WHEN ENTERED WITH DATA ACCESSIBLE TO AUTHORIZED PERSONS ONLY

#### **DEPARTMENT OF HEALTH**

## 2020 Health Manpower Survey on Registered Chinese Medicine Practitioners

Please read the explanatory notes on page 4 before completing this questionnaire. Please tick (✓) as appropriate for answers with boxes. To keep your personal data in strict confidence, please put the completed questionnaire in the 'RESTRICTED' envelope provided and have it properly sealed before return.

| A.  | PERSONAL DATA   |   |                                       |                        |                                      |                             |                           |                        |                                 |                            |
|---|---|---|---------------------------------------|------------------------|--------------------------------------|-----------------------------|---------------------------|------------------------|---------------------------------|----------------------------|
| 1.  | Sex   |   |                                       | 1                      | Male                                 |                             |                           | 2 F                    | emale                           |                            |
| 2.  | Year of birth   |   |                                       |                        |                                      |                             | <u> </u>                  |                        |                                 |                            |
|   | Region in Chine  4 Practising in the  | licine profession" inc                                  | clude<br>edici<br>ninis<br>on<br>Taiw | es th<br>ine.<br>trati | e practi<br>This in<br>ve<br>n Chine | ce of China<br>acludes rese | earch, d<br>( <b>Go</b> 1 | admin<br>to <b>Q</b> u | nistration and tea<br>estion 4) | work that is aching in the |
|   |   | n Chinese medicine pi                                   | •                                     |                        |                                      |                             | (Go t                     | o Qu                   | estion 9)                       |                            |
| В.  | PRESENT EMPLOYM   | •   |                                       |                        |                                      |                             | `                         |                        |                                 |                            |
| 4.  | Where is / are your pract   |   |                                       |                        |                                      |                             |                           |                        |                                 |                            |
| 5.(a  | 1 HK 2  1 Please indicate the type of If you have more than one in which you spent most | institution in which y<br>job in Chinese medic          | ine p                                 |                        |                                      |                             | medic                     | ine pı                 | rofession as at 3               |                            |
|   | Type of Institution  Code Main Job (Please V one box o                                  |   |                                       |                        |                                      |                             |                           |                        |                                 |                            |
|   | Government  | Government  |                                       |                        |                                      |                             |                           |                        |                                 |                            |
|   | Hospital Authority  | Hospital Authority                                      |                                       |                        |                                      |                             |                           |                        |                                 |                            |
|   | Academic institution  |   |                                       |                        |                                      |                             |                           |                        |                                 |                            |
|   | Subvented organization (Please specify)  04   |   |                                       |                        |                                      |                             |                           |                        |                                 |                            |
|   | Private Chinese mee   | dicine clinic   |                                       |                        |                                      |                             |                           | 30                     |                                 |                            |
|   | Retailers in  | Chinese herbal medic                                    | ines                                  | (for                   | exampl                               | e: herbal sh                | iop)                      | 32                     |                                 |                            |
|   | Wholesalers in Chinese herbal medicines   |   |                                       |                        |                                      |                             |                           | 27                     |                                 |                            |
|   | Manufacturers in proprietary Chinese medicines  |   |                                       |                        |                                      |                             |                           | 29                     |                                 |                            |
| Wholesalers in proprietary Chinese medicines 28 |   |   |                                       |                        |                                      |                             |                           |                        |                                 |                            |
|   |   | e institution (for exan ital) ( <i>Please specify</i> ) | nple:                                 | bea                    | uty shop                             | , medical g                 | group,                    | 13                     |                                 |                            |
| 5.(t  | b) What was your employment   | ent status in the Chine                                 | ese n                                 | nedio                  | cine pro                             | fession as a                | t 31.8.                   | <u>2020</u> ?          | )                               |                            |
|   | 1 Employee  |   |                                       | 2                      | Self-e                               | mployed / E                 | Employ                    | er (N                  | ote 1)                          |                            |
| 5.(c  | e) What was the main area of  | of work under your pr                                   | esen                                  | t pos                  | ition? (1                            | Please <b>√</b> 01          | ne box                    | only.)                 | 1                               |                            |
|   | 25 Clinical Genera  | 1 Practice  |                                       | 30                     | Clinic                               | al Acupunc                  | ture                      | 3                      | 1 Clinical Bone                 | e-setting                  |
|   | 06 Administration   | 06 Administration / Management                          |                                       |                        |                                      |                             | Ī                         | 0                      | Research                        | -                          |
|   | 09 Others (Please   | specify)  |                                       |                        | <del>-</del>                         |                             |                           |                        |                                 |                            |

