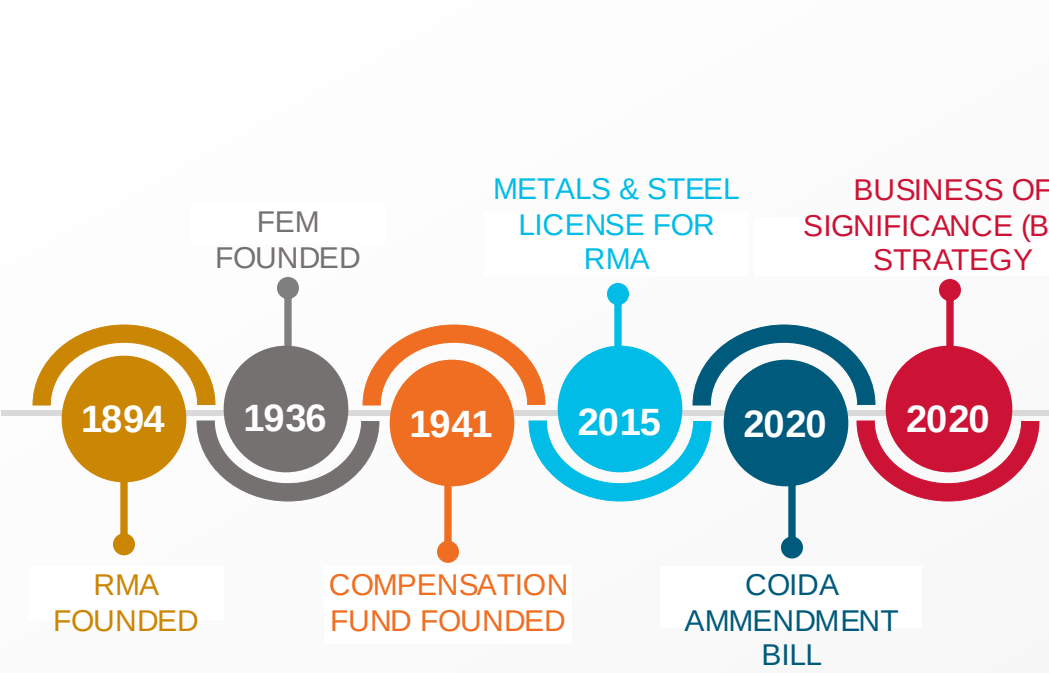
National Occupational Health and Safety Conference
REHABILITATION & REINTEGRATION

28 February 2025

DR M MOLOTO
HEAD | Rehabilitation

THE RMA JOURNEY | TOWARDS BOS 2030



RML

- > **R8bn valuation** in 2030
- > **3m** non-COID clients/lives

COID

- **Doubl**e COIDA lives in SA **to > 2mn**
- More than **double s**hared/social value > **R5bn**
- **Significantly reduce** claims incident rate in metals by 30% for companies on the Prevention Programme
- Customer Satisfaction Survey Rate of **> 80%**

AIT

- **> R1bn** valuation in 2030
- **> 1M** lives under administration

THE REGULATORY JOURNEY | COID ACT OF 2020

RMA HAS BEEN KEEPING PACE WITH REGULATORY DEVELOPMENTS IN THE COID LANDSCAPE.

CHP 70A- REHABILITATION, REINTEGRATION & RETURN TO WORK REGULATION HAS SPECIFIC MANDATES FOR STAKEHOLDERS

EMPLOYERS

- Must facilitate access to rehabilitation for employees with IOD.
- Reintegration back into the workplace as far as reasonably practicable
- Maintain a system of RRRTW for reporting to CF
- Facilitate access to Voc-Reskilling

EMPLOYEES

- Avail him/her-self and actively participate in the implementation of the rehabilitation
- accept an offer of reasonable accommodation which can include alternative job

HEALTHCARE PRACTITIONERS

- designing treatment and rehabilitation plans and rendering services that are fit and proper for the purpose
- only rendering services which have been approved and authorised by the CF or Licensee

