

**DEPARTMENT OF HEALTH
2004 Health Manpower Survey on Chiropractors**

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 Male Female

2. Date of birth Year Month

3. Which of the following best describes your work status **as at 31.8.2004**?
"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.

Practising in Hong Kong in the chiropractic profession → *(Go to Question 4)*

Practising overseas in the chiropractic profession → *(Thank you and no further questions)*

Practising in the Mainland China in the chiropractic profession → *(Thank you and no further questions)*

Not practising in the chiropractic profession → *(Go to Question 11)*

4. Where is/are your practice location(s)?

H.K. Kln. N.T. Others
(Please specify) _____

B. PRESENT EMPLOYMENT as at 31.8.2004

5.(a) Please indicate the type(s) of institution in which you worked in the chiropractic profession **as at 31.8.2004**.

Type of Institution		Main Job (Note 1) <i>Please tick ✓ one box only</i>	2nd Job (Note 1) <i>Please tick ✓ one box only</i>
Private Institution	Solo practice		
	Group practice		
Others <i>(Please specify)</i>		_____	_____

5.(b) What was your employment status in the chiropractic profession **as at 31.8.2004**?
 (Please ✓ one box in each column only.)

Employment Status	Main Job (Note 1)	2nd Job (Note 1)
Employee		
Self-employed / Employer		

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

Area of Work	Main Job Percentage of time spent (Note 2)	2nd Job Percentage of time spent (Note 2)
Service in chiropractic	%	%
Administration/Management	%	%
Teaching/Education	%	%
Research	%	%
Others <i>(Please specify)</i>	% _____	% _____
Total	100%	100%

B. PRESENT EMPLOYMENT as at 31.8.2004

5.(d) On **average**, how many **actual working hours per week** did you have in your present position(s)?

Working Hours	Main Job (Note 1)	2nd Job (Note 1)
(i) Hours of work per week (excluding meal breaks)	Hours	Hours
(ii) Hours of on-call duty per week (excluding normal duty)	Hours	Hours

5.(e) How many consultation/patient did you see per working day on average?

≤ 20 21 - 30 31 - 40 > 40

C. PROFESSIONAL QUALIFICATIONS HELD

6.(a) Please indicate your **basic qualification** in the chiropractic profession (Note 3).
(Please ✓ one box only.)

Bachelor's degree Doctoral degree Others (*Please specify*) _____

6.(b) Where is the issuing country/territory of your **basic qualification** in the chiropractic profession?
(Note 3)

Australia Canada United Kingdom
 United States Others
(*Please specify the country/territory*) _____

7.(a) Did you receive or are you receiving **additional training** relevant to the chiropractic profession?
(Note 4)

Yes (*Go to Question 7b*) No (*Go to Question 8*)

7.(b) Please indicate the **highest level of additional training** relevant to the chiropractic profession you **received**. (Please ✓ one box only.)

Certificate Diploma Graduate Diploma
 Bachelor's Degree Master's Degree Doctoral Degree
 Others (*Please specify*) _____
 Not applicable, as the additional training has not yet been completed.

7.(c) Please indicate below the field(s) which you received or are receiving **additional training** relevant to the chiropractic profession. (*You may tick ✓ more than one box.*)

Acupuncture Biomechanics Internal disorders
 Meridian therapy Musculoskeletal diseases management Neurology
 Nutrition Occupational and industrial health Orthopaedics
 Sports injuries Others (*Please specify*) _____

7.(d) If you received or are receiving additional training in **more than one field in Q. 7(c)**, please specify **the field in which you spend most of your working time in your main job** (Note 1 & 4).

→ *Please specify* _____ Not applicable

C. PROFESSIONAL QUALIFICATIONS HELD

8. Are you currently holding valid practicing certificate(s) of statutorily registered healthcare professionals in Hong Kong other than Chiropractor? (*You may tick ✓ more than one box.*)

- Yes → Medical Laboratory Technologist Midwife Nurse
 Occupational Therapist Optometrist Pharmacist
 Physiotherapist Radiographer Others
(Please specify) _____
- No → Not holding valid practising certificate other than Chiropractor

D. CONTACT INFORMATION FOR FOLLOW-UP WHEN NECESSARY

9. Name of contact person _____
10. Contact telephone number(s) _____

~Thank you and no further questions~

E. THOSE NOT PRACTISING IN THE CHIROPRACTIC PROFESSION

11. If someone offered you a job in the chiropractic profession, were you available for work in the **past 7 days**?
 Yes (*Go to Question 13*) No (*Go to Question 12*)
12. Why were you **not available** for work in the past 7 days?
 Temporary sickness Others (*Please specify*) _____
13. Did you seek work in the chiropractic profession during the **past 30 days**?
 Yes (*Thank you and no further questions*) No (*Go to Question 14*)
14. Why did you **not seek work** in the chiropractic profession during the past 30 days?
 (Please tick ✓ one box only.)
- Believe no work available in the chiropractic profession (job-seeking effort made in the past)
 Emigrated
 Expect to return to the original job in the chiropractic profession
 Retired
 Start business in the chiropractic profession at subsequent date
 Wait to take up new job in the chiropractic profession
 Working in other profession
 Others (*Please specify*) _____

~End of Questionnaire~

~Thank you for your participation ~

Explanatory Notes

1. **Main job**
Refers to the principal position in chiropractic in which you spend most of your working time, while second job can be a part-time job in other position in chiropractic for pay.
2. **Percentage of time spent**
Refers to the proportion of your working time spent on each duty in each job/position.
3. **Basic qualification in the chiropractic profession**
Refers to the minimum entry qualification to the chiropractic profession.
4. **Additional training**
Relevant additional training obtained from recognized institutions in addition to the basic qualification. In-house training or short courses issued only with certificate of attendance/achievement *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 Statistics Section of the Department of Health at 2961 8566.