## WHEN ENTERED WITH DATA

| 5.(d) On <u>average</u> , how many <u>actual working hours per week</u> did you have in your p   | present position?  |
|--|--|
| (i) Hours of work per week (excluding meal breaks)   | Hours  |
| (ii) Hours of on-call duty per week (excluding normal duty)  | Hours  |
| 5.(e) How many consultations / patients did you see <b>per working day on average</b>  | 2?   |
| 1 Less than 10 2 10 to 25 3 26 to 50 4 A   | Above 50 8 Not applicable  |
| C. PROFESSIONAL MEDICAL AND HEALTH QUALIFICATIONS  | HELD   |
| 6.(a) Please indicate the <b>basic qualification</b> that you possessed when registered as a   | registered Chinese medicine practitioner.  |
| (Please ✓ one box only.)  26 Non-Listed Chinese medicine practitioner who had passed the Licensin Chinese Medicine Ordinance)                                      | g Examination (Section 61(1)(a) of the   |
| Listed Chinese medicine practitioner who had been exempted from the I Assessment (Section 93 of the Chinese Medicine Ordinance)                                    | Licensing Examination and Registration   |
| Listed Chinese medicine practitioner who had passed the Registration Amedicine Ordinance)  | `  |
| Listed Chinese Medicine Practitioner who had passed the Licensing E. Medicine Ordinance)   | xamination (Section 95 of the Chinese  |
| Others (Please specify)  |  |
| 6.(b) Which country/territory did you get the education qualification or registry practitioner?  | ation as a registered Chinese medicine   |
| 01   Hong Kong   06   The Mainland   02   Overs  | seas   |
| 03   No basic academic qualification (for example: heir to / apprentice to / direct disciple to)   | (1 teuse speety) the country/territory)  |
| 6.(c) How many points of Continuing Education in Chinese Medicine (CME) 1.9.2019 to 31.8.2020?   | did you receive during the period of   |
| 1 1 to 10 points 2 11 to 20 points   | 3 21 to 30 points  |
| 4 31 to 40 points 5 Above 40 points  | 8 0 point  |
| 7.(a) After you have become a registered/listed Chinese medicine practitioner additional training, which is relevant to the Chinese medicine profession (          | Note 2)?   |
| 1 Yes (Go to Question 7b) 2 No (Go to Question   |  |
| 7.(b) Please indicate the <u>highest level</u> of additional training, which is relevant t received. ( <i>Please one box only.</i> )                               |  |
| 01   Certificate   07   Diploma   12   Bachelor's Degree   | 14 Master's Degree   |
| 18 Others (Please specify)   | <u> </u>   |
| Not applicable, as the additional training has not yet been completed.   |  |
| 7.(c) Please indicate below the field(s) in which you received or are receiving <u>a</u> the Chinese medicine profession (Note 2). (You may tick (V) more than one |  |
| Hong Kong Healthcare System and Regulatory System of Chinese Medicine  Hong Kong Healthcare System Modern Basic Medical Science                                    | Treatise on Exogenous Febrile Diseases   |
| Orthopaedics and Traumatology of Chinese Medicine  125 Acupuncture and Moxibustion of Chinese Medicine   | Fundamental Theories of Chinese Medicine   |
| Internal Medicine of Chinese Medicine  Integration of Chinese- Western Medicine  Integration of Chinese- Western Medicine  | Diagnostics of Chinese Medicine  |
| External Medicine of Chinese Materia Medica Medicine   | Gynaecology of Chinese Medicine  |
| 138 Medical Prescriptions in Chinese Medicine  139 Paediatrics of Chinese Medicine   | Training Programme related to the Chinese Medicine Practitioners Licensing Examination |
| 024 Others (Please specify)  |  |