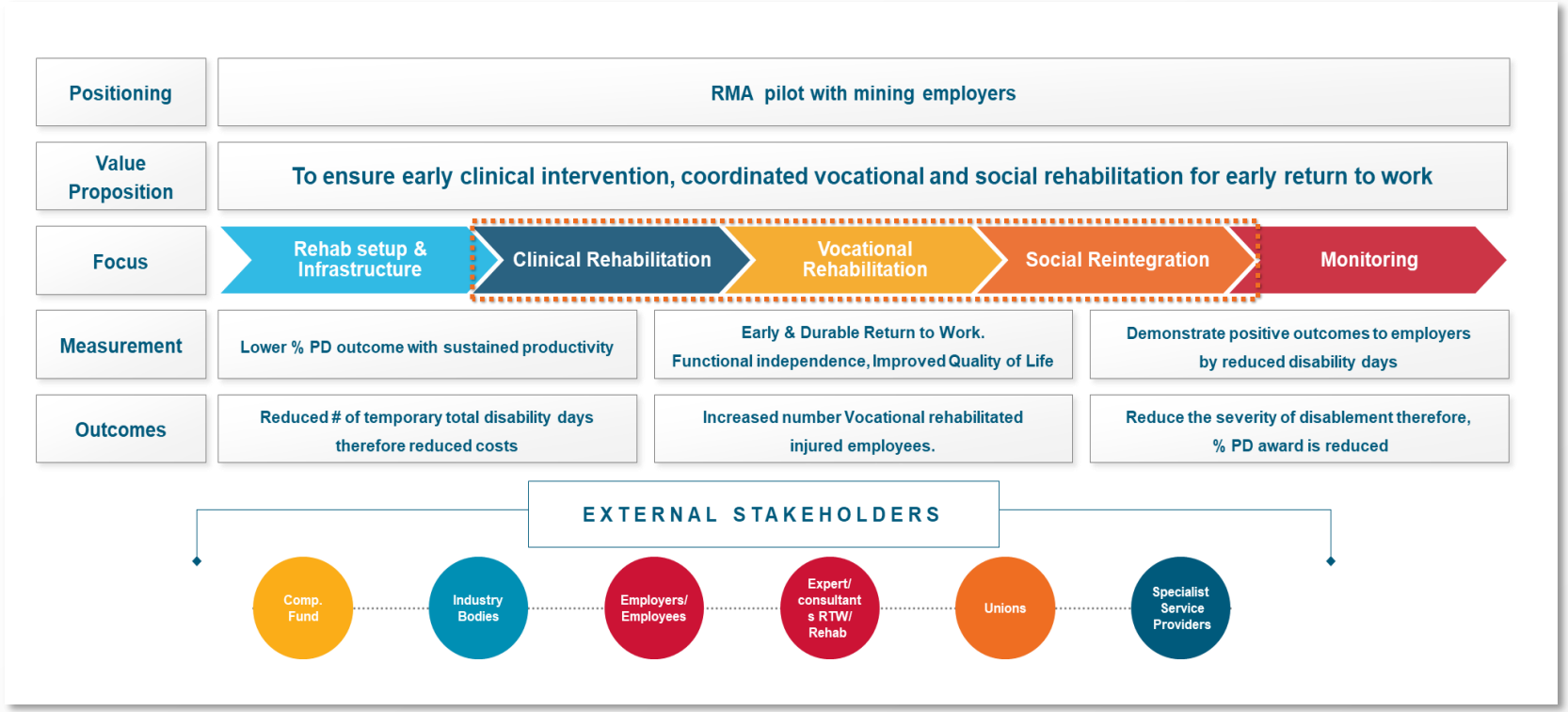
RMA FUNDER

- Licensee may approve the referral for rehabilitation
- carry out any activity which will contribute to the attainment of rehab/ independent living
- cover reasonable medical expenses and cost-effective assistive devices & technology for rehabilitation

The regulations relating to the **Rehabilitation, Reintegration and Return-to-Work** of employees who sustained or contracted occupational injuries/disease under the Compensation for Occupational Injuries and Diseases Act, 2020

REHABILITATION | WHAT PILOT REHAB PROGRAM IS

The RMA Rehabilitation Program was initiated in response to the amended COID Act, which introduced mandatory provisions for Rehabilitation, Reintegration, and Early Return to Work (RRRTW) regulations, expanding its focus beyond traditional compensation benefits.



CONTEXT

- COID Act Amendment & new Chp. 70A (RRR-T-W Regulation) was the impetus for RMA's pilot Rehabilitation programme inclusion in BOS
- DRAFT RRR-T-W Regulation includes mandatory provision of measures, service & facilities for provision of the three pillars- clinical, vocational rehab & social reintegration- to improve rehabilitation outcomes.

POSITIONING

- Mining employers were the focus for pilot, partnership for 36 months/ until promulgation of the Regulation
- Provide coordinated case management, provide active claimant tracking and partner with relevant stakeholders- for work or home reintegration

RMA's Rehabilitation Program Intent: To set up workplace rehabilitation in the mining and metals using innovative and comprehensive measures in anticipation of the RRRTW Regulation. Program focused on testing access to essential measures, rehabilitation facilities, and services aimed at restoring workers' independence and, where feasible, enable their return to meaningful employment while enhancing shared social value for all stakeholders.

RMA | OUR SERVICES

OUR STRATEGIC POSTURE REPRESENTS A FUNDAMENTAL SHIFT FROM A COMPENSATION ADMINISTRATOR TO A SOCIAL INSURER WITH INTEGRATED AND HOLISTIC SOLUTIONS THAT BENEFIT WORKERS ACROSS THEIR LIFE JOURNEY.

