

DEPARTMENT OF HEALTH
2015 Health Manpower Survey on Chiropractors

Please read the explanatory notes on page 4 before completing this questionnaire. Please tick ✓ as appropriate for answers with selection boxes provided. 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 Female
2. Year of birth
3. Which of the following best describes your work status **as at 31.8.2015**?
"Practising in the chiropractic profession" includes the practice of chiropractic, or work that is principally related to the discipline of chiropractic. This includes research, administration, and the teaching of chiropractic.
- 1 Practising in Hong Kong Special Administrative Region in the chiropractic profession → *(Go to Question 4)*
- 4 Practising in the Mainland or other parts of China (excluding Hong Kong Special Administrative Region) in the chiropractic profession → *(Thank you and no further questions)*
- 3 Practising overseas in the chiropractic profession → *(Thank you and no further questions)*
- 2 Not practising in the chiropractic profession → *(Go to Question 10)*
4. Where is/are your practice location(s)?
- 1 HK 2 Kln 3 N.T. 8 Others
(Please specify) _____

B. PRESENT MAIN EMPLOYMENT as at 31.8.2015

- 5.(a) Please indicate the type of institution in which you worked in the chiropractic profession **as at 31.8.2015**.
If you have more than one job in chiropractic profession, please indicate the type of institution of your main job in which you spent most of your working time.
- 23 Solo practice 24 Group practice
- 13 Others
(Please specify) _____
- 5.(b) What was your employment status in the chiropractic profession **as at 31.8.2015**?
- 1 Employee 2 Self-employed / Employer (Note 1)

B. PRESENT MAIN EMPLOYMENT as at 31.8.2015

5.(c) Please indicate the proportion of time you spent in your present position.

Area of Work	Code	Percentage of time spent
Service in chiropractic	24	%
Administration/Management	06	%
Teaching	07	%
Research	08	%
Others (Please specify) _____	09	%
Total		100%

5.(d) On **average**, how many **actual working hours per week** did you have in your 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 consultation/patient did you see per working day on average?

1 ≤ 10 2 11 - 20 3 21 - 30 4 ≥ 31

C. PROFESSIONAL QUALIFICATIONS HELD

6.(a) Please indicate your earliest **basic qualification** obtained in the chiropractic profession (Note 2).
(Please ✓ one box only.)

12 Bachelor's degree 14 Master's degree 15 Doctoral degree
 19 Others (Please specify) _____

6.(b) Where is the issuing country/territory of your earliest **basic qualification** obtained in the chiropractic profession (Note 2)?

04 Australia 05 Canada 16 United Kingdom
 17 United States 02 Others
(Please specify) _____

7.(a) Did you receive or are you receiving **additional training** (excluding basic qualification), which is relevant to the chiropractic profession (Note 3)?

1 Yes (Go to Question 7b) 2 No (Go to Question 8)

7.(b) Please indicate the **highest level of additional training** (excluding basic qualification), which is relevant to the chiropractic profession you have received (Note 3). (Please ✓ one box only.)

01 Certificate 07 Diploma 10 Graduate Diploma
 12 Bachelor's Degree 14 Master's Degree 15 Doctoral Degree
 18 Others (Please specify) _____
 19 Not applicable, as the additional training has not yet been completed.

7.(c) Please indicate below the field(s) which you have received or are receiving **additional training** (excluding basic qualification), which is relevant to the chiropractic profession (Note 3).

(You may tick ✓ more than one box)

<input type="checkbox"/> 065	Acupuncture	<input type="checkbox"/> 001	Biomechanics	<input type="checkbox"/> 103	Chiropractic
<input type="checkbox"/> 067	Internal disorders	<input type="checkbox"/> 068	Meridian therapy	<input type="checkbox"/> 069	Musculoskeletal diseases management
<input type="checkbox"/> 070	Neurology	<input type="checkbox"/> 071	Nutrition	<input type="checkbox"/> 072	Occupational and industrial health
<input type="checkbox"/> 073	Orthopaedics	<input type="checkbox"/> 051	Rehabilitation	<input type="checkbox"/> 074	Sports injuries
<input type="checkbox"/> 024	Others (Please specify) _____				

D. CONTACT INFORMATION FOR FOLLOW UP WHEN NECESSARY

8. Name of contact person _____

9. Contact telephone number(s) _____

~Thank you and no further questions~

E. THOSE NOT PRACTISING IN THE CHIROPRACTIC PROFESSION

10. If someone offered you a job in the chiropractic profession, were you available for work in the **past 7 days?**

1 Yes (*Go to Question 12*) 2 No (*Go to Question 11*)

11. Why were you **not available** for work in the past 7 days?

1 Temporary sickness 2 Others (Please specify) _____

12. Did you seek work in the chiropractic profession during the **past 30 days?**

5 Yes (*Thank you and no further questions*) 4 No (*Go to Question 13*)

13. Why did you **not seek work** in the chiropractic profession during the past 30 days?
(Please tick ✓ one box only.)

07 Believe no work available in the chiropractic profession (job-seeking effort made in the past)

02 Emigrated 08 Expect to return to the original job in the chiropractic profession

01 Retired 10 Start business in the chiropractic profession at subsequent date

05 Working in other profession 11 Wait to take up new job in the chiropractic profession

12 Engaged in household duties 13 Want to take rest / No motive to work / No financial need

06 Others (Please specify) _____

~End of Questionnaire ~

~Thank you for your participation ~

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

To: Department of Health (Fax No.:2572 0892)

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.

Name: _____ **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 Ms. Wendy Tsang, Scientific Officer Tel.: 2961 8566 Address: Health Manpower Unit, Department of Health, 21/F Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong.)

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 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.

2. Basic qualification in the chiropractic profession

Refers to the minimum entry qualification to the chiropractic profession.

3. Additional training

Relevant additional training obtained from recognized institutions in addition to the basic qualification. **In-house training or short courses with only certificate of attendance/achievement issues 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 Department of Health 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 Unit of the Department of Health at 2961 8566.