#### WHEN ENTERED WITH DATA Are you currently holding valid practising certificate(s) of statutorily registered healthcare professionals in Hong Kong other than Chinese medicine practitioner? (You may tick () more than one box.) 04 Nurse 16 Medical Practitioner 10 Others (Please specify) Yes→ 11 Not holding valid practising certificate other than Chinese medicine practitioner (Go to Question 13) No-\* ONLY FOR THOSE CURRENTLY NOT PRACTISING IN D. CHINESE MEDICINE PROFESSION TO FILL IN If someone offered you a job in Chinese medicine profession, were you available for work in the past 7 days? 2 No 1 Yes (Go to Question 11) (Go to Question 10) 10. Why were you **not available** for work in the past 7 days? 2 Others (*Please specify*) Temporary sickness 11. Did you seek work in Chinese medicine profession during the past 30 days? 5 Yes (Go to Question 13) 4 No (Go to Question 12) 12. Why did you not seek work in Chinese medicine profession during the past 30 days? (Please \( \sigma \) one box only.) Believe no work available in Chinese medicine profession (job-02 Emigrated seeking effort made in the past) **08** Expect to return to original job in Chinese medicine profession 12 Engaged in household duties 01 Retired 10 Start business in Chinese medicine profession at subsequent date Wait to take up new job in 13 Want to take rest / No motive to work / No financial need Chinese medicine profession **05** Working in other profession 06 Others (*Please specify*) **CONTACT INFORMATION FOR FOLLOW-UP WHEN NECESSARY** 13. Name of contact person: 14. Contact telephone number(s): 16. Email of contact person: 15. We plan to develop an electronic platform to facilitate completion of this survey by registered healthcare professionals. Would you like to fill in the electronic questionnaire from the internet in the future? Yes ~ End of Questionnaire. Thank you for your participation ~ (You may tear off the following slip and submit it separately if you do not wish to disclose your identity in the completed questionnaire.) If you do not want to receive the reminder, please provide your name and registration number. To: Department of Health (Fax No.: 2572 0892 / Email: hms@dh.gov.hk) I would like to request the Department of Health to remove my name from the reminder mailing list of this round of survey. I provide my name and registration no. below solely for the purpose of making such request. **Registration No.:** Name: Note: The information collected will be handled in strict confidence. Enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to Research Officer, Tel.: 2961 8759 Address: Health Manpower Section, Department of Health, 21/F Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong; Email: hms@dh.gov.hk

RESTRICTED

WHEN ENTERED WITH DATA

## **Explanatory Notes**

#### 1. Self-employed / Employer

Self-employed refers to the one works for himself or herself and is not employed as an employee. If you are a sole proprietor or partner of a partnership of business, you will be regarded as self-employed.

An employer refers to a person who has entered into a contract of employment to employ another person as his employee.

## 2. Additional training

Relevant medical and health training received / receiving from recognized institutions after you became a Chinese Medicine Practitioner (registered Chinese medicine practitioner, Chinese medicine practitioner with limited registration or listed Chinese medicine practitioner). In-house training or short courses with certificate of attendance/achievement issued only should not be considered as additional training.

## **Statement of Purposes**

#### **Purpose of Collection**

1. The personal data provided will be collected and used by the Government to compile aggregate statistics related to health manpower in Hong Kong and such data will only be used for the purpose of the survey. Aggregate statistics refers to a form of survey results in which the individual data subjects will not be identified. The confidentiality of the information you provide will be carefully protected. The provision of personal data is voluntary. If you do not provide sufficient and accurate information, the survey results will be less representative, thus affecting its usefulness as the basis for statistical purposes.

#### **Classes of Transferees**

2. The personal data provided by means of this survey are mainly for use as stated above. Only aggregate information and not details of individual personnel will be released to other government bureaux / departments, agencies or authorities for the purposes mentioned in paragraph 1 above, if required. Apart from this, your personal information provided by means of this survey will only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

#### **Access to Personal Data**

3. You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided in the questionnaire of this survey. A fee may be imposed for complying with a data access request.