PREVENTION

Enabling Prevention of injury at work – through education and partnership with Employers & Employees

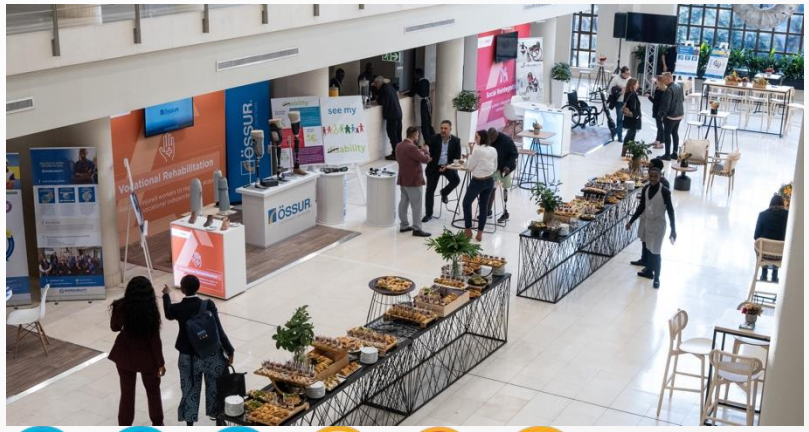
COMPENSATION & ADMINISTRATION

Providing holistic at work Compensation and Administration solutions through our COID business

REHABILITATION

Rehabilitating for return to work – through our coordinated rehabilitation case management and strategic partnership, collaborative funding & selection of re-skilling programs for the injured worker

Pilot with Mining members



We Launched | 27 July 2023

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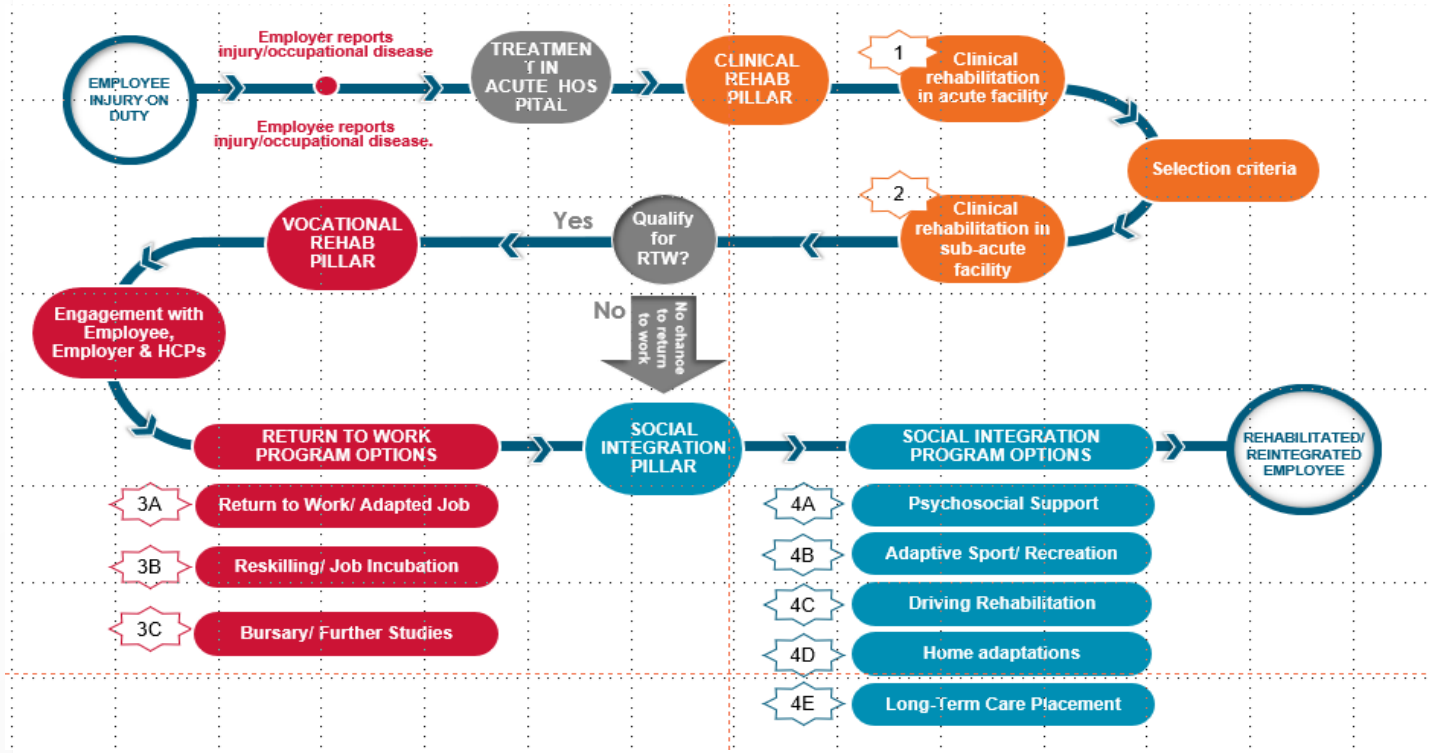
REHABILITATION | COORDINATED CASE MANAGEMENT

COORDINATED CASE MANAGEMENT IS THE CORNERSTONE OF WHAT WE DO IN REHABILITATION- IT HELPS TO BRIDGE THE GAP FROM HEALTHCARE SYSTEM TO COMMUNITY-BASED REHABILITATION, AND REINTEGRATION

To Continue | Coordinated Case Management



03. Restoring the broken link: we aim to go beyond post-treatment case management by bridging the critical gap in the worker's journey from clinical rehabilitation to vocational and social reintegration. For better resource allocation

01. Continue with what works: Coordinated case management is maintained as the cornerstone of the program's current efficacy and its future advancement.

