ROLE	FUTURE ROLE
CLAIMS MANAGEMENT	**DISABILITY MANAGEMENT**
CLAIMS ASSESSMENT	

• Interpret information to determine validity of claim, in accordance with policy
• Make recommendations for further management of claim
• Provide opinion/advice on claimant's:
  • Level of functioning & work ability
  • Alternative work/accommodations
• Perform functional & work evaluations & compile reports
• Counsel claimants to facilitate return to work
	In addition to current role:
	• Develop and coach a network of experts in the evaluation of impairment

REHABILITATION	
• Assess claimant's rehabilitation & return to work potential • Make recommendations for rehabilitation • Persuade stakeholders on benefits of rehabilitation • Formulate rehabilitation plan • Refer to service providers • Facilitate implementation • Monitor progress • Educate occupational health teams on rehabilitation • Facilitate job re-integration	• No significant change in future role
CONSULTING WITH EMPLOYER	
• Educate the employer on prevention, disability management & rehabilitation • Consult with employer to facilitate claimant's return to work • Negotiate job accommodations	In addition to current role, • Assist employers to develop disability management strategies • Consult on disability claims • Perform work-site assessments on commencement of insurance

PRODUCT & SERVICE DEVELOPMENT	

• Assist to:
  • Identify client needs
  • Design insurance products related to rehabilitation
	In addition to current role:
	• Assist in strategic planning related to disability management
	• Team work with all role-players

EDUCATION	

• Currently, this role is not emphasised	• Education of:
	  • Employer, union & occupational health team on group insurance, labour legislation & disability management
	  • Claims assessors with no formal medical training
	  • Occupational therapists outside the insurance industry

PREVENTION	
• Currently, this role is not emphasised	• Prevention of and, earlier identification & intervention in potential claims
OTHER	
• Marketing the role of the occupational therapist in the insurance industry • Continued professional development	• No significant change in future role

From the comparison it appears that the occupational therapist's role could broaden in the future and involve the following:

- strategic disability management planning within the group life insurance industry,
- consulting with the employer to develop disability management strategies,
- educating the other role players on disability management,
- developing a network of experts specifically trained in impairment assessment and disability management and,
- pro-active claims management including early intervention and prevention.

Questions surrounding the occupational therapist's future role that need to be asked include:

- How realistic is this future role in the South African context?
- How appropriate is it for occupational therapists to perform this role?
- How are occupational therapists going to perform this role?
- What additional training is required?

These questions will be considered in the following discussion.

6.5 THE FUTURE GROUP ASSURANCE DISABILITY CLAIMS ARENA

6.5.1 THE LIKELY FUTURE ARENA

Based on the research, the future group life insurance / disability claims arena may be characterised by the following:

- the cost of employee benefit plans is likely to continue to rise, placing employers under pressure to review the structure of and their contribution to the benefit plans,
- the group insurers will be increasingly challenged to provide competitive benefits at a competitive premium and,
- the incidence of disability claims will remain high in view of the volatility of the South African emerging market economy, HIV/AIDS and the high proportion of manual labourers and semi-skilled workers in the formal employment sector.

At the same time the consensus response amongst the panel members indicated that:

- the employer's compliance with the new labour legislation with regards to the employment and accommodation of people with disabilities will improve,

- group insurance policies and procedures will promote prevention and early intervention in disability claims,
- insurers will have more direct contact with employers and,
- specific training for independent experts in impairment evaluations for the insurance industry will be developed.

6.5.2 THE IMPACT OF A HIGH DISABILITY CLAIMS INCIDENCE

To understand how the occupational therapist's role in the group insurance industry may evolve in the future, it is important to explore the importance of claims management and the effect that a high claims incidence has on the employer and the insurer (refer to *Figure 6*).

Insurance premiums are in part based on claims experience. Thus, poor claims experience in any one year will have an effect of the employer's premium in the following year. Employers currently make use of two options to try to contain the insurance premium:

- reduce the level of the employee benefits or
- change to an insurer that will charge a cheaper premium

These two options have disadvantages and most notably, neither option provides a long-term solution to the underlying cause, namely a high claims incidence. One variable in the disability claims equation that could change to the benefit of the employer, the insurer and the employee is the extent to

which all the role players prevent/manage disability. From the research, it is clear that this variable is not being used optimally and pro-actively enough.

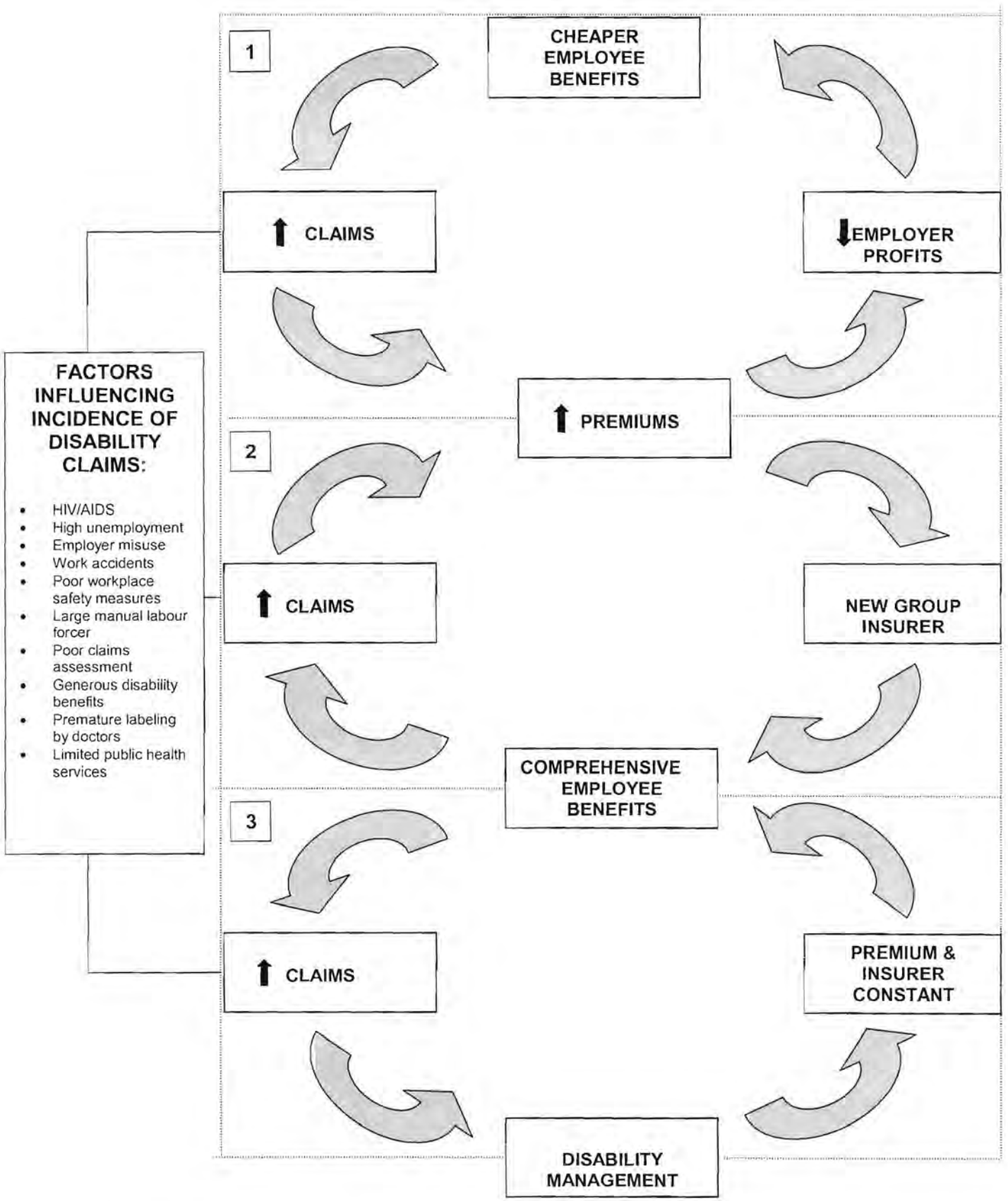

Figure 6: The impact of a high disability claims incidence

6.5.3 FROM CLAIMS MANAGEMENT TO DISABILITY MANAGEMENT

The research and the literature reviewed in *Chapter 2.4* highlight the need for:

- a move away from hospital based rehabilitation to workplace based interventions and
- interventions incorporating preventative measures as well.

The more pro-active approach has yielded significant cost savings in the USA[9,51]. It is apparent from the research that the traditional reactive methods of disability claims management in group insurance in South Africa are not as effective as they could be. The need for insurers and employers to develop workplace based disability management strategies is highlighted by the increasing:

- incidence of disability claims,
- competition in group insurance,
- economic volatility and
- awareness of employees of the employers' legal obligations. (Refer to *Figure 6*).

A question that could be asked is why insurers and employers have not done this already. There are a number of possible reasons for this:

- the insurer has traditionally not had a direct relationship with the employer,

- the employer has been of the opinion that disability management is the insurer's problem,
- neither the insurer nor the employer think they have the necessary expertise for disability management,
- neither the insurer nor the employer understand the concept of disability management and,
- there is a lack of statistics or literature to demonstrate the effectiveness of disability management interventions in South Africa.

From the research it appears that, with the current employment of occupational therapists, the group assurers already have the necessary expertise to begin to facilitate workplace based disability management strategies. The group assurers should be encouraged to research the difference that these strategies make. From the literature reviewed, workplace based disability management could yield more profitable and lasting business relationships between the group assurers and employers.

6.6 OCCUPATIONAL THERAPY AND DISABILITY MANAGEMENT

6.6.1 A NEW CHALLENGE FOR OCCUPATIONAL THERAPISTS IN THE SOUTH AFRICAN GROUP INSURANCE INDUSTRY

The occupational therapist's future role in the South African group insurance industry (as discussed in *Chapter 6.4.1*) is closely aligned with Shrey's[51] concept of disability management, discussed in the literature review (refer to *Chapter 2.4*). Disability management as defined by Shrey[51] presents an exciting new dimension to the scope of practice of occupational therapists in disability claims management. It advocates a more pro-active and holistic approach with the potential for significant cost savings for the employer and insurer.

