

For discussion on
17 November 2020

Legislative Council Panel on Manpower

Pilot Rehabilitation Programme for Employees Injured at Work

Purpose

The Labour Department (LD) is actively preparing for the launch of a three-year Pilot Rehabilitation Programme for Employees Injured at Work (Pilot Programme) targeting injured employees from the construction industry. This paper reports to Members the progress of the relevant preparatory work.

Background

2. The Government recognises that timely and well-coordinated rehabilitation treatment services are critical to early recovery and return to work for employees injured at work. At present, most injured employees seek rehabilitation services in hospitals and clinics under the management of the Hospital Authority (HA). The majority of work-injury cases involve physical injuries. In general, these cases require physiotherapy and occupational therapy. Some may require orthopaedics treatment and imaging service. Injured employees using public rehabilitation services, like other members of the public, are facing a long waiting time for these services. As a result, some of them may miss the golden recovery period¹.

3. HA services target the public and are therefore treatment-oriented. They are not geared towards facilitating injured employees' early return to work. However, rehabilitation experts and relevant studies generally recognise that return-to-work oriented rehabilitation services, including work trial, light duties and work modification, etc. are key contributing factors to effective rehabilitation and speedy recovery as they help injured employees regain confidence at work

¹ International and local studies reveal that for work-injury rehabilitation to be effective, it should be initiated as soon as possible. While there is no international consensus on the definition of "golden recovery period" after work injury, medical evidence suggests that the intervention should be made after about six weeks of sickness absence.

and better adapt to their working environment upon recovery.

4. To strengthen rehabilitation services for employees injured at work, the Chief Executive announced in the 2019 Policy Address the Government's proposal to introduce a three-year Pilot Programme, under which a case management approach will be adopted to provide private out-patient rehabilitation treatment services for the participating injured construction employees in a timely and well-coordinated manner to facilitate their early recovery and return to work. The Government also proposed to commission the Occupational Safety and Health Council (OSHC) to administer the Pilot Programme through legislative amendments.

5. Having taken into account the current supply of occupational therapists and physiotherapists in private practice, we will launch the Programme on a pilot basis. According to the findings of the "Strategic Review on Healthcare Manpower Planning and Professional Development"², there is a general shortage of occupational therapists and physiotherapists in the short to medium term. It is therefore pragmatic to introduce a work-injury rehabilitation programme for injured construction employees on a pilot basis, having regard to the manpower situation. This will also allow us to roll out the initiative in an expeditious manner. Moreover, piloting the Programme can help us gain experience for gradually refining the programme details.

Overview of the Pilot Programme

Target Employees

6. Research studies clearly indicate that early medical intervention of injured employees with higher risk of long-term incapacity can significantly improve recovery outcome. Medical literature also suggests that the longer the period of the employees' injury-related absence, the lower the chance of their successful return to work. With reference to these studies and our sick leave statistics on injured employees in Hong Kong, we consider that the initiative should target injured employees who have not returned to work six weeks after sustaining physical injury at work. Moreover, among injured employees taking sick leave for six weeks or more in recent years, construction employees

² The Review was commissioned by the Food and Health Bureau. It projected the manpower demand of 13 healthcare professions with reference to the then service level in 2015, the known shortage of these professions and manpower demand arising from demographic change, as well as known and planned policy initiatives and projects at that time.

constitute far higher percentages as compared with those from other industries. The Pilot Programme therefore targets injured construction employees who have not returned to work six weeks after work injury. Besides, construction employees are more prone to musculoskeletal injuries at work. They are more in need of timely and well-coordinated rehabilitation services to prevent their injuries from turning into chronic conditions.

7. In 2019, the construction industry accounted for 2 334 of the 10 311 settled employees' compensation (EC) cases³ involving 42 working days (six weeks) lost or more among various industries. Based on the above number of construction cases, LD preliminarily estimated that around 2 300 injured construction employees will be the target of the Pilot Programme each year. They can participate in the Pilot Programme on a voluntary basis.

OSHC to Administer the Pilot Programme

8. Since work-injury rehabilitation has considerable synergy with the current work of OSHC in promoting occupational safety and health (OSH), we therefore propose commissioning OSHC to administer the operation of the Pilot Programme through legislative amendments. According to the Occupational Safety and Health Council Ordinance (Chapter 398), OSHC is currently tasked to promote OSH to employers, employees and other stakeholders through promotion and publicity, education and training, research and studies and other initiatives. Apart from receiving rehabilitation services, injured employees also need to heighten their awareness of work-injury prevention in order to avoid reinjuries resulting in chronic conditions. Working environment of their workplaces and the OSH management standards may also need to be improved to facilitate the return-to-work arrangements, such as work trial, light duties and work modification, etc. recommended by the attending doctors. Hence, OSHC's work in OSH promotion is complementary to effective rehabilitation of injured employees. Moreover, through its efforts over the years, OSHC has long established a professional and independent image amongst employers and employees. We expect injured employees to be receptive to joining the Pilot Programme administered by OSHC.

³ Settled EC cases refer to cases settled through the issue of the Certificate of Compensation Assessment which states the compensation payable assessed by the Commissioner for Labour under the Employees' Compensation Ordinance, and also cases adjudicated by the Court through legal proceedings, etc..

9. Commissioning OSHC to administer the Pilot Programme can help expedite its implementation. Although the current statutory functions of OSHC do not include work-injury rehabilitation and legislative amendments are required to expand its remit, the legislative amendment exercise is less complex when compared with establishing a new statutory organisation, and hence the need to enact a new piece of legislation and to form a new advisory and management structure.

