填入資料後即成限閱文件 **RESTRICTED** WHEN ENTERED WITH DATA ACCESSIBLE TO AUTHORIZED PERSONS ONLY 只有獲授權人士才可查閱

DEPARTMENT OF HEALTH

衞生署

2021 Health Manpower Survey (Physiotherapists) 2021 年醫療衞生服務人力統計調查 (物理治療師)

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.
填寫問卷前,請參閱第 4 頁的註釋。如答案旁邊設有方格,<u>請在適當的方格內加上「✓」號</u>。為確保你的個人資料得以保密,請於遞交前把填妥的問卷放進所提供的「限閱文件」信封內封妥。

1 Male ⊞

Female #

PERSONAL DATA 個人資料

1 Sev 性則

	1. Sex Em			
	2. Year of birth 出生年份			
	3. Which of the following best describes your work status <u>as at 31.7.2021</u> ? 下列哪項最符合你 <u>於 2021 年 7 月 31 日</u> 的就業情況? "Practising in physiotherapy profession" includes the practice of physiotherapy profession, or work that is principally related to the discipline of physiotherapy. This includes research, administration and teaching in the field of physiotherapy. 「從事物理治療專業」包括從事物理治療臨床工作,或從事主要關乎物理治療專科的工作。所涉及的範疇包括物理治療領域的研究、行政及教學工作。 1 Practising in Hong Kong in physiotherapy profession 在香港從事物理治療專業 4 Practising in the Mainland or other parts of China (excluding Hong Kong Special Administrative Region) in physiotherapy profession 在内地或中國其他地區(不包括香港特別行政區)從事物理治療專業 (Go to Question 13) (講答第 13 題)			
	Practising overseas in physiotherapy profession 在海外從事物理治療專業 (Go to Question 13) → (請答第 13 題)			
	■ Not practising in physiotherapy profession 並非從事物理治療專業 (Go to Question 9) (請答第9題)			
B. PRESENT MAIN EMPLOYMENT as at 31.7.2021 現時的主要就業情況 (2021 年 7 月 31 日				
	4. Where is/are your practice location(s)? 你在哪個地區執業? 1 HK			
	O4 Subvented organization (Please specify)			
	D5 Elderly home (Note 1) 27 Private physiotherapist clinic 11 Private hospital (Note 3) 12 Rehabilitation institute (Note 4) (表) (A)			
	其他私營機構 (請說明) 5.(b) What was your employment status in the physiotherapy profession <u>as at 31.7.2021</u> ? 你於 2021 年 7 月 31 日 在物理治療專業內屬何僱傭類別?			
	1 Employee 僱員 2 Self-employed / Employer (Note 5) 自僱人士/僱主 (註五)			

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5.(c) Please indicate the main area of work for your present position. (<i>Please</i> ✓ <i>one box only</i>) 請說明現任職位中主要的工作範疇。(<i>請只選一個方格加上✓號</i>)	
04 Rehabilitation 復康治療 10 Primary Health Care (Note 6) 基層健康護理 (註六) 06 Administration / Management 行政/管理	
Teaching 数學 Research 研究 Others (Please specify) 其他 (請說明)	
5.(d) Please indicate the proportion of time you spent in your present position. 請把現任職位中用於各工作範疇的工作時間比例填於下表內。	
Area of WorkCodePercentage of time spent工作範疇所佔工作時間的百分率	
Rehabilitation 復康治療 04 %	
Primary Health Care (Note 6) 基層健康護理 (註六) 10 %	
Administration / Management 行政/管理 06 %	
Teaching 教學 07 %	
Research 研究 08 %	
Others (Please specify) No abbreviation please 其他 (請說明)	
Total 總數 100 %	
5.(e) On <u>average</u> , how many <u>actual working hours per week</u> did you have in your present position(s) ⁶ <u>平均</u> 來說,你於現任職位 <u>每週實際工作</u> 多少個小時? (i) Hours of work per week (excluding meal breaks) Hou	
(i) Hours of work per week (excluding meal breaks) 每週 工作時數 (不計用膳時間)	
(ii) Hours of on-call duty per week (excluding normal duty)Hours of on-call duty per week (excluding normal duty)每週隨時候召工作時數 (不計日常職務時間)小	
5.(f) On <u>average</u> , how many clients did you handle <u>per working day</u> ? 平均來說,你每個工作天為多少名顧客提供專業服務?	
1 ≤ 20	ole 不適用
. PROFESSIONAL QUALIFICATIONS HELD 所持專業醫療衞生資格	
6.(a) Please indicate your <u>earliest basic qualification</u> recognised for registration by the Physiotherapi Hong Kong (Note 7). (<i>Please ✓ one box only.</i>) 請註明你在物理治療專業方面獲香港物理治療師管理委員會認可的 <u>最早基本資格</u> (註七)。(請只選一人號)	
01 Certificate 證書 07 Diploma 文憑 09 Professional Diploma 專	業文憑
12 Bachelor's Degree 學士學位 14 Master's Degree 碩士學位	
19 Others (Please specify) 其他 (請說明)	
6.(b) Where is the issuing country / territory of the above <u>earliest basic qualification</u> (Note 7)? 你以上 <u>最早</u> 的 <u>基本資格</u> 由哪個國家/地區頒授 (註七)?	
O1 Hong Kong 香港 Overseas 海外	
7.(a) Did you receive or are you receiving <u>additional training</u> , which is relevant to the physiotherap (Note 8)? 你是否曾經或正在接受有關物理治療專業的 額外訓練 (註八)?	profession
Yes (Go to Question 7b) 是 (講答第 7b 題) 2 No (Go to Question 8) 语 (講答第 8 題)	
7.(b) Please indicate the <u>highest level</u> of additional training you have completed, which is release physiotherapy profession (Note 8). (Please ✓ one box only.)	
請註明你已完成有關物理治療專業的額外訓練所達至的 <u>最高程度</u> (註八)。(<i>請只選一個方格加上/號</i>) 學位

