

For information on
18 February 2014

Legislative Council Panel on Manpower

Review of whether medical certificates issued by chiropractors should be recognised under labour legislation

Purpose

This paper briefs Members on the findings of a survey on chiropractor consultation by the public published by the Census and Statistics Department (C&SD) on 8 November 2013; the latest development of chiropractic in Hong Kong and other places; and the Administration's review findings on whether medical certificates issued by chiropractors should be recognised under labour legislation.

Background

2. In 2005, the Chiropractic Doctors' Association of Hong Kong and the Hong Kong Chiropractors' Association put up a request for amending labour legislation to cover the medical certificates issued by chiropractors. In response to their request, the Administration set up an Inter-bureaux/departmental Working Group in November 2005 to conduct a study on whether the medical certificates issued by chiropractors should be recognised under labour legislation. The Working Group comprised representatives of the Labour Department (LD), the Food and Health Bureau, the Department of Health and the Civil Service Bureau.

3. Having thoroughly studied and deliberated on the subject, the Working Group completed its study in December 2009, with the conclusion of recommending against the recognition of medical certificates issued by chiropractors under labour legislation. A gist of the study findings of the Working Group is at [Annex 1](#). Its considerations, among others, included: low community knowledge of chiropractic treatment in Hong Kong as revealed by the surveys on chiropractor consultations; given the considerable differences in the approaches adopted by different places in dealing with chiropractic under their respective labour laws and social security systems, a more prudent approach on the issue should be adopted; the community's knowledge and acceptance of chiropractic treatment, as well as views of stakeholders, should be

taken into account having regard to the local circumstances; the development of chiropractic in Hong Kong, such as the chiropractic sector had yet to provide a set of guidelines for the issuance of sick leave certificates at that time, thereby rendering it difficult to gain the acceptance of employers, employees and other stakeholders; and in the absence of guidelines for the issuance of sick leave certificates, it would be difficult to resolve disputes regarding the nature of treatment and the duration of sick leave granted by chiropractors, etc. At the meeting of the Labour Advisory Board (LAB) held on 9 May 2011, Members agreed to the conclusion of the Working Group.

4. As reported at the Legislative Council Panel on Manpower meeting on 17 June 2011, having thoroughly considered the study findings of the Working Group, the Administration concurred with the Working Group's recommendations and considered that there were insufficient justifications for recognising the medical certificates issued by chiropractors under labour legislation at that juncture. However, the Administration also noted the development trend of chiropractic in Hong Kong at that time, including the continual increase in the number of chiropractors, and the chiropractic sector indicated that active consideration would be given to improving its registration system, requiring individual chiropractors to keep medical records of their patients, and drawing up guidelines for the issuance of sick leave certificates. To assess comprehensively the prevalence of chiropractic treatment in Hong Kong, LD commissioned C&SD to conduct another survey on chiropractor consultation by the public during September to November 2012. In order to gauge the utilisation of chiropractic treatment by injured employees, LD also conducted a survey on those injured employees who called on the department for medical clearance in September 2013. The major findings of the two aforesaid surveys, together with the comparison with those of surveys of a similar nature, are set out in the ensuing paragraphs 5 to 15.

Survey findings on chiropractic treatment

Thematic Household Survey findings on chiropractor consultation by the public with comparison

5. C&SD published the Thematic Household Survey (THS) Report No. 53 on 8 November 2013, containing the findings of the survey on chiropractor consultation by the public conducted during September to November 2012. The survey findings indicated that there were some 33 700 persons aged 15 and over who had received chiropractic treatment during the 12 months before enumeration, constituting 0.6% of all persons aged 15 and over in Hong Kong.

Characteristics of persons or households having received chiropractic treatment

6. Of the 33 700 persons aged 15 and over who had received chiropractic treatment during the 12 months before enumeration, 66.2% were females and 33.8% were males. Among these 33 700 persons, the highest proportion was aged 40 - 49, at 33.1%; followed by those aged 30 - 39 and those aged 60 and above, at 18.3% and 16.5% respectively. Of them, 71.7% were economically active persons, another 10.6% were home-makers and 10.5% were retired persons.

