

Scholarship Opportunities for Canadian Residents – Special Federal Initiative Scholarship

Information Booklet

All applications for the Special Federal Initiative Scholarship must include the following:

- Completed Special Federal Initiative Scholarship Application Form
- An application fee of \$100.00
- Reflective Essay – see details outlined on pages 4-5 of this information booklet.
- Official transcripts issued from previous post-secondary education institutions
- Letters of Attestation (2) for previous work experience

You will also require the following documents:

- Special Federal Initiative Scholarship Application Form: <https://www.pcu-whs.ca/wp-content/uploads/2022/02/Federal-Initiative-Scholarship-Application-Form-2.pdf>
- pdf document of paper (*appended to this Information booklet):
 - Bernhard, D., Maceachen, E., & Lippel, K. (2010). Disability Management Experts and The Impact of Jurisdiction on Practice: An Ontario Example. *International Journal of Social Security and Workers Compensation*, 2(1).Also available at: <http://www.austlii.edu.au/au/journals/IntJISSWC/2010/2.html>

Applications packages must be addressed to the Office of the Registrar at PCU-WHS:

By Canada post:

Special Federal Initiative Scholarship
Office of the Registrar
Pacific Coast University for Workplace Health Sciences
4755 Cherry Creek Road
Port Alberni, BC V9Y 0A7

By Email:

education@pcu-whs.ca

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Criteria for Admission

The Special Federal Initiative Scholarship program is open to candidates with landed immigrant or Canadian citizenship status who are permanent residents of any Canadian province or territory except British Columbia. *Permanent residents of BC are invited to apply for the WDA Grant Scholarship.*

Successful candidates:

- Must meet the admission criteria of PCU-WHS, and **must qualify for Admission Directly into Year 3 of the BDM program**. (please see below)
- Submit a reflective essay of approximately 1,000 words outlining their reasons for wishing to pursue a career in disability management.
- Be in a position to register in the full-time or part-time Bachelor of Disability Management (BDM) program beginning in September 2022 and to complete the degree within a 2-year period for the full-time program or 4-year period for the part-time program.
- Have access to online facilities and high-speed internet.
- Are required to attend an online orientation to the program in advance of the first academic term.

Successful candidates **must qualify for Admission Directly into Year 3 of the BDM program**. To qualify for Admission Directly into Year 3, applicants must:

- Have graduated with an associate degree, 2-year diploma, or other relevant educational prerequisite which provides 60 transferable academic credits (or equivalent) in a range of disciplines (preferred domains listed below).
 - Current students must be attending a Canadian post-secondary institution.
 - Students converting from an existing career path may have graduated from any university or college.
 - Candidates with an average post-secondary GPA of 3.0 or higher will be preferred.

OR

- Be eligible for Admission Directly into Year 3 on the basis of Prior Learning Assessment and Recognition (PLAR) A combination of professional experience and career education will be assessed under Flexible Admission policy on a case-by-case basis. Applicants under Flexible Admission should have a minimum of 5-10 years of relevant experience in a related field.

Preferred domains of previous study include:

- Human Resources
- Occupational Health Safety
- Healthcare
- Business
- Social Work

Students who have not completed relevant work experience in the field will be required to complete a Level 3 Practicum course, which is outside of the scope of the Scholarship.

Criteria for Continuation

- You must maintain an academic standing of 3.0 or higher each trimester throughout your studies.
- If you fail to achieve this, you will be given the following trimester to restore your standing.

Specifications for the Reflective Essay

As a part of their application package, applicants are requested to include a reflective essay.

- Theme of essay: **My Rationale for Wishing to Pursue a Career in Disability Management**
- Length of essay: Approximately 1,000 words.
- The reflective essay will be assessed on the following criteria (see below for mor detail):
 - Mechanics and Style
 - Coherence and Logic
 - Reflexivity
 - Evidence that resources have been consulted
 - Persuasive Rationale

As a support in producing the Reflective Essay, the following resources are provided:

- A journal article which explores the role of DMPs in the province of Ontario:

Bernhard, D., Maceachen, E., & Lippel, K. (2010). Disability Management Experts and the Impact of Jurisdiction on Practice: An Ontario Example. *International Journal of Social Security and Workers Compensation*, 2(1). Available at:
<http://www.austlii.edu.au/au/journals/IntJISSWC/2010/2.htm>

A copy of this article, suitable for printing, has been appended to this information booklet.
- Links to the websites of the National Institute of Disability Management and Research (NIDMAR) and the Canadian Society of Professionals in Disability Management (CSPDM), both of which host excellent resources describing the field of disability management and the role of Disability Management Professionals (DMPs):
 - NIDMAR – Career Guide: https://www.nidmar.ca/career/career_horizons/horizons_contents.asp
 - CSPDM – DM in Context: <https://www.cspdm.ca/>

Additional research can also be consulted and cited in the essay.

The reflective essay will be assessed on the following criteria:

- **Mechanics & Style:** This is the extent to which the essay is well formed in terms of spelling, punctuation, syntax, paragraphing and the use of bullets or headers to signpost the content.
- **Coherence & Logic:** This is the extent to which the text follows a logical sequence in the presentation of key points, the transition between concepts is smooth and the use of conjunctions and transitional words is effective.
- **Reflexivity:** This refers to the extent to which a person is able to examine his or her own current context and motives, understand how these influence the decision to pursue a career in disability management, the potential challenges that need to be addressed to be successful and the assets which the person possesses to face these challenges.
- **Evidence that resources have been consulted:** The clearest evidence that a resource has been consulted is an explicit reference to it in the text. Reference formats can include APA formats, footnotes or endnotes. The best use of resources is to support a key point or idea that is integral to the overall text.
- **Persuasive Rationale:** Given that the Scholarship aims to prepare participants to progress to a career in disability management either through professional certification or post-graduate studies, the extent to which the arguments put forward are credible, substantive and convincing is also rated by reviewers.

Course Participation Requirements

Online Learning

The Bachelor of Disability Management (BDM) courses are delivered online on a trimester basis for both the part-time and full-time programs.

Students require a computer, an Internet connection (high-speed Internet is recommended), and Internet browser software to participate in the courses. Ideally, students will have a computer with a sound card and speakers to listen to course videos and audio. All courses require a word processing application such as Microsoft Word. Individual courses may have additional software requirements. Technical assistance is available for all courses.

The Bachelor of Disability Management (BDM) courses are taught by professors with expertise in specialized topic areas. Most professors continue to practice as well as teach in their respective fields. Courses are professor-led, group-based, and structured around weekly sessions.

Three-credit courses last for 12 weeks in the full-time program, and 6 weeks in the part-time program. In the full-time program, in most courses students are given the first part of the week to finish the required readings; the last half of the week is often dedicated to online discussion exercises or the completion of an assignment. A similar organization applies to the part-time program, except that the overall timeframe of the course is compressed into 6 weeks, such that 2 weeks in the full-time program is equivalent to 1 week in the part-time program.

Students enrolled in the full-time program are expected to spend about 8 hours per week on each course, including approximately 4 hours on the required readings and 4 hours on either a discussion exercise or assignment.

Students enrolled in the part-time program are expected to spend about 16 hours per week on each course, including approximately 8 hours on the required readings and 8 hours on either a discussion exercise or assignment.

For both full-time and part-time programs, final assignments are due 1 or 2 weeks after the end of the course.

Please note that this is a general guide and that these times may vary depending on the student, the course, and the session.

Students are provided with course materials online that generally include a study guide, a selection of readings, supplemental related resources and web links, sample documents, audio files, web-based videos, and access to a comprehensive online library with specialized journals.

Professors lead student participation in online forums focused on problem-based scenarios, case studies, and issues. In certain courses, students participate in real-time web-based video conferences with their professor and other students.

PCU-WHS uses Moodle, a common and secure educational software platform conducive to online social learning.

Most course resources are accessed on the course website. However, some courses require students to also purchase a textbook.

Full-time program schedule

	Course code	Course title	Course duration ¹	Credits
Year 1: Fall 2022 Trimester	WHDM 105	Disability Management & Return to Work	12 weeks	3
	WHDM 106	The Body and Mind at Work	12 weeks	3
	WHDM 107	Workplace Prevention & Health Promotion	12 weeks	3
	WHDM 206	Decision Making & Data Analysis	12 weeks	3
Winter 2023 Trimester	WHDM 207	Case Analysis & Research Methods	12 weeks	3
	WHDM 215	Human Resources and Organizational Development	12 weeks	3
	WHDM 302	Physical Impairments and Work Retention	12 weeks	3
Spring 2023 Trimester	WHDM 304	Disability, Work & the Law	12 weeks	3
	WHDM 308	Case Management: Information Gathering	12 weeks	3
	WHDM 402	Unions and the Workplace	12 weeks	3
Total credits Year 1:				30
Year 2:				
Fall 2023 Trimester	WHDM 307	Mental Health Conditions & Work Retention	12 weeks	3
	WHDM 309	Job Analysis, Assessment Reports & Accommodation Technology	12 weeks	3
	WHDM 318	Workplace Management and Communication Skills	12 weeks	3
	WHDM 404	Economics of Workplace Health Initiatives	12 weeks	3
Winter 2024 Trimester	WHDM 405	Ethics in Disability Management	12 weeks	3
	WHDM 406	Case Management & Service Coordination Part 2	12 weeks	3
	WHDM 410a OR WHDM 412a	Final Research Project Proposal OR Practicum Preparation and Sectoral Study	12 weeks	3
Spring 2024 Trimester	WHDM 407	Conflict Resolution & Negotiation in the Workplace	12 weeks	3
	WHDM 408	Workplace Insurance and Benefits	12 weeks	3
	WHDM 410b OR WHDM 412b	Final Research Project OR Final Practicum	12 weeks	3
Total credits Year 2:				30
TOTAL PROGRAM PCU-WHS CREDITS				60

¹ Full-time courses for a trimester run concurrently.