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Master's Degree 碩士學位

Not applicable, as the additional training has not yet been completed. 不適用,因為額外訓練尚未完成。

Doctoral Degree 博士學位

Post-graduate Diploma 深造文憑 Others *(Please specify)* 其他 *(請說明)*

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填入資料後即成 限閱文件 RESTR	RICTED WHEN ENTERED WITH DATA
to the physiotherapy profession (Note 8). (You me	eived or are receiving additional training , which is relev ay tick (*) more than one box.) 的 額外訓練 所屬的範疇(註八)。(你可在多於一個方格內加
065 Acupuncture 針変學 001 Biomechanics 生物力學 025 Gerontology Health Care Ma	005 Ergonomics 人體工程學 Sports Physiotherapy / Sports a
A Notice	gement
<u> </u>	ciences / Studies 011 Manipulative Physiotherapy 手法物理治療學
Others (Please specify) 其他 (請說明)	
8. How many credits of Continuing Professional Deprofession did you receive during the period of 1.8.2 在 2020 年 8 月 1 日至 2021 年 7 月 31 日期間,你在物理	020 to 31.7.2021?
1 1 to 10 credits 1 至 10 學分 11 至 20 學分 4 31 to 40 credits 31 至 40 學分 5	3 21 to 30 credits 21 至 30 學分 (Go to Question 13) Not applicable 不適用 (講答第 13 題)
■ ③1 至 40 學分 ■ ⑤ 多於 40 學分 ■ ⑤ 多於 40 學分 ■ ⑤ 多於 40 學分 ■ ⑥ ⑤ ⑤ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥ ⑥	
9. If someone offered you a job in physiotherapy profession 如有人聘用你擔任物理治療專業工作,你能否在 過去 7	
Yes (Go to Ouestion 11)	
10. Why were you not available for work in the past 7 day 請說明你 不能夠 在過去 7 天內上任的原因。	(A) -
Temporary sickness 2 0	others <i>(Please specify)</i> 其他 <i>(請說明</i>)
11. Did you seek work in physiotherapy profession during 你在 過去30天 內有沒有尋找物理治療專業的工作?	
Tes (Go to Question 13) 有 (請答第 13 題)	Yo (Go to Question 12) 沒有 (請答第 12 題)
12. Why did you not seek work in physiotherapy profession 請說明你在過去 30 天內 <u>沒有尋找</u> 物理治療專業工作的原	
Believe no work available in physiotherapy profession 相信物理治療專業暫無空缺(曾經盡力尋找工作)	
	eturn to original job in physiotherapy profession 任的物理治療專業崗位
退休	ess in physiotherapy profession at subsequent date 理治療專業的生意
Working in other profession Wait to take 等待出任有	e up new job in physiotherapy profession 關物理治療專業的新職位
	te rest / No motive to work / No financial need 不想工作/財政上沒有需要
Others (Please specify) 其他 (請說明)	
CONTACT INFORMATION FOR FOLLOW-UP WH 聯絡資料 (可選擇填寫,以便有需要時跟進)	EN NECESSARY (OPTIONAL)
13. Name of contact person 聯絡人姓名:	14. Contact telephone number(s) 聯絡電話號碼:
15. Would you like to fill in the electronic questionnaire from internet in the future? 图下將來是否願意填寫電子問卷?	
图下将來走召願息填寫電丁问卷: 1 Yes 是 2 No 否	