7. Persons who had received chiropractic treatment tended to have relatively higher educational level and median monthly household income than the population as a whole. Among those who had received chiropractic treatment, 93.6% had attained secondary education and above, of which 53.8% had attained post-secondary education¹. The median monthly household income of the 31 900 domestic households with members aged 15 and over who had received chiropractic treatment during the 12 months before enumeration was \$34,200².

Situation of receiving chiropractic treatment

8. Of those 33 700 persons who had received chiropractic treatment, 37.0% indicated that they had received chiropractic treatment 1 to 2 times during the 12 months before enumeration; 14.7% mentioned that they had received 3 to 4 times of chiropractic treatment, and 21.9% reported that they had received chiropractic treatment for 11 times and over. The most commonly cited reasons for choosing chiropractic treatment were “relatives/ friends’ referral” (59.9%), “doctor’s referral” (21.1%) and “wanted to see whether chiropractic treatment could help alleviate their illness” (9.8%). Among them, 42.5% indicated that they had received chiropractic treatment for their “waist”, 31.6% for “back” and 26.9% for “neck”.

9. Of these, 34.8% reported that they had first received chiropractic treatment 6 months and above after the injury or illness; another 25.1% indicated that they had first received chiropractic treatment less than 1 week after the injury or illness, and 15.7% mentioned that they had first received chiropractic treatment 2 weeks to less than 4 weeks after the injury or illness. As regards chiropractic treatment fees, 26.7% of the persons who had received chiropractic treatment

¹ The findings of C&SD’s 2011 Population Census indicated that among the population aged 15 and over, 77.3% had attained secondary education and above, of which 27.3% had attained post-secondary education.

² According to the General Household Survey conducted by C&SD, the median monthly household income in the fourth quarter of 2012 was \$21,100.

reported that they had paid more than \$600 per chiropractic treatment on average, while around one-fifth of those persons who had received chiropractic treatment respectively paid \$501 - \$600 (22.9%), \$401 - 500 (22.6%) and \$301 - \$400 (20.4%) per chiropractic treatment on average. In addition, more than half (53.6%) of the respondents indicated that they had received other kinds of treatment before receiving chiropractic treatment, such as “general medical practitioner of Western medicine”, “specialist of Western medicine”, “practitioner of Chinese medicine - bone-setting” and “physiotherapist”.

10. Among those 33 700 persons who had received chiropractic treatment (constituting 0.6% of all persons aged 15 and over in Hong Kong), 51.7% claimed that the chiropractic treatment was “effective”; followed by those who claimed that the chiropractic treatment was “average” and “very effective” (both at 20.0%); and less than 10% indicated that the treatment was “not effective” or “not effective at all”. 15.5% (or 5 200 persons) of them indicated that they had obtained sick leave certificates from chiropractors.

Comparison with THS 2005

11. C&SD conducted a survey of a similar nature during February to May 2005, the findings of which revealed that there were some 44 300 persons aged 15 and over who had received chiropractic treatment during the 12 months before enumeration, representing 0.8% of all persons aged 15 and over in Hong Kong. As compared to the previous survey of a similar nature, the survey findings of this round, which indicated that there were some 33 700 persons aged 15 and over who had received chiropractic treatment, constituting 0.6% of all persons aged 15 and above in Hong Kong, revealed a drop of both scores, with the magnitude of decrease at 24.0% (involving 10 600 persons) and 0.2 percentage point respectively. A comparison of the key findings of the surveys conducted by C&SD during the periods September to November 2012 and February to May 2005 is set out at Annex 2.

Findings of the survey on chiropractor consultation by injured employees with comparison

12. According to the current Employees’ Compensation Ordinance (ECO), an injured employee is entitled to recover the medical expenses on chiropractic treatment from his employer, subject to a daily ceiling specified in the ECO. To gauge the utilisation of chiropractic treatment by injured employees, LD undertook a new round of survey on injured employees who called on the department for medical clearance in September 2013. The survey results revealed that among the 911 injured employees surveyed, nine (or 1.0%) had received chiropractic treatment.