Part-time program schedule

Year 1:	Course code	Course title	Course duration²	Credits
Fall 2022 Trimester	WHDM 105	Disability Management & Return to Work	6 weeks	3
	WHDM 106	The Body and Mind at Work	6 weeks	3
Winter 2023 Trimester	WHDM 107	Workplace Prevention & Health Promotion	6 weeks	3
	WHDM 206	Decision Making & Data Analysis	6 weeks	3
Spring 2023 Trimester	WHDM 207	Case Analysis & Research Methods	6 weeks	3
Total credits Year 1:				15
Year 2:				
Fall 2023 Trimester	WHDM 215	Human Resources and Organizational Development	6 weeks	3
	WHDM 302	Physical Impairments and Work Retention	6 weeks	3
Winter 2024 Trimester	WHDM 304	Disability, Work & the Law	6 weeks	3
	WHDM 307	Mental Health Conditions & Work Retention	6 weeks	3
Spring 2024 Trimester	WHDM 309	Job Analysis, Assessment Reports & Accommodation Technology	6 weeks	3
Total credits Year 2:				15
Year 3: <i>NOT FUNDED BY FEDERAL SPECIAL INITIATIVE SCHOLARSHIP</i>				
Fall 2024 Trimester	WHDM 308	Case Management: Information Gathering	6 weeks	3
	WHDM 402	Unions and the Workplace	6 weeks	3
Winter 2025 Trimester	WHDM 318	Workplace Management and Communication Skills	6 weeks	3
	WHDM 404	Economics of Workplace Health Initiatives	6 weeks	3
Spring 2025 Trimester	WHDM 405	Ethics in Disability Management	6 weeks	3
Total credits Year 3:				15
Year 4: <i>NOT FUNDED BY FEDERAL SPECIAL INITIATIVE SCHOLARSHIP</i>				
Fall 2025 Trimester	WHDM 406	Case Management & Service Coordination Part 2	6 weeks	3
	WHDM 407	Conflict Resolution & Negotiation in the Workplace	6 weeks	3
Winter 2026 Trimester	WHDM 408	Workplace Insurance and Benefits	6 weeks	3
	WHDM 410a OR WHDM 412a	Final Research Project Proposal OR Practicum Preparation and Sectoral Study	6 weeks	3
Spring 2026 Trimester	WHDM 410b OR WHDM 412b	Final Research Project OR Final Practicum	6 weeks	3
Total credits Year 4:				15
TOTAL PROGRAM PCU-WHS CREDITS				60

² Part-time courses run one course at a time, with 2 or more weeks between courses.

Frequently Asked Questions

What is the Special Federal Initiative Scholarship?

- The scholarship program is made possible by funding to the National Institute of Disability Management and Research (NIDMAR), provided by the Government of Canada's Sectoral Initiative Program.
- Candidates may apply for a scholarship for either the full-time or part-time Bachelor in Disability Management program.
- Each successful candidate will be entitled to \$6,500 annually for each of two years for the full-time program, or \$3,250 annually for the first 2 years only of the part-time program, to cover most of the course tuition for the specialized courses towards completion of the BDM degree.
- Candidates must have completed at least 60 transferable academic credits from a recognized post-secondary institution (or equivalent; more information below).

OR

- qualify for Admission Directly into Year 3 by Prior Learning Assessment and Recognition (PLAR) / Flexible Admission.
- The scholarship program duration is 2 years for the 2-year full-time program, or the first 2 years of the 4-year part-time program. Recipients in the full-time program are expected to graduate within this 2-year time frame; those in the part-time program are responsible for tuition for the final 2 years of the program, and are expected to graduate at the completion of the 4th year.
- The percentage to which the annual scholarship will cover actual tuition costs will be contingent on the number of transfer credits with which prospective students will enter the degree program.

What does the Special Federal Initiative Scholarship provide?

Eligible individuals may apply for a scholarship for either the full-time or part-time **Bachelor in Disability Management (BDM)** program.

The Special Federal Initiative Scholarship will provide

- \$6,500 annually **for each of the 2 years of the full-time BDM program**, to cover most of the course tuition for the specialized courses required to complete the BDM degree. **Applicants will be responsible for covering the balance of the tuition: approximately \$1,120 per academic year** for a student entering with 60 credits. Textbooks, which are required by several courses, are not covered by the scholarship.
- \$3,250 annually **for each year of the 4-year part-time BDM program**, to cover most of the course tuition for the **first 2 years** of specialized courses required to complete the BDM degree. **Applicants will be responsible for covering the balance of the tuition for the first 2 years: approximately \$560 per academic year** for a student entering with 60 credits. Textbooks, which are required by several courses, are not covered by the scholarship. **Applicants will be responsible for covering the full tuition and all other expenses of the final 2 years of the part-time program.**

Who is eligible?

The Special Federal Initiative Scholarship is open to candidates with landed immigrant or Canadian citizenship status who are permanent residents of any Canadian province or territory except British Columbia. *Permanent residents of BC are invited to apply for the WDA Grant Scholarship.*

Successful candidates must:

- Meet the admission criteria of PCU-WHS.

In addition, successful candidates **must qualify for Admission Directly into Year 3 of the BDM program**. To qualify for Admission Directly into Year 3, applicants must:

- Have graduated with an associate degree, 2-year diploma, or other relevant educational prerequisite which provides 60 transferable academic credits (or equivalent) in a range of disciplines (preferred domains listed below).
 - Current students must be attending a Canadian post-secondary institution.
 - Students converting from an existing career path may have graduated from any university or college.
 - Candidates with an average post-secondary GPA of 3.0 or higher will be preferred.

OR

- Be eligible for Admission Directly into Year 3 on the basis of Prior Learning Assessment and Recognition (PLAR) A combination of professional experience and career education will be assessed under Flexible Admission policy on a case-by-case basis. Applicants under Flexible Admission should have a minimum of 5-10 years of relevant experience in a related field.

Preferred domains of previous study include:

- Human Resources
- Occupational Health Safety
- Healthcare
- Business
- Social Work

What additional costs will I need to pay?

- An application fee of \$100 is required.
- While the Special Federal Initiative Scholarship will cover most of the tuition of the full-time BDM program, or most of the tuition of the first 2 years of the part-time BDM program, students are responsible for covering the balance of tuition: approximately \$1,120 per academic year for the full-time BDM program; approximately \$560 per academic year for the first 2 years of the part-time program, and approximately \$3,810 per year for Years 3 and 4 of the part-time program (as of December 2021).
- The costs of elective or additional courses, if required, are not covered by the Scholarship.

- There will be other incidental costs, including costs of textbooks and other materials, which are not covered by the Scholarship.
- The cost of a Prior Learning Assessment and Recognition (PLAR) request for any course is not covered by the Scholarship.
- The cost of a PLAR review for admission is not covered by the Scholarship.
- Fees for any course not completed within the Scholarship period will be the responsibility of the student.
- The percentage to which the annual Scholarship will cover actual tuition costs will be contingent on the number of transfer credits with which prospective students will enter the degree program.

What is the period of study?

The Special Federal Initiative Scholarship will apply to:

- the **full 2 years of the full-time BDM program**, commencing with the Fall 2022 trimester and terminating with the Spring 2024 trimester.

OR

- the **first 2 years only of the 4-year part-time BDM program**, commencing with the Fall 2022 trimester and terminating with the Spring 2024 trimester. You can anticipate completion of the part-time program 2 years later (Spring 2026 trimester) without scholarship funding.

What commitments do I need to make?

- Successful candidates are required to attend the PCU-WHS full-time or part-time online program beginning in September 2022.
- You are also required to attend an online orientation to the program in advance of the first academic term.
- You must maintain an academic standing of 3.0 or higher each trimester throughout your studies. If you fail to achieve this, you will be given the following trimester to restore your standing.
- You must be in a position to register in the full-time or part-time Bachelor of Disability Management (BDM) program beginning in September 2022, and to complete the degree within a 2-year period for the full-time program or 4-year period for the part-time program.
- **To qualify for admission to the full-time Special Federal Initiative Scholarship program, you must not be working full-time.**

How will I access courses at PCU-WHS?

PCU-WHS is located in Port Alberni, British Columbia, but all BDM courses are offered exclusively online. Residents of Canada can study from their province or territory of residence.

All courses at PCU-WHS are offered online by highly qualified faculty with a depth of multidisciplinary experience.

Students require a computer, an Internet connection (high-speed internet is recommended), and internet browser software to participate in the courses. Students should have a computer with a sound card and speakers to listen to course videos and audio, plus a microphone to participate in synchronous sessions. All courses require a word processing application such as Microsoft Word. Individual courses may have additional software requirements. Technical assistance is available for all courses.