Several questions were posed in *Chapter 6.4.1* by the researcher with regards to the future role of the occupational therapist, which we will be discussed hereunder:

- One question asked how realistic the future role identified in the research was in the South African context. The consensus responses indicated that trends towards broader disability management in the workplace are likely to develop in the future. The preceding discussion highlights that the facilitation of disability management in the

workplace by the group insurance industry could have a significant impact on business and profits. The insurer already has access to the necessary expertise, namely the occupational therapists they employ.

- With regard to the appropriateness of occupational therapists performing this future role, occupational therapists employed in the group life assurance industry are ideally positioned to bridge the gap between the insurer and the employer, and to facilitate the formulation and implementation of disability management strategies in the workplace. The occupational therapists' training in the assessment and treatment of impairment/disability, the study of occupation, and their growing knowledge and experience of the group life insurance industry provides the necessary background for their performance of a new and vital role in disability management. Being the largest group of allied health professionals employed by the group insurers in South Africa, occupational therapists are also ideally placed to perform this role in the insurance industry.

- Another question related to how this role will be performed. Occupational therapists in group insurance need to prepare for the successful development of their future role by considering the following:
    - their knowledge and understanding of the concept of workplace based disability management and of the three components of a

disability management strategy as identified by Shrey[51] (refer to *Figure 2* in *Chapter 2.4*),

- their understanding of the functions performed by role players in the workplace such as the occupational health team and human resource personnel,
- their skills to educate, consult and network with all the role players,
- their ability to market their skills and expertise and,
- the need to research and document interventions.

- The final question related to the training required for occupational therapists to perform the future role identified in the research, which will be discussed in *Chapter 6.6.3*.

6.6.2 A NEW CHALLENGE FOR OCCUPATIONAL THERAPISTS' OUTSIDE THE GROUP ASSURANCE INDUSTRY IN SOUTH AFRICA

From the research it appears that the role of the occupational therapist outside the insurance industry is likely to expand into the field of disability management as well, in the following areas:

- consultation in employment related areas, on vocational rights and rehabilitation
- services to assist the employer's compliance with the new labour legislation
- independent disability claims assessment services
- case management
- services specialising in vocational rehabilitation

These roles are also well aligned with international trends in workplace based disability management as discussed in the literature review (refer to *Chapter 2.4*). The paradigm shift from traditional rehabilitation services to workplace based intervention and prevention poses an exciting challenge for occupational therapists outside the insurance industry. Workplace based Interventions such as those referred to by Innes[14] and depicted in *Figure 1* of *Chapter 2.4* could become a reality for occupational therapists in South Africa.

Currently however, it appears from the research that on the one hand, vocational rehabilitation services are under-utilised in South Africa. The research highlights a number of possible reasons for this:

- a lack of adequate service providers – the emphasis appears to be on the word 'adequate'. There may be several service providers but there services may not be perceived as satisfactory or appropriate,
- a lack of rehabilitation incentives for disability claimants – claimants are generally not motivated to undergo rehabilitation,
- a lack of re-deployment opportunities,
- a lack of training / re-training facilities and,
- a lack of follow-up by the insurer of the occupational therapists' recommendations for rehabilitation.

After reviewing the outcome of 36 work-hardening programs in the USA, Niemeyer et al[67] found that the strongest variable affecting the return to work of employees was the length of the disability, measured either as the time since the date of the injury or the date last worked. They concluded however, that there is lack of good outcome research to support interventions such as work-hardening programmes and to demonstrate that early intensive rehabilitation of those identified at risk can prevent disability.

Some prospective studies show that early rehabilitation programmes for employees with lower back pathology have been effective in returning

these employees back to work[68-9]. Furthermore, vocational rehabilitation and working on a trial basis appears to have a significant positive impact on employment after rehabilitation[70]. The researcher, however, found no literature on the effectiveness of vocational rehabilitation amongst ill or injured South African employees to facilitate their return to work. Solid research conducted in a South African context could facilitate the greater utilisation by insurers and employers of vocational rehabilitation services offered by occupational therapists.

6.6.3 ADDITIONAL KNOWLEDGE AND SKILLS REQUIRED

The research has identified areas of additional knowledge and skills required by occupational therapists for the performance of a future role in disability management (refer to *Table XIII*). The skill and knowledge requirements could be incorporated in curricula on a broad level at an undergraduate level and in detail on a post-graduate level. The former would facilitate the adaptation of recently qualified occupational therapists to the new arena of group insurance and disability management. The latter would assist occupational therapists inside and outside of the insurance industry to move into the disability management arena.

Table XIII: Skills and knowledge required by occupational therapists in group insurance for the future

KNOWLEDGE	
INSURANCE	• Insurance contracts & products • Labour legislation • Claims assessment • Claims management • Role players including employer/employee
MEDICINE	• Medical conditions • Medical treatment • Pharmacology • Physiology
DISABILITY MANAGEMENT	• In relation to the group life insurance industry • Implications of labour legislation
OTHER	• Up-dated on new trends • HIV/AIDS & impact in workplace & on employee benefits
SKILLS	
INTERPERSONAL	• Communication • Networking • Counselling
HIGHER COGNITIVE	• Problem solving • Interpretative skills • Lateral thinking
CLINICAL	• Assessment techniques • Vocational counselling • Accommodation strategies • Transitional work programmes • Clinical reasoning
OTHER	• Medico-legal report writing • Management of impact of HIV/AIDS in workplace & on employee benefits • Occupational health

6.6.4 THE NEED FOR RESEARCH

From the preceding discussion of the occupational therapists' future role in disability management, it is apparent that the need for research on several levels is crucial. The research should be used to market the profession, particularly to the insurers' and employers' financial managers, to support and justify occupational therapy interventions in the workplace. The research would also facilitate the continuing education of occupational therapists and the other role players in the group assurance arena on disability management issues.

The following research is suggested:

- Research to gain further knowledge and insight in the fields of occupational therapy, group insurance and disability management. Examples include:
    - researching the prevalence of premature recommendations for 'medical boarding' by the medical profession,
    - researching the prevalence of employer non-compliance with the Labour Relations Act: Code of Good Practice and,

- comparing the recommendations made in occupational therapy reports on disability claimants and the final decisions made by the insurer.

- Research to critically evaluate interventions and services, so that service delivery is improved and interventions are more effective. For example:
    - case studies to gain insight into the nature and complexities of early intervention/prevention strategies in the workplace, and of the assessment/management of disability claimants with lower back pain, cardiac or psychiatric conditions and,
    - over time the results of return to work strategies including rehabilitation, re-training, workplace accommodations and alternative job placements, should be well documented and compared in a consistent and objective manner.

- Research for curriculum development at under and post-graduate levels related to the occupational therapists' role in the insurance industry. Examples include:
    - researching the training needs of occupational therapists in the insurance industry to guide the type of material to be covered in post-graduate courses and,

- researching the knowledge and skills required of occupational therapists in the insurance industry to guide training at an under-graduate level.

CHAPTER SEVEN: CONCLUSION

CONTENTS:

7 CONCLUSION

7.1 CONCLUSIONS

The research has highlighted that the current role and work environment of the occupational therapist in group insurance is fundamentally different to the traditional role performed by the occupational therapist in the public health sector. The main role currently performed by the occupational therapist in group insurance is related to the assessment and management disability claims. Clinical treatment is not performed by these occupational therapists and there are several differences between the patients treated by occupational therapists in the public health sector and the ill or injured person who is claiming disability benefits from the group insurer.

Insight into the complexities of the current group insurance disability claims arena, as characterised by the different role players, the claims process, and the dilemma related to the employment of people with disabilities is crucial to understand the challenges faced by the occupational therapists employed in this sector. The future group insurance disability claims arena is likely to be even more complex as the full impact of HIV/AIDS is realised and as the group insurance industry becomes increasingly more competitive. A competitive edge for group insurers lies in addressing the

impact of a high incidence of disability claims through a more pro-active approach.

A future role for occupational therapists in group insurance has been identified in the research with regards to:

- strategic disability management planning,
- educating role players on disability management,
- managing disability claims more pro-actively with early intervention and prevention and,
- developing a network of experts in impairment assessment/disability management.

By making full use of the services of the occupational therapists in their employ group insurers have the potential to yield more profitable and lasting business relationships with employers.

Occupational therapists outside the insurance industry will also face the exciting challenge of workplace based disability management in the future. The research has highlighted the likely expansion of their role to include consultation on vocational rights and rehabilitation, services to assist the employer's compliance with the new labour legislation, independent

disability claims assessment services, case management and services specialising in vocational rehabilitation.

It is important to note that the results of the research will not be able to be generalised as the small sample of panel members who took part in the research cannot be considered to be representative of all the experts in the field of disability management. However, care was taken to remove researcher bias in the selection process and to select panel members from all over South Africa.

7.2 RECOMMENDATIONS

Although occupational therapists employed in the group life insurance industry are currently trying to adapt to a new professional role, the effectiveness of this role in the broader context of disability management is starting to be challenged by experts in this field. In order to secure a professional future in the new field of group insurance, occupational therapists need to evaluate their current role and determine a relevant future plan for the development of this role. The research has implications for the development of the future role of the occupational therapist outside the insurance industry as well.

The challenge is for the occupational therapists to equip themselves with the necessary additional skills and knowledge, to market their abilities, and to educate insurers and employers on the benefits of the more pro-active disability management approach. It is therefore necessary for the academic institutions to include topics such as group insurance, claims assessment and management, and disability management, and to teach the clinical skills for workplace based disability management in the curriculum at an under and post-graduate level.

The need for research, the documenting of results and marketing of successes will also be vital in assisting the profession to meet the future challenge of workplace based disability management.

