

REQUEST FOR PROPOSAL

Benefit Medical Examination Services

PROPOSAL DUE DATE: 26 JULY 2024

Strictly Confidential

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REQUEST FOR PROPOSAL

RFP: Benefit Medical Examination Services

Proposal Due By: **26 JULY 2024**

Tshiamiso Trust

Project Overview:

The Tshiamiso Trust (the "Trust") *has been established to give effect to the terms of the historic Silicosis and TB class action Settlement Agreement, on the terms set out in the Trust Deed that was attached to the Settlement Agreement and made an Order of Court in July 2019. The Trust is entrusted with compensating all eligible current and former mineworkers across Southern Africa who carried out risk work during the Qualifying Period at any of the Qualifying Mines listed in the Trust Deed, and have contracted Silicosis or work-related TB, or to their dependants, where the gold mineworker has passed away. The beneficiaries of the Trust constitute its core existence and its main aim is to cater to Trust beneficiaries' needs, by giving effect to the Settlement Agreement, on the terms set out in the Trust Deed.*

The Trust pays compensation in terms of its mandate to Qualifying Claimants. These claimants are either mineworkers, ex-mineworkers or the dependants of deceased ex-mineworkers.

As part of the claims process for living claimants, a Benefit Medical Examination (BME), consisting of TB symptom screening and medical questionnaires, basic physical examination, chest x-ray, lung function test and Medical Report, where applicable, and as more fully detailed below, needs to be completed to determine the presence of a Qualifying Disease, being either Silicosis or work-related Tuberculosis.

The Trust operates throughout southern Africa and needs appropriate Medical Service Providers to render BMEs in a respectful and dignified manner to claimants, throughout its footprint.

Countries:

The Trust's footprint covers the following countries:

- South Africa
- Lesotho
- Mozambique
- Eswatini
- Botswana
- Malawi
- Zimbabwe
- Namibia

Scope of Work:

1. RENDERING OF BENEFIT MEDICAL EXAMINATIONS

Conduct BMEs on Claimants as identified by the Trust. The BME process includes the following steps:

a. Medical Pre-screening:

- i. Reception/Administration: Receiving and verifying the claimant. Check if the claimant is eligible for a free BME, or if the claimant should pay (for claimants with less than 5 years of Risk Work at a Qualifying Mine). Receive payment from the claimant, if applicable. Uploading of relevant documents.
- ii. Completion of the TB Symptom Questionnaire: Complete the questionnaire with the claimant to determine if the claimant currently has TB and is on TB treatment, or is suspected to have active TB. If the claimant is suspected of having active TB, refer claimant to a relevant health facility for TB investigations before completing the medical pre-screening.
- iii. Digital Chest x-ray (PA view only).

The above process is captured via the Compensation Claims Management System (CCMS), the Trust's electronic on-line web-based system.

Where a claimant is deemed to possibly have a Qualifying Disease following medical pre-screening, the claimant will be referred for a full BME. Claimants deemed not to have a possible Qualifying Disease following medical pre-screening will not complete a full BME.

b. Full BME:

- i. Reception/Administration: Receiving and verifying the claimant. Check if the claimant is eligible for a free BME, or if the claimant should pay (for claimants with less than 5 years of risk work). Receive payment from the claimant, if applicable. Uploading of relevant documents.
- ii. Vital screening and physical examination: Nurse (see 3(a) i below) completes the screening and examination of the claimant. This includes medical history taking (symptoms, present and past illnesses and family history), of vital signs (weight, height, blood pressure, pulse rate and respiration rate) and a basic physical examination (general appearance, alertness, hydration, pallor, clubbing, jaundice, cyanosis, wasting and ankle oedema), chest and lungs (murmurs, crepitations, wheezing, signs of heart failure and hyperinflation).
- iii. Lung Function/Spirometry Test: Spirometry Technician completes a lung function test and report for the claimant.
- iv. Medical Report: Quality assurance of the BME results and issuing of a Medical Report by a medical practitioner (see 3(a)v below) who assesses the BME results, confirms that the quality is acceptable, completes a Medical Report and submits it to the Trust.

2. ACCREDITATION OF MEDICAL SERVICE PROVIDERS

Medical service providers must be accredited by the Trust and appointed to render services before they are allowed to conduct BMEs on claimants. Accreditation will be determined by the

Trust and will be guided by clinical, Information Technology (IT), geographic, facilities and referral requirements.

Annual audits will be conducted to re-assess the accreditation of medical service providers and to assess the standard of BME provision against the Trust Deed requirements and the Trust's standard operating procedures (SOPs). Medical service providers are expected to achieve a 100% compliance, the lowest acceptable score should be above 90%.