04. Facilitation Role: Our goal is to act as a central facilitator and coordinator among rehabilitation and reintegration stakeholders.

REHABILITATION | METRICS 2024

RMA I COID

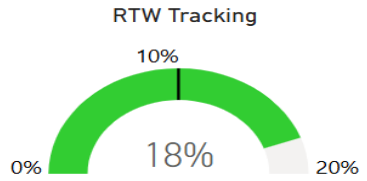
Rehab Executive Summary

Executive Monthly Reporting and Outcome Tracking

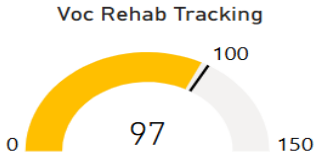
Rehab Population

816

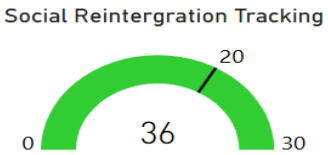
RTW Percentage	RTW Target FY24
18%	10%



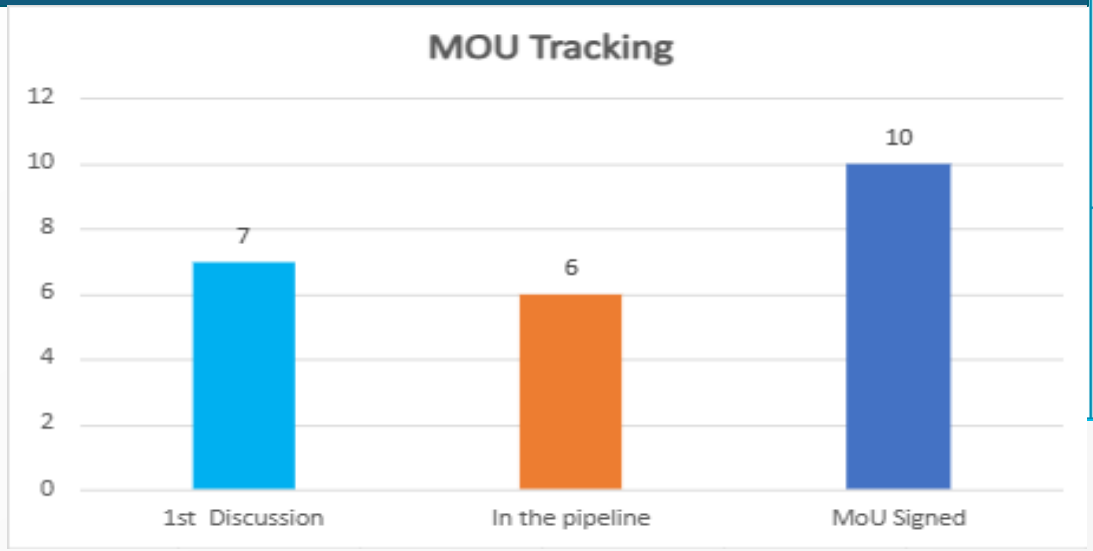
Voc Rehab Impacted Cases	Voc Target FY24
97	100



Social Reintegration	Reintergration Target FY24
36	20



Employer Member Signed up for Pilot



REHAB LIVES **151 087**

816
CLAIMANTS ON PROGRAM

9 employers agreed to formally pilot.
Rehab case management attended to 44 employers (including the metal class)

REHABILITATION | PILOT LESSONS LEARNT

Healthcare Linkage

There is no direct pathway/ formal referral system to connect the **healthcare system** to **community-based rehabilitation** or vocational reskilling programs

Post-reskilling Coordination

- Employment **opportunities is insufficient**/ uncoordinated
- Access to market- for products of PLWD

Location of Rehabilitation services

Stark accessibility to clinical rehabilitation- (urban vs, peri-urban and rural)

Vocational Re-skilling programs

- **Uneven accessibility to vocational reskilling & reintegration programs** is complex &fragmented (urban vs, peri-urban and rural)
- Quality of the programs: accreditation, infrastructure, skilled facilitators