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APPENDICES

APPENDIX A: FORM FOR IDENTIFICATION OF EXPERTS

Dear _____:

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

Title of study

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

Research study

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

Purpose of the study

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

Description of procedures

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

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

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

Risk and discomforts

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

Contact person

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

Benefits

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

Alternatives

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

Voluntary participation

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

Confidentiality

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

I have read all of the above, had time to ask questions, received answers concerning areas I did not understand. By completing the form below, I willingly give my consent to participate in this research study.
Please complete the form below by 30 June 1999 and return it by e-mail to leslieb@sage.co.za .

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

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

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

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

APPENDIX B: CONSENT FORM

Dear _____

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

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

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

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

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

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

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

RESERCH STUDY CONSENT FORM
SECTION 1

Title of the study

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

Research study

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

Purpose of the study

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

Description of procedures

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

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

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

Risk and discomforts

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

Contact person

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

Benefits

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

Voluntary participation

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

Confidentiality

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

Alternatives

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

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

SECTION 2

PLEASE PROVIDE THE FOLLOWING DETAILS

SURNAME: _____

NAME: _____ TITLE: _____

DATE OF BIRTH: _____ E-MAIL: _____

TEL NO: _____ (Code) _____ CELL: _____

ADDRESS: _____

_____

TERTIARY QUALIFICATIONS:

1) _____ YEAR: _____

2) _____ YEAR: _____

3) _____ YEAR: _____

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

BRIEF WORK HISTORY TO DATE:

COMPANY	OCCUPATION / TITLE	YEARS OF SERVICE
(current)		

APPENDIX C: THE PILOT QUESTIONNAIRE

Dear

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

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

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

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

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

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

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

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

Kind regards,

Lesley Byrne

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

PILOT STUDY QUESTIONNAIRE

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

LIFE INSURANCE INDUSTRY

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

KEY FUNCTIONS

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

INCAPACITY/DISABILITY MANAGEMENT

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

INSURED DISABILITY BENEFITS

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

PLEASE TAKE TIME TO CONSIDER YOUR RESPONSES TO THE FOLLOWING QUESTIONS

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

_____

_____

_____

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

_____

_____

_____

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

_____

_____

_____

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

_____

_____

_____

APPENDIX D: THE FIRST QUESTIONNAIRE

Dear _____

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

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

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

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

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

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

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

Kind regards,

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

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

RESEARCH QUESTIONNAIRE 1

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

OCCUPATIONAL THERAPSISTS IN THE LIFE INSURANCE INDUSTRY

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

KEY FUNCTIONS

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

INCAPACITY/DISABILITY MANAGEMENT

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

GROUP DISABILITY BENEFITS

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

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

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

   Insurance company ____Insurance brokerage ____ Re-insurance company ____

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

   2.1 _____

   _____

   2.2 _____

   _____

   2.3 _____

   _____

   2.4 _____

   _____

   2.5 _____

   _____

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

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

   3.1 _____

   _____

3.2 _____

_____

3.3 _____

_____

3.4 _____

_____

3.5 _____

_____

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

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

4.1 _____

_____

4.2 _____

_____

4.3 _____

_____

4.4 _____

_____

4.5 _____

_____

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

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

   5.1 _____

   _____

   5.2 _____

   _____

   5.3 _____

   _____

   5.4 _____

   _____

   5.5 _____

   _____

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

   PLEASE PROVIDE A BRIEF EXPLANATION TO SUPPORT EACH RECOMMENDATION.

   6.1 _____

   _____

   6.2 _____

   _____

6.3 _____

_____

6.4 _____

_____

6.5 _____

_____

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

APPENDIX E: THE SECOND QUESTIONNAIRE

Dear

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

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

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

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

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

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

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

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

KIND REGARDS,

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

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

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

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

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

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

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

41	CONTINUE OWN PROFESSIONAL DEVELOPMENT & EDUCATION	3	8	0	1	0

PLEASE COMMENT ON THE FOLLOWING:

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

- WHICH RESPONSES / OPINIONS ARE INAPPROPRAITE IN RELATION TO THE QUESTION ASKED

- WHICH RESPONSES / OPINIONS DO NOT FIT IN THE GROUPINGS?

- PLEASE REPHRASE ANY STATEMENTS TO CLARIFY THEIR DISTINCTIVENESS

- PLEASE IDENTIFY ANY ISSUES OMITTED

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

		SA	**A**	**?**	**D**	**SD**
INSURER						
CLAIMS ASSESSMENT & MANAGEMENT						
1	DELAYED NOTIFICATION OF CLAIMS	5	4	1	0	0
2	LENGTHY CLAIMS ASSESSMENT WHICH REINFORCES DISABILITY *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*	4	3	4	0	0
3	BUSY CLAIMS TEAMS UNABLE TO CONDUCT CASE MANAGEMENT *OUTSOURCING*	4	2	4	2	0

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

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

37	LACK OF REDEPLOYMENTY OPPORTUNITIES AT PREVIOUS EMPLOYER *COMPREHENSIVE REDEPLOYMENT DATA BASE*	3	7	2	0	0
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	2	4	2	4	0
39	UNCLEAR HOW CONTRACT LAW (INSURANCE POLICY) INTERFACES WITH EMPLOYMENT EQUITY ACT *EMPLOYMENT EQUITY ACT - CODE OF GOOD PRACTICE: DISABILITY AIMS TO ESTABLISH LINK*	2	4	4	2	0
40	IMPACT OF EQUALITY BILL UNCLEAR	0	4	3	3	1
MEDICAL/PARAMEDICAL PROFESSIONS						
DOCTORS						
41	POOR KNOWLEDGE/UNDERSTANDING OF INSURANCE/LEGAL ASPECT OF DISABILITY *EDUCATION*	5	5	1	1	0
42	"BOARD" OR LABLE PEOPLE AS DISABLED, PREMATURELY	7	4	1	0	0
43	INFORMATION PROVIDED IN REPORTS IS FREQUENTLY INADEQUATE & LACKS DETAIL	6	5	1	0	0
44	EXAMINING DOCTORS ARE BIASED, NON-OBJECTIVE AND INCONSISTENT *TRAINING IN DISABILITY ASSESSMENT, ACCREDITATION OF INDEPENDENT EXAMINERS*	2	5	2	3	0
45	DOCTORS TAKE TIME TO PROVIDE INFORMATION REQUIRED FOR SUBMISSION OF CLAIM	1	5	1	5	0
OT'S						
46	INADEQUATE ASSESSMENT OF FUNCTIONAL IMPAIRMENT	0	7	3	2	0
47	REPORTS FREQUENTLY RFLECT A CLAIMANT BIAS *GUIDELINES TO IMPROVE OBJECTIVITY*	3	5	2	2	0
48	LACK OF FEEDBACK FROM INSURER ON CLAIMS, OT REPORTS, OT SERVICE	1	4	5	2	0
49	FEW OT'S SPECIALISING/TRAINED IN INSURANCE, DISABILITY MANAGEMENT, VOCATIONAL REHABILITATION	2	5	0	5	0
50	LACK OF EQUIPMENT & DIAGNOSTIC APPARATUS FOR MODERN DISABILITY ASSESSMENTS	1	4	2	5	0
51	INSUFFICIENT DISCUSSION AMONGST OT'S AND DOCTORS ON SPECIFIC CLAIMS	4	3	1	3	1
0	DEMAND FOR BROADER ASSESSMENT & MORE INFORMATION IN REPORTS BUT AT LOWER PRICE *NEED FOR TARIFF FIXING*	1	4	4	2	1

PLEASE COMMENT ON THE FOLLOWING:

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

- WHICH RESPONSES / OPINIONS ARE INAPPROPRAITE IN RELATION TO THE QUESTION ASKED

- WHICH RESPONSES / OPINIONS DO NOT FIT IN THE GROUPINGS?

- PLEASE REPHRASE ANY STATEMENTS TO CLARIFY THEIR DISTINCTIVENESS

- PLEASE IDENTIFY ANY ISSUES OMITTED

3. FOURTH QUESTION FROM THE INITIAL QUESTIONNAIRE:
WHAT CHANGES AND NEW TRENDS DO YOU 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? PL*EASE COMMENT ON WAYS IN WHICH THESE CAN BE ADDRESSED, AS WELL.*

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

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

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

45	REPORTS WITH RECOMMENDTAIONS FOR ACCOMMODATIONS WILL BECOME MORE DISCLOSABLE	2	6	3	1	0

PLEASE COMMENT ON THE FOLLOWING:

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

- WHICH RESPONSES / OPINIONS ARE INAPPROPRAITE IN RELATION TO THE QUESTION ASKED

- WHICH RESPONSES / OPINIONS DO NOT FIT IN THE GROUPINGS?

- PLEASE REPHRASE ANY STATEMENTS TO CLARIFY THEIR DISTINCTIVENESS

- PLEASE IDENTIFY ANY ISSUES OMITTED

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

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

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

PLEASE COMMENT ON THE FOLLOWING:

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

- WHICH RESPONSES / OPINIONS ARE INAPPROPRAITE IN RELATION TO THE QUESTION ASKED

- WHICH RESPONSES / OPINIONS DO NOT FIT IN THE GROUPINGS?

- PLEASE REPHRASE ANY STATEMENTS TO CLARIFY THEIR DISTINCTIVENESS

- PLEASE IDENTIFY ANY ISSUES OMITTED

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

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

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

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

PLEASE COMMENT ON THE FOLLOWING:

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

- WHICH RESPONSES / OPINIONS ARE INAPPROPRAITE IN RELATION TO THE QUESTION ASKED

- WHICH RESPONSES / OPINIONS DO NOT FIT IN THE GROUPINGS?

- PLEASE REPHRASE ANY STATEMENTS TO CLARIFY THEIR DISTINCTIVENESS

- PLEASE IDENTIFY ANY ISSUES OMITTED

THANK YOU FOR YOUR PARTICIPATION

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,

Lesley Byrne
E-mail: leslieb@sage.so.za
Telephone: (011) 377-5098
Fax: (011) 377-5684

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 ABREVIATIONS 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 COLLUMN 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 IDENTFIED IN QUESTION 1. PLEASE PROVIDE A DETAILED DESCRIPTION OF EACH KEY FUNCTION IDENTIFIED.

