



回應勞工處推出「建造業工人工傷康復先導計劃」

2018 年，施政報告首次提及特區政府正積極研究新措施，為有需要的工傷僱員提供適時及高度協調的治療及復康服務。而剛於 2019 年 10 月 16 日發表的施政報告中，特區政府更進一步表明為建造業工人推出一個為期三年的先導計劃，以個案管理模式，為符合條件的工傷僱員提供適時及高協調性的私營治療及復康服務，協助他們盡早康復重投工作。此外，政府更建議透過修訂法例以委託職業安全健康局負責管理計劃。對於特區政府積極推行新的工傷康復服務本是高興的事，但如何能推行一個符合現實環境，又真正能協助工友重返工作的項目，實在需要跨專業的參與。

就工傷康復服務的改革，職業傷病復康專業聯盟(成員包括：香港職業及環境醫學學會、香港職業治療學會、香港物理治療師協會、香港物理治療學會、香港職業健康護士會和香港復康管理專業人員協會)自 2018 年施政報告發表後，曾多次作出深入探討，並先後與不同界別，包括：立法會商界議員代表、保險業界以及勞工團體舉行多次的會議、商討現時工傷康復服務的弊端，以及草擬出一份備受各專業團體同意的方案(方案內容詳見附件一)。而有關方案曾在不同場合合作探討，以及與勞工處代表進行交流討論。

草案內容包括參考肺塵埃沉著病補償基金委員會和職業性失聰補償管理局的做法，由香港特別行政區成立備有權力的職業傷病復能復職局並設有專業委員會，建議由各相關專業組織代表(職業醫學醫生、職業健康護士、職業治療、物理治療、殘疾管理、人體功效學等)、僱主代表以及僱員代表組成。職業傷病復能復職局與其專業委員會的角色除管理職業傷病復能復職基金的運作外，亦負責監察管治職業復康介入服務流程及制定各項的標準。

建造業工人工傷康復先導計劃

因應施政報告的內容，勞工處今日發放了工傷康復先導計劃的相關文件，並分別在 11 月 1 日及 4 日進行諮詢會，邀請各界專業團體出席及發表意見。根據勞工處草擬的文件，是項工傷復康先導計劃為期三年，受惠對象為建造行業的工傷工人，並以受傷六星期為甄選參加計劃的界線。而工傷工友於選擇參加計劃時必須簽署文件，承諾暫停接受公營醫療機構的診治和康復治療。至於計劃執行方面，則提出委託職業安全健康局為計劃的管理人，而其他的持份者如個案經理、負責診治的醫生，進行康復治療的治療師均由其他的服務提供者以外判形式提供。

在諮詢會上，各專業團體均認為「跨醫療界別團隊」(Multi-disciplinary team)於處理工傷康復問題是非常重要的。目前，社會上除了醫院管理局的醫療關懷服務擁有處理工傷個案的流程及團隊外，私營市場上並不存在任何具備豐富處理工傷康復經驗的跨醫療界

別團隊，亦沒有公認的標準以監察服務提供者的質素。而勞工處草擬的計劃中，只提出康復服務由外判服務提供者負責，令人擔心過程中能否達至有效率及適當的溝通。

而對於特區政府屬意由職業安全健康局負責管理計劃，本中心對此存有一定的保留。職業安全健康局（職安局）是 1988 年根據《職業安全健康局條例》成立，其工作包括推廣宣傳、教育及訓練、顧問服務、調查及策略研究、提供資訊，以及促進政府、僱主、僱員和專業及學術團體之間的交流合作。在各項職能的分佈中，並未有任何與工傷康復具有直接關係的項目。雖然，職安局近年致力推動香港安健認證計劃及開始認證職業復康顧問，但其工作只限於處理行政程序的申請及文件審核，沒有直接推行康復服務的經驗。至於 2017 年啟動的「受傷僱員重投工作先導計劃」，職安局的角色亦僅限於行政上的統籌，其現職員工並沒有參與任何前線處理個案的工作，且計劃在兩年內只有未達雙位數字的個案接受服務，職員所能累積的行政統籌經驗亦十分有限。此外，若依照施政報告的建議委託職安局負責管理計劃，特區政府必須先修訂法例賦予職安局新的職能，勞工處預計需動用至少 2 年時間才能推出先導計劃，未能回應工傷人士的即時需要。

歸納以上要點和疑慮，本中心認為勞工處應擔當一個積極主動的角色去管理先導計劃，直接聘用個案經理跟進工傷個案及透過公開投標的方法讓有經驗的持份者參與服務提供。如勞工處願意承擔計劃的行政管理，相信能減省很多不必要的時間和程序，讓先導計劃在一年內開展。假若勞工處堅持只監察整個計劃的運作及成效，就先導計劃的開展本中心強烈建議：

