

立法會
Legislative Council

LC Paper No. CB(2)2680/10-11
(These minutes have been seen
by the Administration)

Ref : CB2/PL/MP

Panel on Manpower

Minutes of meeting
held on Friday, 17 June 2011, at 10:45 am
in the Chamber of the Legislative Council Building

- Members present** : Hon LEE Cheuk-yan (Chairman)
Hon LI Fung-ying, SBS, JP (Deputy Chairman)
Hon CHEUNG Man-kwong
Hon LEUNG Yiu-chung
Hon Andrew CHENG Kar-foo
Hon Tommy CHEUNG Yu-yan, SBS, JP
Hon WONG Kwok-hing, MH
Dr Hon LAM Tai-fai, BBS, JP
Hon CHAN Kin-por, JP
Hon CHEUNG Kwok-che
Hon WONG Sing-chi
Hon WONG Kwok-kin, BBS
Hon IP Wai-ming, MH
Hon IP Kwok-him, GBS, JP
Dr Hon PAN Pey-chyou
Hon Alan LEONG Kah-kit, SC
Hon LEUNG Kwok-hung
- Member attending** : Dr Hon Joseph LEE Kok-long, SBS, JP
- Members absent** : Hon Frederick FUNG Kin-kee, SBS, JP
Hon Andrew LEUNG Kwan-yuen, GBS, JP

Public Officers : Item III
attending

Mr Alan WONG Kwok-lun, JP
Deputy Commissioner for Labour
(Labour Administration)

Mr Ernest IP Yee-cheung
Assistant Commissioner for Labour
(Employees' Rights & Benefits)

Mr Raymond FONG Siu-leung
Senior Labour Officer (Employees' Compensation)
Labour Department

Item IV

Mrs Erika HUI LAM Yin-ming, JP
Deputy Commissioner for Labour
(Occupational Safety and Health)

Mr TSO Sing-hin, JP
Assistant Commissioner for Labour
(Occupational Safety)

Dr Raymond LEUNG Lai-man, JP
Occupational Health Consultant
Labour Department

Mr William MAK Chi-tung
Senior Labour Officer (Employees' Compensation)
Labour Department

Item V

Mr Kenneth CHEN Wei-on, JP
Under Secretary for Education

Miss Linda SO Wai-sze
Principal Assistant Secretary for Education
(Further Education)

**Attendance
by invitation**

: Item III

Hong Kong Chiropractors' Association Ltd

Mr Henry H K CHAN
President

Chiropractic Doctors' Association of Hong Kong

Mr Vincent CHAN Wan-ho
Chairman

The Federation of Hong Kong & Kowloon Labour Unions

Mr Tiger WONG
Labour Rights Committee Member

Hong Kong Confederation of Trade Unions

Mr MUNG Siu-tat
Organising Co-ordinator

**Clerk in
attendance**

: Mr Raymond LAM
Chief Council Secretary (2) 1

**Staff in
attendance**

: Miss Josephine SO
Senior Council Secretary (2) 7

Miss Lulu YEUNG
Clerical Assistant (2) 1

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**I. Confirmation of minutes of previous meeting
(LC Paper No. CB(2)2042/10-11)**

The minutes of the meeting held on 11 April 2011 were confirmed.

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II. Date of next meeting and items for discussion
(LC Paper Nos. CB(2)2044/10-11(01) and (02))

Regular meeting in July 2011

2. Members agreed to discuss the following items proposed by the Administration at the next regular meeting to be held on Tuesday, 12 July 2011, at 4:30 pm -

- (a) Measures adopted by the Labour Department in handling false self-employment; and
- (b) A review of occupational diseases in Hong Kong in 2010.

3. Mr WONG Kwok-hing noted that although the existing road traffic legislation had provisions safeguarding the safety of drivers driving on the road, the Occupational Safety and Health Ordinance (Cap. 509) ("OSHO") was not applicable to professional drivers. Expressing concern over the potential risk of heat stroke posed by the idling prohibition under the Motor Vehicle Idling (Fixed Penalty) Ordinance (Cap. 611) to professional drivers, Mr WONG proposed that the Panel should discuss the coverage of OSHO and the feasibility of extending its scope to cover the driving work of professional drivers at the next meeting. Members agreed that the Clerk would liaise with the Administration to confirm whether the above proposed item was ready for discussion in July 2011.