The online platform provides you with:

- 24-hour access to course resources and materials.
- More opportunities to directly communicate with faculty.
- Constructive interaction with other students.
- Greater flexibility and convenience in managing your time. (Courses are not self-paced, however; timelines for course work are provided.)
- An environment to participate at a time and place best suited to your needs.
- Additional time to reflect before responding to discussions and other activities.
- An environment where the independent learner flourishes.

Students will have 24-hour access to most course resources, activities, and materials. The few synchronous activities (Zoom sessions, student presentations) will be scheduled in the Pacific time zone, but scheduling will aim to accommodate other time zones in which the students are residing, when possible.

What is the difference between the part-time and the full-time BDM program?

Full-time BDM program: For students who are not also employed full-time.

- Completion of the BDM program in 2 years (Scholarship is applied to both years.)
- Completion of a minimum of ten (10) 3-credit courses per year
 - Typically: 4 courses in the Fall trimester, 3 courses in the Winter trimester, 3 courses in the Spring trimester.
- The courses for the full-time program are 12-week courses, with an **anticipated time commitment of 8-9 hours per week per course**, including approximately 4 hours on the required readings and 4 hours on either a discussion exercise or assignment. **Expect to be enrolled in at least 3 courses per trimester.**

Part-time BDM program: For students who are also employed full-time.

- Completion of the BDM program in 4 years (Scholarship is only applied to the first 2 years.)
- Completion of a minimum of five (5) 3-credit courses per year
 - The courses for the part-time program are distributed throughout each academic year, 5 per year consecutively (**one course at a time**), with 2 or more weeks between courses.
- The courses for the part-time program are 6-week courses, with an **anticipated time commitment of 16 hours per week**, including approximately 8 hours on the required readings and 8 hours on either a discussion exercise or assignment.

Only students enrolled in the full-time program are eligible to take the 12-week BDM courses.

Only students enrolled in the part-time program are eligible to take the 6-week BDM courses.

	BDM Program	
	Full-Time	Part-Time
Time to completion of program	2 years	4 years ³
Number of courses per year	10	5
Duration of each course	12 weeks	6 weeks
Number of courses taken at one time	3 or 4, depending on trimester	1
Time commitment per week per course	8 hours	16 hours

³ The Special Federal Initiative Scholarship can only be applied to the first 2 years of the 4-year part-time program. **Applicants will be responsible for covering the full tuition** and all other expenses of the final 2 years of the part-time program.

How do I apply?

All **expressions of interest and applications** must be addressed to the Office of the Registrar at PCU-WHS (see contact information below).

Once you have determined your interest, you may submit a Special Federal Initiative Scholarship application package which includes:

- Completed Special Federal Initiative Scholarship Application Form
- An application fee of \$100
- Reflective essay
- Official transcripts issued from previous post-secondary institutions
- Letters of Attestation (2) for previous work experience

Applications packages must be addressed to the Office of the Registrar at PCU-WHS, and can be sent by email, Canada Post, or courier to:

Special Federal Initiative Scholarship
Office of the Registrar
Pacific Coast University for Workplace Health Sciences
4755 Cherry Creek Road
Port Alberni, BC V9Y 0A7
education@pcu-whs.ca

What is the deadline to apply?

Application packages must be received in their entirety no later than June 15, 2022.

Scholarships are awarded on a first-come-first-qualified basis.

When will I know if I have been selected to receive the Special Federal Initiative Scholarship?

Successful applicants will be notified by July 15, 2022.

Successful applicants must notify PCU-WHS that they have accepted the Scholarship by July 20, 2022. If the Scholarship is declined, it will be awarded to an individual on the waiting list, who will be notified of their success by July 30, 2022.

Why is the Special Federal Initiative Scholarship important?

The Special Federal Initiative Scholarship is designed to:

- Significantly increase availability of Disability Management Professionals for Canadian employers.
- Support a key public relations strategy to build enhanced recognition of the importance of effective Return to Work programs and the priority of maintaining employment for disabled workers.
- Reduce the unacceptable poverty rate of people with disabilities.
- Improve socio-economic outcomes for disabled workers, employers, and society at large through greater professionalization of those working in the Return to Work / Disability Management field.

How can Disability Management make a difference?

- Approximately 80 percent of disabling conditions occur during an individual's working life.
- Disability benefit recipients have less than a one percent chance of exiting the social security benefit system and in to employment.
- This results in dependency and poverty for individuals with disabilities, unsustainable social protection costs, and increasing numbers of disability benefit recipients.
- About 25 percent of all Canadians living in poverty today – an estimated 1.4 million individuals – are people with disabilities.
- Effective Disability Management programs can make a crucial contribution to reducing poverty in Canada by promoting workplace health, preventing disabilities, and avoiding loss of employment due to a disabling condition.

Disability Management interventions are designed to:

- Reduce the likelihood that workers will acquire an impairment that could place their jobs at risk.
- Engage with workers with disabilities, before they have lost their attachment to their employer, to enhance the likelihood they will retain and return to their jobs.
- Reduce the number of workers exiting the active labour market and entering into the disability benefits system.

Early intervention is at the core of an effective Disability Management approach.

A key success factor in effective Disability Management programs is a consensus-based process based on collaboration between management and worker representatives, often enshrined in a collective agreement, and overseen by a joint management-labour committee.

What does a Disability Management Professional do?

Disability Management Professionals work internally within their own organizations or externally as providers to:

- Develop positive workplace health and job retention policies.
- Promote a positive and proactive workplace health and return to work organizational culture.
- Promote and protect the health and productivity of the workforce.
- Support workers with health conditions to remain at work.
- Assist workers absent on health grounds to safely return to the workplace.

Disability Management Professionals work collaboratively with management, unions or employee organizations, insurance providers, government agencies, health care providers and others.

Where do Disability Management Professionals work?

Disability Management Professionals work as human resource professionals, workplace health specialists, case managers, return to work coordinators or in a variety of related areas.

Prospective places of employment for Disability Management Professionals include:

- Industrial work sites
- Corporate offices
- Insurance companies
- Service providers
- Human resources departments
- Workers' compensation organizations

There is an opportunity for experienced professionals to establish their own businesses offering disability management contract services to local employers.

How will the Scholarship help me to progress my career?

- Graduates of the BDM Program are recognized under the eligibility qualifications to write the professional certification examinations for the designations of:
 - Certified Disability Management Professional – CDMP
 - Certified Return to Work Coordinator – CRTWC

once they have met all of the following eligibility criteria:

- Successful completion of the Bachelor of Disability Management (BDM) degree
- Completed a minimum of 1 year performing the roles and responsibilities (during the last 5 years) with at least 50% or more of the time in the delivery of DM services, supervised by a qualified DM supervisor or management representative responsible for DM.

- The BDM is accepted by the Ted Rogers School of Management at Ryerson University as a qualifying program for consideration of acceptance to its:
 - Master of Business Administration
 - Master of Science in Management
 - Master of Health Administration

In a survey by the Canadian HR Reporter, it was found that 90 percent of business leaders say the value of professional designations is increasing.

For information regarding the Special Federal Initiative Scholarship that is not addressed in this information booklet, please contact:

KD Thakor,
Associate Director of Admissions, Student Services and Alumni Relations
Pacific Coast University for Workplace Health Sciences
4755 Cherry Creek Road
Port Alberni, BC
Canada V9Y 0A7
Email: education@pcu-whs.ca

Due to a high number of inquiries, there may be delays in receiving a response. We prioritize those who have submitted an application with associated application fees.

DISABILITY MANAGEMENT EXPERTS AND THE IMPACT OF JURISDICTION ON PRACTICE

AN ONTARIO EXAMPLE

DÖRTE BERNHARD,^{*} ELLEN MACEachen[†] AND KATHERINE LIPPEL[‡]

ABSTRACT

Introduction The role, tasks and competencies of disability management professionals (DMPs) have increasingly become a focus of research in the last decade. However, the legal context in which DMPs work, how this affects their daily practice, and how this impacts their training curricula, has been neglected. This omission is problematic given that international training programs of disability management (DM) operate across different jurisdictions. Our study describes DMPs' practice in Ontario, Canada and considers jurisdiction-specific elements of disability management practice.

Methods The study is based on seven interviews and a focus group with five participants, who are either certified disability management professionals or who are involved with DMPs' training, as well as documentary analysis of the legal context of these professionals' practice.

Results The study shows how DMPs' practice is affected by the local legal context. The jurisdiction's socio-political framework requires DMPs to distinguish between occupational and non-occupational cases, a distinction which affects their practice and their recommendations to employers. This is in contrast to DM training which emphasises equal treatment of all people with disabilities.

Conclusions The research suggests that disability management practices may differ from one jurisdiction to the next and therefore emphasises the need to consider socio-political aspects in DMPs' practice as well as in the development of training programmes and cross-jurisdictional research.