For enquiries about this survey or questionnaire, please contact the Health Manpower Section of the Department of Health at 2961 8566.

WHEN ENTERED WITH DATA ACCESSIBLE TO AUTHORIZED PERSONS ONLY

## **DEPARTMENT OF HEALTH**

2020 Health Manpower Survey on Chinese Medicine Practitioners with Limited Registration

Please read the explanatory notes on page 2 before completing this questionnaire. Please tick  $(\checkmark)$  as appropriate for answers with boxes. To keep your personal data in strict confidence, please put the completed questionnaire in the 'RESTRICTED' envelope provided and have it properly sealed before return.

| ×X   |  |  | 1  | Male   |  | 2  | Female  |  |  |  |
|--|--|--|--|--|--|--|---|--|--|--|
| ear of birth   |  |  |  |  |  |  |   |  |  |  |
| PRESENT EM   | IPLOYMENT as at 31.  | 8.20   | <u>20</u>                                      |  |  |  |   |  |  |  |
| Where is / are y   | your practice location(s)?   |  |  |  |  |  |   |  |  |  |
| 1 HK 2 Kln 3 N.T. 8 Others (Please specify)                        |  |  |  |  |  |  |   |  |  |  |
| lease indicate the   | e type of institution in whi   | ch yo  | ou <u>w</u>                                    | orked i  | n the Chine                                    | ese med  | dicine profession as at   |  |  |  |
|  |  |  |  |  |  | indicate                                       | e the type of institution of your   |  |  |  |
| <b>Type of Instit</b>  | ution  |  |  |  |  | Code   | Main Job<br>(Please ✓ one box only)   |  |  |  |
| Hospital Author  | ority  |  |  |  |  | 02   |   |  |  |  |
| Academic   | The University of Hong l   | Kong   | 3  |  |  | 41   |   |  |  |  |
| mstrution  | The Chinese University of  | of Ho  | ong l  | Kong   | 42   |  |   |  |  |  |
|  | Hong Kong Baptist Univ   | ersit  | y  |  |  | 43   |   |  |  |  |
|  | The Hong Kong Polytech   | nnic   | Univ   | versity  |  | 44   |   |  |  |  |
|  | City University of Hong  |  | 45   |  |  |  |   |  |  |  |
| Others (Please   | e specify)   |  | 13   |  |  |  |   |  |  |  |
|  |  |  |  |  | ٦  |  |   |  |  |  |
| On <u>average</u> , ho   | w many <b>actual working h</b> o   | urs  | per  | week die   | l you have ir                                  | ı your p                                       | present position?   |  |  |  |
| (i) Hours of work per week (excluding meal breaks)  Hours          |  |  |  |  |  |  |   |  |  |  |
| (ii) Hours of on-call duty per week (excluding normal duty)  Hours |  |  |  |  |  |  |   |  |  |  |
| 1 Less   | than 10 <b>2</b> 10  |  |  | · workir   |  |  | ? 4 Above 50  |  |  |  |
|  | Where is / are y  I HK  lease indicate the 31.8.2020.  If you have more main job in where in the second in the sec | Where is / are your practice location(s)?    1 | Where is / are your practice location(s)?    1 | Where is / are your practice location(s)?  Where is / are your practice location(s)?  I HK | Where is / are your practice location(s)?    1 | Where is / are your practice location(s)?    1 | ## PRESENT EMPLOYMENT as at 31.8.2020  Where is / are your practice location(s)?    1 |  |  |  |