一、 成立項目委員會

成立跨專業的項目委員會，負責監察管治職業復康介入服務流程及制定各項的標準。同時，監督項目的運作及所提供的服務是否達到標準。

二、 採用跨醫療界別團隊提供服務

專業團體認為跨醫療界別團隊可有效處理工傷康復個案，既能提供一站式的服務，亦有利於溝通和計劃管理。跨醫療界別團隊成員包括有：職業醫學醫生、職業健康護士、職業治療師、物理治療師和社會工作者等。

三、 訂立長遠發展藍圖

除定期檢視先導計劃的成效，勞工處應為工傷康復服務的發展建構一個備長遠目標及發展的藍圖，當中包括積極開展成立職業傷病復能復職基金及管理局的籌備工作，讓工傷康復服務可以盡快及全面地涵蓋所有行業的工傷僱員。

RECOMMENDATION FOR 2019 POLICY ADDRESS

Set Up A Fund and Statutory Body to Facilitate Early Return to Work (RTW) of Workers with Work Injuries Urgently Needed

Current Situation

Occupational rehabilitation services in Hong Kong are mainly provided by clinically based work rehabilitation centres in the Hospital Authority. Unfortunately, long waiting time for treatments and services at the public medical system often leads to workers missing the “golden period” for rehabilitation, resulting in delayed recovery and return-to-work progress.

Many injured workers, after going through the long process of conventional medical treatment and rehabilitation, frequently still find themselves unable to cope with their job and very often have to choose to continue staying away from their job. Gradually, injured workers may develop psychological disturbance and social isolation, as well as deteriorating physical function and chronic pain, resulting in more time off work (more than six months, or on sick leave until they have fully utilize their legal entitlement), change of lifestyle and routine, financial stress and overemphasis on compensation issues. A vicious cycle can develop where pain and loss of function can exacerbate the disability. Timely and appropriate return to work support services will help prevent these workers from falling into the vicious cycle.

According to the data provide by the Labour Department, several thousands of injured workers each year suffer from long delays in returning to work or they choose not to return to work at all. A very substantial proportion of the delays is due to the lack of appropriate services and the long waiting time for the services (e.g. the average waiting time for a new appointment with an Orthopaedics & Traumatology specialist in Hospital Authority is 72 weeks). Thousands of needy injured workers each year continue to suffer from the lack of proper early medical arrangement and support for subsequent returning to work, resulting in personal sufferings, family sufferings and loss of human resources in the society at large. Professionals involved in the rehabilitation of injured workers are anxious about the situation and they are keen to help solve the issue by exploring good and workable alternatives.

Recommendations by the Alliance of Professionals for the Rehabilitation of Workers with Occupational Injuries (The Alliance)

The Alliance, with representatives from professional organizations of doctors, nurses, physiotherapists, occupational therapists and other relevant professionals, are very pleased to hear of the Government's commitment in last year to provide timely and well-coordinated treatment and rehabilitation services for injured workers. The Alliance has been advocating early rehabilitation and return to work support services for injured workers since 2002, and **we propose to the Government to set up a "Re-capacitation and Return-to-Work Fund" (2R Fund) and a statutory body to administer the fund.** The 2R Fund can offer proper and timely assistance and support to injured workers, enable them to receive timely and well-coordinated treatment and rehabilitation services to speed up the recovery and return-to-work process, and reduce sufferings. The detailed outline of the proposed 2R Fund and its functions is given in the Appendix.

The proposal for the 2R Fund was come up by the Alliance after several rounds of meetings and discussions with different stakeholders, including representatives from the employers, insurance industry and labour groups. It is a proposal supported by many public stakeholders, especially professionals in the field of work injury rehabilitation, and it is also a workable proposal to facilitate the Government and the Chief Executive in materializing the commitment "to enhance the effectiveness of timely and well-coordinated treatment and rehabilitation services and speed up workers' recovery, so as to facilitate their early return to work" stated in the 2018 Policy Address.

We, the Alliance of Professionals for the Rehabilitation of Workers with Occupational Injuries, sincerely hope the Chief Executive and her team can give full consideration and support to this proposal to set up a proper statutory resource/system for the needy injured workers in Hong Kong.