I BACKGROUND: THE RELEVANCE OF CONTEXT FOR DISABILITY MANAGEMENT

The participation of a person with a disability in society and in the labour market does not just depend on a person's ability to adjust to their society or workplace environment, but also depends on the society's or workplace's ability to let the person participate. In a workplace context, this would mean a match between the needs of the disabled person and the accommodation by the workplace. According to the World Health Organizations' International Classification of Functioning, and its biopsychosocial model, attention is needed to contextual factors and their impact on improving the situation of persons with disabilities. Within this framework, the socio-political context plays a crucial role in any intervention aimed at increasing the participation of disabled people in the workplace and society.¹

Across jurisdictions and at different times there are different laws, policies, procedures and traditions for supporting the vocational rehabilitation and integration of injured and disabled workers. For instance, when comparing the German and Canadian systems, Shrey and Hursh noted that European systems focus on regulation whereas systems in English-speaking countries rely on persuasion.² When comparing different international systems of return to work (RTW) and rehabilitation it has to be considered that workers' compensation systems, like those in Ontario and Germany, operate on a

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1 Kay Schrier, 'Disability Studies Perspective on Employment Issues and Policies for Disabled People' in Gary L Albrecht, Katherine D Seelman and Michael Bury (eds), *Handbook of Disability Studies* (Sage Publications, 2001) 642.

2 Donald E Shrey and Norman C Hursh, 'Workplace Disability Management: International Trends and Perspectives' (1999) 1 *Journal of Occupational Rehabilitation* 9, 47.

different framework than a sickness insurance system, such as those in Scandinavia and in the Netherlands.³

When applying the World Health Organization's framework to RTW as well as to disability management and labour market participation, attention is drawn to workplace factors, such as continued contact with the workplace and procedures for managing disability.⁴ The task of returning disabled workers to work as well as integrating them at the worksite is linked to legal, administrative, social and political challenges. It requires an interplay between all participants: the health-impaired disabled worker, health care provider, physician, workers' compensation or the disability insurance provider, union and rehabilitation professionals who all take on important roles in the RTW process and the labour integration context. Their roles, responsibilities and support systems are central in guiding the worker on the path back to work.⁵

Disability management professionals (DMPs), such as disability management coordinators and rehabilitation counsellors, guide the health-impaired person and facilitate their social integration and labour market participation. They are not required to have a health background. The particular roles of DMPs vary. They might be employees within a company, work for themselves or a consultancy that provides services to a variety of different companies. They also might be employed at a social insurance organisation such as a workers' compensation board.⁶ DMPs' practices have been conceptualised into two practice levels: as system-oriented or more service (client)-oriented. While the system-oriented disability management refers to administrative and managerial tasks with a focus towards the organizational level, the service-oriented approach applies when there is a direct contact with the client, when disability managers are working as case managers.⁷

The DMPs are responsible for setting up and running DM programs that aim to promote successful and early RTW as well as cost reduction of workers compensation costs.⁸ This includes conducting audits of companies' RTW and DM practices and incorporates, among other things, the collection and analysis of disability cost data (evaluation of disability management practices), monitoring of RTW and reduction of disability management costs. The audits focus on disability management policy and workplace resources, disability prevention and early intervention.⁹

Due to different socio-political and legal frameworks, there may be differences in the tasks and role of DMPs across different countries and between different systems within a jurisdiction. To support people with illnesses and disabilities according to their personal and disability-related needs at the work-site, DMPs may need certain competencies based on the socio-political context such as

3 For a detailed analysis of international influences on Dutch social security law, and for a detailed analysis of the Dutch system and the ways in which it differs from North American systems, see Frans Pennings, *Dutch Social Security Law in an International Context* (Kluwer, 2002).

4 Shrey and Hursh, above n 2, 46; Susanne M Bruyère and Donald E Shrey, 'Disability management in industry: A joint labor-management process' (1991) 34(3) *Rehabilitation Counselling Bulletin* 227, 242; Rochelle V Habeck, Allan H Hunt and Brett Van Tol, 'Workplace factors associated with preventing and managing work disability' (1998) 42(2) *Rehabilitation Counselling Bulletin* 98, 143.

5 Renee-Louise Franche et al, 'Workplace-Based Return-to-Work Interventions: Optimizing the Role of Stakeholders in Implementation and Research' (2005) 15(4) *Journal of Occupational Rehabilitation* 525, 542; Ellen MacEachen et al, 'Systematic review of the qualitative literature on return to work after injury' (2006) 32(4) *Scandinavian Journal of Work, Environment and Health* 257, 269; Christian Stahl et al, 'A matter of trust? A study of coordination of Swedish stakeholders in return-to-work' (2010) 20(3) *Journal of Occupational Rehabilitation* 299; Amy Ahrens and Kate Mulholland, 'Vocational rehabilitation and the evolution of disability management: An organizational case study' (2000) 15 *Journal of Vocational Rehabilitation* 39, 46.

6 Glenn Pransky et al, 'Development and validation of competencies for return to work coordinators' (2010) 20(1) *Journal of Occupational Rehabilitation* 41.

7 Fong Chan et al, 'Disability Management Practitioners: A work behaviour analysis' (2000) 15 *Journal of Vocational Rehabilitation* 47, 56; David A Rosenthal et al, 'A Survey of current Disability Management Practice: emerging trends and Implications for Certification' (2007) 50(2) *Rehabilitation Counseling Bulletin* 76, 86.

8 Renee M Williams et al, 'Disability Management Practices in Education, Hotel/Motel, and Health Care Workplaces' (2005) 47 *American Journal of Industrial Medicine* 217, 226.

9 International Disability Management Council, 'Implementing Disability Management Quality Standards' (Paper presented at 9th European Conference on Rehabilitation, Copenhagen, 9-10 November 2010)

<http://www.rehabiliteringsforum.dk/fileadmin/filer/ERC_2010/Wolfgang_Zimmermann.pdf>

understanding the impact on disability management practice of particular state policies and support systems. Given that the work of DMPs includes a system-level focus, their tasks include support for employers to understand socio-political issues such as systems governing compensation policies and employee benefits.¹⁰ In some jurisdictions, like Germany and Ontario, the participation of disability managers is neither mandated nor officially acknowledged by the legislation.

There is a body of research on disability management rules and norms in different workplaces as well as among different stakeholders within the policy context of Ontario.¹¹ These studies do not highlight the professionals' actual practice. With some exceptions, the relationship between DMPs and either jurisdiction or the socio-political context has not been extensively researched, either locally or with an international scope.¹² This lack of jurisdiction-focused research with respect to DMPs' practice is surprising, given the number of studies emphasising the impact of local laws and policies on workers as well as on employers in RTW and disability management.¹³

Training in disability management has been established to standardise quality and to provide necessary skills. A prominent training program for DMPs is provided by NIDMAR, the National Institute of Disability Management and Research, based in Canada, launched in 1994 and described by NIDMAR as 'an internationally recognised organisation committed to reducing the human, social and economic costs of disability'.¹⁴ NIDMAR might be considered a founder of modern DM certification and actively provides DMPs' training in international jurisdictions including Germany and 13 other countries.¹⁵ In Canada, where the disability management training was developed, but where certification is not mandatory for practitioners in DM, there are 142 certified disability management professionals (cdmp);¹⁶ in Germany there are 728 cdmp.¹⁷ The NIDMAR training is based on nine knowledge domains.¹⁸ It provides a broad conception of occupational and non-occupational disability management. The modules are general and designed to fit most situations. This program takes a

10 Ahrens and Mulholland, above n 5, 46; Janna Calkins, John Lui and Christopher Wood, 'Recent Developments in integrated disability management: implications for professionals and organizational development' (2000) 15 *Journal of Vocational Rehabilitation* 31, 37; Chan et al, above n 7, 56; William Shaw et al, 'A Literature Review Describing the Role of return-to-work Coordinators in Trial Programs and Interventions Designed to Prevent Workplace Disability' (2008) 18 *Journal of Occupational Rehabilitation* 2, 15.

11 Joan M Eakin, Ellen MacEachen and Judy Clarke, 'Playing it smart' with return to work: Small workplace experience under Ontario's policy of self-reliance and early return' (2003) 1(2) *Policy and Practice in Health and Safety* 19, 41; Michael K Schweigert et al, 'Treating physicians' perceptions of barriers to return to work of their patients in Southern Ontario' (2004) 54 *Occupational Medicine* 425, 429; Renee M Williams et al, 'Disability Management Practices in Ontario Health' Care Workplaces (2007) 17 *Journal of Occupational Rehabilitation* 153, 165; Williams et al, above n 8, 226; Renee M William and Muriel G Westmorland, 'Perspectives on workplace disability management: a review of the literature' (2002) 19(1) *Work* 87, 93.

12 Irmo Marini, 'What rehabilitation counsellors should know to assist Social Security beneficiaries in becoming employed' (2003) 21 *Work* 37, 43.

13 Sally Atwell and Lesley M Hudson, 'Social Security Legislation Creates Ticket to Work and Work Incentives Improvement Act' (2004) 9 *Topics in Spinal Cord Injury Rehabilitation* 26, 32; Lena Edén et al, 'Return to work still possible after several years as a disability pensioner due to musculoskeletal disorders: A population-based study after new legislation in Sweden permitting 'Resting disability pension'' (2006) 26 *Work* 147, 155; Kevin Purse, 'Workers compensation-based employment security for injured workers: A review of legislation and enforcement' (2002) 18 *Journal of Occupational Health and Safety - Australia and New Zealand* 61, 66; Johannes R Anema et al, 'Can Cross Country Differences in Return-to-Work After Chronic Occupational Back Pain be Explained? An Exploratory Analysis on Disability Policies in a Six Country Cohort Study' (2009) 19 *Journal of Occupational Rehabilitation* 419, 424; Katherine Lippel, 'L'intervention précoce pour éviter la chronicité: enjeux juridiques', Barreau du Québec (ed), *Développements récents en santé et sécurité du travail* (Éditions Yvon Blais, 2008) vol. 284, 137.