WHEN ENTERED WITH DATA

| C. PROFESSIONAL MEDICAL AND HEALTH QUALIFICATIONS HELD   |        |
|--|--------|
| 6.(a) After you become a registered Chinese medicine practitioner with limited registration, did you receive or ar receiving <b>additional training</b> , which is relevant to the Chinese medicine profession (Note 1)?   | e you  |
| 1 Yes (Go to Question 6b) 2 No (Go to Question 7)  |        |
| 6.(b) Please indicate the <u>highest level</u> of additional training, which is relevant to the Chinese medicine profession you received. ( <i>Please</i> ✓ one box only.)   | ession |
| 01     Certificate     07     Diploma     12     Bachelor's Degree     14     Master's Degree  |        |
| Others (Please specify)  |        |
| Not applicable, as the additional training has not yet been completed.   |        |
| 6.(c) Please indicate below the field(s) in which you received or are receiving <u>additional training</u> , where relevant to the Chinese medicine profession (Note 1). (You may tick () more than one box.)  | ich is |
| Hong Kong Healthcare System and Regulatory System of Chinese Medicine  120 Modern Basic Medical Science  121 Treatise on Exogenous Febrile Diseases  | 3      |
| Orthopaedics and Traumatology of Chinese Medicine  Acupuncture and Moxibustion of Chinese Medicine  Acupuncture and Moxibustion of Chinese Medicine  129 Fundamental Theories Chinese Medicine   | of     |
| Internal Medicine of Chinese Medicine    Integration of Chinese Medicine    Integratio | e      |
| External Medicine of Chinese Medicine  Chinese Medicine  Chinese Materia Medicine  Gynaecology of Chinese Medicine  Medicine   | ese    |
| Medical Prescriptions in Chinese Medicine  Paediatrics of Chinese Medicine  Training Programme reto the Chinese Medicine  Practitioners Licensing Examination  | ne     |
| 024 Others (Please specify)  |        |
| <ul> <li>D. CONTACT INFORMATION FOR FOLLOW-UP WHEN NECESSARY</li> <li>7. Name of contact person:</li> <li>8. Contact telephone number(s):</li> </ul>   |        |
|  |        |
| 9. We plan to develop an electronic platform to facilitate completion of this survey by registered healthcare  |        |
| professionals. Would you like to fill in the electronic  |        |
| questionnaire from the internet in the future?  1 Yes 2 No   |        |

~ End of Questionnaire. Thank you for your participation ~

WHEN ENTERED WITH DATA

## **Explanatory Notes**

#### 1. Additional training

Relevant medical and health training received / receiving from recognized institutions after you became a Chinese Medicine Practitioner (registered Chinese medicine practitioner, Chinese medicine practitioner with limited registration or listed Chinese medicine practitioner). In-house training or short courses with certificate of attendance/achievement issued only should not be considered as additional training.

# **Statement of Purposes**

#### **Purpose of Collection**

1. The personal data provided will be collected and used by the Government to compile aggregate statistics related to health manpower in Hong Kong and such data will only be used for the purpose of the survey. Aggregate statistics refers to a form of survey results in which the individual data subjects will not be identified. The confidentiality of the information you provide will be carefully protected. The provision of personal data is voluntary. If you do not provide sufficient and accurate information, the survey results will be less representative, thus affecting its usefulness as the basis for statistical purposes.

#### **Classes of Transferees**

2. The personal data provided by means of this survey are mainly for use as stated above. Only aggregate information and not details of individual personnel will be released to other government bureaux / departments, agencies or authorities for the purposes mentioned in paragraph 1 above, if required. Apart from this, your personal information provided by means of this survey will only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

#### **Access to Personal Data**

3. You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided in the questionnaire of this survey. A fee may be imposed for complying with a data access request.

For enquiries about this survey or questionnaire, please contact the Health Manpower Section of the Department of Health at 2961 8566.

(You may tear off the above slip and submit it separately if you do not wish to disclose your identity in the completed questionnaire.)

If you do not want to receive the reminder, please provide your name and limited registration number.

To: Department of Health (Fax No.: 2572 0892 / Email: hms@dh.gov.hk)

I would like to request the Department of Health to remove my name from the reminder mailing list of this round of survey. I provide my name and limited registration no. below solely for the purpose of making such request.

| Name:   | Limited Registration No.:   |  |
|---------|-----------------------------|--|
| maille. | <br>Limited Registration No |  |

Note: The information collected will be handled in strict confidence. Enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to Research Officer, Tel.: 2961 8759

Address: Health Manpower Section, Department of Health, 21/F Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong; Email: hms@dh.gov.hk