Funding

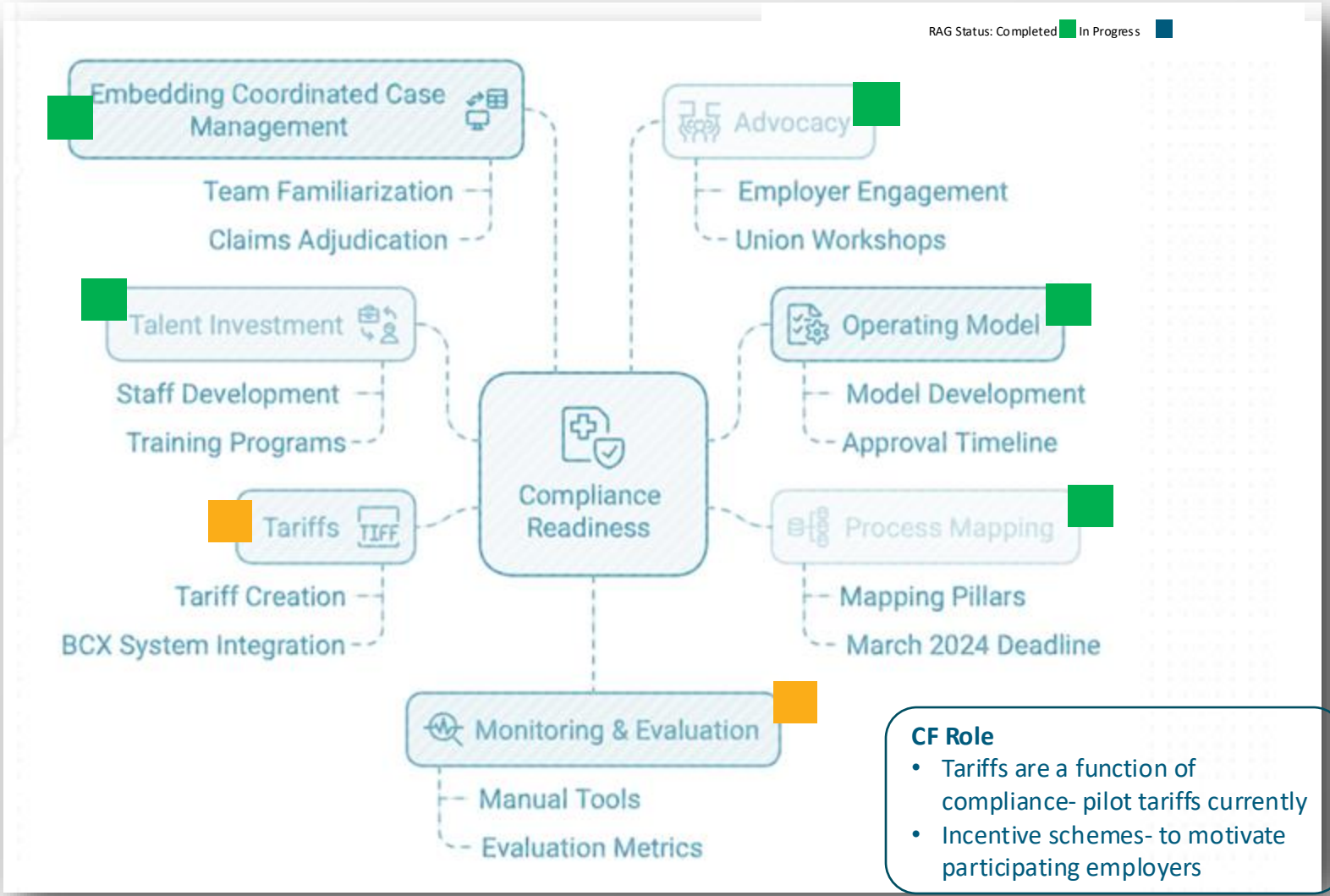
- Disparity in **funding of vocational reskilling** programs
- Continuity and

CAPABILITY BUILDING | FOR COMPLIANCE W RRR-T-W

We have dedicated a significant amount of time and effort to the development of capabilities for our compliance readiness. Our readiness is currently in progress, and we are in accordance with the requirements of CHP 70A.