14 Industry Canada, *National Institute of Disability Management and Research* <<http://www.ic.gc.ca/app/ccc/srch/nvgt.do?lang=eng&prtl=1&sbPrtl=&estblmntNo=234567030935&profile=cmpltPrfl&profileId=21&app=sold>>.

15 International Disability Management Council, above n 9.

16 National Institute of Disability Management and Research, *Current Listings CDMPs* <http://www.nidmar.ca/certification/cdmp/cdmp_certified.asp>.

17 Deutsche Unfallversicherung, *Disability management, Stand in Deutschland, Mai 2009* (2009) available via <<http://www.vdima.de>>.

18 National Institute of Disability Management and Research, *Examination Preparation Guide* (2004) <http://www.nidmar.ca/certification/cdmp/CDMP_Examination_Preparation_Guide.pdf>.

generic, cross-jurisdictional approach to DM, and emphasises the notion of ‘duty to accommodate’, a human rights provision, which is present in legislation in many countries where DM is practiced.¹⁹

Being certified is seen as important with respect to competence in practice. In recent years, researchers have become increasingly interested in the licensing process in the field of rehabilitation counselling as can be seen from an ongoing analysis of the position of rehabilitation counsellors.²⁰ Within the last 20 years, a number of studies on ‘disability management and rehabilitation counselling practice’ have contributed to an empirical base for understanding this domain.²¹ Although findings of this research have been integrated into training programs, there is a lack of research based on the DMPs’ practice taking an educational/ pedagogical perspective and conceptualising implications for curricula development within disability management. The above mentioned studies conclude that study findings contribute to revision of curricula but how they impact curriculum development is not discussed clearly. There is a lack of independent research regarding specific training programs such as the NIDMAR program.

This paper examines the impact of local legislation on DMPs’ practice. The study aims to uncover factors that are relevant when assessing the impact of legislation on the skills, work and tasks of DMPs. What are the relevant issues that are important to consider when comparing different disability management systems in different jurisdictions? The NIDMAR trained DMPs and the situation in Ontario, Canada, are the subject of this case study. A guiding hypothesis of this study is that, as NIDMAR is a Canadian-based program, it might show sensitivity to Canadian socio-legal context.

This investigation emerges from an initial focus on the broad adoption of the NIDMAR certification in disability management in Germany, which prompted questions about the particular training needs of DMPs internationally.²² Although focussed on the situation in Ontario, the study allows for broader consideration of the kinds of issues that might need to be considered by DMPs in different countries.

II STUDY DESIGN AND METHODS

This qualitative study consisted of document analysis of laws and policies pertinent to disability management in Ontario, and interviews and a focus group with DMPs held in February/March 2009.

The interview questions were devised by the three authors following an analysis of Ontario and Canadian legislation. The questions were piloted in two initial interviews and then refined and further developed in the process of data collection. For instance, it became apparent that DMPs preferred to talk about ideal practice (how disability management should work) and that particular probes would be necessary to prompt them to speak about actual practice.

19 Philip M Berkowitz, Thomas Müller-Bonanni and Anders Etgen Reitz, *International labor and employment law* (2008) vol 2, *Human Rights Code*, RSO 1990, c H19.

20 Vilia M Tarvydas, Michael J Leahy and Stephen A Zanskas, ‘Judgment Deferred: Reappraisal of Rehabilitation Counseling Movement Toward Licensure Parity’ (2009) 52 *Rehabilitation Counseling Bulletin* 85, 94.

21 Fong Chan et al, ‘Training needs of certified Rehabilitation Counselors for Contemporary Practice’ (2003) 46(2) *Rehabilitation Counseling Bulletin* 82, 91; Kenneth F Currier et al, ‘Functions and knowledge Domains for Disability Management Practice: A Delphi Study’ (2001) 44(3) *Rehabilitation Counseling Bulletin* 133, 143; Glenn Pransky et al, ‘Development and Validation of Competencies for Return to Work Coordinators’ (2009) 20(1) *Journal of Occupational Rehabilitation* 1, 8; David A Rosenthal et al, ‘A Survey of current Disability Management Practice: emerging trends and Implications for Certification’ (2007) 50(2) *Rehabilitation Counseling Bulletin* 76, 86; William Shaw et al, ‘A Literature Review Describing the Role of return-to-work Coordinators in Trial Programs and Interventions Designed to Prevent Workplace Disability’ (2008) 18 *Journal of Occupational Rehabilitation* 2, 15; Susan M Skully, Rochelle V Habeck and Michael J Leahy, ‘Knowledge and Skill Areas Associated with Disability Management Practice for Rehabilitation Counselors’ (1999) 43 *Rehabilitation Counseling Bulletin* 20, 29; George N Wright, Michael J Leahy and Pamela Riedesel Shapson, ‘Rehabilitation Skills Inventory: Importance of counsellor Competencies’ (1987) 31 *Rehabilitation Counseling Bulletin* 107, 118.

22 Dörte Bernhard, *Weiterbildung betrieblicher Akteure im Kontext der beruflichen Integration behinderter Menschen. Eine Bildungsbedarfsanalyse* (Shaker, 2008) 19; Dörte Bernhard, Mathilde Niehaus and Britta Marfels, ‘Changes in managing disability at the workplace in Germany: Chances of professionalization’ in Henry Harder and Thomas Geisen (eds), *Disability Management. Theory, History, Research and Methods* (in press).

The semi-structured, open-ended interviews, as well as the focus group, investigated the role and tasks of DMPs in Ontario, the impact of legislation on their practice, the handling of occupational versus non-occupational accidents, the impact of sickness insurance, relevant skills and training needs with reference to jurisdiction, and experiences with NIDMAR training as well as with alternative programs. Interview questions explored the following issues:

1. What role does the legal framework play in DMPs' practice?
2. What kinds of jurisdiction-specific training needs exist?
3. How does the NIDMAR training prepare these DMPs for practice?

Criteria for recruitment of DMPs were that they were NIDMAR certified, or involved in NIDMAR training, and that they represented a range of DM practices.

Data was collected from ten DMPs in Ontario and two who worked at the national level for a total of 12 DMPs in interviews and the focus group. The interviews were conducted by telephone (six) and face-to-face (one). The focus group included an additional five participants. Nine participants were NIDMAR certified and the remaining three were involved with NIDMAR in other ways, such as being on the Board of NIDMAR or responsible for designing NIDMAR training.

All interviews and the focus group were audio-recorded and transcribed verbatim. All participants were assured of anonymity and data confidentiality at the beginning of each interview. The names associated with the quotes provided in the paper are pseudonyms. The participants agreed to publication and dissemination of results from this study and were assured of receiving any material published.

The interviews were analysed thematically following the steps of a qualitative content analysis.²³ This involved repeated reading of the transcripts and ordering all data by category, for instance, all responses relating to DMPs' practice according to whether or not the injury was occupational. Data were then reviewed for themes that illustrated jurisdiction-specific DM issues. At this point, accounts were compared and contrasted and contradictions were examined.

Trustworthiness of the data was enhanced by verbatim transcribing of the audio-recorded interviews by the lead author, and by discussion and analysis of the data by the three authors, who have broad occupational health research experience and represent different knowledge domains.

III RESULTS

Results are presented in four sections. First, the socio-legal context for DM in Ontario, Canada is described, to explain issues that need to be navigated by DMPs in their local practice. Next, the interview study and focus group of Ontario DMPs highlight three primary aspects of DM practice relevant to the socio-legal context: (a) that disability training focuses on the generic needs of all people with disabilities and the duty of employers to accommodate these needs regardless of the source of the injury, be it occupational or not; (b) that in practice, disability management involves consideration of distinct socio-political conditions. In Ontario, this is evident in the distinction raised by DMPs between the management of occupational as compared to non-occupational injuries; and c) that disability management training lacks systematic consideration of socio-political issues. In the discussion we consider the challenges arising when DMPs' training does not incorporate these socio-legal issues.

A Socio-legal context for disability management in Ontario

The socio-legal analysis identified four policy contexts relevant to DM in Ontario: the workers' compensation system administered by the Workplace Safety and Insurance Board, human rights legislation, employment insurance and private salary insurance for short-term and long-term disability leave.

23 Philipp Mayring, *Einführung in die qualitative Sozialforschung* (Beltz Verlag, 2002).

1 Workplace Safety and Insurance Board

Each province in Canada has its own workers' compensation legislation, and each has particular provisions for issues such as eligibility, coverage, and RTW. In Ontario, workers' compensation is governed by the *Workplace Safety and Insurance Act* (1997).²⁴ This Act is based on the Meredith Principles (1913) which lay the ground for a no-fault approach where workers receive compensation at no cost and employers pay premium rates depending upon the industry.²⁵ The system is administered by a neutral workers' compensation agency with exclusive jurisdiction over all matters arising out of the enabling legislation.²⁶ The Ontario Workplace Safety and Insurance Board (WSIB) began as the Workmens' Compensation Board in 1915. The system requires workers to give up the right to sue for occupational injuries, irrespective of fault, in return for guaranteed compensation for accepted claims.²⁷ About 72 per cent of Ontario employers are covered by workers' compensation and WSIB salary insurance to workers covers 85 per cent of their net wages.²⁸ The *Workplace Safety and Insurance Act* (1997) and Early and Safe Return to Work policy provide at least three incentives for employers and workers to engage in RTW:²⁹

- a. *Back to work*: Employers of firms with more than 20 workers are required to re-integrate work-injured workers into their workplace, an obligation that lasts for two years from the time of injury. The obligation only applies to workers with at least one year's seniority.³⁰
- b. *Experience-rated insurance premiums*: For all WSIB employers, experience-rating provides a strong incentive to return workers to work quickly as every dollar paid by the WSIB to workers who are off work due to an injury increases the employer's WSIB premiums.³¹
- c. *Duty to cooperate*: Workers and employers have a 'duty to cooperate' with RTW plans established for them. If workers do not comply, workers' compensation benefits can be reduced or suspended.³² Employers are also required to cooperate in RTW.³³ It is important to note that no specific provisions of the workers' compensation legislation in Ontario provide guidelines for DMPs. In other words, there is no legal obligation for employers to hire or consult with DMPs; it is a purely discretionary and voluntary arrangement between DMPs and the employers. For this reason there is no accreditation process, and the services are not paid for by WSIB so no fee schedule exists.