WHEN ENTERED WITH DATA ACCESSIBLE TO AUTHORIZED PERSONS ONLY

## DEPARTMENT OF HEALTH

## 2020 Health Manpower Survey on Listed Chinese Medicine Practitioners

Please read the explanatory notes on page 4 before completing this questionnaire. Please tick ( $\checkmark$ ) as appropriate for answers with boxes. To keep your personal data in strict confidence, please put the completed questionnaire in the 'RESTRICTED' envelope provided and have it properly sealed before return.

| <b>A.</b>  | <u>PERSONA</u>   | L DATA   |                             |          |           |  |  |  |  |  |  |
|------------|--|--|-----------------------------|----------|-----------|--|--|--|--|--|--|
| 1.         | Sex  |  | 1 Male                      | 2        | Female    |  |  |  |  |  |  |
| 2.         | Year of birth  |  |                             |          | -         |  |  |  |  |  |  |
| 3.<br>B.   | "Practising if that is prince and teaching Reg Praction and Teaching Practical Practic | e following best describes your work status as at 31.8.2020? In Chinese medicine profession" includes the practice of Chinese medicine profession, or work ipally related to the discipline of Chinese medicine.  This includes research, administration in the field of Chinese medicine.  This includes research, administration in the field of Chinese medicine.  (Go to Question 4)  Cottising in the Mainland, Macao or Taiwan in Chinese dicine profession  This includes research, administration in the field of Chinese medicine profession  (Go to Question 12)  This includes research, administration in the field of Chinese medicine profession  (Go to Question 12)  This includes research, administration in the field of Chinese medicine profession  (Go to Question 12) |                             |          |           |  |  |  |  |  |  |
| <b>4</b> . |  | EMPLOYMENT as at 31 re your practice location(s)?  | <u>.0.2020</u>              |          |           |  |  |  |  |  |  |
| 5.(a)      | 1 HK 2 Kln 3 N.T. 8 Others (Please specify)  Please indicate the type of institution in which you worked in the Chinese medicine profession as at 31.8.2020.  If you have more than one job in Chinese medicine profession, please indicate the type of institution of your main job in which you spent most of your working time.   |  |                             |          |           |  |  |  |  |  |  |
|            | Type of Ins  | Main Iah   |                             |          |           |  |  |  |  |  |  |
|            | Governmen  |  |                             |          |           |  |  |  |  |  |  |
|            | Hospital Au  | thority  |                             | 02       |           |  |  |  |  |  |  |
|            | Academic in  | nstitution   |                             | 03       |           |  |  |  |  |  |  |
|            | Subvented organization ( <i>Please specify</i> )  04   |  |                             |          |           |  |  |  |  |  |  |
|            | Private  | Chinese medicine clinic  | 30                          |          |           |  |  |  |  |  |  |
|            | institution Retailers in Chinese herbal medicines (for example: herbal shop)  32   |  |                             |          |           |  |  |  |  |  |  |
|            |  | Wholesalers in Chinese herb  | 27                          |          |           |  |  |  |  |  |  |
|            |  | Manufacturers in proprietary   | 29                          |          |           |  |  |  |  |  |  |
|            |  | Wholesalers in proprietary Chi   | 28                          |          |           |  |  |  |  |  |  |
|            |  | Other private institution (for example: beauty shop, medical group, private hospital) ( <i>Please specify</i> )  13  |                             |          |           |  |  |  |  |  |  |
| 5.(b)      | What was yo  | our employment status in the   | Chinese medicine profession | as at 31 | 1.8.2020? |  |  |  |  |  |  |
|            |  | aployee 2  | Self-employed / Employer (  |          |           |  |  |  |  |  |  |