13. Similar surveys were conducted by LD in October 2007 and November 2010 respectively. The 2007 survey findings revealed that among the 778 injured employees surveyed, four (or 0.5%) had received chiropractic treatment, while the 2010 survey findings indicated that 24 (or 2.9%) of the 819 injured employees surveyed had received chiropractic treatment.

14. As compared with the 2010 survey, the 2013 survey findings revealed that the percentage of injured employees who had received chiropractic treatment among the injured employees surveyed decreased from 2.9% to 1.0%. The above three surveys consistently pointed to an insignificant number of injured employees having received chiropractic treatment.

15. In 2003, LD conducted a similar survey on the utilisation of Chinese medicine treatment among injured employees. Its findings indicated that 32.1% of the injured employees surveyed had received Chinese medicine treatment. At that time, the medical functions³ performed by registered Chinese medicine practitioners had not yet been recognised under labour legislation. In other words, an injured employee was not entitled to sick leave period and reimbursement of medical expenses after receiving treatment from Chinese medicine practitioners.

Chiropractic and its recent development in Hong Kong

16. The World Health Organization (WHO) defines chiropractic as a form of “complementary and alternative medicine”. The majority of cases treated by chiropractors are functional disorders of the neuro-musculoskeletal system such as low back pain, neck pain, shoulder pain, elbow and wrist pain. In addition, chiropractic treatment also covers some medical conditions that, prima facie, are not related directly to the spine and pelvis, such as asthma and migraine.

17. In Hong Kong, the Chiropractors Registration Ordinance (CRO) was enacted in 1993, and the first batch of a total of 32 chiropractors was registered in January 2002. The CRO has come into full operation since February 2003, making it illegal thereafter for any unregistered person to practise chiropractic in Hong Kong. As of December 2013, the number of registered chiropractors⁴ in Hong Kong was 180, all practising in the private sector.

³ The medical functions of registered Chinese medicine practitioners were recognised under the Employment Ordinance and the ECO with effect from December 2006 and September 2008 respectively.

⁴ As of December 2013, there were 12 401 medical practitioners, 2 101 dentists, 6 804 registered Chinese medicine practitioners, 2 523 physiotherapists and 1 580 occupational therapists in Hong Kong.

18. According to the information provided by the Chiropractors Council of Hong Kong (CCHK), chiropractic is a distinct healthcare system which is not a part of orthodox medicine. In Hong Kong, chiropractors may provide treatment without a referral by other healthcare practitioners. In rendering treatment, no drugs or surgery may be used. A chiropractic treatment programme usually comprises a series of consultations and treatments that spread over a period of time.

19. The “Code of Practice (CoP) for the Guidance of Registered Chiropractors” issued by CCHK provides guidance for the conduct and relationship with others in respect of chiropractors in carrying out their chiropractic responsibilities. At present, the CoP neither contains any explicit requirement on the maintenance of medical records nor provides guidelines on the issuance of sick leave certificates. We noted that CCHK has set up a “Committee on Issue of Sick Leave Certificates” which is tasked with a study of the formulation and drafting of guidelines for the issuance of sick leave certificates, and a “Committee on Review of the Code of Practice” to consider including provisions on handling medical records in their CoP. These initiatives are currently under study and the drafting work is underway.

20. With regard to continuing education, CCHK has launched a voluntary continuing professional development scheme since 2010 to encourage chiropractors to keep abreast of the latest development of their profession and enhance their professional knowledge and skills. On the promotion and publicity front, the chiropractic sector organises from time to time various kinds of activities (e.g. chiropractic talks and workshops) to enhance the community’s knowledge of chiropractic treatment.

21. In fact, chiropractic training is not provided in any local tertiary training institutions thus far. Nor is there any licensing examination. All chiropractors practising in Hong Kong received their training overseas. Currently, CCHK accepts chiropractic degrees awarded by chiropractic colleges accredited by four overseas accrediting councils for chiropractors⁵. We understand from CCHK that they have at present no plan to tighten the registration requirements for local chiropractors. As for the remaining 11 types of registered healthcare practitioners⁶ in Hong Kong, their training is provided by respective local tertiary training institutions or relevant organisations.