24 *Workplace Safety and Insurance Act* (1997) SO 1997, c 16 ('WSIA').

25 See generally on the foundations and the application of the workers compensation systems in Canada: Terence G Ison, *Workers' Compensation in Canada* (Butterworths, 2nd ed, 1989). See also the information available at Association of Workers' Compensation Boards of Canada, *History of Workers' Compensation* <<http://www.awcbc.org/en/historyofworkerscompensation.asp>>.

26 Terence G Ison, above n 25

27 Morley Gunderson, Douglas Hyatt (eds), *Workers' compensation: foundations for reform* (University of Toronto Press, 2000); and Association of Workers' Compensation Boards of Canada, above n 25.

28 On coverage, see the information available at Association of Workers' Compensation Boards of Canada, Assessment/Premiums <<http://www.awcbc.org/en/assessmentpremiums.asp#Scope%20of%20Coverage>>; On benefits see Association of Workers' Compensation Boards of Canada, *Workers' Compensation Benefits & Rehabilitation* <<http://www.awcbc.org/en/workerscompensationbenefitsandrehabilitation.asp#Benefits>>; on the implications of coverage, see Rachel Cox and Katherine Lippel, 'Falling through the legal cracks: the pitfalls of using workers' compensation data as indicators of work-related injuries and illnesses' (2008) 6(2) *Policy and Practice in Health and Safety* 63, 84. For an overview of the application of the Ontario legislation, see Garth Dee and Gary Newhouse, *Ontario Workplace Safety and Insurance Act & Commentary Supplement* (LexisNexis Canada Inc, 2008 ed).

29 Workplace Safety and Insurance Board, *Early and Safe Return to Work* (Policy 19-02-01) <<http://www.wsib.on.ca/wsib/wopm.nsf/Public/190201>>.

30 WSIA s 41; Workplace Safety and Insurance Board, *Re-employment Provisions* (Policy 19-04-02) <<http://www.wsib.on.ca/wsib/wopm.nsf/Public/190402>>.

31 Experience rating based on frequency and costs of injuries is mandated by WSIA s 83(1) which explicitly includes as an objective 'to encourage employers to reduce injuries and occupational diseases and to encourage workers' return to work.' See also policy detailing the implementation of experience rating: Workplace Safety and Insurance Board, <<http://www.wsib.on.ca/wsib/wsibsite.nsf/Public/EmployersPIhowmuch>>.

32 WSIA s 40(2); Workplace Safety and Insurance Board, *Workplace Party Co-operation* (Policy 19-02-03) <<http://www.wsib.on.ca/wsib/wopm.nsf/Public/190203>>.

33 WSIA s 40(1); Workplace Safety and Insurance Board, *Re-employment Provisions* (Policy 19-04-02) <<http://www.wsib.on.ca/wsib/wopm.nsf/Public/190402>>.

2 Human Rights legislation

The provisions governing workplaces' 'duty to accommodate' workers with injuries and disabilities are found in human rights legislation,³⁴ and if the source of the disability is a work injury, the obligation to accommodate is also integrated in the WSIA.³⁵ The employer must adapt the work or the workplace to accommodate the worker with a disability to the extent that the accommodation does not cause the employer undue hardship. However, when the source of the disability is not a work injury, recourse under the Human Rights Code is the only remedy. It is a complaints-based procedure with little enforcement and no institution is mandated proactively to ensure that people are accommodated; therefore outside of the workers' compensation process, if there is no formal complaint, there will be no sanction of employers who violate the duty to accommodate.³⁶ When it is a work accident, the compensation board will take much more assertive initiative.³⁷ Rules governing employers' obligations and the limit of undue hardship are created by this legislation, and interpreted and applied by the courts if the worker files a complaint.³⁸ This legislation applies to all workers and all forms of disability.

3 Employment Insurance³⁹

There is a modest public sickness benefit available through federal employment insurance but many people are ineligible because of contribution requirements. It starts on the third week of illness, lasts 15 weeks and provides 55 per cent of salary. To be eligible for employment insurance benefits, workers need to have contributed premiums for several hundred hours of employment in the previous 52 weeks (currently 600 hours).⁴⁰ This is particularly problematic for people with chronic illness and those with short-term or intermittent employment contracts, as they often do not work the required number of hours.

4 Private Salary Insurance

Some workers in Ontario have supplementary privately-purchased sickness insurance, usually provided by employers as an incentive. This insurance provides income replacement for both short-term and long-term disability in situations where there are non-work related injuries and illnesses. There is no legal obligation to provide salary insurance to workers and 38 per cent of Canadian workers have no cover.⁴¹ The likelihood of access to those additional benefits is far higher for unionised employees on full-time and permanent job contracts in large companies. It is less often available to workers who work for small businesses, and in certain sectors of employment, where precarious employment is high.⁴²

B The generic training of disability managers

The skills described by DMPs as necessary for practice were overwhelmingly of a generic nature. DMPs noted that one needs to be a 'people person' and have empathy and compassion. Participants also mentioned the need for interpersonal and communication skills as well as organizational and problem solving skills. The NIDMAR training program in Canada does not require students to have a training background in physical or mental health. They referred to the need to be clear about tasks and problems and about recognizing the role and responsibilities of the other RTW stakeholders.

³⁴ *Human Rights Code*, RSO 1990, c H19, s 11(2).

³⁵ *WSIA* s 41(6).

³⁶ For a discussion of the difficulties in winning complaints based on Human Rights Codes complaints for failure to accommodate see Judith Mosoff, 'Lost in translation?: The disability perspective in *Honda v. Keays* and *Hydro-Québec v. Syndicat*', Book Review (2009) 3 *McGill Journal of Law and Health / Revue de droit et de la santé de McGill* 137.

³⁷ Anne-Marie Laflamme and Sophie Fantoni, 'L'obligation d'accommodement au Canada et L'obligation Française de Reclassement: Convergences, Divergences et Impacts sur le Maintien en Emploi du Salarie en État d'incapacité' (2009) 3 *McGill Journal of Law and Health / Revue de droit et de la santé de McGill* 12.

³⁸ Mosoff, above n 36, 149.

³⁹ See generally, Georges Campeau, *From UI to EI: Waging war on the welfare state* (UBC Press, 2005).

⁴⁰ Service Canada, *Employment Insurance*, <<http://www.servicecanada.gc.ca/eng/ei/types/special.shtml>>.

⁴¹ Katherine Marshall, 'Benefits of the job' (2003) 4(5) *Perspectives on Labour and Income* Table 1 <<http://www.statcan.gc.ca/pub/75-001-x/00503/6515-eng.html>>.

⁴² Ibid Table 2.

The DMPs described the NIDMAR training as providing a structure for practice and a place for ongoing education at a ‘high level’:

I couldn’t do the job without NIDMAR training because it sets out a format that is fairly easy to follow. It gives you the structure you need to organize it. (Sarah)

Participants described their NIDMAR certification as leading them to a wider understanding of injury management situations. For instance, this workers’ compensation board participant described how it widened her perspective to include injuries that were not work-related:

Before my certification, my knowledge was very focused on workers’ compensation matters and the matters that apply to that legislation. So, by being certified it gave me a broader understanding of other things that impact an individual, whether it is a work-related injury, non work-related, the different legislations that might come into play. It just gave me a more wholesome understanding of disability management. (Laure)

The DMPs also emphasised that the training prepares them to provide help to people to return to work, regardless of whether their health problem is work-related or not.

Whether someone is off on sick leave or off on workers’ compensation, it doesn’t matter to us. The process is the same. (Sarah)

The DMPs were aware that their practice was affected by legislative or mandatory RTW provisions. They referred to the *Ontario Human Rights Code (OHRC)*, the *Occupational Health and Safety Act*⁴³ and the *Workers’ Safety and Insurance Act (WSIA)* as the basis for their practice. Some also mentioned the impact on disability management practice of the collective agreements applicable to unionised workers.

We found that DMPs’ training appears to focus on the generic needs of all people with disabilities and the duty of employers to accommodate these needs regardless of the source of the work injury.