It is expected that medical service providers will comply with the following Trust standards and requirements:

- a. TTMC MEMO 01 - LUNG FUNCTION STANDARDS AND TEST REPORTING FORMAT for standards and requirements for spirometry testing.
- b. TTMC MEMO 02 - CAPTURING OF SPIROMETRY VALUES IN THE CCMS SYSTEM
- c. TTMC MEMO 03 - HEIGHT AND WEIGHT MEASURING

It is expected that medical service providers will comply with all relevant Trust SOPs, including:

- a. STANDARD OPERATING PROCEDURE ON PERFORMING QUALITY SPIROMETRY
- b. STANDARD OPERATING PROCEDURE ON QUALITY ASSESSMENT OF CHEST RADIOGRAPHS AND SPIROMETRY TESTS
- c. INFECTION PREVENTION CONTROL (IPC) PRINCIPLES TO BE IMPLEMENTED AND ADHERED TO BY ACCREDITED SERVICE PROVIDERS

These documents will be made available to potential medical services providers on signature of a Non- Disclosure Agreement (NDA).

3. CLINICAL STAFF

- a. The skill mix of clinical staff required for BME's includes a minimum of the outlined resources below:
 - i. Occupational Health Nurse Specialist (OHN), or Primary Care Nurse Specialist (PCN) – required to be on site.
 - ii. Radiographer – required to be on site.
 - iii. Spirometry/lung function technician(s) – required to be on site.
Note: Could be the OHN, or PCN if trained.
 - iv. Medical Practitioner (MP) with experience in diagnosis of occupational lung diseases, or Occupational Medical Doctor (OMP) – on site, or remotely stationed.

- b. The clinical staff must be suitably qualified and registered with the relevant professional bodies as required by the applicable legislation, have suitable experience (advantage) and be up to date with the required continued medical education (CME) points as prescribed by the relevant professional bodies.
- c. Staff should be proficient in all of the local languages in the area to ensure that claimants can be serviced in their language of choice (preferred), or at the very least clients must be assisted in their language of choice by an interpreter (i.e. another staff member proficient in the language) in the employment of the medical service provider (requirement).

4. STANDARD OPERATING PROCEDURES (SOPs):

Medical service providers must have SOPs that govern clinical standards and standards of service delivery. Such SOPs have to be submitted to the Trust, which will consider the SOPs with a view to ensure that the SOPs comply with the minimum requirements of the Trust and where it does not require the medical service provider to amend their SOPs.

SOPs of potential medical service providers may be requested by the Trust prior to a decision being made on accreditation and appointment on signature of a NDA.

5. CLINICAL EQUIPMENT

- a. The medical service provider must have the following clinical equipment to ensure that the minimum quality standards are met:
 - i. Digital Chest X-ray equipment.
 - ii. Spirometry/lung function equipment. The quantity of spirometers required will be determined by the expected number of claimants presenting for BMEs at the medical service provider.
- b. Other relevant equipment:
 - Baumanometer, weighing scale, height gauge, thermometer, emergency bag, oxygen point or cylinder (mandatory) and
 - Glucometer, ENT set, pulse oximeter (optional).
- c. The above equipment must be licensed and meet relevant standards of respective regulatory/designated institutions, for example, inspection and clearance certificate from the Radiation Board at prescribed intervals.
- d. Spirometry equipment must be calibrated as required in applicable SOPs and a record thereof be filed for audit purposes.
- e. All medical equipment must also be maintained as per the original manufacturer's requirements.
- f. Evidence of the above to be provided on request.

6. INFORMATION TECHNOLOGY (IT) REQUIREMENTS

- a. The service providers' staff are expected to be computer literate and will be required to complete and submit all of the information relevant to the BME and all supportive documentation electronically via CCMS.
- b. For details on the medical service provider IT requirements refer to [Annexure 1 – CCMS Medical Service Provider System Requirements](#).

7. GEOGRAPHIC REQUIREMENTS

- a. The preferred medical service provider model will prioritise fixed sites supplemented by mobile units. where necessary (due to geographic remoteness of claimants, or unavailability of service providers with fixed sites, ensuring that services are brought as close to where claimants reside as is possible.
- b. Medical service providers may include private service providers, existing state facilities, facilities owned and operated by mining companies or a combination.
- c. The Trust will determine the number of medical service providers that it accredits at its own discretion.
- d. The number of medical service providers will be based on its claimant footprint throughout the countries in which the Trust operates.

8. FACILITIES REQUIREMENTS

- a. The medical service provider's rooms will be well-constructed, at all times clean and safe, and have separate rooms for each station of the BME that ensures privacy and that adheres to IPC requirements, with specific focus on the prevention of transmission of TB or other infectious diseases.
- b. Spirometry rooms must have ambient control and a ventilation system that ensures that the airflow is extracted or have windows that can be opened to the outside with the patient facing the open windows.
- c. There must be adequate, comfortable and sheltered seating for claimants while they wait, in adherence to current IPC measures as well as adequate ablution facilities.

9. REFERRAL REQUIREMENTS

- a. The medical service provider must have adequate referral mechanisms for claimants who screen positive at IPC, usually performed before a claimant will be allowed to access the premises, or during any point of the BME. Referral will be to the closest appropriate government clinic or hospital designated to manage the specific type of referral.