10. LD is preparing the Occupational Safety and Health Council (Amendment) Bill (Amendment Bill) to empower OSHC to undertake new functions relating to the rehabilitation of injured employees, including administering the Pilot Programme. We plan to introduce the Amendment Bill into the Legislative Council (LegCo) for scrutiny in the 2020-2021 legislative session.

Rehabilitation Treatment Services

11. According to our current design, the Pilot Programme will provide the participating injured employees with private out-patient rehabilitation treatment services related to their work injuries. The services will be provided by registered general medical practitioners, orthopaedics specialists, physiotherapists and occupational therapists, and will cover imaging services if required. To avoid double dipping of public resources, during participation in the Programme, the injured employees will cease to receive rehabilitation treatment services provided by hospitals and clinics under HA for their work injuries that are covered in the Pilot Programme. LD and OSHC will draw up the detailed arrangements in conjunction with HA.

12. Subject to the clinical presentation of individual injured employees, the attending doctor will work out a tailor-made rehabilitation plan together with the relevant rehabilitation professionals. The services will be provided in an expeditious and intensive manner in order to take advantage of the golden period for rehabilitation. At appropriate stages during the rehabilitation process, the team will work out or refine a return-to-work plan for the injured employee, which may include work trial or modification of work arrangements.

13. Rehabilitation treatment services will be provided to the participating injured employees by private rehabilitation service providers through outsourcing. These service providers will answer to OSHC, uphold the principles of professionalism and neutrality, and provide appropriate rehabilitation treatment services to the participants in accordance with the guidelines drawn up by OSHC.

Case Management

14. A case manager will be assigned to each participant as soon as he/she is admitted to the Pilot Programme to follow up on his/her case. The case manager is the linchpin of the services, and coordinates with medical and rehabilitation professionals to increase cohesion of the services. He/she will work closely with the injured employees to ensure that they fully comply with the rehabilitation plan and to provide them with the necessary psychological and emotional support in the process. The case manager also needs to work closely with the employers on the return-to-work arrangements, and to make sure that the injured employees understand their rights and obligations under the Employees' Compensation Ordinance (Chapter 282) (ECO).

15. At present, case managers in the private market are mostly engaged by work-injury rehabilitation management companies or insurance companies. During earlier consultation on the Pilot Programme, some stakeholders indicated that if case management services are outsourced, some injured employees may have concern about the neutrality of the case managers. This may indirectly dampen their willingness to join the Pilot Programme and hence its effectiveness. In finalising the design of the Pilot Programme, we will ensure the neutrality of the case managers, thereby enhancing the participating injured employees' confidence in them and facilitating the successful implementation of the Programme.

Financial Arrangement

16. The Government will earmark funds for commissioning OSHC to implement the Pilot Programme, while employers are to shoulder part of the rehabilitation treatment expenses to fulfil their statutory responsibility under the ECO⁴. According to the current design, the total non-recurrent expenditure of the three-year Pilot Programme is estimated to be about \$434 million, which mainly covers rehabilitation treatment and case management expenses. A breakdown of the estimated expenditure is at **Annex**. Actual expenditure of the Programme will be subject to factors including the results of open tendering, the number of participating injured employees, as well as the rehabilitation treatment needs of individual participants, etc.. We will seek LegCo's approval for the

⁴ The ECO provides that injured employees who have received work-injury-related medical treatment which is not provided by their employers may claim reimbursement of the actual amount of medical expenses incurred from their employers, subject to the maximum daily rate of \$300 for out-patient treatment.

funds required.

17. We expect that the Pilot Programme can help injured employees recover and return to work early, prevent their work injuries from turning into chronic conditions, help reduce work-injury payouts of employers arising from delayed treatment of their employees, and help maintain enterprises' productivity, thereby bringing benefits to both injured employees and employers. Subject to the effectiveness of the Pilot Programme, we will explore extending the Pilot Programme to cover other injured employees and having employers finance the Programme. We will consult employers and other stakeholders at an appropriate time.

Implementation Timetable

18. After passage of the Amendment Bill as mentioned in paragraph 10 by LegCo, OSHC will formally commence concrete preparatory work, including recruiting staff to strengthen the professional support of its Secretariat and conducting open tendering for rehabilitation treatment services, etc..

19. Subject to the progress of the legislative amendment exercise and the time required for concrete preparatory work to be commenced afterwards, we envisage launching the Pilot Programme in 2022.

Advice Sought

20. Members are invited to give views on the Pilot Programme.

Labour and Welfare Bureau
Labour Department
November 2020

**Total Estimated Non-Recurrent Expenditure of the
Pilot Rehabilitation Programme for Employees Injured at Work
(2021-22 to 2025-26⁵)**

Item	Estimated Expenditure (\$)
Rehabilitation treatment expenditure	Around \$236 million
Case management expenditure ⁶	Around \$115 million
Other expenditure ⁷	Around \$84 million
Total Amount	Around \$434⁸ million

⁵ Subject to the progress of the legislative amendment exercise, the Occupational Safety and Health Council will commence concrete preparatory work for the Pilot Programme in 2021, launch the three-year Programme in 2022, and conclude the Programme after its implementation for three years.

⁶ Case management expenditure includes the expenditure on employing case management personnel and related expenditure.

⁷ Other expenditure includes expenses on staffing, information technology system, promotion and publicity, training and development, professional services and contingencies, etc..

⁸ Individual figures do not add up to the total owing to rounding.