(Post-meeting note: The Administration subsequently advised that the coverage of OSHO was not ready for discussion in July 2011. On the instruction of the Chairman, the subject matter would be included in the Panel's list of outstanding items for discussion.)

Joint Panel meeting on 28 June 2011

4. The Chairman reminded members that a joint meeting of the Panel on Manpower and the Panel on Food Safety and Environmental Hygiene would be held on Tuesday, 28 June 2011, from 4:30 pm to 6:30 pm to receive deputations' views on the creation of employment opportunities under the hawker policy.

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III. Recognition of sick leave certificates issued by registered chiropractors as valid sick leave certificates

(LC Paper Nos. CB(2)1867/10-11(01), CB(2)2044/10-11(03) to (10), CB(2)2124/10-11(01) and CB(2)2137/10-11(01))

Briefing by the Administration

5. Assistant Commissioner for Labour (Employees' Rights & Benefits) briefed Members on the findings of the Inter-bureaux/departmental Working Group ("the Working Group") on the study of recognition of medical certificates (commonly known as "sick leave certificates") issued by registered chiropractors as valid sick leave certificates under labour-related legislation and the views of the Administration on the subject matter, as detailed in the Administration's paper.

Presentation of views by deputations

6. The Chairman reminded the deputations attending the meeting that they were not covered by the protection and immunity provided under the Legislative Council (Powers and Privileges) Ordinance (Cap. 382) when addressing the Panel. At his invitation, the following four deputations presented their views on the subject as detailed in their written submissions -

- (a) Hong Kong Chiropractors' Association Ltd (LC Paper Nos. CB(2)2044/10-11(05) and CB(2)2137/10-11(01));
- (b) Chiropractic Doctors' Association of Hong Kong (LC Paper No. CB(2)2044/10-11(06));
- (c) The Federation of Hong Kong & Kowloon Labour Unions (LC Paper No. CB(2)2044/10-11(07)); and
- (d) Hong Kong Confederation of Trade Unions (LC Paper No. CB(2)2124/10-11(01)).

7. Members noted that the following organizations and individual had also provided the Panel with written submissions -

- (a) Federation of Hong Kong Industries (LC Paper No. CB(2)2044/10-11(08));

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- (b) The Hong Kong Federation of Insurers (LC Paper No. CB(2)2044/10-11(09)); and
- (c) Mr David LAI, Wan Chai District Council member (LC Paper No. CB(2)2044/10-11(10)).

Discussions

8. Mr WONG Kwok-hing expressed strong disappointment with the Administration's decision to take forward the recommendations of the Working Group regarding the recognition of sick leave certificates issued by chiropractors under labour-related legislation. He said that the registration system for chiropractors had been implemented for a long time and the practising qualification of chiropractors was already subject to statutory control. He could not see the reason for the Administration's continued refusal to recognize the medical certificates issued by chiropractors. Pointing out the inconvenience caused to the general public as patients in need of chiropractic care normally could not have direct access to chiropractic service, preventing them from having freedom of choice in healthcare services, Mr WONG held the view that the Administration should ensure the survey to be conducted by the Census and Statistics Department ("C&SD") on the prevalence of chiropractic treatment in Hong Kong be done in an unbiased and comprehensive manner.

9. Deputy Commissioner for Labour (Labour Administration) ("DC for L (LA)") responded that in order to gain a more updated and thorough understanding of the community's knowledge and utilization of chiropractic treatment and to gauge the prevalence of chiropractic treatment in Hong Kong, the Labour Department ("LD") would commission C&SD to conduct a comprehensive survey. The survey was tentatively scheduled to be conducted in the latter half of 2012. LD would commence the preparatory work with C&SD shortly. While views from the chiropractic sector in respect of the survey were welcome, the Administration would continue to communicate with the stakeholders and closely monitor the latest development of chiropractic in Hong Kong and other regions.

10. Mr CHEUNG Man-kwong and Mr LEUNG Yiu-chung considered that the existing policy whereby the medical certificates issued by chiropractors were not recognized under labour-related legislation was discriminatory, unreasonable and at variance with the views and expectations of members of the public. They strongly requested the

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Administration to review and consider amending the labour-related legislation, specifically the Employment Ordinance (Cap. 57), to cover the medical certificates issued by chiropractors.