## WHEN ENTERED WITH DATA

| 5.(c)     | Wh   | at was the main area   | of w   | ork    | under yo   | ur presei                  | nt posi       | tion?  | (Please    | √one     | box      | only.)  |         |
|-----------|------|--|--------|--------|------------|----------------------------|---------------|--------|------------|----------|----------|---|---------|
|           | 25   | Clinical General Pra   | actic  | e      |            | 30                         | Clini         | cal A  | cupunctu   | re       | 31       | Clinical Bone-setti   | ng      |
|           | 06   | Administration / Ma  | anag   | emei   | nt         | 07                         | Teacl         | ning   |            |          | 08       | Research  |         |
|           | 09   | Others (Please spec  | ify)_  |        |            |                            |               |        |            |          |          |   |         |
| 5.(d)     | On   | average, how many a  | ictua  | ıl wo  | rking ho   | urs per                    | week o        | lid yo | ou have in | your p   | rese     | ent position?   |         |
| (i        | ) H  | ours of work per we  | eek (  | exclu  | ıding me   | al breal                   | ks)           |        |            |          |          | Hours   |         |
| (i        | i) H | ours of on-call duty   | per    | weel   | k (exclud  | ing nor                    | mal d         | uty)   |            |          |          | Hours   |         |
| 5.(e)     | Но   | w many consultations   | s / pa | tient  | s did you  | see <u>per</u>             | work          | ing d  | ay on av   | erage?   | ,        |   |         |
|           | 1    | Less than 10   | 2      | 10 t   | o 25       | 3                          | 26 to         | 50     | <b>4</b> A | Above    | 50       | 8 Not applic  | able    |
| <b>C.</b> | PRC  | FESSIONAL ME   | DIC    | CAL    | AND H      | [EALT]                     | H QU          | ALI    | FICATI     | ONS      | HE       | LD  |         |
| 6.(a)     |      | er you have become<br>litional training, wh                    |        |        |            |                            | -             |        |            | •        |          | •   | eiving  |
|           | 1    | Yes (Go to Que   | estior | 1 6b)  | )          | 2                          | No            | (Ga    | to Quesi   | tion 7)  |          |   |         |
| 6.(b)     |      | ase indicate the <b>hig</b> fession you received               |        |        |            |                            |               | ng, v  | which is   | releva   | ant 1    | to the Chinese me   | dicine  |
|           | 01   | Certificate  | 07     | Dipl   | loma       | 12                         | Bach          | elor's | Degree     |          | 14       | Master's Degree   |         |
|           | 18   | Others (Please spec  | ify)   |        |            |                            |               |        |            | <u> </u> |          |   |         |
|           | 19   | Not applicable, as the   | he ad  | lditio | onal train | ing has r                  | not yet       | been   | complete   | ed.      |          |   |         |
| 6.(c)     |      | ase indicate below to<br>evant to the Chinese i                |        |        |            |                            |               |        |            |          |          |   | nich is |
|           | 117  | Hong Kong Healtho<br>System and Regulat<br>System of Chinese I | ory    | cine   | _          | Modern<br>Science          | n Basio       | с Ме   | dical      | 1        | 21 T     | Treatise on Exogeno<br>Febrile Diseases   | us      |
|           | 122  | Orthopaedics and<br>Traumatology of Ch<br>Medicine             | nines  | e      | 125        | Acupui<br>Moxibi<br>Medici | ıstion        |        | ninese     | 1        | 29 F     | Fundamental Theori<br>Chinese Medicine  | es of   |
|           | 130  | Internal Medicine o<br>Medicine                                | f Chi  | inese  | 131        | Integra<br>Chines          |               |        | Medicine   | 1        |          | Diagnostics of Chine<br>Medicine  | ese     |
|           | 133  | External Medicine of Chinese Medicine                          | of     |        |            | Chinese                    |               |        |            | 1        |          | Gynaecology of Chi<br>Medicine  | nese    |
|           | 138  | Medical Prescription<br>Chinese Medicine                       | ns in  |        | 139        | Paediat<br>Medici          | rics of<br>ne | f Chii | nese       | 1        | — r<br>N | Training Programme related to the Chines Medicine Practitione Licensing Examinati | e<br>rs |
|           | 024  | Others (Please spec  | cify)  |        |            |                            |               |        |            |          |          |   |         |
| 7         | Wo   | uld you consider und   | lertal | king   | 1          | nsing Ex                   | amina         |        |            | 1        |          |   |         |
|           | 1    | Yes  |        | 2      | No         |                            |               | 3      | Not yet o  | aecide   | d        | (Go to Question 12  | ?)      |