註釋

Explanatory Notes

1. Elderly home

Refers to private homes for the elderly, private hostels / homes, care and attention homes for the elderly and non-profit-making selffinancing homes registered under the Residential Care Homes (Elderly Persons) Ordinance (Chapter 459).

Nursing home

Refers to the scheduled nursing homes under the Private Healthcare Facilities Ordinance (Chapter 633) and nursing homes licensed under the Residential Care Homes (Elderly Persons) Ordinance (Chapter 459).

Private hospital

Refers to private hospitals licensed under the Private Healthcare Facilities Ordinance (Chapter 633).

Rehabilitation institute

Refers to private day activity centres, private day activity centres cum hostels, private activity centres for discharged mental patients, private care and attention homes for severely disabled, private hostels for severely physically handicapped and private half-way houses.

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 a 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.

Refers to the work such as health education, health promotion, etc. or the work involving patient care in the primary care setting.

Basic qualification in physiotherapy profession

Refers to the minimum entry qualification recognised for registration by the Physiotherapists Board of Hong Kong.

Additional training

Relevant medical and health training obtained from recognized institutions in addition to the basic qualification. In-house training or short courses with certificate of attendance/achievement issued only should not be considered as additional training.

指根據《安老院條例》(第 459 章)註冊的私營安老院、私營 長者宿舍/院舍、護理安老院及非牟利和自負盈虧的院舍。

指《私營醫療機構條例》(第633章)中的附表護養院及根據 《安老院條例》(第 459 章)領有牌照的護養院。

指根據《私營醫療機構條例》(第633章) 領有牌照的私家

兀

指私營展能中心、私營展能中心暨院舍、私營精神病康復 者展能中心、私營嚴重殘疾人士護理宿舍、私營嚴重肢體 傷殘人士宿舍及私營中途宿舍。

<u>自僱人士/僱主</u> 自僱人士指為自己工作,而不是以僱員身分受僱的人。如 果你是獨資經營者,又或是合夥生意的合夥人,也是自僱 人士。

僱主是指按訂立僱員合約以僱用另一人作為其僱員的人。

基層健康護埋指有關健康教育或健康推廣等項目的工作或涉及在基層 健康工作層面上有關病人護理的工作。

物理治療專業的基本資格

指獲香港物理治療師管理委員會認可的最低入職資格。

指除基本資格外另從認可機構獲得的相關醫療衞生訓練。 只頒發聽講/訓練證書的內部培訓或短期課程不應視為 額外訓練。

Statement of Purposes

Purpose of Collection

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 refer 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

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

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 8759.

目的聲明

收集資料的目的

你所提供的個人資料,將由政府收集以製備香港醫療 力的總體統計數字。有關資料只供本調查使用。總體統計是指一種概括性的調查結果,個別人士的資料或數據將 不會被顯示。我們將會小心處理你所提供的資料,嚴加保 密。至於是否提供個人資料,純屬自願性質。如你未能提供足夠和準確的資料,調查結果的代表性將會減低,繼而 影響其作為統計基礎的效用。

獲給資料者的類別

你在這次調查所提供的個人資料,主要用作以上所述用 途。如有需要,我們亦只會把總體資料而非個人詳細資料 發放給其他政府決策局/部門、機構或當局,以作上文第 1段所載用途。此外,你在這次調查中所提供的個人資料, 亦只會披露給你曾答允向其披露資料的相關各方,或用 作《個人資料(私隱)條例》所核准的資料披露

查閱個人資料

你有權按照《個人資料(私隱)條例》第18和22條及附表1第6原則所訂的條文查閱和修正個人資料。你的查閱權 力包括索取你在這次調查問卷中所提供個人資料的副 本。索取資料或須繳費。

如對這次調查或這份問卷有任何查詢,請致電 2961 8759 與衞生署衞生服務人力組職員聯絡。