⁵ The four councils are the Council on Chiropractic Education of USA, the Council on Chiropractic Education Australasia Inc., the Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards and the European Council on Chiropractic Education.

⁶ These healthcare practitioners include medical practitioners, dentists, Chinese medicine practitioners, midwives, nurses, pharmacists, medical laboratory technologists, occupational therapists, optometrists, radiographers and physiotherapists.

Experience of other places

22. An update on the experience of some other places in regulating chiropractic and the role of chiropractors in these places is set out below.

Asia

23. In various developed economies of Asia, such as Japan, Singapore, Korea, the Mainland and Taiwan, etc, chiropractors have no formal position in the public healthcare system, and none of these places have established a statutory registration system for chiropractors. Chiropractic treatment is in general merely considered as a kind of therapy. In Japan, chiropractic treatment is not recognised under their healthcare system and labour laws, though there are some institutions providing training on chiropractic. In Singapore, the Allied Health Professions Bill was passed in January 2011 to regulate 10 allied health professions, including physiotherapist, occupational therapist, speech therapist, audiologist, clinical psychologist and dietician, etc, but chiropractor was not included. Neither does Macao, our neighbouring place, has in place a statutory registration system for chiropractors.

24. Hong Kong is the first place in Asia to provide for mandatory registration of chiropractors. Thailand set up a statutory registration system for chiropractors in 2006. In the Philippines, guidelines were drawn up to regulate chiropractic in December 2010, followed by the setting up of a regulatory body for the registration of chiropractors, and their legislative work pertaining to the regulation of chiropractic has commenced.

Western countries

25. In western countries, the approaches adopted by North American and European countries in recognising chiropractic under their respective labour laws or social security systems are diversely different. Chiropractic is well-established in the United States of America (USA) and Canada. The medical certificates issued by chiropractors and other types of healthcare practitioners (for example, physiotherapists) are recognised. Nonetheless, in some states or provinces of USA and Canada, there has been a trend in recent years to restrict benefit payments in respect of chiropractic treatment, or to delist chiropractic service from the coverage of their healthcare insurance schemes, thus affecting the prevalence of chiropractic treatment in these places.

26. In USA, with a view to curbing the drastic increase in medical costs, the California State Government introduced legislative amendments to reduce costs and inappropriate medical care utilisation under the employees' compensation

system. For a work injury case that occurred in or after January 2004, the injured employee is entitled to a maximum of 24 visits of chiropractic treatment, unless the injured employee has obtained the approval of the relevant insurer for an exemption from the ceiling. Such requirement capping the number of treatments is not applicable to the treatments rendered by medical practitioners there.

27. In Canada, in order to alleviate the heavy financial burden of healthcare, some provinces have restricted benefit payments in respect of chiropractic treatment, or delisted chiropractic service from the coverage of their healthcare insurance schemes in recent years. Back in 2002, chiropractic service was no longer covered in the medical service plan of British Columbia as administered by the government with a premium contributed by residents. Only those beneficiaries with government healthcare subsidies are eligible for a limited number of chiropractic treatments under the plan. The healthcare insurance plans of Ontario and Alberta have no longer covered chiropractic service since 2004 and 2009 respectively. Since 2010, Saskatchewan's healthcare insurance plan has no longer provided the general public with coverage for chiropractic treatment, only those low income earners and elderly persons receiving government healthcare subsidies are eligible for a limited number of chiropractic treatments under the plan.

28. In Australia, the medical certificates issued for general sickness by healthcare practitioners such as chiropractors and physiotherapists are covered by the labour legislation. However, in work injury cases, chiropractors are, like other healthcare counterparts, subject to certain restrictions on the medical certificates issued and the number of treatments rendered. For example, in Victoria and Queensland, an employee must submit a medical certificate issued by a medical practitioner indicating his injury condition when reporting a work injury. In Victoria, the first 14 days of sick leave can only be issued by medical practitioners, and chiropractors and physiotherapists can issue medical certificates subsequently, subject to a maximum of 28 days. In Queensland, the number of pre-approved chiropractic treatment sessions for injured employees under the workers' compensation insurance scheme has been reduced since July 2013. In New South Wales, prior approval from the nominated treating doctor is required if an injured employee has to receive chiropractic treatment in excess of the pre-approved number of consultations.