11. Mr LEUNG Yiu-chung said that given the unfavourable conditions preventing the recognition of medical certificates issued by chiropractors under labour-related legislation, the Administration should be more proactive in assisting the chiropractic sector to address the issues. For example, it should explain to the stakeholders, including employers and insurers underwriting employees' compensation insurance, their new legal obligations or liabilities, so as to allay their worries about the proposal.

12. In response, DC for L (LA) made the following points -

- (a) at present, 12 types of healthcare practitioners were subject to statutory registration. The main purpose of the Administration to establish a mandatory registration system for a particular type of healthcare practitioners was to eliminate laypersons in the performance of the concerned healthcare functions. Whether the practitioners could issue medical certificates under labour-related legislation was a separate issue. It was noteworthy that at present, only medical practitioners, registered Chinese medicine practitioners and dentists were authorized to issue medical certificates to entitle employees to statutory benefits such as sickness allowance, subject to stipulated conditions. If the medical certificates issued by chiropractors were to be covered under labour-related legislation, similar demands might be raised by other types of healthcare practitioners;
- (b) if the medical certificates of chiropractors were covered under labour-related legislation, it might have a significant impact on the existing employees' compensation system. Since all chiropractors were engaged in private practice and there was a lack of local tertiary institutions providing chiropractic training in Hong Kong, it would be difficult to identify a neutral and independent authority to offer medical opinion or arbitrate in case of disputes if the medical certificates issued by a chiropractor were opposed or challenged by the employer or insurer. Under the existing mechanism, in case medical practitioners had different medical opinions on the period of temporary incapacity and degree of permanent loss of earning capacity of an injured

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employee, assessment and arbitration could be undertaken by the medical practitioners of the Hospital Authority. Likewise, any difference in medical opinions among registered Chinese medicine practitioners could be assessed and arbitrated by the Chinese medicine practitioners of the local universities;

- (c) in Hong Kong, chiropractic was not within the mainstream medical treatment and community knowledge of chiropractic was comparatively low. Even though injured employees could claim reimbursement for the cost of chiropractic treatment under the Employees' Compensation Ordinance (Cap. 282) ("ECO"), only a small number of citizens had sought such treatment. LD had conducted two surveys of injured employees who called on LD for sick leave clearance in October 2007 and November 2010. The respective results indicated that only 0.5% and 2.9% of the injured employees had sought chiropractic treatment;
- (d) to gauge the popularity of chiropractic treatment in Hong Kong, the Working Group had studied various local surveys on chiropractic, including a Thematic Household Survey ("THS") conducted by C&SD in 2005. The findings of THS indicated that at the time when the survey was conducted, only 44 300 persons aged 15 and above had received chiropractic treatment during the 12 months before enumeration, constituting 0.8% of all persons aged 15 and above in Hong Kong. Persons who sought chiropractic treatment tended to have relatively higher education and higher median monthly household income than the population in large; and
- (e) in view of the above, the Working Group considered it premature to recognize the medical certificates issued by chiropractors under labour-related legislation as chiropractic in Hong Kong was still under development. The subject should be further studied in detail from the local context and perspective taking into account the community knowledge and acceptance of chiropractic treatment, the stakeholders' views and the development of chiropractic in Hong Kong and other places.

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13. Mr CHEUNG Man-kwong, Mr WONG Sing-chi and the Chairman considered the Administration's response to the request of Members and deputations for expanding the coverage of labour-related laws to cover the medical certificates of chiropractors hardly acceptable. Mr WONG took the view that the considerations taken into account by the Administration, particularly the argument that chiropractic treatment had not gained a high degree of acceptance within the community, leading to its decision of not to recognize the medical certificates issued by chiropractors under labour-related legislation, were unacceptable. He sought clarification on when the Administration would consider it a ripe time to recognize the medical certificates issued by registered chiropractors for the grant of sick leave.

14. In response, DC for L (LA) stressed that the Working Group had taken into account a host of factors in arriving at its recommendations. The Working Group noted that chiropractic lacked ethnic root in the local Chinese community. In a similar survey conducted by LD in 2003 to ascertain the prevalence of Chinese medicine among injured employees, 32.1% of the respondents replied that they had sought Chinese medicine treatment. At that time, the medical functions performed by registered Chinese medicine practitioners had yet to be recognized under labour-related legislation and Chinese medicine treatment was not available in the public healthcare system.