C Socio-political conditions in disability management

1 Awareness and different treatment of work-related versus non work-related cases

An important aspect of DM practice was the DMPs’ stance of treating all situations equally to avoid a two-tier system for workers with occupational or non-occupational injuries:

We try to treat them all the same. If you break your arm falling here or falling at home, it doesn’t matter to us. Not all employers are like that, but we work really hard, because we don’t want a two tier system. We don’t want employees who get hurt at work treated better than employees who get hurt at home. (Sarah)

However, in their descriptions of practical situations it was apparent that jurisdictional conditions affected both DMPs’ ability to support people with injuries or disabilities and the type of support being sought by the DMPs’ employers. When asked about DM practice differences for occupational versus non-occupational related health problems, several differences in RTW case management were revealed, relating to privacy rights, influence over RTW, and the urgency and pace of RTW activities.

DMPs mentioned that in the case of occupational injuries, protection of workers’ personal information was a challenge. These injured workers had a lower level of protection of their right to privacy than workers who had a non-compensable injury because requirements of cooperation provided for in the workers’ compensation legislation were more invasive than any constraints associated with the application of the *Ontario Human Rights Code (OHRC)*, which does not actively oblige workers to

43 RSO 1990, c O1.

participate in return to work activities if they choose not to do so.⁴⁴ The danger of intrusion and the need for consent of the work-injured worker in the RTW process were raised as issues.

Consideration of differences between occupational and non-occupational disability illustrated the significance of the different legal frameworks. Compensation for occupational injuries is funded by the WSIB, while other cases can be dealt with through employer-based insurance for either short or long term disability.⁴⁵ In both situations, there were different employer responsibilities. DMPs referred to stronger and more precise policies (such as return to work policy) being applied to work-related injuries. With work-related injuries there was a faster return-to-work after the accident because employers wished to reduce costs related to experience-rated workers' compensation premiums, which penalised the employer for worker absence due to work injury. As mentioned in the description of the socio-legal context, experience rating is used by the WSIB as a strong economic incentive to employers, as premiums increase significantly if employers fail to reintegrate injured workers in a timely manner. Such incentives would not normally apply in private insurance contracts.

Participants described work-related injuries as subject to stricter and more precise legislation and therefore a greater obligation is placed on employers when handling occupational injuries and on workers who are obliged to comply with the RTW process to avoid losing their benefits.⁴⁶ DMPs noted that when an injury was occupational, the employer had more influence over the injured worker while workers' compensation board had more authority over the employer of injured workers.

Another difference noted between occupational and non-occupational injuries was that non-occupational injuries required less documentation and less follow-up. With temporary non-occupational injuries, employers had no mandate to put in place early RTW provisions. Interestingly, DMPs mentioned that employers often lack knowledge of how to reintegrate workers with non-occupational related health problems. They also noted that some employers were unfamiliar with how such injury impacts their short and long term disability costs.

Finally, participants mentioned that conducting disability management audits provided them with insight into differences between non-occupational and occupational injuries. The audits included questions on statistics and data as well as on the existence of policy. The DMPs also mentioned that these audits reinforced their belief that occupational and non-occupational cases were dealt with in different ways:

When I do audits of organisations.... we audit the organizations' DM as a whole, whether it is work related or not. That's when you begin really to see the differences and sometimes even different policies applied for the different types of injuries. And, you always see... more distinct policies for the work related injuries than you do for the non-work related. (Laure)

2 How costs drive DMPs' practice

The cost factor, or as one DMP (Lilly) termed it 'the return on investment of Disability Management', was another issue raised by DMPs as relevant to their practice.

When economic times get tough, then there is less receptiveness on the employer's part to bring people back to work. So, you know, I think, that's certainly one of the things that you have to be cautious about, when you are doing Disability Management. And, you just have to know, how to manage the return to work period, so that the production floor doesn't have too many modified workers. (Lilly)

44 Marie-Claude Chartier, 'Human Rights and the Return to Work: The State of the Issue' (Research presented to the Canadian Human Rights Commission, 28 April 2006)

<http://www.chrc-ccdp.ca/research_program_recherche/rtw_rat/toc_tdm-eng.aspx>.

45 Ibid.

46 Ellen MacEachen et al, 'A deliberation on 'hurt versus harm' logic in early-return-to-work policy' (2007) 5 (2) *Policy and Practice in Health and Safety* 41, 62.

DMPs suggested that accommodation of injured workers can be seen by employers as unattractive because, according to the *Ontario Human Rights Code*, employers must adapt employment conditions up to the point of ‘undue hardship’, and this might be costly:⁴⁷

..., and undue hardship could be identified as money, you know, it could be that you don’t have the money to do it, but the level is pretty high in terms of money, and because we are a government agency [workers’ compensation] we really can never use that excuse, we might be allowed to phase it in over a year, if it’s something major, but generally we are not allowed to use that as an excuse. (Sarah)

The DMPs also noted that work-related incidents were seen by employers as costly because of premium expenses associated with experience-rated workers’ compensation premiums. These considerations showed that the focus of DMPs is not only on the injured or disabled worker but also on the finances of the company:

Anyone who is contacting the designated individual who is trained in this, it is more of a cost saving measure, how can I save money, and that’s the end result of good programming, and because it is time sensitive, they want it immediately, in other words, in this case, I want results, I want my costs reduced. ... There will be management decisions at all aspects of our lives that are going to... conflict with what you want. This is a business need, for a business requirement or decision. (Viktor)

There is also sometimes a cost impact. It’s costly for organisations to have workers off work whereas the cost for non work-related seems to be not as much in their face. Ultimately, it does cost everyone. (Laure)

The principle is to be cost effective and show cost benefit,... I don’t see as extra because we do it no matter what the economy is but there is a definite need to demonstrate to employers the economic benefits of disability management. (Nelly)

D Formal DM training lacks consideration of socio-legal issues

DMPs talked of the relevance of socio-legal issues to their practice when they referred both to the need to guide employers about legislation compliance or educating employers about the benefits of DMPs’ services when compared with the costs. Although the DMPs referred to making individual efforts to learn relevant laws, policies and current research, their formal training lacked these aspects.

1 Lack of detailed knowledge on the legal framework

The DMPs referred to the need to ensure that they had an understanding of all the different legislation that impacted workers with injuries and disabilities. They emphasized that human resource personnel intervened on a variety of different employment issues and therefore did not have the same focused approach to disability management as a dedicated DMP.

Quite often, the people who are running the human resource areas..., disability, is one of the functions they run. So, their understanding of that legislation is somewhat lacking, when to use it, how, to use it, it doesn’t work. They have rights and obligations that they really don’t understand. (Viktor)

The DMPs were aware that legislation was stricter in cases of occupational injuries and diseases, and saw as one of their tasks the responsibility to ensure that other RTW stakeholders in the companies were familiar with the legislation so that each was aware of their duties, roles and responsibilities:

What we do is, we actually bring to the attention of employers and unions ... that there are really kind of two types of legislation governing the whole duty to accommodate... because

⁴⁷ *Human Rights Code*, RSO 1990, c H19; given that, as we have seen above, the same threshold applies to accommodation of injured workers under the *WSIA* this differentiation is somewhat surprising.

they need to know that they need to be in compliance with the legislation as part of their risk management. (Pauline)

Sometimes just making sure, that people are aware of the different legislation and their obligations. I find many people aren't clear on their roles and responsibilities, to ensure that they are meeting legislative requirements ... Educating people on the legislation and what is expected of them in the legislation and the consequences if they aren't able to comply with it. (Laure)

According to the DMPs, employers lacked understanding of the legislation relevant to non-occupational injuries:

They don't understand how this impacts their short term and long term disability, costs, their wage replacement, those kind of things. (Nelly)

The DMPs mentioned that employers had a growing responsibility for RTW issues. They noted that RTW rules and related legislation prompted employers to initiate RTW programs and engage the services of DMPs. The DMPs saw themselves in a position to teach and support employers, to raise their awareness and to ensure that employers were familiar with the legislation. The DMPs had a strong orientation to employers' needs with respect to RTW costs and also legislation compliance.

One of the areas that... I work a lot on... in services and professional development and additional training is a financial aspect or the return on investment of disability management, so that's probably one of the areas that need some additional thought around them. (Nelly)

Although DMPs had general knowledge of relevant legislation, they seemed to have little specific knowledge. Only a few DMPs seemed aware of the changes occurring to relevant legal frameworks. Some saw legislation as unchanging over time while others discussed legislation as having changed quite dramatically in 1998 when the workers' compensation legislation was revamped in Ontario. The DMPs were generally unaware of details of RTW such as employers' duty to reemploy a person injured at work as a provision that applies for two years after initial injury and that only applies to employers with more than 20 employees.⁴⁸ In addition, the worker's 'duty to cooperate' was only mentioned once as a legal provision.

The DMPs mentioned individual efforts to engage in socio-political training needs. They gained knowledge at conferences, hearings where they heard about legal decisions, employers' associations and through the Vocational Rehabilitation Association of Canada.

What is pertinent is that DM training, as exemplified by NIDMAR training, focussed on generic issues. The reality of disability management, in the context of the workplace environment, was that practical cost and legal-policy issues shaped practice. While the DMPs recognised a gap between theory and practice, they tended to follow workplace practice requirements:

Having to apply the theory of NIDMAR to the organisation, ... The principles ... work, no question about it. [With] the application of the principles, there are difficulties because it does take a different thinking, a different way of doing business and understanding that [in]every business there is a production [requirement]. No question about it, and at the end of the day ... there are certain things that have to be met: bottom lines, that way of doing work. (Alf)

IV DISCUSSION

With this exploratory case study of DMPs' practice in Ontario we find that cost and socio-political considerations play an important role in the practice of professionals guiding the injured or disabled

48 WSIA s 47; Workplace Safety and Insurance Board, 'Re-employment Provisions' (Policy 19-04-02).
<<http://www.wsib.on.ca/wsib/wopm.nsf/Public/190402>>.

person back to work. Our results allow for broader consideration of issues that might need to be considered by DMPs in different countries.