		IC	MS	SA	A	?	D	SD
DISABILITY CLAIMS ASSESSMENT/MANAGEMENT								
A	**ITEM ADDEDD 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	MS	SA	A	?	D	SD
INSURER								
CLAIMS ASSESSMENT & MANAGEMENT								
1	DELAYED NOTIFICATION OF CLAIMS		4					
2	LENGTHY CLAIMS ASSESSMENT WHICH REINFORCES DISABILITY *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*		5					
3	BUSY CLAIMS TEAMS UNABLE TO CONDUCT CASE MANAGEMENT *OUTSOURCING*		3.5					
4	LACK OF OBJECTIVE PARAMETERS/INFORMATION TO ASSESS CLAIMS *GUIDELINES FOR DOCTORS TO BE UPDATED & APPLIED IN PRIVATE SECTOR*		4					
5	FRAUDULENT CLAIMS *GOOD INTERNAL CONTROLS & STAKEHOLDER EDUCATION*		4					
6	NEGATIVE IMPRESSION OF INSURERS APPROACH TO CLAIMS		4					
7	CONTENTIOUS CLAIMS WITH LEGAL / OMBUDSMAN INVOLVEMENT *OMBUDSMAN/INSURER EDUCATION & DISCUSSION ON CLAIMS, CONSULT LEGAL EXPERTISE, CHECK WRITTEN MATERIAL CORRECT*		4					
8	CLAIM NUMBERS INCREASING WITH RETRENCHMENT CLIMATE		4					
9	COMMUNICATION WITH EMPLOYER HAMPERED BY INTERMEDIARY *CLARIFY ROLE OF BROKER/INSURER, EDUCATE BROKER, ESTABLISH GOOD WORKING RELATIONSHIP WITH BROKER*		5					
10	POOR COMMUNICATION WITH HEALTH CARE PROVIDERS *STIMULATE BETTER COMMUNCATION*		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 MODELOF DISABILITY) *OBTAIN HOLISTIC (OT) EVALUATIONS PRE-CLAIM & DURING CLAIM, DETAILS OF EMPLOYER'S DISABILITY MANAGEMENT PROCEDURES, REVISE PRODUCTS BASED ON INCAPACITY*		3					
15	LUMP SUM BENEFITS INHIBIT RETURN TO WORK & REHABILITATION *REVIEW PRODUCT*		5					
16	PRODUCT / CLIENT MISMATCH *EDUCATE SALESFORCE & EMPLOYERS*		4					
	SUBHEADING ADDEDD 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 *HR EDUCATION AND INTEGRATION*		5					
18	LACK OF COMMUNICATION/CO-ORDINTION WITH INSURER ON DISABILITY CLAIMS *EMPLOYMENT EQUITY ACT PLACES OBLIGATION ON EMPLOYER TO COMMUNICATE WITH INSURER, EDUCATION OF EMPLOYEE*		4					
19	NON-COMPLIANCE WITH LABOUR LEGISLATION *IMPROVE EMPLOYER COMPLIANCE AND EDUCATION*		4					
20	NEGATIVE ATTITUDE TOWARDS PEOPLE WITH DISABILITIES AND EMPLOYING OR ACCOMMODATING THEM *EDUCATION AND IMPLEMENTATION OF EMPLOYMENT EQUITY ACT*		4					
21	GENERAL LACK OF UNDERSTANDING OF DISABILITY MANAGEMENT / INSURANCE & LABOUR LAW *CLOSER WORKING RELATIONSHIP BETWEEN EMPLOYER & INSURER, INSURER TO CONSULT WITH EMPLOYER*		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 *RETRENCHMENT SUPPORT PROGRAMMES*		4					
24	LACK OF SICK LEAVE MANAGEMENT *IT PROGRAMMES TO MONITOR SICK LEAVE*		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 *EDUCATE EMPLOYEE WITH INFORMATION SUPPLIED BY BROKER/INSURER AND INVOLVE EMPLOYEE REPRESENTATIVES*		4					
28	DISABILITY MINDSET/SICK ROLE AND UNWILLINGNESS TO UNDERGO REHABILITATION OR ATTEMPT RETURN TO WORK *EDUCATE STAKEHOLDERS ON LABOUR LEGISLATION & BENEFITS OF EARLY RETURN TO WORK*		4					
29	MISCONCEPTION THAT CLAIM READILY PAID ON RECOMMENDATION OF TREATING DOCTOR *EDUCATE ALL STAKEHOLDERS*		5					
30	SENSE OF ENTITLEMENT		4					
REHABILITATION/RETRAINING/ACCOMMODATION								
31	LACK OF ADEQUATE SERVICE PROVIDERS *MORE CENTRES REQUIRED*		5					
32	LACK OF USE OF REHABILITATION & WORK HARDENING *OT'S TO MARKET POSITIVE OUTCOMES*		5					
33	LACK OF REHABILITATION INCENTIVES		5					
34	LACK OF FOLLOW-UP BY INSURER ON RECOMMENADTIONS FOR REHABILITATION ETC		4					
35	LACK OF TRAINING OPPORTUNITIES *GOVERNMENT INVOLVMENT*		4					
36	LACK OF SHELTERED EMPLOYMENT *INSURERS TO DEVELOP SUCH FACILITIES*		3					
37	LACK OF REDEPLOYMENTY OPPORTUNITIES AT PREVIOUS EMPLOYER *COMPREHENSIVE REDEPLOYMENT DATA BASE*		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 *EMPLOYMENT EQUITY ACT - CODE OF GOOD PRACTICE: DISABILITY AIMS TO ESTABLISH LINK*		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 LABLE 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 *TRAINING IN DISABILITY ASSESSMENT, ACCREDITATION OF INDEPENDENT EXAMINERS*		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 INFORAMTION REQUIRED FOR SUBMISSION OF CLAIM, RESULTING IN ILL-AFFORDED TIME DELAYS		4					
	OT'S							
46	INADEQUATE ASSESSMENT OF FUNCTIONAL IMPAIRMENT		4					
47	REPORTS FREQUENTLY RFLECT A CLAIMANT BIAS *GUIDELINES TO IMPROVE OBJECTIVITY*		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 *NEED FOR TARIFF FIXING*		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	MS	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 *FIND OBJECTIVE WAYS OF ASSESSING CLAIMS*		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 *EDUCATION/SPECIALISATION OF MEDICAL / PARAMEDICAL INSURANCE STAFF, WELL RESEARCHED POLICIES/PRODUCTS, DISCUSSION AMONGST ROLEPLAYERS*		4					
PRODUCTS								
12	PRODUCTS DESIGNED & PROVIDED IN ALIGNMENT WITH NEW LABOUR LEGISLATION		4					
13	INSURING IMPAIRMENT RATHER THAN DISABITY WHICH IS OBJECTIVELY DEFINABLE		4					
14	PRODUCTS PROVIDING/PROMOTING SICK LEAVE MANAGEMENT, EARLY INTERVENTION & EARLY RETURN TO WORK *DEVELOPMENT OF IT SOFTWARE*		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 *JOB CREATION INCENTIVES BY INSURER*		4					
22	EXPECTATION OF COMPREHENSIVE BENEFITS *INFORMATION BOOKLET*		4					
23	GREATER ENTITLEMENT ATTITUDE RELATED TO SICK LEAVE & DISABILITY CLAIMS *EDUCATION*		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 *PRE-PLACEMENT SCREENING, CORPORATE WELLBEING /FITNESS PROGRAMMES, EARLY INTERVENTION, SICK LEAVE MANAGEMENT, EARLY RETURN TO WORK, JOB ACCOMMODATION, ON-SITE VOCATIONAL REHABILIATION WITH TRANSITIONAL WORK PROGRAMMES, ALIGNMENT OF HR PROCESSES WITH DISABILITY INSURANCE, DEVELOPMENT OF HIV POLICIES /PRINCIPLES*		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 *STRATEGIES FOR BETTER COMMUNICATION & TRUST*		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 2ND 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 *CONSISTENT ASSESSMENT CRITERIA APPLIED THROUGHOUT INSURANCE INDUSTRY, CAPPING OF DISABILITY BENEFITS*		4					
31	IMPACT ON PENSION FUND – LESS MONEY FOR RETIREMENT SAVINGS		5					
32	CHALLENGE FOR EMPLOYER REGARDING JOB ACCOMMODATION		4					
REHABILITATION								
33	*DISABLED EMPLOYEES ACCOMMODATED IN WORKPLACE MAY DETERIORATE QUCIKER DUE TO (FOR EXAMPLE) OVERUSE* **ITEM REPHRASED FROM COMMENTS IN THE 2ND QUESTIONNAIRE:** DISABLED EMPLOYEES ACCOMMODATED IN WORKPLACE MAY DETERIORATE QUCIKER 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 REHABILIATION - WAIST OF TIME & MONEY		4					
MEDICAL & PARAMEDICAL PROFESSION								
	DOCTORS							
36	ADDRESSING OF PROBLEM RELATED TO DOCTORS INADVERTANTLY ENCOURAGING DISABILITY BEHAVIOUR *ENCOURAGE PROCATIVE DISABILITY MANAGEMENT*		4					
	OT'S							
37	SPECIALISATION IN VOCATINAL 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	PROVIDNG 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 RECOMMENDTAIONS FOR ACCOMMODATIONS WILL BECOME MORE		4					

	DISCLOSABLE							

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	*OF INSURER ON EMPLOYMENT EQUITY ACT – CODE OF GOOD PRACTICE: DISABILITY* **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	*OF CLAIMS ASSESSOR ON FUNCTIONAL CAPACITY/IMPAIRMENT* **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 ALLIGNMENT 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	*ASSESSMENT OF POTENTIAL CLAIMS* **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	*ENSURE IMPLEMENTATION OF RECOMMENDATIONS, GIVE IN-PUT & FOLLOW-UP* **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	*RESEARCH TO STANDARDISE & STREAMLINE FUNCTIONAL & WORK ASSESSMENTS* **ITEM REPHRASED FROM COMMENTS IN THE 2ND QUESTIONNAIRE:** *RESEARCH TO STANDARDISE & STREAMLINE FUNCTIONAL & WORK ASSESSMENTS FOR USE IN THE INSURANCE INDUSTRY*		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	MS	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, EMPLOYE, INSURER		4					
10	BROAD/HOLISTIC CONCEPT OF DISABILITY MANAGEMENT REQUIRED		5					
LABOUR LEGISLATION & & CONSITUTION								
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:

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- 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 ASSESOR: 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 EXTERMAL 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-CATEGEORY: 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 SITUAION & 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
SUB-CATEGORY: PROVIDE AN OPINION ON REASONABLE ALTERNATIVE WORK
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
SUB-CATEGORY: REVIEW OF ONGOING CLAIMS
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
SUB-CATEGORY: INVOLVEMENT IN CLAIMS TEAM DISCUSSIONS
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.
SUB-CATEGORY: CONDUCT FUNCTIONAL AND WORK-SITE ASSESSMENTS
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 EVLUATIONS / 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
SUB-CATEGORY: TO DETERMINE FUNCTIONAL IMPAIRMENT/CAPACITY
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 BACK GROUND
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.
SUB-CATEGORY: TO DETERMINE REASONABLE ALTERNATIVE ACCOMMODATIONS
TO CONDUCT WORKPLACE VISITS TO DETERMINE PROSPECTS FOR: WORKPLACE MODIFICATIONS, RE-DEPLOYMENT, RE-SKILLING, ALTERNTAIVE OCCUPATION, COUNSELLING OF EMPLOYER & CO-WORKERS
ASSESSING WORKPLACE ADAPATATION/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.

SUB-CATEGORY: MEDIATE
CLAIM 'MEDIATION' SERVICES - PREDOMINANTLY OFFERED BY BROKER INTERMEDIARIES.
SUB-CATEGORY: ADVISE
ASSIST CLIENTS TO MAKE WORK PLACE SAFER, DRAW UP MEANINGFUL JOB SPECS, IDENTIFY SUITABLE POSTIONS FOR TEMPORARY OR PERMANANENT 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.
CATEGORY: REHABILITATION
SUB-CATEGORY: ADVISE
ADVICE ON VOCATIONAL REHAB
SUB-CATEGORY: EDUCATE
EDUCATOR OF REHAB ISSUES TO HEALTH PROFESSIONALS IN THE WORKPLACE
SUB-CATEGORY: CASE MANAGEMENT
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
SUB-CATEGORY: EVALUATE REHABILITATION POTENTIAL
ASSESS REHABILITATION POTENTIAL: MOTIVATION, SKILLS, FUNCTIONAL CAPACITY & PREDICT OUTCOMES
ASSESS SUITABILITY OF PARTIALLY/TEMPORARILY DISABLED PERSONS FOR REHAB
INITIAL ASSESSMENT REGARDING REHAB POTENTIAL
SUB-CATEGORY: MAKE RECOMMENDATIONS FOR REHAB ETC
TO RECOMMEND ANY REHABILITATION, RE-DEPLOYMENT OR TRAINING THAT WOULD ALLOW THE DISABLED EMPLOYEE TO BE ADEQUATELY ACCOMMODATED IN THE WORKPLACE.

SUB-CATEGORY: MOTIVATE STAKEHOLDERS
PERSUADE ALL PARTIES (EMPLOYEE, EMPLOYER, INSURANCE COMPANY, UNION REP) OF BENEFITS OF REHABILITATION
SUB-CATEGORY: PROVIDE PROGRAMMES
TO PROVIDE IN-DEPTH, FULLY DETAILED (INCLUDING TIME FRAMES, COSTS & PROVIDERS) REHABILITATION PROGRAMMES. IN CERTAIN CASES TO MANAGE THE PROCESS ON A SUBCONTRACTED BASIS
SUB-CATEGORY: REFER TO SERVICE PROVIDERS
ACCESS SUITABLE REHABILITATION RESOURCES/CENTRES
SUB-CATEGORY: MONITOR/MANAGE/CO-ORDINATE REHAB
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.
SUB-CATEGORY: FACILITATE RETURN TO WORK
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
CATEGORY: ADDITIONAL FUNCTIONS IN INSURANCE COMPANY
SUB-CATEGORY: PRODUCT DESIGN
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; ASSSITANCE 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 PERSONNELL 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

QUESTION 2
CATEGORY: INSURER
SUB-CATEGORY: CLAIMS ASSESSMENT
SUB-CATEGORY: MEDICAL/PARAMEDICAL ASSESSMENTS AND REPORTS
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.
SUB-CATEGORY: CLAIMS DISCUSSION AMONGST SPECIALISTS
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
SUB-CATEGORY: APPROACH TO CLAIMS
ARBITRARY OR AD-HOC APPROACHES A FAIRLY WELL ESTABLISHED VIEW EXISTS THAT CLAIMS ARE APPROVED WHEN CLAIM 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 BEIN 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 SHUFFELED 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 A S 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 WHOULD 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 ESSENTAIL THAT THE PROCESS BE EVEN MORE THOROUOGHLY *CO-ORDINATED*, AND THE CLAIMANT INFORMED REGARDING WHO IS DOING WHAT AND WHY. - *DECSIONS* 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, LIMP 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 CAPIATL 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 SOLOUTIONS 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. *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.*
CATEGORY: EMPLOYER
SUB-CATEGORY: INTEGRATION OF INSURANCE AND DISABILITY MANEGEMENT
ABSENCE OF INTEGRATION OF DISABILITY CASE MANAGEMENT INTO CORPORTE 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.
SUB-CATEGORY: ATTITUDE TOWARDS DISABLED
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 *EDUCATIONAL*
SUB-CATEGORY: EMPLOYERS COMPLIANCE WITH LABOUR LEGISLATION
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. *WAYS TO IMPROVE EMPLOYER COMPLIANCE SHOULD BE INVESTIGATED*
EMPLOYER DISREGARD FOR REQUIREMENTS OF LABOUR LEGISLATION. EMPLOYER IGNORING THEIR LEGAL OBLIGATIONS TOWARDS ACCOMMODATING IMPAIRED INDIVIDUAL. SOLUTION: *EDUCATION*
SUB-CATEGORY: EMPLOYERS UNDERSTANDING OF DISABILITY, INSURANCE AND LABOUR LAW
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 *INSURERS TO WORK MORE CLOSELY WITH*

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 EMPAIRED 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

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. SOLUTION PROGRAMS THAT *MONITOR AND MANAGE ABSENTEEISM* ARE VITAL TO EARLY IDENTIFICATION OF INCAPACITY.
SUB-CATEGORY: INVOLVEMENT OF THE EMPLOYER
LACK OF INVOLVEMENT OF THE WORKPLACE IN DISABILITY ISSUES – LINE MANAGEMENT, OCCUPATIONAL HEALTH SERVICE, HUMAN RESOURCES
SUB-CATEGORY: EMPLOYER MISUSE OF INSURANCE
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 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
SUB-CATEGORY: COMMUNICATION/CO-ORDINATION
COMMUNICATION BETWEEN INSURER AND CLIENT HAMPERED BY INTERMEDIARIES
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. SOLUTION: HOPEFULLY (AND FORSEEABLY) THE CODES OF GOOD PRACTICE FOR THE EE ACT WILL DEAL WITH THIS PROBLEM, AND PLACE AN *OBLIGATION ON EMPLOYERS TO COMMUNICATE WITH INSURERS* OF GROUP SCHEMES) BEFORE PLACING PEOPLE ON ILL-HEALTH RETIREMENT. (PROPER *EDUCATION OF THE CLAIMANT REGARDING HIS/HER POLICY* WILL ALSO GO ALONG WAY TO RESOLVING THIS PROBLEM)
DIFFICULTY WITH FRIST HAND ACCESS TO CLIENTS/EMPLOYERS – NEED TO *DETERMINE ROLES AND RESPONSIBILITIES OF ROLEPLAYERS ESP BROKERS VS INSURERS AND ESTABLISH GOOD WORKING RELATIONSHIPS – EDUCATE BROKER ON INSURER ROLE, LEGISLATION* SO ALL PARTIES WORK FOR CLIENTS BENEFIT
POOR COMMUNICATION BETWEEN HEALTH PROVIDERS, EMPLOYER AND INSURER LEADS TO MISTRUST. SOLUTION – TO HAVE A STRUCTURE IN PLACE THAT WILL *STIMULATE BETTER CO-ORDINATION* BETWEEN *INDUSTRY AND HEALTH CARE PROVIDERS* TO BENEFIT EVERYBODY
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)

CATEGORY: CLAIMANT
SUB-CATEGORY: FRAUD
FRAUD – PEOPLE CLAIMING BENEFITS NOT DUE TO THEM AS CONTRACTUAL CONDITIONS NOT FULFILLED – NEED FOR INSURER TO HAVE *GOOD INTERNAL CONTROLS* & NEED TO *EDUCATE STAKEHOLDERS* 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: - *BROKERS* SELLING INSURANCE PRODUCTS TO EMPLOYERS OR INDIVIDUALS *SHOULD PROVIDE BASIC UNDERSTANDABLE INFO* REGARDING THE POLICY, THE DEFINITION OF DISABILITY AND HOW CLAIMS WILL BE ASSESSED. - FOR GROUP SCHEMES, I FEEL THAT THE *EMPLOYER SHOULD THEN MAKE SURE THAT THIS INFO IS ADEQUATELY CONVEYED TO THE EMPLOYEE* EG DURING THE JOB INDUCTION OR ORIENTATION PROCESS - SIMPLE *PAMPHLETS* MAY BE ADEQUATE EG HOW THE GOVERNMENT EDUCATES PEOPLE ON NEW LAWS, THE CONSTITUTION ETC - THE *INSURER* WHOSE PRODUCT IT IS, MAY BE RESPONSIBLE *FOR PRODUCING THE RELEVANT EDUCATION MATERIALS*
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: *EDUCATION*
SUB-CATEGORY: EMPLOYEE MIND SET/ ATTITUDE
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 *SKILLS OF THE THERAPIST* 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 *EMPLOYER AND EMPLOYEE*