Appendix:

Detailed Outline of the Re-capacitation and Return-to-Work Fund (2R Fund)

Re-capacitation and Return-to-Work Fund 職業傷病復能復職基金

Administered by a statutory body –

Re-capacitation and Return-to-Work Board [職業傷病復能復職管理局] (here after the ‘Board’)

To be composed of:

- A Chairman, not representing employers or employees
- Not more than 2 representatives of employers
- Not more than 2 representatives of employees
- 2 medical practitioners, with 1 representing the Hospital Authority
- Not more than 2 public officers

Supported in the clinical professional aspects by a (Work Disability Management) Professional Committee, consisting of the following 6 members:

- A medical practitioner nominated by the Hong Kong College of Community Medicine (Occupational and Environmental Medicine Subspecialty Board)
- A medical practitioner nominated by the Hong Kong College of Orthopaedic Surgeons.
- A registered nurse nominated by the Hong Kong Association of Occupational Health Nurses
- A registered occupational therapist nominated by the Hong Kong Occupational Therapy Association
- A registered physiotherapist nominated alternatively by the Hong Kong Physiotherapy Association or the Hong Kong Physiotherapists’ Union
- A registered social worker nominated by a non-governmental organization with expertise and experience in disability management and return-to-work (RTW) services for injured employees [e.g. the Hong Kong Disability Management Practitioners Association, the Hong Kong Workers’ Health Centre]

Functions of the (Work Disability Management) Professional Committee:

- To advise the Board on all aspects related to clinical professional practices and services involved in occupational rehabilitation (Work Injury Rehabilitation or Recapacitation) and RTW coordination
- To define standards and practice guidelines related to occupational rehabilitation (Work Injury Rehabilitation or Recapacitation) and RTW coordination
- To determine and keep under review admission criteria for injured employees
- To determine and keep under review the scope of services to be provided by the Board
- To determine and keep under review the professional fees for the services provided or recommended by the MMTs
- To be involved in the recruitment of in-house RTW Coordinators, as well as the setting up of the in-house MMT if applicable

- To determine and keep under review the criteria for approval of MMTs and to vet MMT applications
- To monitor the performance of MMTs and make recommendations to the Board

Services to be supported by the Fund:

- Multi-disciplinary Occupational Rehabilitation (Work Injury Rehabilitation or Recapacitation)
- Return-to-Work Coordination
- Onsite advice on appropriate job accommodation and coaching on Return-to-Work
- Referral for appropriate specialist consultations
- Referral for appropriate laboratory or imaging studies

Admission criteria for injured employees (to be determined by the [Work Disability Management] Professional Committee and updated annually):

Injured employees under the provision of the Employees' Compensation Ordinance who are not receiving in-hospital medical treatment and are -

- Unable to return to work after 12 weeks from the date of injury, or
- Referred by doctors in public hospitals for specialist consultation with waiting time over 8 weeks, or
- Referred by doctors in public hospitals for rehabilitation therapy (physiotherapy or occupational therapy) with waiting time over 4 weeks.
- Referred by specialist doctors in public hospitals for occupational rehabilitation (Work Injury Rehabilitation) and management of the RTW process.

Operation model:

A mixed operation model is proposed, but can be updated by the **Board** as necessary:

- In-house **Return-to-Work Coordinators** (RTW Coordinators, Case Managers) – each admitted injured employee will be assigned a RTW Coordinator, who will be the key person to liaise with all stake holders in all aspects involved in occupational rehabilitation (Work Injury Rehabilitation) and return to work.
- In-house **or** contract-out **Multidisciplinary Medical Teams** (MMT), each composed of a medical practitioner with specialist qualification in Occupational Medicine or another appropriate specialty (e.g. Orthopaedic Surgery), a physiotherapist, an occupational therapist and a RTW Coordinator from the **Board** - each admitted injured employee will be arranged to have an initial joint consultation with the **MMT**, which will determine if further medical investigations or treatments are required, as well as formulate and implement an occupational rehabilitation (Work Injury Rehabilitation) program for the injured employee.

- Referral for further medical specialist consultations and investigations may be made by the **MMT** as necessary.
- In-house RTW Coordinators with background in Ergonomics (e.g. OT or PT) may be engaged as necessary to provide onsite advice on appropriate job accommodation and coaching on Return-to-Work.

Financial resources required:

- To provide support for the office of the Board
- To provide support for the secretariat of the Board
- To provide support for the in-house RTW Coordinators
- To provide support for the in-house MMT, if applicable
- To pay for services provided by the contract out MMTs
- To pay for appropriate medical investigations and treatments recommended by the MMTs
- [To provide support, if necessary, for employers accepting partial return to work of injured employees; including the provision of necessary accommodations and subsidy on salaries/wages for limited time periods— this can be introduced at a later stage after review]

Financial sources:

- Startup funding from the Government, which will become a reserve when levy collection becomes effective [proposed amount – HKD500 Million]
- Levy from the Employees' Compensation Insurance Levies [proposed to start with 2% - around 120 Million per year, the amount being the same as that currently allocated to Occupational Safety and Health Council]
- Government payment [for reduction of resources spent on managing injured employees in public hospitals and clinics; proposed to start with 50 Million per year]
- Payments from insurance companies taking up Employees' Compensation Insurance [for reduction in payment on medical treatment/rehabilitation and sick-leave; proposed to start with 10 Million per year]

(A proposal recommended by the Alliance of Professionals for the Rehabilitation of Workers with Occupational Injuries)