15. The Deputy Chairman held the view that neither the Working Group's recommendation nor the Administration's decision of not recognizing the medical certificates issued by chiropractors under labour-related legislation was supported by strong justifications. She asked whether the Administration had faced strong objection from employers, and whether it was because of the new legal obligations on employers and insurers that discouraged the Administration from recognizing chiropractic treatment under labour-related laws. She considered that the Administration was depriving employees of their rights to choose and to receive chiropractic treatment.

16. DC for L (LA) responded that the Working Group had studied thoroughly the issues involved before drawing the conclusion that it was premature to recognize medical certificates issued by chiropractors under labour-related legislation. Apart from the views of relevant stakeholders, including employers, human resources practitioners from the private sector and insurers underwriting employees' compensation insurance, the Working Group had also taken into account the community knowledge and acceptance of chiropractic treatment as well as the development of

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chiropractic in Hong Kong and other places. Although the Administration had no plan to amend the law to cover the medical certificates issued by chiropractors, it had proposed to commission C&SD to conduct a more comprehensive survey on the subject to gauge the prevalence of chiropractic treatment in Hong Kong. The Administration would, at the same time, continue to communicate with the stakeholders and closely monitor the latest development of chiropractic in Hong Kong and other regions.

17. Mr LEUNG Kwok-hung shared the view of deputations that the non-recognition of sick leave certificates issued by chiropractors had created a vicious cycle and posed a significant barrier to the utilization of chiropractic service as employees were deterred from directly consulting chiropractors for effective treatment of neuro-musculoskeletal problems. At present, employees had no choice but to first consult a medical practitioner in order to get a valid sick leave certificate and be referred to a chiropractor. In the light of the above and given the lack of control data as well as the small sample size of people who had received chiropractic treatment, Mr LEUNG cast doubt on the validity of the survey on the popularity of chiropractic treatment in Hong Kong to be conducted by C&SD.

18. Mr CHAN Kin-por said that as a representative of the insurance sector, he would not object to allowing the general public and employees to have direct access to chiropractic service if it was proven to be a safe and effective treatment for functional neuro-musculoskeletal disorders, achieving cost savings to employees, employers, the general public and the public healthcare system. Mr CHAN said that it was understandable for employers and insurers to have raised a reasonable doubt about the possibility of abuse and the management problems and disciplinary control of chiropractors. In his view, in order to avoid unnecessary disputes relating to the issuance of medical certificates, the chiropractic sector should first draw up guidelines for issuing medical certificates to facilitate employers' and insurers' work in monitoring the sick leave pattern of employees seeking chiropractic treatment.

19. Mr Henry CHAN and Mr Vincent CHAN said that -

- (a) it had been widely accepted in many overseas countries, for example, in Canada and the United States, that chiropractic treatment using spinal manipulation was scientifically proven to be an effective, safe, and cost-effective treatment

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for common functional neuro-musculoskeletal disorders such as low back pain, neck pain and headache;

- (b) recognizing sick leave certificates issued by registered chiropractors would allow the general public and employees to have direct access to chiropractic service without the need of spending additional time or incurring an extra cost on initial medical consultation and referral; and
- (c) the Chiropractors Registration Ordinance (Cap. 428) ("CRO") was enacted in 1993 to provide for matters relating to the registration and disciplinary control of chiropractors. CRO also provided for the establishment of the Chiropractors Council of Hong Kong ("CCHK") to deal with registration and disciplinary matters. While CCHK registered the first batch of chiropractors in 2002, CRO came into full operation on 13 February 2003 making it illegal thereafter for any unregistered person to practice chiropractic in Hong Kong. CCHK had issued a Code of Practice for chiropractors, providing guidance for the conduct and relationship in carrying out the chiropractic responsibilities.

20. Dr Joseph LEE shared the view that the reasons given by the Administration for not recognizing the medical certificates issued by chiropractors under labour-related legislation was unacceptable. He queried whether the Administration's decision was taken due to opposition from employers.

21. Mr Alan LEONG noted with concern the Administration's view that it was premature to recognize the medical certificates issued by chiropractors under labour-related legislation, since community knowledge and acceptance of chiropractic was still low. He enquired about the measures to be taken by the Administration to increase the utilization and promote the public acceptance of chiropractic service, with a view to setting a scene appropriate for recognizing medical certificates issued by chiropractors under labour-related legislation.