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. UNMILLINGNESS 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. THE 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: IMPLEMENATION 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 INDIVIDULAS 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 MANANGING 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 TH EMPLOYMENT EQUITY ACT IS TO ESTABLISH THE LINK IN ACCORDANCE WITH INTERNATIONA 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 RETRENCHEES 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 FOCUSSED 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 EVIDENCEDE-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 ENCORPORATE 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

SUB-CATEGORY: EARLY RETURN TO WORK
EARLY RETURN TO WORK IS CRITICAL IN PREVENTING PERMANENT DISABILITY BEHAVIOUR – NEED NOT BE IN OWN OCCUPATION
SUB-CATEGORY: COST/BENEFIT
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.
SUB-CATEGORY: IMPACT ON THE DISABLED
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.
SUB-CATEGORY: CHALLENGE OF PSYCHIATRIC DISABILITIES
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.
SUB-CATEGORY: GREATER SOCIAL RESPONSIBILITY
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
CATEGORY: REHABILITATION
SUB-CATEGORY: VOCATIONAL REHABILITATION
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 REHABILIATATED 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 OJECTIVE 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 RETURNPLAN THAT INCREASES THE WORKERS CAPACITY TO RETURN TO FULL DUTY
REHABILITATION SERVICES - WE SO OFTEN SUGGEST PROGARMS 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 SUCCESFUL & 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 BENFITS 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 - DECAUSE OF THE LEGAL REQUIREMENT THAT DISABILITY BE PROPERLY INVESTIGATED BY THE EMPLOYER BEFORE A DECISSION 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 THI CODE OF GOOD PRACTICE: DISABILITY, THROUGH THE GOOD PRACTICES ON:

• JOB RETENTION AND DISABILITY MANAGEMENT (I.E. RETURN TO WORK, TRANSITIONAL WORI 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

SUB-CATEGORY: ACCOMMODATION IN WORKPLACE
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.
CATEGORY: ECONOMY
SUB-CATEGORY: PROFITABILITY AND DOWN-SIZING
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 *JOB CREATION INITIATIVES* COULD EASE PRESSURE. COULD INSURANCE INVOLVE THEMSELVES IN SUCH INITIATIVES? PERHAPS IN CONJUNCTION WITH COMPANY RETRENCHMENT SUPPORT PROGRAMMES?
CATEGORY: MEDICAL AND ALLIED MEDICAL PROFESSION
SUB-CATEGORY: DOCTORS
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 IMAPCT 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.
SUB-CATEGORY: OT'S
SUB-CATEGORY: POST GRADUATE TRAINING
OT'S WILL SPECIALISE IN DISABILITY ASSESSMENT AND VOCATIONAL REHABILITION 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
SUB-CATEGORY: REDIFINING OT ROLE
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-COMPPLIANCE 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 REAGRDING THEIR HEALTH MANAGEMENT. CHANGING OF BAD HABITS, ACQUIRING OF MORE BALANCED LIFESTYLES – DURING THE PROCESS OF CLAIM HANDELING, 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 MAINATAINING 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

SUB-CATEGORY: DIRECT CONTACT WITH EMPLOYER
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
SUB-CATEGORY: WORK VISIT ON COMMENCEMENT OF RISK
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
SUB-CATEGORY: CONSULT / ASSIST 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 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.
SUB-CATEGORY: VOCATIONAL RIGHTS CONSULTANCY
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.
SUB-CATEGORY: RISK MANAGEMENT TOOL FOR EMPLOYER

NON-COMPPLIANCE 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/LODGING 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	4	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	3	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
20	4.1	4.7	3	5	5	5	5	5	2	5	5	5	5	5	5	4	3	5	4	4	3	4	5	5	5	5	4	4
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	5	4	5

22	3.8	4.5	4	5	5	5	3	5	2	4	4	5	5	4	5	4	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	4	3	3	5	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
28	4.4	4.6	3	4	5	5	5	5	4	4	5	5	5	5	5	4	5	5	4	4	4	4	5	5	4	5	4	5
29	4.1	4.5	3	4	5	5	4	5	2	5	5	5	5	5	5	4	4	4	3	3	4	4	5	5	4	5	4	5
30	4.3	4.6	3	4	5	5	4	5	4	5	5	5	5	5	5	4	5	5	4	4	4	4	5	5	4	4	4	5
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	4	3	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	4	3	3	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	
2	4.2	4.7	5	5	5	5	5	4	5	5	5	5	5	5	4	4	3	5	4			5	3	5	5	4	4	4
3	3.5	3.6	4	5	2	2	5	5	1	2	4	3	4	4	3	4	3	2	5	5	5	4	2	3	3	3	3	5

4	3.5	4.0	5	5	2	2	5	5	1	4	5	5	3	3	4	4	2	4	4	4	5	5	4	4	3	3	3	4
5	3.9	3.8	5	4	2	2	5	4	5	5	5	5	4	4	3	4	5	4	3	3	4	4	4	4	3	3	3	4
6	3.2	3.8		4	4	4		4	4	4	1	4	3	4	4	4	2	2	3	3	5	5	3	3	3	4	2	4
7	4.3	4.3	5	4	4	4	5	4	5	5	5	5	5	4	4	4	4	5	3	3	5	5	4	4	4	4	4	5
8	4.1	4.2	4	4	4	4	4	5	4	4	5	5	5	5	4	4	5	5	3	3	5	5	4	4	3	3	3	4
9	4.6	4.8		5	5	5	5	5	5	5	5	5	5	5	5	4	4	5	5	5	4	5	5	5	5	4	4	4
10	4.3	4.5	4	5	4	4	5	5	5	5	5	4	5	5	4	4	5	5	4	4	5	5	4	4	4	4	4	5
THEME AVERAGE	**4.0**	**4.3**																										
11	2.4	2.1	5	5	1	1	3	1	2	2	1	1	4	3	1	4	1	1	1	1	3	2	2	2	1	1	4	3
12	2.9	3.2	4	4	1	1	2	3	4	4	3	3	3	3	4	4	4	3	3	3	3	3	2	3	2	3	4	4
13	3.5	3.8		4	1	1	4	5	3	3	3	3	5	5	3	4	4	4	4	4	5	5	4	4	4	4	2	4
THEME AVERAGE	**2.9**	**3.0**																										
14	3.3	3.9	4	5	2	2	3	5	5	5	3	4	3	3	3	4	3	4	4	4	5	4	3	3	4	4	4	4
15	4.5	4.6	4	5	5	5	5	5	5	5	5	5	5	5	4	4	5	5	3	3	5	5	5	5	4	4	3	4
16	4.3	4.2	4	4	5	5	5	4	5	5	5	5	5	4	3	4	5	5	4	2	5	4	4	4	4	4	3	4
THEME AVERAGE	**4.0**	**4.2**																										
16a		3.8		5	5	5		4		3		4		3		4		3		3		4		3		4		4
16b		3.6		5	5	5		4		2		4		3		4		3		3		4		3		3		4
THEME AVERAGE		**3.7**																										
17	4.5	4.7	5	5	5	5	5	5	5	5	5	5	5	5	4	4	4	5	4	4	5	5	5	5	4	4	4	4
18	4.3	4.4	4	5	5	5	5	5	5	5	5	5	5	5	4	4	4	2	3	3	5	5	4	4	4	4	4	5
19	4.3	4.3	5	4	5	5	5	5	5	5	3	4	4	4	3	4	5	5	3	3	5	4	4	4	4	4	4	5
20	4.5	4.4	4	4	5	5	5	5	5	5	5	4	4	4	4	4	5	5	4	3	5	5	4	4	4	4	4	5
21	4.5	4.6	5	5	5	5	5	4	5	5	4	5	5	5	4	4	4	5	4	4	5	5	5	5	4	4	4	4
22	4.3	4.4	4	5	5	5	5	5	5	5	4	4	4	4	4	4	3	3	4	4	5	4	5	5	4	4	4	5
23	4.3	4.2	4	4	5	5	4	3	5	5	4	4	4	4	4	4	5	5	3	3	5	5	5	4	4	4	4	5
24	4.3	4.5	4	5	5	5	5	5	5	5	5	5	5	5	4	4	4	4	4	4	5	5	4	4	4	4	3	4
25	3.9	4.3	3	5	5	5	5	5	5	5	4	4	4	4	4	4	4	4	2	3	5	4	3	4	4	4	4	5
26	4.1	4.2	3	3	5	5	5	5	5	5	5	5	4	4	4	4	5	5	2	2	5	5	4	4	4	3	4	5
THEME AVERAGE	**4.3**	**4.4**																										

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
28	4.3	4.4	3	4	5	5	5	4	4	5	5	5	5	5	4	4	5	5	3	3	5	4	5	4	3	4	4	5
29	4.5	4.6	4	4	5	5	5	5	5	5	5	5	5	5	4	4	5	5	3	3	5	5	5	5	4	5	4	4
30	4.5	4.5	4	3	5	5	5	5	4	4	5	5	5	4	4	4	5	5	4	4	5	5	5	4	4	5	4	5
THEME AVERAGE	**4.4**	**4.5**																										
31	4.3	4.5	4	5	5	5	5	5	5	5	5	5	4	5	5	4	2	2	3	3	5	5	5	5	5	5	5	5
32	4.5	4.8	4	5	5	5	5	5	5	5	5	5	4	5	4	4	5	5	4	4	5	5	4	4	5	5	5	5
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
34	4.1	4.2	3	4	5	5	5	5	5	5	4	4	4	4	4	4	5	4	4	4	5	4	3	4	4	4	5	4
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**																										
41	4.3	4.5	5	5	2	2	3	5	5	5	5	5	5	5	4	4	5	5	4	4	5	5	4	5	4	4	4	4
42	4.5	4.5	4	4	5	5	3	5	5	5	5	5	5	5	5	4	5	5	4	4	5	5	5	5	4	3	4	4
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
47	3.7	3.7	3	3	2	2	3	4	4	4	4	4	5	4	4	4	4	3	5	5	4	4	4	4	2	2	4	5
48	3.5	3.5	4	4	3	3	4	4	5	4	4	3	4	4	3	4	3	4	2	2	5	4	3	3	3	2	4	4
49	3.6	3.8	5	5	2	2	4	4	5	5	4	4	4	4	4	4	2	3	2	2	5	5	4	4	2	2	4	5
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
51	3.7	3.8	4	4	1	1	5	5	5	5	4	4	5	5	4	4	3	3	2	2	5	4	2	3	4	4	4	5
52	3.2	3.8	5	5	4	4	3	4	1	3	4	4	4	4	3	4	4	4	1	1	5	5	3	4	2	3	3	4