Capability Building for COID Compliance

Readiness in terms of the *DRAFT* RRR-T-W regulation

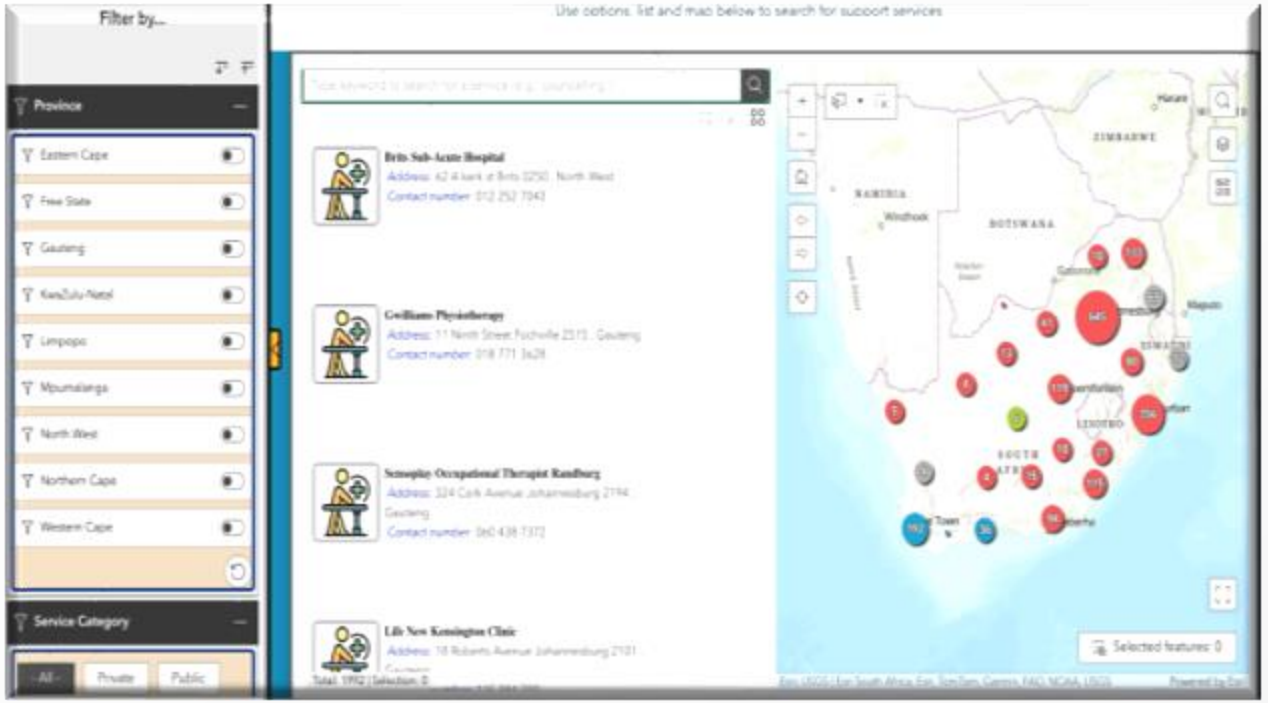


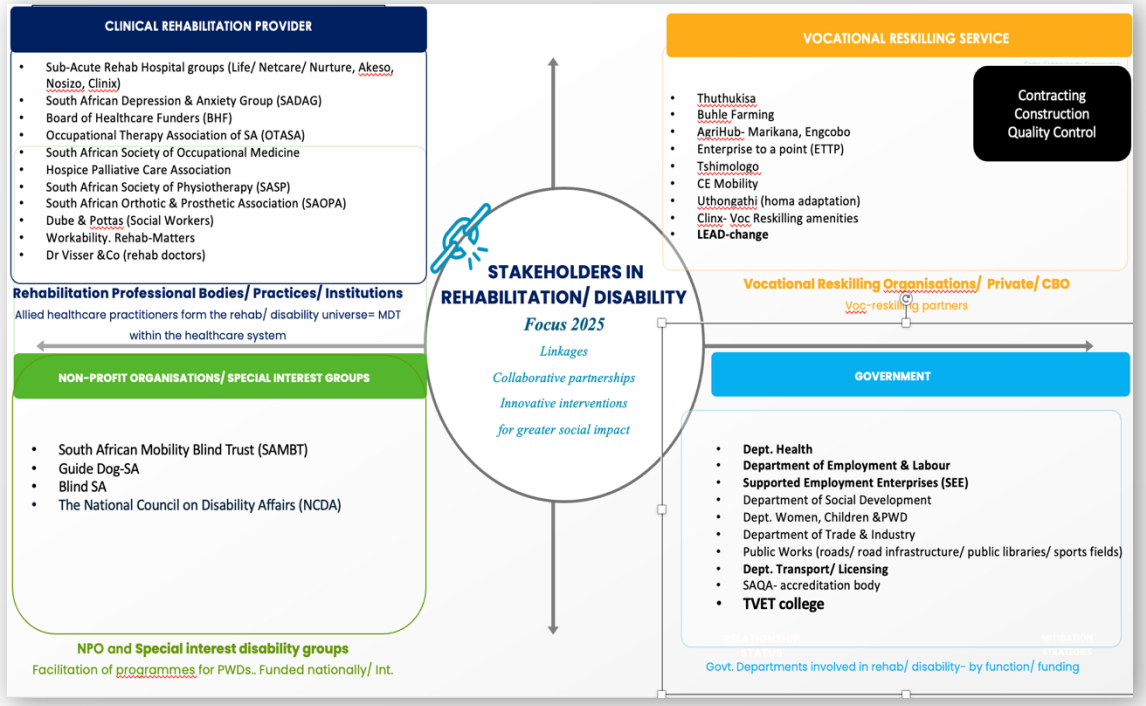
CF Role

- Tariffs are a function of compliance- pilot tariffs currently
- Incentive schemes- to motivate participating employers

GEO-MAPPING | ENHANCING ACCESS IN SA

To assist coordinated case management to locate and access HCP, Vocational Reskilling programs.





Strategic focus 2025l

*Leveraging either GIS, a map visualization and analytics dashboard, to enhance **location intelligence** in the disability and rehabilitation landscape.*

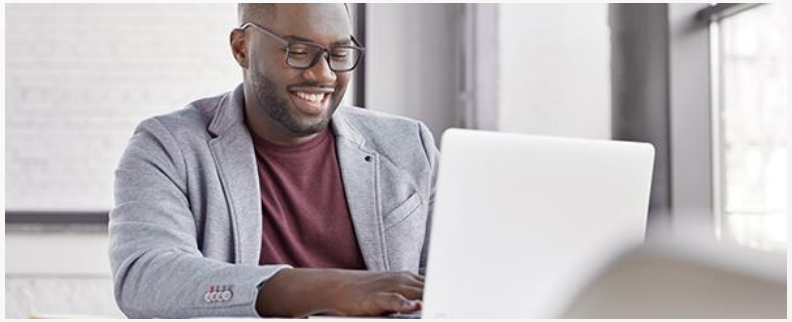
*This **Progressive Web Application (PWA)** tool that enables seamless **geo-mapping of personnel, programs, and resources** throughout the **clinical-to-reintegration** phases. We are not only improving rehabilitation efficiency but also **pioneering a data-driven approach** that has the potential to shape **the broader disability ecosystem**.*

This initiative would position us as a leader in disability management and reintegration library that improves access and optimizes rehabilitation outcomes.

