

DEPARTMENT OF HEALTH
2005 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	<input type="checkbox"/> Male	<input type="checkbox"/> Female
2. Year of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
3. Which of the following best describes your work status as at 31.8.2005 ?		
<i>“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.</i>		
<input type="checkbox"/>	Practising in Hong Kong Special Administrative Region in the dental profession	<i>(Go to Question 4)</i>
<input type="checkbox"/>	Practising in the Mainland or other parts of China (excluding Hong Kong Special Administrative Region) in the dental profession	<i>(Thank you and no further questions)</i>
<input type="checkbox"/>	Practising overseas in the dental profession	<i>(Thank you and no further questions)</i>
<input type="checkbox"/>	Not practising in the dental profession	<i>(Go to Question 11)</i>
4. Where is/are your practice location(s)?		
<input type="checkbox"/>	HK	<input type="checkbox"/> Kln
<input type="checkbox"/>	N.T.	<input type="checkbox"/> Others
		<i>(Please specify)</i> _____

B. PRESENT MAIN EMPLOYMENT as at 31.8.2005

5.(a) Please indicate the type of institution in which you worked in the dental profession **as at 31.8.2005**.

If you have more than one job in dental profession, please indicate the type of institution of your main job in which you spent most of your working time.

<input type="checkbox"/>	Government	<input type="checkbox"/>	Hospital Authority
<input type="checkbox"/>	Academic institution	<input type="checkbox"/>	Prince Philip Dental Hospital
<input type="checkbox"/>	Subvented organization <i>(Please specify)</i> _____		
Private institution:			
<input type="checkbox"/>	Solo practice	<input type="checkbox"/>	Group practice
<input type="checkbox"/>	Others <i>(Please specify)</i> _____		

B. PRESENT MAIN EMPLOYMENT as at 31.8.2005

5.(b) What was your employment status in the dental profession **as at 31.8.2005**?

- Employee Self-employed / Employer

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

Field of practice	Percentage of time spent
General dentistry	%
Specialist practice	%
Administration/Management	%
Teaching/Education	%
Others (Please specify) _____	%
Total	100%

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

(i) Hours of work per week (excluding meal breaks)	Hours
(ii) Hours of on-call duty per week (outside normal working 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 earliest **basic qualification** obtained in the dental profession (Note 1).
(Please ✓ one box only.)

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

6.(b) Where is the issuing country/territory of your earliest **basic qualification** obtained in the dental profession (Note 1)?

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

7.(a) Did you obtain any **additional qualification(s)** (excluding basic qualification), which is/are relevant to the dental profession (Note 2)?

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

7.(b) Please indicate the **additional qualification(s)** (excluding basic qualification), which is/are relevant to the dental profession you obtained (Note 2). (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)** (excluding basic qualification), which is/are relevant to the dental profession (Note 2). *(You may tick ✓ more than one box.)*

- | | | |
|---|---|---|
| <input type="checkbox"/> Dental Public Health | <input type="checkbox"/> Endodontics | <input type="checkbox"/> Family Dentistry |
| <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> _____ | | |

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?**

- | | | |
|--|---|--|
| <input type="checkbox"/> 1 to 5 points | <input type="checkbox"/> 6 to 10 points | <input type="checkbox"/> 11 to 15 points |
| <input type="checkbox"/> 16 to 20 points | <input type="checkbox"/> ≥ 21 points | <input type="checkbox"/> Not applicable |

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
- Engaged in household duties
- 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
- Want to take rest / No motive to work / No financial need
- Working in other profession
- Others *(Please specify)* _____

~ *End of Questionnaire* ~

~ *Thank you for your participation* ~

Explanatory Notes

1. **Basic qualification in the dental profession**
Refers to your earliest qualification **registered** with the Dental Council of Hong Kong.
2. **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 Manpower Unit of the Department of Health at 2961 8566.