29. In the United Kingdom (UK), while the labour legislation does not provide for the recognition of chiropractors, employers may decide whether to accept medical certificates issued by chiropractors. As required by the UK Government, public healthcare service users must be referred by a medical practitioner in order to be entitled to free treatments, including, inter alia,

chiropractic treatment. In Denmark, medical certificates issued by chiropractors also do not entitle employees to employees' benefits. Notwithstanding that the Danish Government subsidises citizens for the treatment fees of chiropractors, there is a lower level of subsidy for chiropractic treatment as compared to that for the treatment rendered by medical practitioners⁷.

30. As indicated by the above information, there are significant differences in the approaches adopted by different places towards chiropractic under their respective labour laws and social security systems. Among those places that have introduced regulatory measures on chiropractic, there are considerable differences in the degree of coverage of chiropractic under their respective labour laws or social security systems. There has been a trend to restrict benefit payments in respect of chiropractic treatment, or to delist chiropractic treatment from the coverage of the healthcare insurance scheme in some places, thus affecting the prevalence of chiropractic treatment in these places. In Asia, medical certificates issued by chiropractors are not recognised under the respective labour laws or social security systems of Hong Kong and the neighbouring eight places. In many places of Europe, chiropractic is generally considered as a kind of therapy supplementary to western medicine, and medical certificates issued by chiropractors are not recognised under their labour laws.

Review and matters of concern

Community knowledge and acceptance of chiropractic treatment

31. In Hong Kong, chiropractic is not within the mainstream healthcare system. Both survey findings of C&SD and LD reflected that the prevalence of chiropractic treatment in the community registered a drop instead of an increase in recent years.

32. Specifically, according to the survey conducted by C&SD during September to November 2012, among the 6 007 900 persons aged 15 and over in Hong Kong, some 33 700 persons (or 0.6%) had received chiropractic treatment during the 12 months before enumeration. In comparison with the findings of a similar survey conducted by C&SD during February to May 2005, which estimated that there were some 44 300 persons (or 0.8%) aged 15 and over who had received chiropractic treatment during the 12 months before enumeration, the survey of this round recorded a notable drop both in the

⁷ In general, the treatment fees of medical practitioners are fully reimbursable under the national health insurance plan of Denmark. For chiropractic, only around 20% of the treatment fees are reimbursable.

number of persons aged 15 and over in Hong Kong who had received chiropractic treatment and the percentage of such persons among all persons aged 15 and over in Hong Kong. Notwithstanding the increase in the number of registered chiropractors from 75 in March 2005 to 168 in September 2012, the lower number of persons who had received chiropractic treatment in the survey periods reflected that chiropractic treatment was yet to be prevalent in Hong Kong.

33. The findings of this survey revealed that among those 33 700 persons who had received chiropractic treatment, 42.5% indicated that they had received the treatment for their “waist”, 31.6% for “back” and 26.9% for “neck”. Although chiropractic treatment can cover different injuries and diseases, such as dysfunction of the immunity or respiratory system, the public perception of chiropractic treatment may still be confined to injuries and illnesses of back and neck.

34. According to the findings of this survey, among those who had received chiropractic treatment, 53.6% indicated that they had received other kinds of treatment before receiving chiropractic treatment, such as “general medical practitioner of Western medicine”, “specialist of Western medicine”, “practitioner of Chinese medicine - bone-setting” and “physiotherapist”. Moreover, 34.8% of those persons who had received chiropractic treatment reported that they had first received chiropractic treatment 6 months and longer after the injury or illness. These findings indicated that many of those persons having received chiropractic treatment had tried some other kinds of treatment or undergone a certain period of illness or injury before seeking chiropractic treatment.

35. Among those 33 700 persons who had received chiropractic treatment as referred to in paragraph 33 above, 51.7% claimed that the chiropractic treatment was “effective”; followed by those who claimed that the chiropractic treatment was “average” and “very effective” (both at 20.0%); and less than 10% indicated that the treatment was “not effective” or “not effective at all”. These 33 700 persons who expressed their views on the level of effectiveness of chiropractic treatment only constituted 0.6% of all persons aged 15 and above in Hong Kong, and their comments might not be able to represent the general public’s opinion on the level of effectiveness of chiropractic treatment.