22. DC for L (LA) advised that -

- (a) as at the end of March 2011, the number of chiropractors in Hong Kong was 134, all practising in the private sector. Under ECO, the medical expenses for treatment rendered by chiropractors, physiotherapists or occupational therapists to

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an employee injured at work were reimbursable from the employer subject to a specified daily ceiling;

- (b) even though injured employees could claim reimbursement for the cost of chiropractic treatment under ECO, whether the medical certificates issued by chiropractors should be recognized under labour-related legislation was not a simple matter as such proposal would create new legal liabilities on the stakeholders like employers and insurers underwriting employees' compensation insurance;
- (c) apart from the views of liability-takers, the Administration had to take into account other factors such as the read-across implications on other healthcare practitioners as well as the possible implementation problems; and
- (d) the number of chiropractors in Hong Kong increased to 137 in May 2011, all practising in the private sector. It was the understanding of the Administration that the chiropractic sector was actively considering drawing up guidelines for the issuance of medical certificates, improving its registration system and specifically requiring individual chiropractors to keep medical records of their patients. Although the Administration considered that there were not enough justifications at this juncture for medical certificates issued by chiropractors to be recognized under labour-related legislation, it would closely monitor the latest development of chiropractic in Hong Kong.

23. Mr WONG Kwok-kin said that the low utilization of chiropractic service and the non-recognition of sick leave certificates issued by chiropractors were mutually influential and inextricably linked. In his view, the Administration should set up another working group to review afresh the feasibility of recognizing the medical certificates issued by chiropractors under labour-related legislation, with a view to recognizing medical certificates issued by chiropractors. Expressing concern about the Administration's next course of action, he asked whether consideration would be given to the suggestion of recognizing the sick leave certificates issued by chiropractors and the timetable concerned.

24. DC for L (LA) responded that the Working Group set up in November 2005 was tasked to conduct a detailed study on whether the medical certificates issued by chiropractors should be recognized under

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labour-related legislation. The Working Group had thoroughly considered the circumstances and chiropractic practices in Hong Kong, various surveys on chiropractic treatment, experiences of other jurisdictions and views of stakeholders. Although the Working Group considered that at this juncture there were not sufficient justifications for medical certificates issued by chiropractors to be recognized under labour-related legislation, the Administration maintained an open mind on the proposal and had proposed to commission C&SD to conduct a comprehensive survey, so as to obtain a more updated and thorough understanding of the community's knowledge and utilization of chiropractic treatment. He added that the Hong Kong Chiropractors' Association also acknowledged in their written submission that, at present, it might not be the right time for Hong Kong to recognize the medical certificates issued by chiropractors.

25. The Chairman shared the view that the Working Group's recommendation of not recognizing the medical certificates issued by chiropractors under labour-related laws was not backed by sufficiently persuasive reasoning. He requested the Administration to set out in writing the factors which the Administration would take into account during its future review and determination of whether the medical certificates issued by chiropractors should be recognized under labour-related legislation.

Admin

Motion

26. Mr WONG Kwok-hing moved the following motion seconded by Ms LI Fung-ying -

"本會促請政府在本屆立法會任期內，盡快承認由脊醫簽發醫生證明書及病假紙，並就此訂定時間表。"

(Translation)

"That this Panel urges the Government to expeditiously recognize, within the current term of the Legislative Council, the medical certificates and sick leave certificates issued by chiropractors, and formulate a timetable in this respect."

27. The Chairman put the motion to vote. Nine members voted in favour of the motion, and no member voted against it. The Chairman declared that the motion was carried.

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IV. Hong Kong's occupational safety performance in 2010

(LC Paper Nos. CB(2)1972/10-11(01) and CB(2)2044/10-11(11) to (12))

28. Deputy Commissioner for Labour (Occupational Safety and Health) ("DC for L (OSH)") briefed Members on Hong Kong's occupational safety performance in 2010, as set out in the Administration's paper.

Occupational injury cases suspected to be related to heat stroke

29. Mr WONG Kwok-hing expressed deep concern about the risk of construction workers and professional drivers suffering from heat stroke while at work. He asked whether the Administration had kept statistics on occupational injuries caused by heat stroke at work, and whether employees who suffered from heat stroke were entitled to statutory compensation prescribed under ECO.