- b. It is important to note that claimants who screen positive during IPC should not be allowed to complete the BME but should be referred for further investigation and only return to complete the BME once the investigation has been completed. Claimants should be informed to present the outcome of the investigations on their return.
- c. The medical service provider must have adequate referral mechanisms for claimants who are identified with any other medical conditions (not relevant to the BME), for example hypertension or diabetes, during any point of the BME. Referral will be to the closest appropriate government clinic or hospital designated to manage the specific type of referral.
- d. The medical service provider must have established a relationship with the local health system (clinics, hospitals, etc.) before commencing with its operations in order to ensure that claimants will be referred into the appropriate health structures and that emergencies may be handled appropriately and expediently.

Additional Notes:

1. Monthly BME (Pre-screening or full BME) volumes cannot be guaranteed.
2. Medical service providers need to have Public Indemnity Insurance.
3. Adhere and comply with all relevant legislation and compliance requirements of the respective countries they are operating in.
4. Demonstrate and align to the values of the Trust.
5. Adhere to the protection of personal information requirements.
6. Have an emergency plan and protocols in place for handling medical emergencies effectively.
7. Have a comprehensive Business Continuity Plan in place to ensure minimal disruption to Trust services.
8. Be sensitive and considerate with regards to healthcare delivery in diverse and multicultural settings.
9. Required medical examinations are paid for according to the rates determined by the Trustees of the Trust.
10. Preference will be given to medical service providers who can provide the full suite of required services within proximity to lodgement centres. Service providers who make use of third parties to render the full scope of services must declare it upfront for consideration by the Trust.

Submission Requirements

Proposal

1. Click [here](#) to register for the online **mandatory briefing session** at 11am on 12 July 2024
2. All e-mail queries should use the same subject heading i.e., **RFP: Benefit Medical Examination Services**
3. E-mail proposal to procurement@tshiamisotrust.com
4. Insert **RFP: Benefit Medical Examination Services** in e-mail subject line. Failure to do this may result in your proposal being missed and not being considered.

Website

www.tshiamisotrust.com

Timeline

- Mandatory briefing for interested parties (online) 12 July 2024
- Submission of questions, including request for information: 17 July 2024
- **Deadline for submission:** 26 July 2024
- Shortlisting and feedback: 2 August 2024
- Submission of accreditation documents 8 August 2024
- Medical Accreditation and feedback 23 August 2024
- Contract preparation and appointment by Board 13 September 2024
- Contract Execution Date: 20 September 2024
- Commencement Date: From 23 September 2024

Proposal Due By: **26 July 2024 at 17h00**

Contact details

Deidre Barlow (Operations Manager)

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1 Request for Proposals

The following provides more detail on this RFP and bidder responses.

1.1 Project Duration

Ongoing

1.2 Response format

Potential medical service providers can respond in free form format addressing the following sections:

1. Name of medical service provider/s
2. Company profile including geographical footprint and services presently rendered
3. Confirmation that Medical Pre-screening and Full BME services can be rendered or only partial services
4. Qualifications of staff rendering services
5. CVs of staff rendering services, clearly indicating number of years of service and when such service was rendered.
6. Evidence of current registration with relevant professional body
7. References if available
8. B-BBEE status, where applicable

1.3 Evaluation and appointment

The evaluation team will evaluate the responses based on the below criteria:

1. Technical Expertise and Experience

- a) Qualifications and Certifications: Assess the credentials, certifications, and registrations to practice of the proposed medical professionals.
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- b) Experience: Evaluate the provider's experience in delivering similar medical services, including client references.
 - c) Specialisation: Evaluate the provider's experience with Occupational Health Medicine/Care.
- 2. Service Delivery**
- a) Quality of Care: Review the standards and protocols in place to ensure high-quality medical care, including patient safety measures and adherence to best practices.
 - b) Availability: Assess the provider's ability to deliver services within the required Trust footprint.
- 3. Compliance and Regulatory Adherence**
- a) Regulatory Compliance: Verify the provider's compliance with relevant health regulations and standards.
 - b) Insurance and Liability: Evaluate the adequacy of the provider's insurance coverage.
 - c) B-BBEE status: Evaluate the B-BBEE status of the provider, where applicable
- 4. Logistics and Support**
- a) Accessibility: Determine the geographic location of the provider's facilities in the Trust footprint and ease of access for claimants.
 - b) Support Services: Assess the availability of and access to health facilities for referral of patients for treatment of medical conditions, e.g. diabetes, hypertension, etc. and medical emergencies.

Shortlisted medical service providers will be contacted to complete medical accreditation and successfully accredited service providers will be submitted to the Board of Trustees for approval and appointment. Unsuccessful applicants will be informed of the decision.

The Trustees reserve the right not to appoint any medical service provider arising from this RFP.