STAKEHOLDER COLLABORATION | VOCATIONAL RESKILLING PROGRAMS

RMA COLLABORATIVE FUNDING COMMUNITY PROGRAMMES CREATES AN OPPORTUNITY FOR EXTENDING VOCATIONAL AND SOCIAL REINTEGRATION PROGRAMMES FOR INJURED WORKERS

Adaptation of tools, workstation and premises allows PLWD to participate.



Vocational Re-skilling

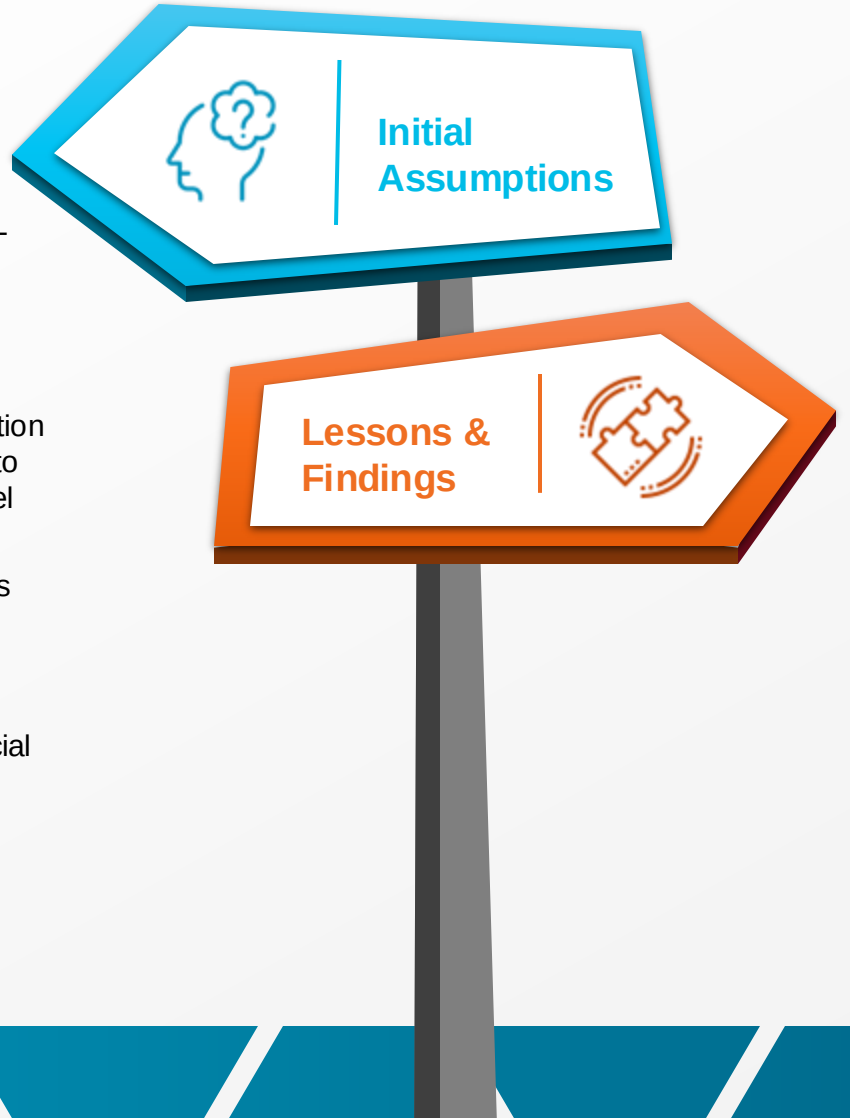
Independent Living and Reintegration

REHABILITATION | FINDINGS & LEARNINGS

The RMA pilot Rehabilitation Value Proposition relied on several assumptions for implementation, with findings revealing internal and external factors affecting quality, feasibility, and delivery speed across all pillars.

ASSUMPTIONS

- Every disabled claimant, will seamlessly transition out of an acute hospital to a sub-acute rehabilitation hospital or Rehab Practitioner to continue the rehabilitation journey through the 3-pillars.
- There are accessible vocational rehabilitation practitioners and programmes nationally, to accommodate every injury type and/orlevel of education
- There are national standardized guidelines and accredited courses for PWD to draw from.
- PWD would be motivated and open to social rehabilitation interventions.
- There are opportunities for social/ work reintegration following rehabilitation.