30. In response, DC for L (OSH) and Occupational Health Consultant advised that -

- (a) under the existing law, employers were required to report cases of occupational injuries, fatal or non-fatal, arising from work accidents to LD. When filing such reports, some employers might, based on their observation, indicate that the employees' injuries might be heat stroke-induced. As symptoms of heat stroke were similar to those of some other diseases, whether an occupational injury was heat stroke-related could only be confirmed after doctors' diagnosis and LD's investigation of the case concerned;
- (b) employees suffering from occupational injuries were eligible for and could claim compensation under ECO, irrespective of whether the injuries were heat stroke-induced; and
- (c) LD had since May 2009 started to compile statistics on injury cases confirmed by doctors to be related to heat stroke at work. In 2010, there were two confirmed cases.

31. Noting that "heat stroke at work" was not classified as an occupational injury in LD's analyses or reports, Mr WONG Kwok-hing suggested that to facilitate a better understanding of the problem of heat stroke at work, the Form 2, which was designed for reporting by

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employers of accidents of their employees during work to LD, should be revised to allow "heat stroke at work" to be recorded as a separate entry.

32. DC for L (OSH) responded that all along, occupational injuries in workplaces were analyzed by industry and type of accident. Cases of occupational injury suspected to be related to heat stroke at work were grouped under the category of "others".

33. Mr IP Wai-ming held the view that the Administration should investigate into cases of heat stroke at work to assess whether the risk of heat stroke was subject to factors including temperature, air movement and heat radiation in the workplace, the nature of work being performed and workers' acclimatization to hot work environment. Should the findings of the risk assessment indicate that the work environment of specific trades or industries was more prone to cause heat stroke at work, the Administration should give serious consideration to classifying heat stroke at work as an occupational injury.

34. DC for L (OSH) responded that the Administration was fully aware of Members' concerns and would continue with its focused publicity and educational activities targetting workplaces with a higher risk of heat stroke to promote the prevention of heat stroke among workers. On the enforcement front, LD's Occupational Safety Officers took rigorous actions to ensure employers' and employees' compliance with the safety legislation. These included regular inspections to individual workplaces, special enforcement campaigns targetting specific high-risk activities and sectors as well as investigations into complaints or accidents. In 2010, LD had launched an enforcement campaign and conducted over 24 000 inspections to workplaces with a higher risk of heat stroke, including construction sites and outdoor cleansing workplaces, focusing on the adequacy and effectiveness of preventive measures taken to protect employees at work in the hot weather.

35. Responding to Mr IP Wai-ming's concern about the risk of heat stroke among people working outdoor at the airport, DC for L (OSH) advised that it was the responsibility of employers to assess the risk of heat stroke to their employees working in a hot environment and to take appropriate preventive measures commensurate with the needs of different industries and jobs. Such measures included arranging outdoor work in cooler periods during daytime, providing adequate drinking water, providing a shelter at the workplace and rest areas to shield off direct sunlight, enhancing ventilation at the workplace, arranging for workers to take rest breaks at intervals, and providing relevant information,

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instructions, training and supervision. To the understanding of the Administration, the Hong Kong Airport Authority and various ground handling service operators in the airport had made appropriate arrangements for their employees.

36. The Deputy Chairman strongly requested the Administration to compile statistics on employees diagnosed to have suffered from heat stroke at work, as such information could help formulate targeted strategies for the prevention of heat stroke at work.

Measures to promote occupational safety and health

37. The Deputy Chairman noted with concern that in 2010, the number and rate of occupational injuries had increased slightly as compared with 2009, likely due to the recovery of the local economy which resulted in more economic activities after the economic downturn amidst the global financial tsunami in 2009. She asked whether LD would put in place concrete measures to promote occupational safety and health in the territory.

38. In response, DC for L (OSH) advised that -

- (a) the construction industry was a high-risk sector, accounting for a large proportion of the more serious industrial accidents. There were currently two major challenges to the occupational safety performance of the industry. The commencement in sequence of major infrastructure projects in the past as well as the coming few years would result in an upsurge in such works, bringing pressure on the resources and manpower in the industry. In addition, Repair, Maintenance, Alteration and Addition ("RMAA") works were expected to grow phenomenally with the implementation of the mandatory building inspection and window inspection schemes and the provision of government subsidies for owners of dilapidated buildings to carry out building repair and maintenance works;
- (b) in response to these challenges, the Administration would intensify its systematic preventive and enforcement measures to forestall an increase in industrial accidents -