THEME AVERAGE	**3.4**	**3.6**																										
QUESTION 3																												
1	4.6	4.7	5	5	5	5	5	5	5	5	5	5	5	5	4	4	4	4	5	5	5	5	4	5	4	4	4	4
2	4.5	4.5	5	5	5	5	5	4	5	5	5	5	4	4	4	4	3	4	5	5	5	5	4	5	4	4	4	4
3	4.2	4.1	5	3	5	5	5	4	4	5	5	4	4	4	2	4	5	4	4	4	5	5	4	4	3	2	4	5
4	3.7	4.0	5	4	4	4	5	5	4	4	1	4	4	4	4	4	4	4	4	4	4	4	3	4	3	3	3	4
5	3.7	4.0	5	4	4	4	4	5	4	4	2	3	5	5	3	4	5	5	2	2	2	3	5	5	4	4	3	4
6	4.4	4.4	4	3	4	4	5	5	5	5	4	4	5	5	4	4	5	5	4	4	5	4	5	5	4	4	4	5
7	4.2	4.5	4	4	5	5	5	5	5	5	4	4	5	5	4	4	4	5	3	3	5	5	5	4	4	4	4	5
8	4.2	4.4	3	4	4	4	5	4	5	5	4	4	5	5	4	4	4	4	5	5	5	5	5	4	4	4	4	5
9	3.8	4.0	4	3	5	5	4	4	5	5	5	5	4	4	3	4	5	5	2	3	4	4	4	4	2	2	3	4
9a		3.6		4						3		4		4		5		4		1		4		3	3	4		
10	3.9	4.0	5	4	4	4	5	5	5	5	4	4	3	3	4	4	4	3	4	5	4	4	2	2	4	4	4	5
11	4.0	4.2	3	4	5	5	4	5	4	4	4	4	4	4	3	4	5	4	3	4	4	4	5	4	4	4	3	4
THEME AVERAGE	**4.1**	**4.2**																										
12	4.4	4.2	5	4	5	5	5	4	5	5	4	4	4	4	4	4	4	4	5	3	5	4	5	4	4	4	4	5
13	3.6	3.8	4	4	5	5	5	4	4	4	4	4	4	4	3	4	2	2	3	3	1	3	3	4	4	4	4	5
14	4.5	4.3	5	4	5	5	5	4	5	5	4	4	5	5	4	4	4	4	5	4	5	4	4	4	4	4	4	5
THEME AVERAGE	**4.2**	**4.1**																										
15	4.2	4.6	5	5	5	5	5	5	5	5	3	3	5	5	3	4	2	5	4	5	5	5	5	5	4	4	4	4
16	4.4	4.5	5	4	5	5	5	5	5	5	4	4	5	5	4	4	4	4	3	4	5	4	5	5	4	4	4	5
17	3.9	4.1	3	3	5	5	5	4	4	4	4	4	5	4	3	4	4	4	2	4	5	4	3	4	4	4	4	5
18	4.1	4.2	4	4	5	5	5	4	5	5	4	4	4	4	4	4	4	4	4	4	5	4	3	3	4	5	4	5
THEME AVERAGE	**4.2**	**4.3**																										
19	4.5	4.5	5	5	5	5	5	4	5	5	5	4	4	4	4	4	4	5	5	4	5	5	5	4	4	4	4	5
20	3.7	3.8	4	4	5	5	4	4	4	4	3	3	4	4	4	4	2	2	4	4	4	4	3	4	3	3	4	5
THEME AVERAGE	**4.1**	**4.2**																										
21	3.7	4.2	5	4	5	5	3	4	5	5	4	4	4	4	4	4	4	4	4	3	5	5	3	4	3	4	3	4
22	4.1	4.2	3	4	5	5	4	4	5	5	4	4	4	4	4	4	5	4	4	3	3	4	5	4	4	4	4	5
23	4.1	4.1	3	3	5	5	5	4	5	5	5	5	3	3	3	4	4	4	4	4	4	4	5	4	3	3	4	5

THEME AVERAGE	**4.0**	4.1																										
24	4.1	4.4	5	4	5	5	3	4	5	5	4	4	4	4	4	4	4	4	4	5	5	5	4	4	4	4	4	5
25	4.4	4.5	5	5	5	5	5	4	5	5	5	5	5	5	4	4	4	4	3	5	5	4	4	4	4	4	4	5
25a		4.3		5				4	5	5		4		5		4		5		3	5	4		4		4		
THEME AVERAGE	**4.3**	4.4																										
26	4.2	4.2	5	4	5	5	5	4	5	5	4	3	4	4	4	4	4	5	3	3	5	5	4	4	4	4	4	5
27	4.3	4.2	5	4	5	5	4	3	5	5	4	4	4	4	4	4	4	4	4	4	5	4	4	4	4	4	4	5
28	3.7	3.8	4	4	5	5	3	3	4	4	4	3	4	4	4	4	2	2	4	4	5	4	4	4	4	4	4	5
29	4.1	4.6	5	5	5	5	5	5	5	5	5	5	4	4	4	4	3	4	4	5	5	5	3	5	3	4	4	4
29a		2.8		3				4		4		3				2		2		1				4		2		
THEME AVERAGE	**4.1**	**3.9**																										
30	4.4	4.5	5	5	5	5	4	4	5	5	5	5	5	5	4	4	5	5	3	3	5	4	4	4	4	4	4	5
31	4.5	4.5	5	5	5	5	5	4	5	5	5	5	5	5	4	4	5	5	3	3	5	5	4	4	4	4	4	5
32	4.3	4.5	5	5	5	5	5	4	5	5	5	4	5	5	4	4	2	4	4	4	5	5	4	4	4	4	4	5
THEME AVERAGE	**4.4**	**4.5**																										
33	3.0	2.9	4	3	5	5	2	2	1	1	1	1	4	4	3	2	2	2	3	3	1	2	4	4	4	4	4	5
34	3.7	3.7	3	3	5	5	4	4	2	2	4	4	4	4	3	4	5	4	3	3	2	2	4	4	4	4	4	5
35	3.7	3.3	4	3	5	5	4	1	1	1	3	3	5	5	4	4	2	2	3	3	4	4	3	3	4	4	4	5
THEME AVERAGE	**3.4**	**3.3**																										
36	4.2	4.5	3	4	5	5	4	5	5	5	5	5	4	4	4	4	4	5	4	4	4	4	4	4	4	4	4	5
THEME AVERAGE	**4.2**	**4.5**																										
37	4.3	4.3	5	5	5	5	5	4	4	4	5	4	4	4	4	4	4	4	4	4	5	5	4	4	4	4	4	5
38	4.0	3.9	5	5	5	5	5	4	4	4	5	4	3	3	4	4	4	2	3	3	4	4	3	4	4	4	4	5
39	4.3	4.3	5		5	5	5	4	5	5	4	4	4	4	4	4	4	4	5	5	4	4	4	4	4	4	4	5
40	4.5	4.5	5	4	5	5	5	4	5	5	4	4	5	5	4	4	4	4	5	5	5	5	5	5	4	4	4	5
41	4.3	4.3	5	5	5	5	5	5	5	5	4	4	4	4	4	4	4	4	3	3	5	4	4	4	4	4	4	5
42	3.9	4.0	4	4	5	5	5	4	4	4	3	3	3	3	4	4	3	4	3	3	5	5	4	4	4	4	4	5
43	4.3	4.4	5	4	5	5	5	4	5	5	3	4	5	5	4	4	3	4	4	4	5	5	4	4	4	4	4	5
44	4.0	3.8	5	4	5	5	5	4	4	4	3	3	3	3	4	4	2	2	4	3	5	5	4	4	4	4	4	5
45	3.9	4.3	5	5	5	5	4	4	4	4	3	4	3	4	4	4	2	4	4	4	5	5	4	4	4	4	4	5