WHEN ENTERED WITH DATA

# D. ONLY FOR THOSE CURRENTLY NOT PRACTISING IN THE CHINESE MEDICINE PROFESSION TO FILL IN

| 8.          | If someone offered you a job in Chinese medicine profession, were you available for work in the <b>past 7 days</b> ?   |
|-------------|--|
|             | 1 Yes (Go to Question 10) 2 No (Go to Question 9)  |
| 9.          | Why were you <u>not available</u> for work in the past 7 days?   |
|             | 1 Temporary sickness 2 Others (Please specify)   |
| 10.         | Did you seek work in Chinese medicine profession during the <u>past 30 days</u> ?  |
|             | 5 Yes (Go to Question 12) 4 No (Go to Question 11)   |
| 11.         | Why did you not seek work in Chinese medicine profession during the past 30 days? (Please one box only.)   |
|             | Believe no work available in Chinese medicine profession (job-seeking effort made in the past)  02 Emigrated   |
|             | Engaged in household duties  Expect to return to original job in Chinese medicine profession   |
|             | 01 Retired Start business in Chinese medicine profession at subsequent date  |
|             | Wait to take up new job in Chinese medicine profession  13 Want to take rest / No motive to work / No financial need   |
|             | 05   Working in other profession   06   Others (Please specify)  |
| E. <u>(</u> | CONTACT INFORMATION FOR FOLLOW-UP WHEN NECESSARY   |
| 12.         | Name of contact person:  13. Contact telephone number(s):  |
| 14.         | We plan to develop an electronic platform to facilitate 15. Email of contact person:   |
|             | professionals. Would you like to fill in the electronic questionnaire from the internet in the future?   |
|             | 1 Yes 2 No   |
| <b>%</b>    | $\sim$ End of Questionnaire. Thank you for your participation $\sim$   |
| (You        | may tear off the following slip and submit it separately if you do not wish to disclose your identity in the completed questionnaire.)   |
|             | If you do not want to receive the reminder, please provide your name and listing number.   |
| To: De      | partment of Health (Fax No.: 2572 0892 / Email: hms@dh.gov.hk)   |
|             | Id like to request the Department of Health to remove my name from the reminder mailing list of this round vey. I provide my name and listing no. below solely for the purpose of making such request.   |
| Name        | : Listing No.:   |
| Note:       | The information collected will be handled in strict confidence. Enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to Research Officer, Tel.: 2961 8759  Address: Health Manpower Section, Department of Health, 21/F Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong; Email: hms@dh.gov.hk |

WHEN ENTERED WITH DATA

## **Explanatory Notes**

#### 1. Self-employed / Employer

Self-employed refers to the one works for himself or herself and is not employed as an employee. If you are a sole proprietor or partner of a partnership of business, you will be regarded as self-employed.

An employer refers to a person who has entered into a contract of employment to employ another person as his employee.

#### 2. Additional training

Relevant medical and health training received / receiving from recognized institutions after you became a Chinese Medicine Practitioner (registered Chinese medicine practitioner, Chinese medicine practitioner with limited registration or listed Chinese medicine practitioner). In-house training or short courses with certificate of attendance/achievement issued only should not be considered as additional training.

## **Statement of Purposes**

#### **Purpose of Collection**

1. The personal data provided will be collected and used by the Government to compile aggregate statistics related to health manpower in Hong Kong and such data will only be used for the purpose of the survey. Aggregate statistics refers to a form of survey results in which the individual data subjects will not be identified. The confidentiality of the information you provide will be carefully protected. The provision of personal data is voluntary. If you do not provide sufficient and accurate information, the survey results will be less representative, thus affecting its usefulness as the basis for statistical purposes.

## **Classes of Transferees**

2. The personal data provided by means of this survey are mainly for use as stated above. Only aggregate information and not details of individual personnel will be released to other government bureaux / departments, agencies or authorities for the purposes mentioned in paragraph 1 above, if required. Apart from this, your personal information provided by means of this survey will only be disclosed to parties where you have given consent to such disclosure or where such disclosure is allowed under the Personal Data (Privacy) Ordinance.

#### Access to Personal Data

3. You have a right of access and correction with respect to personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided in the questionnaire of this survey. A fee may be imposed for complying with a data access request.

For enquiries about this survey or questionnaire, please contact the Health Manpower Section of the Department of Health at 2961 8566.