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- (i) in respect of the major infrastructure projects, LD would step up enforcement and inspection efforts targetting such works. It would proactively strengthen cooperation with the Development Bureau and relevant departments to ensure proper attention to safety issues and due consideration of occupational safety and health requirements from the design stage to every subsequent stage of project implementation and delivery. LD would also provide advice to relevant works departments and project clients at the planning stage of major projects;
- (ii) regarding RMAA works, LD would step up inspections in various districts across the territory. Follow-up actions would also be taken in respect of cases referred from the Housing Department, the Buildings Department, Hong Kong Housing Society, Urban Renewal Authority and property management companies to LD under the referral mechanism established for this purpose; and
- (c) LD would continue to seek improvements in work-at-height safety in the construction industry in close partnership with relevant stakeholders, including the Occupational Safety and Health Council, the Construction Industry Council, trade associations, labour unions, professional bodies as well as other government bureaux/departments. In view of the anticipated increase in new works owing to the commencement of major infrastructure projects, the Administration would continue to organize promotional and publicity campaigns targetting work-at-height and RMAA works safety.

39. Mr LEUNG Yiu-chung queried the effectiveness of the preventive and enforcement measures adopted by the Administration in ensuring the occupational safety and health of workers in different industry sectors. In his view, the Administration should identify and analyze the causes for accidents occurred in different industry sectors, as such information could help the Administration to understand the root causes of the accidents before resorting to the most appropriate course of action.

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40. DC for L (OSH) responded that the Administration had all along implemented a series of measures to promote occupational safety and health in the territory. These included enforcement campaigns targetting specific high-risk activities and sectors, such as the construction industry, to ensure employers' and employees' compliance with safety legislation as well as intensive publicity and promotional campaigns launched in collaboration with related organizations to promote key safety and health messages among workers. DC for L (OSH) pointed out that the number of occupational injuries or industrial accidents was very often affected by the size of the working population. It was noteworthy that in 2010, both the construction industry as well as the food and beverage services sector had recorded a slight decrease in accident rate per 1 000 workers.

Causes for occupational fatalities

41. Dr PAN Pey-chyou noted with grave concern that a total of 183 occupational fatalities were recorded in 2010, representing an increase of 5.9% over 2009. He asked about the main causes for these 183 industrial fatalities.

42. Assistant Commissioner for Labour (Occupational Safety) responded that of the 183 occupational fatalities that occurred in 2010, 114 cases were caused by diseases of natural cause and 25 due to various reasons such as traffic accidents. He pointed out that upon receipt of notification of a fatal accident by an employer, LD and the relevant law enforcement agencies would take forward the investigation in a serious manner to identify the root cause of the accidents. Relevant information of the case, including medical reports, would be taken into account during the investigation process.

Other issue

43. Mr Alan LEONG referred to the referral from Duty Roster Members on the occupational health of elementary workers (LC Paper No. CB(2)1972/10-11(01)) and enquired about issues relating to and including the categorization of a disease as occupational disease, the feasibility of prescribing musculoskeletal disorders as occupational diseases and the utilization rate of the two Occupational Health Clinics of LD which provided occupational health services for workers in Hong Kong. As the issues were related to occupational disease, which would be discussed at the Panel meeting in July 2011, the Chairman suggested that the issues might be further discussed at the next meeting.

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V. Mid-term Review of Qualifications Framework Support Schemes and Progress Report of Qualifications Framework
(LC Paper Nos. CB(2)1921/10-11(01), CB(2)2033/10-11(01) and CB(2)2044/10-11(13) to (14))

44. At the invitation of the Chairman, Under Secretary for Education ("US(Ed)") briefed Members on the latest development of the Qualifications Framework ("QF") and the Administration's proposals to improve the Qualifications Framework Support Schemes ("QFSS") to boost the development of QF, as detailed in the Administration's paper.

45. The Chairman reminded Members that in accordance with Rule 83A of the Rules of Procedure, if a Member spoke on a matter in which he had a direct or indirect pecuniary interest, he had to disclose the nature of that interest. Since the Administration's proposals to improve the seven schemes under QFSS involved a funding application to be submitted to the Finance Committee for consideration in July 2011, Members having a direct or indirect pecuniary interest were suggested to disclose the nature of that interest before they spoke on the matter.

46. Mr IP Wai-ming said that the Hong Kong Federation of Trade Unions with which he was affiliated was a training provider under QF. Regarding the fees incurred on employees for undergoing the Recognition of Prior Learning ("RPL") assessment, he noted with grave concern that even with the introduction of the improvement measures, an employee would only be reimbursed 75% of the RPL assessment fee incurred by him upon passing the RPL assessment, and the remaining 25% of the RPL assessment fee would be reimbursed to the employee after he had satisfactorily completed a QF-recognized course. Mr IP considered the adoption of a phased approach for reimbursement of RPL assessment fees unacceptable. He requested the Administration to refine the proposed arrangement by reimbursing employees in full the fees for undertaking the relevant RPL assessment immediately after the latter had completed the assessment.