THEME AVERAGE	**4.2**	**4.2**																										
QUESTION 4																												
1	4.2	4.4	5	5	4	4	4	4	3	5	5	5	3	4	5	4	5	5	2	2	5	5	5	5	4	5	4	4
2	3.6	3.5	5	5	4	4	5	4	2	4	4	4	3	4	5	3	4	3	1	1	5	4	2	4	4	4	2	2
3	4.4	4.2	5	4	5	5	5	4	4	4	4	4	4	4	5	5	4	4	4	4	5	4	5	4	4	4	4	5
4	4.4	4.2	4	3	5	5	4	4	5	5	4	4	4	4	5	4	4	4	4	4	5	5	4	4	4	4	4	5
THEME AVERAGE	**4.1**	**4.1**																										
5	4.6	4.5	5	5	5	5	5	4	5	5	4	4	5	5	4	4	5	5	4	4	5	5	5	5	4	4	4	4
6	4.1	3.9	5	4	5	5	5	3	5	5	4	4	4	4	5	4	3	3	3	3	5	5	2	2	4	4	4	5
7	4.3	4.2	5	4	5	5	5	3	4	5	4	4	3	4	5	4	4	4	4	4	5	5	4	4	4	4	4	5
8	4.3	4.4	5	5	5	5	4	4	5	5	4	4	4	4	4	4	3	4	4	4	5	5	5	4	4	4	4	5
9	4.4	4.2	4	3	5	5	5	4	5	5	4	4	4	4	5	4	4	4	4	4	5	5	4	4	4	4	4	5
10	4.1	4.1	3	3	4	4	5	4	4	4	4	4	4	4	4	4	4	4	4	4	5	5	3	4	4	4	4	5
THEME AVERAGE	**4.3**	**4.2**																										
11	3.7	3.9	4	5	4	4	5	3	4	4	4	4	5	5	4	4	2	2	4	4	3	4	4	4	3	4	3	4
12	2.6	3.2	3	4	2	2	3	4	4	5	2	2	3	3	2	4	2	3	3	3	2	2	2	3	2	2	3	5
13	3.8	3.9	5	5	4	4	5	4	3	3	3	4	4	4	4	4	5	4	3	3	4	4	4	4	2	4	3	4
14	4.1	3.9	4	3	4	4	5	4	5	4	4	4	4	4	4	4	5	4	4		4	4	4	4	4	4	3	4
15	3.9	4.0	4	4	4	4	5	4	4	4	4	4	4	4	3	4	3	3	5	5	5	5	3	3	4	4	3	4
16	4.1	4.2	4	4	4	4	5	4	4	4	4	4	4	4	4	4	4	4	4	4	5	5	4	4	4	4	4	5
17	4.1	4.3	5	4	5	5	5	5	1	2	4	4	4	4	4	4	5	5	4	5	5	5	4	4	4	4	4	5
17a		3.7		4				5		1		5				4		3		3		4		4		4		
17b		3.5		4				5		4		2				3		4		1		4		4		4		
THEME AVERAGE	**3.8**	**3.9**																										
18	4.4	4.5	5	5	5	5	5	4	5	5	5	5	4	4	3	4	4	4	5	5	5	5	5	5	4	4	3	4
19	4.1	4.3	4	5	5	5	4	3	4	4	5	4	5	5	4	4	3	4	5	5	4	4	3	4	4	4	3	5
20	3.6	3.8	3	3	5	5	5	2	2	5	4	4	4	4	3	4	2	2	5	5	3	3	3	4	4	4	4	4
21	4.2	4.1	3	3	5	5	5	3	4	5	5	4	4	4	4	4	4	4	5	5	5	4	3	4	4	4	4	4
THEME AVERAGE	**4.1**	**4.2**																										
22	4.4	4.4	2	4	5	5	5	5	5	5	5	4	4	4	4	4	5	4	4	5	5	5	4	4	4	4	4	4

23	4.1	4.2	4	3	5	5	5	5	5	5	5	4	4	4	4	4	5	5	3	3	4	4	3	4	4	4	4	4
23a		3.4		3				4		4		3				3		4		2				4		4		
23b		4.2		5				4		4		4				5		4		4				4		4		
24	4.0	3.9	4	4	5	5	3	2	5	5	5	4	4	4	4	4	4	4	3	3	4	4	3	3	4	4	4	5
25	4.5	4.4	5	4	5	5	4	4	5	5	5	4	4	4	4	4	5	5	5	5	5	5	4	4	4	4	4	4
25a		3.8	5	4				4		3				4		3		5		5		2		4		4		
THEME AVERAGE	**4.3**	**4.0**																										
26	4.5	4.4	5	4	5	5	5	4	5	5	4	4	4	4	4	4	5	5	5	5	5	5	4	4	4	4	4	4
27	4.3	4.3	5	4	5	5	5	4	4	5	4	4	4	4	4	4	4	4	4	4	5	5	4	4	4	4	4	5
28	4.2	4.2	5	4	5	5	5	3	4	5	3	4	4	4	4	4	5	4	4	4	4	4	4	4	4	4	4	5
29	4.3	3.9	4	4	5	5	5		4	4	4	4	4	4	4	2	5	4	4	3	5	4	4	4	4	4	4	5
30	4.1	4.1	5	5	5	5	5	4	3	3	4	4	4	4	4	4	4	4	3	2	4	5	5	4	4	4	4	5
31	3.3	3.5	5	5	5	5	3	3	2	2	3	3	3	3	4	4	2	3	3	2	1	4	3	3	4	4	4	5
31a		3.7		5				2		4		4		3		4		4		3				4		4		
32	1.9	2.3	2	2	1	1	2	1	1	1	2	2	1	1	2	4	2	3	5	5	1	1	4	1	1	4	1	4
THEME AVERAGE	**3.8**	**3.8**																										
QUESTION 5																												
1	4.3	4.2	4	5	4	4	5	4	4	4	5	4	5	4	4	4	4	4	4	4	4	4	4	4	4	4	4	5
1a		3.6		4			5	4		3						4		4		4		3				3		
THEME AVERAGE	**4.3**	**3.9**																										
2	4.1	4.3	4	4	4	4	5	5	4	4	3	4	4	4	4	4	4	4	5	5	5	5	4	4	4	4	4	5
3	4.3	4.4	4	4	5	5	5	5	4	4	4	4	4	4	4	4	4	4	5	5	5	5	4	4	4	4	4	5
4	4.1	4.2		4	2	2	5	5	4	4	5	5	4	4	4	4	4	4	5	5	5	5	4	4	4	4	4	5
5	4.5	4.5	5	5	5	5	5	5	5	4	5	5	4	4	4	4	5	5	5	5	5	5	4	4	4	4	4	4
6	3.9	4.0	4	5	2	2	5	4	1	2	5	5	4	4	4	4	5	4	5	5	4	4	4	4	4	4	4	5
7	3.7	3.6	4	5	5	5	5	3	3	3	4	4	4	4	4	4	2	2	3	3	3	3	4	4	4	2	4	5
8	3.1	3.2	3	4	2	2	5	2	2	2	4	4	3	3	3	4	3	3	3	3	3	3	3	3	3	4	3	4
9	4.0	4.4	4	4	5	5	3	4	5	5	4	4	5	4	4	4	5	5	5	5	3	4	2	4	4	4	4	5
10	4.6	4.6	4	4	5	5	5	5	5	5	5	5	5	5	5	4	5	5	5	5	5	5	4	4	4	4	4	4
THEME AVERAGE	**4.1**	**4.1**																										

11	4.4	4.5	4	4	4	4	4	5	5	5	5	5	4	4	5	4	5	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	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	4	5
14	3.7	3.8	3	4	4	4	5	3	3	4	4	4	3	3	4	4	3	4	3	3	5	4	4	4	4	4	4	5
THEME AVERAGE	**3.8**	**3.9**																										
15	3.5	3.5	3	3	5	5	3	2	4	4	2	2	3	3	3	4	4	3	5	5	4	4	3	3	3	3	4	4
16	3.7	3.9	4	3	4	4	3	3	4	4	1	4	4	4	4	4	4	4	5	5	5	4	4	4	4	3	4	5
THEME AVERAGE	**3.6**	**3.7**																										
17	4.0	4.4	3	4	5	5	4	5	4	5	4	4	5	4	5	4	3	4	5	5	5	4	3	4	4	4	4	5
18	3.9	3.9	2	4	5	5	4	1	4	4	4	5	4	4	5	4	5	4	3	3	5	4	3	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**																										
26	4.1	4.2	3	3	4	4	3	4	4	4	4	4	5	4	4	4	4	4	5	5	5	5	5	4	4	5	4	5
27	4.0	4.4	3	4	4	4	4	5	1	3	4	4	5	5	4	4	4	4	5	5	5	5	5	4	4	5	4	5
28	4.3	4.4	4	4	4	4	5	5	3	3	4	4	5	5	4	4	4	4	5	5	5	5	5	4	4	5	4	5
THEME AVERAGE	**4.1**	**3.8**																										
29	4.2	4.4	4	4	5	5	4	5	5	5	4	4	5	5	5	4	4	4	3	4	5	5	3	3	4	4	4	5
30	4.2	4.5	4	5	5	5	4	5	2	3	4	4	5	5	5	4	5	5	5	5	5	5	4	4	4	4	4	5
31	4.4	4.5	3	5	5	5	5	5	4	4	5	4	5	5	5	4	4	5		3	5	5	5	5	4	5	4	4
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	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**																										
34	4.1	4.5	4	5	5	5	4	5	4	5	4	4	4	4	4	4	4	4	4	4	5	5	4	4	4	4	4	5
35	4.5	4.5	3	5	4	4	5	5	4	2	5	5	5	5	5	4	5	5	5	5	5	5	5	5	4	4	4	4

36	3.7	3.8	2	2	5	5	4	3	4	5	4	4	4	4	4	4	5	4	3	3	4	4	3	4	4	3	4	5
37	3.6	3.8	2	2	5	5	4	3	2	2	4	4	5	5	4	4	3	3	4	4	4	4	4	4	3	4	4	5
38	3.5	3.8	3	3	5	5	4	3	2	2	4	4	5	5	4	4	2	2	4	4	4	4	3	4	3	4	4	5
39	3.9	4.2	4	3	5	5	4	4	4	4	4	4	4	4	4	4	5	5	4	4	4	4	3	4	4	4	4	5
40	4.0	4.2	3	4	5	5	4	4	3	3	4	4	5	5	4	4	4	4	4	4	4	4	4	4	4	4	4	5
41	3.7	3.7	3	3	4	4	3	3	3	3	4	4	3	3	4	4	3	4	4	4	4	4	4	4	4	4	4	
THEME AVERAGE	**3.8**	**4.0**																										
42	3.1	3.2	2	3	5	5	4	4	2	2	4	3	3	3	3	4	3	3	3	3	3	3	3	3	2	2	3	4
43	3.5	3.4	4	4	5	5	4	2	3	3	3	3	3	3	3	4	4	3	4	4	3	3	4	3	3	3	3	4
44	3.1	3.2	2	3	2	2	4	2	2	2	4	4	4	4	3	4	4	3	3	3	3	3	2	3	3	3	3	5
45	1.5	1.8	2	2	1	1	1	1	2	2	1	1	1	1	1	4	1	1	3	3	1	1	1	1	1	1	2	4
THEME AVERAGE	**2.8**	**2.9**																										