36. As regards chiropractor consultation by injured employees, even though injured employees are entitled to recover the medical expenses on chiropractic treatment under the ECO, only a few had sought chiropractic treatment, and this might be owing to their limited knowledge about chiropractors. According to the survey conducted by LD in September 2013, nine (or 1.0%) of the 911

injured employees surveyed had received chiropractic treatment. In comparison with a similar survey conducted in 2010 which found that 24 (or 2.9%) of the 819 injured employees surveyed had received chiropractic treatment, the 2013 survey findings registered a drop in the percentage of injured employees who had received chiropractic treatment among those surveyed.

37. As compared to chiropractic treatment, the situation of Chinese medicine treatment is starkly different. In 2003, LD conducted a similar survey on the utilisation of Chinese medicine treatment among injured employees, the findings of which indicated that 32.1% of the injured employees surveyed had received Chinese medicine treatment. At that time, the medical functions performed by registered Chinese medicine practitioners had not yet been recognised under labour legislation. In other words, an injured employee was not entitled to sick leave period and reimbursement of medical expenses after receiving treatment from Chinese medicine practitioners.

Problems concerning implementation and ancillary facilities

38. At present, a total of 12 types of healthcare practitioners (including chiropractors) are subject to statutory registration in Hong Kong. Currently, only registered medical practitioners, registered Chinese medicine practitioners and registered dentists are authorised to issue medical certificates to entitle employees to benefits such as sickness allowance and periodical payments, subject to meeting the stipulated conditions. If the medical certificates issued by chiropractors are to be recognised under labour legislation, employers and insurers will be endowed with new legal obligations. In order to discharge these new obligations, employers will need to incur additional expenditure in sickness allowance, periodical payments and medical expenses, which will in turn increase the liability of the insurers for compensation payment, thereby exerting a pressure to increase the level of premium for employees' compensation insurance policies. However, the above survey results revealed that chiropractic was yet to gain general acceptance in the local community. Where employers do not have sufficient knowledge about chiropractic practices, they may become sceptical of the medical certificates issued by chiropractors, thereby possibly giving rise to unnecessary misunderstandings and disputes over the medical certificates submitted by their employees.

39. Apart from taking into account the community's knowledge and acceptance of chiropractic treatment, the chiropractic sector also needs to provide a set of guidelines for the issuance of sick leave certificates, so as to enhance the understanding of employers, employees and other stakeholders on the chiropractors' criteria on the issuance of sick leave certificates and help resolve possible disputes over the sick leave certificates. We are given to

understand that CCHK has set up a “Committee on Issue of Sick Leave Certificates” which is tasked with the study of the formulation and drafting of guidelines for the issuance of sick leave certificates, and a “Committee on Review of the Code of Practice” to consider including provisions on handling medical records in their CoP. These initiatives are currently under study and the drafting work is underway.

40. Nevertheless, even if the chiropractic sector has put in place guidelines for the issuance of sick leave certificates, where the sick leave certificates issued by a chiropractor are opposed or challenged by the employer or insurer under the current employees’ compensation system, it would be difficult to identify a neutral and independent authority to offer medical opinion for resolving such disputes⁸, since all chiropractors are engaged in private practice and the local tertiary institutions do not provide chiropractic training. This shows that at present there is a lack of relevant ancillary facilities and feasible mechanism in tackling possible disputes arising from sick leave certificates issued by chiropractors.

Local public healthcare services

41. Currently, the multi-disciplinary teams of the Hospital Authority (HA), comprising general practitioners, orthopaedics and allied health professionals (including physiotherapists and occupational therapists), provide patients suffering from musculoskeletal diseases with the necessary services. Since the health conditions treated by chiropractors have been covered by the scope of the existing services provided by HA, and the general public mainly seek public healthcare services, it shows that at present there is no imminent need for recognising the medical certificates issued by chiropractors under labour legislation.