47. In response, US(Ed) explained that the RPL mechanism was introduced to assist workers to pursue further learning. The criterion to reimburse the remaining 25% of the RPL assessment fee to the employee after he had satisfactorily completed a QF-recognized course was in line with the policy objective of the Administration to promote and encourage lifelong learning.

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48. Responding to Mr IP Wai-ming's enquiry about the progress in the setting up of Industry Training Advisory Committees ("ITACs") for various industries, US(Ed) advised that as at June 2011, ITACs had been set up for 16 industries, covering about 43% of the total labour force in Hong Kong. 12 of these ITACs had drawn up the Specifications of Competency Standards ("SCS") which set out the skills and outcome standards required of employees of the industries concerned. The Administration would continue with its efforts to reach out to employers, employees, professional bodies and other stakeholders with a view to setting up more ITACs in other industries.

49. The Deputy Chairman said that the Federation of Hong Kong & Kowloon Labour Unions with which she was affiliated was a training provider under QF. Expressing concern about the implementation progress of the RPL mechanism, she considered the application rate for RPL assessment far from satisfactory and enquired about the reason for the poor response of workers to RPL assessment.

50. In response, US(Ed) advised that -

- (a) the RPL mechanism was first introduced in June 2008 on a pilot basis for three industries, namely the Printing and Publishing, Watch and Clock, and Hairdressing industries. In March 2011, the mechanism was extended to the Property Management industry;
- (b) so far, a total of about 1 600 applications for RPL assessment for the four industries had been processed and 99.5% of the applicants were successful in the assessments; and
- (c) with the provision of a five-year transitional period for each of the participating industries, it was generally expected that the number of applicants would increase gradually at the later stage of the transitional period.

51. In response to the Deputy Chairman's enquiry about the coverage of the accreditation grant under QFSS, Principal Assistant Secretary for Education (Further Education) ("PAS(FE)") advised that the accreditation grant aimed to encourage education and training providers to seek accreditation of their learning programmes under QF. At present, review exercises of the institutions and re-validation of programmes were not covered by the grant. In order to uphold the quality of qualifications and

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their associated learning programmes and cultivate a culture of sustainable quality assurance, the Administration proposed that subsequent accreditation exercises, in addition to the first-time exercise, should also be eligible for the accreditation grant, subject to an increased cap of \$3 million per provider, so as to encourage education and training providers to seek reviews of their institutions and re-validation of their training programmes.

52. The Deputy Chairman pointed out that after successful accreditation, an institution and its accredited programmes would be subject to periodic reviews and re-validations for on-going quality assurance purposes. Noting that the effective validity period for some SCS-based courses was so short as two years, she suggested that consideration should be given to granting an accreditation approval, allowing a validation to remain effective for a longer period.

53. PAS(FE) responded that programme validation was conducted by the Hong Kong Council for Accreditation of Academic and Vocational Qualifications ("HKCAAVQ"). The Administration would convey the views of Members to HKCAAVQ for consideration.

54. Mr LEUNG Yiu-chung noted that the Administration proposed to increase the level of the accreditation grant for each non-SCS-based programme from the current 50% to 70% of the accreditation fee, so as to provide a greater incentive to course providers to quality assure their training programmes through accreditation. He enquired whether the Administration had any plan to further increase the level of accreditation grant.

55. In response, US(Ed) said that the Administration had made a breakthrough that all relevant education and training providers, irrespective of whether they were non-profit-making organizations, would be eligible to apply for the accreditation grant and subject to the same increased cap. The extension would help encourage providers to seek accreditation from HKCAAVQ to quality assure their programmes for the benefit of the learners. The proposed rate of increase to 70% was determined after considering all relevant factors including the financial implications to the Government, the financial ability of providers in participating in QF and the views of stakeholders in the industries. The Administration believed that the proposal would be welcomed by the relevant stakeholders.

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56. Summing up, the Chairman said that Members supported in principle the submission of the funding proposal to the Finance Committee for consideration.

57. The meeting ended at 1:25 pm.

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Legislative Council Secretariat
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