- There is no direct pathway or formal referral system that connects the healthcare system to community-based rehabilitation or vocational reskilling programs
- Accessibility to vocational reskilling & reintegration programs is uneven, complex &fragmented (urban vs, peri-urban and rural settings. Transport and daily activity needs
- Disparity in accreditation, funding and quality control mechanisms for programs
- There are multiple stakeholders with same mandate, with diverse priorities in Rehabilitation & Disability universe, therefore rehab and reintegration outcomes seem ineffective.
- Post-reskilling coordination with employment agencies and opportunities is insufficient/ uncoordinated

REHABILITATION | STRATEGIC ASPIRATIONS- POST THE PILOT

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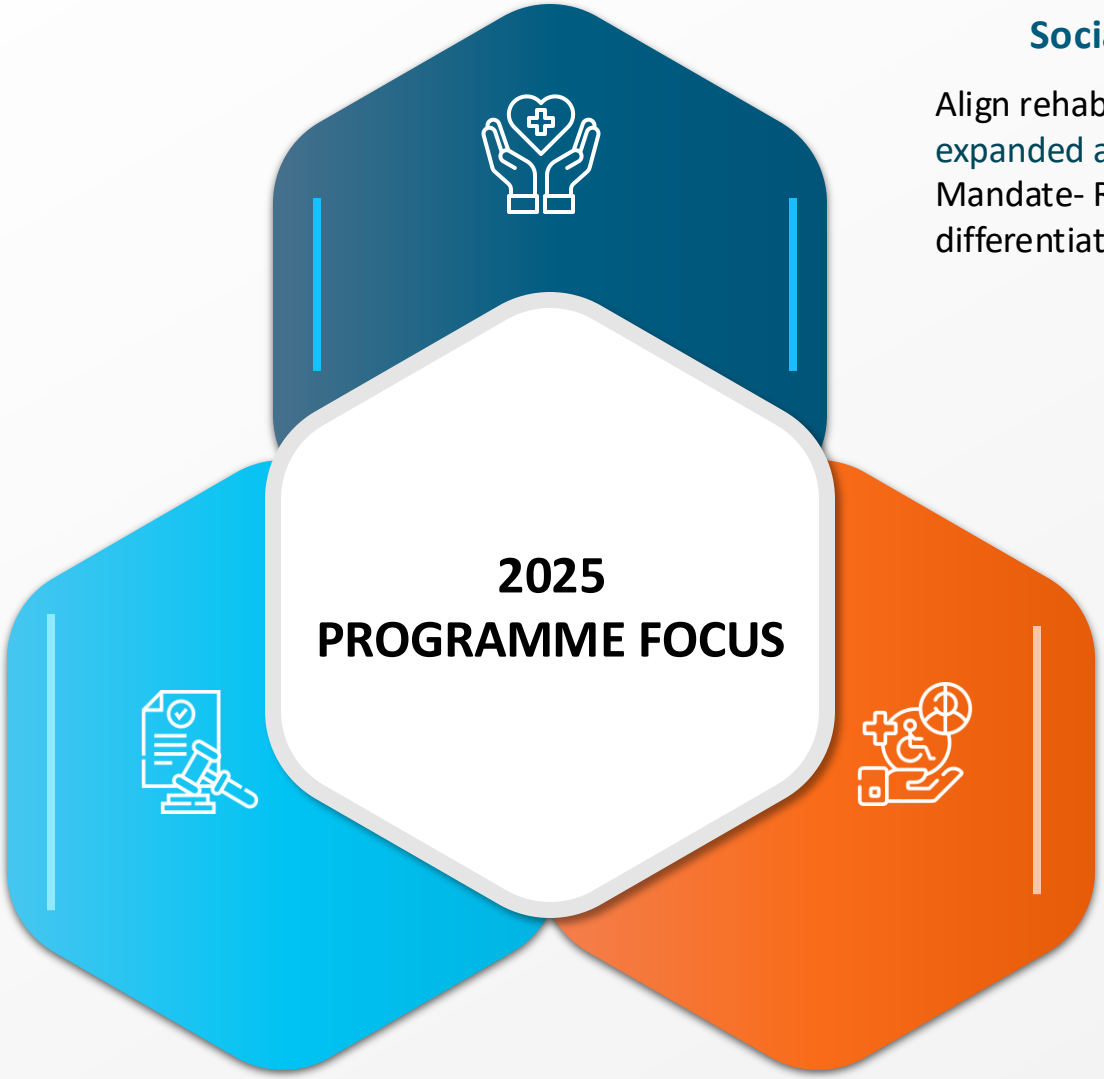

Social Insurer Mandate

Align rehabilitation program to the RMA expanded agenda of Social Insurer Mandate- Rehabilitation program as a differentiator.

Compliance Focus

Chp. 70A- Rehabilitation, Reintegration, Return-To-Work Regulation

The focus remains on building capability in preparation for the promulgation of Chapter 70A Regulation of Rehabilitation Reintegration and Return-To-Work

Disability Value Proposition

Be the social insurer with a disability value proposition as integral components of the IGVP

Champion the course of people with disabilities- By coordinating, and/ or facilitating resources/ facilities for social reintegration

THANK YOU