

DEPARTMENT OF HEALTH
2004 Health Manpower Survey on Dentists

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 dental profession" includes the practice of dentistry, or work that is principally related to the discipline of dentistry. This includes dental research, administration, and the teaching of dentistry.

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

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

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

Not practising in the dental 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 dental 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>
Government		
Hospital Authority		
Academic institution		
Prince Philip Dental Hospital		
Subvented organization <i>(Please specify)</i> _____		
Private practice	Solo practice	
	Group practice	
Others <i>(Please specify)</i> _____		

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

Employment Status	Main Job (Note 1)	2nd Job (Note1)
Employee		
Self-employed / Employer		

B. PRESENT EMPLOYMENT as at 31.8.2004

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

Field of Practice	Main Job (Note 1) Percentage of time spent	2nd Job (Note 1) Percentage of time spent
General dentistry	%	%
Specialist practice (Note 2) <i>(Please specify)</i> _____	% _____	% _____
Administration/Management	%	%
Teaching/Education	%	%
Others <i>(Please specify)</i> _____	% _____	% _____
Total	100%	100%

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

(i) Hours of work per week (excluding meal breaks)	Hours	Hours
(ii) Hours of on-call duty per week (outside normal working hours)	Hours	Hours

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

≤ 10 11 - 20 > 20 Not applicable

C. PROFESSIONAL DENTAL AND HEALTH QUALIFICATIONS HELD

6.(a) Please indicate your **basic qualification** in the dental profession (Note 3).

(Please ✓ one box only.)

Certificate Diploma Bachelor's Degree
 Others *(Please specify)* _____

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

Hong Kong Overseas
(Please specify the country/territory) _____

7.(a) Did you obtain any **additional qualification(s)** relevant to the dental profession (Note 4)?

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

7.(b) Please indicate **the additional qualification(s)** relevant to the dental profession you obtained. (Note 4) *(You may tick ✓ more than one box.)*

Post-graduate Certificate Post-graduate Diploma *(Please specify)* _____
 Master's Degree Doctoral Degree
 Fellowship Membership
 Others *(Please specify)* _____

7.(c) Please indicate below **the field(s)** in which you obtained **the additional qualification(s)** relevant to the dental profession. (*You may tick ✓ more than one box.*)

- | | | |
|---|---|---|
| <input type="checkbox"/> Dental Public Health | <input type="checkbox"/> Endodontics | <input type="checkbox"/> General Dentistry |
| <input type="checkbox"/> Oral and Maxillofacial Surgery | <input type="checkbox"/> Orthodontics | <input type="checkbox"/> Paediatric Dentistry |
| <input type="checkbox"/> Periodontology | <input type="checkbox"/> Prosthodontics | |
| <input type="checkbox"/> Others (<i>Please specify</i>) _____ | | |

7.(d) If you obtained the additional qualification(s) 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

8. How many points of Continuing Medical Education (CME)/Continuing Professional Development (CPD) training relevant to the dental profession did you receive **in the past 12 months?**

- < 10 points 10 to 19 points 20 to 29 points ≥ 30 points

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 DENTAL PROFESSION

11. If someone offered you a job in the dental 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 dental profession during the **past 30 days?**

Yes → Either full or part time Full time Part time (*Thank you and no further questions*)

No → (*Go to Question 14*)

14. Why did you **not seek work** in the dental profession during the past 30 days?

(*Please tick ✓ one box only.*)

- Believe no work available in the dental profession (job-seeking effort made in the past)
- Emigrated
- Expect to return to the original job in the dental profession
- Retired
- Start business in the dental profession at subsequent date
- Wait to take up new job in the dental 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 of dentist in which you spend most of your working time, while **second job** can be a part-time job in other position of dentist for pay.
2. **Specialist practice**
Refers to the specialty that listed under a sub-category named “Dental Specialists” and authorized by the Dental Council of Hong Kong to use a “specialist” title.
3. **Basic qualification in the dental profession**
Refers to your earliest qualification registered with the Dental Council of Hong Kong.
4. **Additional qualification**
Refers to the additional qualification registered with the Dental Council of Hong Kong.

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.