⁸ Under the existing employees’ compensation mechanism, where a work injury is likely to result in the permanent incapacity of an injured employee, LD will arrange the employee to undergo assessment by the Employees’ Compensation Assessment Board (ECAB), which will assess the degree of permanent loss of earning capacity suffered by the employee and the period of absence from duty necessary as a result of the injury. Medical practitioners of the Hospital Authority, Chinese medicine practitioners of a local university, the Chinese Medicine Advisor and Labour Officers of LD take part in the work of ECAB. In 2012, ECAB conducted 20 048 assessments involving medical practitioners and 2 181 assessments involving Chinese medicine practitioners. In 2013, ECAB conducted 20 891 assessments involving medical practitioners and 2 451 assessments involving Chinese medicine practitioners.

Experience of other places

42. In line with the study findings of the Working Group, we observed from our study of the experience of other places that there are significant differences in the approaches adopted by different places in dealing with chiropractic under their respective labour laws and social security systems. In USA and Canada, the medical certificates issued by chiropractors and other types of healthcare practitioners, like those issued by medical practitioners, are also recognised under their labour laws or social security systems. However, in recent years, there has been a trend to restrict benefit payments in respect of chiropractic treatment or to delist chiropractic service from the coverage of respective healthcare insurance plans in some states or provinces, thus affecting the prevalence of chiropractic treatment in these places. In Europe, medical practitioners remain the mainstream profession for the issuance of medical certificates in respect of illnesses and work injuries. In Asia, the medical certificates issued by Chinese medicine practitioners, in addition to those issued by medical practitioners, are recognised under the labour legislation of some places. However, the medical certificates issued by chiropractors are not recognised in many places in Europe and Asia. In other words, generally speaking, the medical certificates issued by chiropractors will not entitle the employees of these places to benefits and protection under their respective labour laws or social security systems.

Recommendation

43. To summarise the aforementioned review findings, the prevalence of chiropractic treatment in the local community still remains low as revealed by C&SD's survey findings. There is still a lack of relevant ancillary facilities and feasible mechanism in tackling possible disputes arising from sick leave certificates issued by chiropractors. The health conditions treated by chiropractors have been covered by the scope of the existing services provided by HA. Furthermore, the labour laws of many of our neighbouring places do not recognise the medical certificates issued by chiropractors. With these in view, and having regard to the local circumstances, we are of the view that at this juncture there are still insufficient justifications and it is premature to recognise the medical certificates issued by chiropractors under our labour legislation. We will continue to monitor the latest development of chiropractic in Hong Kong and other places, and maintain an ongoing dialogue with stakeholders on the subject.

Views of LAB

44. At the meeting of LAB held on 3 December 2013, no consensus was reached by Members on this subject. Employer Members concurred with the Administration's review findings that at present there are still insufficient justifications for recognising the medical certificates issued by chiropractors under our labour legislation having regard to various considerations including, inter alia, that chiropractic is currently not within Hong Kong's mainstream healthcare system comprising Chinese and Western medicine; the level of local community acceptance towards chiropractic is not high; and in terms of actual operation, it would be difficult to identify a neutral and independent authority to offer medical opinion for resolving any possible dispute between an employer and an employee arising from the sick leave certificate issued by a chiropractor to the employee, etc. Employee Members opined that consideration should be given to recognising the medical certificates issued by chiropractors under our labour laws so as to provide employees with more treatment options.

Way forward

45. Given that no consensus was reached by the Employer and Employee Members of LAB on this subject and the Administration's review findings indicated that at present there are still insufficient justifications for recognising the medical certificates issued by chiropractors under our labour legislation, we are of the view that the issue should be handled with prudence. The Administration will continue to monitor the development of chiropractic in Hong Kong and other places, and maintain an ongoing dialogue with stakeholders on the subject.