Internationally applied training modules as well as an internationally valid certification system for disability management professionals tend to take a generic approach to disability management. The programs are focused on the common needs of disability management across situations and jurisdictions. It is assumed that there is no need to distinguish between work-related and non work-related injuries as all workplaces have a 'duty to accommodate'. This study was conducted to examine the more particular needs that DMPs might have for successfully engaging in their practice. We were interested in the impact of local legislation on DMPs' practice. The goal of the study was to uncover factors that are relevant when assessing the impact of legislation on the skills, work and tasks of DMPs. Is it possible that such a generic focus could miss out – due to an all market orientation – on a detailed application of problems and issues in different jurisdictions? In other words, is an equitable treatment of all people with disabilities, regardless of the cause of their disability, possible in DMPs' practice in all jurisdictions? Also, how are differences dealt with in training?

The discussion focuses on two issues raised by this study. First, that DMPs are oriented to meeting the needs of employers, and second, that DMPs' practice varies according to different RTW needs established by legislative frameworks that distinguish between work injury and disability that is not necessarily related to a workplace injury.

A Supporting the employer

The DMPs emphasised that their job includes ensuring that employers know about their legal responsibilities. In effect, when helping employers to ensure legal compliance, the DMPs are also helping employers to avoid exposure to liability.

DMPs tend to work in occupational health departments of large firms and as consultants to firms. Results suggest that the work setting of DMPs affects their own focus. This issue has also been addressed in research.⁴⁹ In effect, according to the participants in the study, DMPs are almost always hired by employers, rather than by workers, and this can shape their orientation. Even in the case of those Ontario DMPs who work at the WSIB, a social insurance organisation, a recent study indicates that staff view employers, and not workers, as the key funder of their organisation and key customer.⁵⁰

The findings suggest that workplace cost is an important element of disability management practice and impacts the behaviour of DMPs. The DMPs in this study noted employer concerns about workers' compensation costs and were, in turn, conscious of this issue as it related to the need for a faster RTW pace for occupationally injured workers. Conversely, because of relatively reduced cost pressures, employers did not direct DMPs to be as concerned about RTW with non-occupational injuries. This employer focus on cost rather than rehabilitation was noted by Roberts-Yates, who found that within the Australian system the 'primary focus on cost containment [is] taking precedence over the diverse needs of the injured worker'.⁵¹ Research has shown that the RTW process can actually be harmful if only seen as an economic issue.⁵²

These issues raise concerns about the role of DMPs and the direction of their work. Is the fundamental priority of DMPs to help to get people back to work or to help employers to comply with legislation

49 Fong Chan et al, 'Training needs of certified Rehabilitation Counselors for Contemporary Practice' (2003) 46(2) *Rehabilitation Counselling Bulletin* 82, 91.

50 Joan Eakin, Ellen MacEachen and Judy Clarke, 'The logic of practice: An ethnographic study of front-line service work with small businesses in Ontario's Workplace Safety and Insurance Board' (Working Paper No 346, Institute for Work and Health, 2009) <<http://www.iwh.on.ca/working-papers>>.

51 Christine Roberts-Yates, 'The concerns and issues of injured workers in relation to claims/injury management and rehabilitation: the need for new operational frameworks' (2003) 25(16) *Disability and Rehabilitation* 898, 900, 907.

52 Katherine Lippel, 'Workers describe the effect of the workers' compensation process on their health: A Québec study' (2007) 30 *International Journal of Law and Psychiatry* 427, 443; Lorraine Sager and Carole James, 'Injured workers' perspectives of their rehabilitation process under the New South Wales workers' compensation system' (2005) 52 *Australian Occupational Therapy Journal* 127, 135.

and to manage costs? The answer to this question may well depend on the specific jurisdictional context in which they do their work. If the ‘market’ determines the need for DMPs rather than a legislative mandate designed to promote disability prevention, then it is likely that their profession will be shaped by the needs of the ‘market’ which will be synonymous with the needs of employers. Thus it is possible that DMPs in different countries, while having the same accreditation, may have significantly different skills, allegiances and practices.

B Differences in disability management between work-related versus non work-related cases

The DMPs’ description of their orientation to treat all people with disabilities in the same way illustrates a disability management ideal that operates in tension with the demands of daily practice. The DMPs’ descriptions of how they deal with work-related versus non work-related cases, reflects policies and legislative conditions that created quite different conditions for disability management practice. That DMPs emphasized differences between occupational and non-occupational injuries might be seen as a due diligence approach, or a way to assist employers by helping them avoid exposure to financial and legal liability. It could also be that the impact of jurisdiction, in terms of exclusion from coverage of several categories of workers and injuries from the purview of the workers’ compensation system, also affects DMPs’ practice whose focus is particularly on those who are covered by the compensation system.⁵³

The ‘contradiction’ between what professionals were trained for and what they desire, as compared to what they actually end up doing because of policy-driven realities, reveals the relevance of socio-legal context. It raises the question as to whether it is appropriate for DMPs to distinguish between disability management of occupational and non-occupational health conditions. We find a conflict of norms, in that norms specific to DM promote an inclusive approach while giving priority to the importance of cost-effectiveness. This leads to a weaker disability management focus on workers whose disability is not work-related.

The findings of this study raise several questions, which we address below. What are the implications, from an equity perspective, when DMPs apply different practices for occupational and non-occupational groups? Is the NIDMAR conceptual framework achievable in disability management practice in jurisdictions like Ontario? Do DMPs need to go beyond the knowledge provided by recognised training programs such as NIDMAR in order to understand local jurisdictional rules and legislation, as well as the labour market and the work environment of work organisations? If, as it appears, disability management is oriented to employer needs, how well do workers benefit from it?

V CONCLUSION

The DMPs’ allegiance to employers, as well as differences in the case management of work and non work-related injury and disability, are key illustrations of the impact of legislation on the skills and tasks of Ontario DMPs. If a system provides economic incentives to employers to reduce disability, this will make the investment in a DMP more attractive. If the system fails to provide that kind of incentive, this will influence the DMPs’ role and may focus attention on only those cases where economic incentives exist. If the drive for DM services were to be mandated by legislative requirements to ensure services rather than economic incentives to reduce costs, perhaps the practices of these professionals would be different.

The results of the study suggest that the goal to ‘promote equitable treatment of diverse individuals’ without ‘biases’, treating all injured and disabled people the same – as stated in the NIDMAR training framework⁵⁴ – can be difficult to implement in practice. The DMPs in Ontario were aware of the equal treatment ideal, but in their practice it appeared that employers were seen as the key customer and that their focus was more strongly on workers with occupational injuries rather than those hurt outside the

⁵³ Cox and Lippel, above n 28, 84.

⁵⁴ NIDMAR, *Examination Preparation Guide* (2004)

<http://www.nidmar.ca/certification/cdmp/CDMP_Examination_Preparation_Guide.pdf>.

course of their work. This appeared to be because the workers' compensation system provides strong economic incentives to return those workers to work as quickly as possible.

The findings suggest that, when designing studies to examine RTW practices of DMPs, jurisdiction-specific legislation and policy should be considered. As this study has shown, the distinction between occupational and non-occupational health problems becomes an issue of concern. Researchers need to be aware of the jurisdictional framework in place and how jurisdiction impacts each stakeholder's role. This is of particular relevance when designing cross-jurisdictional studies. The socio-political system and policy governing work disability are important factors to be considered when designing studies on RTW and when researching the effect of jurisdiction-specific policy on practice.

The training of DMPs might benefit from the inclusion of more specific analysis of jurisdictional issues such as laws and policies that provide varying incentives to different parties to engage in DM in particular ways. If achieving equitable treatment of all injured and disabled workers is a challenge for DMPs, there may be a need for nonpartisan support for injured and disabled workers in the RTW process. In Germany, due to the design of the legal framework, some DMPs also have the mandate to act as representatives of severely disabled persons and can provide peer support.⁵⁵ But this at the same time can also create a conflict of interests. Do DMPs in other jurisdictions have the opportunity to work directly for workers, and if so what are the legal incentives to do so and what are the differences in DM practice between these DMPs and those in jurisdictions such as Ontario where they are predominantly hired by employers? Cross-jurisdictional research might shed further light on these issues.

VI METHODOLOGICAL CONSIDERATIONS

Since the impact of jurisdiction on DMPs' practice has not been previously investigated thoroughly in research, the goal of the study was to be exploratory. The small sample reflects a 'pilot study' approach to the topic, and limits the generalisability of the findings. Focussing on one Canadian province can be seen as limiting; however, it also allows for sketching one specific framework and outlining how this case particularly impacts DMPs' practice. The qualitative methods used for this study were useful because they provided a way to reveal particular issues in DM practice that might be explored further in qualitative or measurement studies. The findings raise awareness about the impact on the DM practice of the rules in one jurisdiction. These findings should apply to other jurisdictions with similar legal frameworks, thus identifying issues that require further exploration.

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⁵⁵ Bernhard, above n 26, 70.