Advice sought

46. Members are invited to note the content of this paper and give their views.

Labour and Welfare Bureau
Labour Department
February 2014

Gist of the study findings of the Inter-bureaux/departmental Working Group on whether medical certificates issued by chiropractors should be recognised under labour legislation in December 2009

After thorough consideration, the Inter-bureaux/departmental Working Group did not recommend recognising the medical certificates issued by chiropractors under labour legislation. Major considerations included:

- (a) There were significant differences in the approaches adopted by different places in dealing with chiropractic under their labour legislation and social security systems. In USA and Canada, the medical certificates issued by chiropractors and other healthcare practitioners were recognised. However, in recent years, there had been a trend to restrict benefit payments in respect of chiropractic treatment in some states or provinces. In Europe, medical practitioners remained the mainstream profession for the issuance of medical certificates in respect of illnesses and work injuries. In Asia, the certificates issued by Chinese medicine practitioners, in addition to those issued by medical practitioners, were recognised under the labour legislation of some places. However, the medical certificates issued by chiropractors were not recognised in most places in Europe and Asia. The Working Group therefore considered it necessary to adopt a more prudent approach on this issue;
- (b) WHO defined chiropractic as “a form of complementary and alternative medicine”. Chiropractic also lacked ethnic root in the local Chinese community. Even though injured employees could claim reimbursement for the cost of chiropractic treatment under the ECO, only a small number of citizens had sought such treatment, reflecting that the public had limited knowledge on chiropractors. It was suggested that the chiropractic sector should step up educational and promotional efforts to minimise any possible misunderstandings and disputes on chiropractic treatment between employers and employees which would have a negative impact on the harmonious labour relations in Hong Kong. In view of the above, the Working Group considered it premature to recognise the medical certificates issued by chiropractors under our labour 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’s knowledge and acceptance of chiropractic treatment, the stakeholders’ views and the development of chiropractic in Hong Kong and elsewhere;

- (c) If the medical certificates of chiropractors were to be covered under our labour legislation, it might have an impact on the existing employees' compensation system. As 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 neutral and independent authority to offer medical opinion or arbitrate in case of disputes if the medical certificates issued by a chiropractor were resisted or challenged by the employer or insurer. Under the existing mechanism, where medical practitioners and Chinese medicine practitioners had different medical opinions on the period of temporary incapacity and degree of permanent loss of earning capacity of an injured employee, assessment and arbitration could be undertaken through the medical practitioners of HA and the Chinese medicine practitioners of the local universities; and
- (d) If the medical certificates of an additional type of healthcare practitioners were to be covered under labour legislation, employers and insurers would have to take on new legal obligations. We should thus ensure an adequate protection of their rights. Since employers, human resources practitioners and insurers had limited understanding on the scope of chiropractic treatment, the diseases that chiropractors could treat as well as the chiropractors' criteria and guidelines on the issuance of sick leave certificates, their understanding on these matters would need to be enhanced in order to avoid unnecessary disputes relating to the issuance of medical certificates.

**Comparison of the key findings of the THS on Chiropractor Consultation
conducted by C&SD during February to May 2005 and September to November 2012**

Number of persons aged 15 and over / Number of domestic households in HK	Survey conducted in Feb - May 2005	Survey conducted in Sept - Nov 2012	Change in number of persons/ households [Change in %]
Total number of persons aged 15 and over in HK at the time of enumeration	5 656 300	6 007 900	+ 351 600 [+ 6.2%]
Number of persons aged 15 and over who had received chiropractic treatment during the 12 months before enumeration	44 300 (0.8%)*	33 700 (0.6%)*	- 10 600 [- 24.0%]
Number of persons aged 15 and over who had not received chiropractic treatment during the 12 months before enumeration	5 612 000 (99.2%)*	5 974 200 (99.4%)*	+ 362 200 [+ 6.5%]
Number of domestic households in HK at the time of enumeration	2 274 300	2 395 500	+ 121 200 [+ 5.3%]
Number of domestic households with members aged 15 and over who had received chiropractic treatment during the 12 months before enumeration	40 900 (1.8%)*	31 900 (1.3%)*	- 9 000 [- 22.1%]
Number of domestic households with members aged 15 and over who had not received chiropractic treatment during the 12 months before enumeration	2 233 400 (98.2%)*	2 363 700 (98.7%)*	+ 130 200 [+ 5.8%]

* The figure in round brackets denotes the percentage of the respective number of persons to the total number of persons aged 15 and over, or the respective number of households to the total number of domestic households in HK.