

**DEPARTMENT OF HEALTH**  
**2012 Health Manpower Survey on Dentists**

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	<input type="checkbox"/> 1 Male	<input type="checkbox"/> 2 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 <b>as at 31.8.2012</b> ? <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"/> 1 Practising in Hong Kong Special Administrative Region in the dental profession	→ (Go to Question 4)	
<input type="checkbox"/> 4 Practising in the Mainland or other parts of China (excluding Hong Kong Special Administrative Region) in the dental profession	→ (Thank you and no further questions)	
<input type="checkbox"/> 3 Practising overseas in the dental profession	→ (Thank you and no further questions)	
<input type="checkbox"/> 2 Not practising in the dental profession	→ (Go to Question 11)	
4. Where is/are your practice location(s)?		
<input type="checkbox"/> 1 HK	<input type="checkbox"/> 2 Kln	<input type="checkbox"/> 3 N.T.
<input type="checkbox"/> 8 Others	(Please specify) _____	

**B. PRESENT MAIN EMPLOYMENT as at 31.8.2012**

5.(a) Please indicate the type of institution in which you worked in the dental profession **as at 31.8.2012**.  
*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"/> 01 Government	<input type="checkbox"/> 02 Hospital Authority
<input type="checkbox"/> 03 Academic institution	<input type="checkbox"/> 26 Prince Philip Dental Hospital
<input type="checkbox"/> 04 Subvented organization (Please specify) _____	
Private institution:	
<input type="checkbox"/> 23 Solo practice	<input type="checkbox"/> 24 Group practice
<input type="checkbox"/> 13 Others (Please specify) _____	

5.(b) What was your employment status in the dental profession **as at 31.8.2012**?

<input type="checkbox"/> 1 Employee	<input type="checkbox"/> 2 Self-employed / Employer (Note 1)
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**B. PRESENT MAIN EMPLOYMENT as at 31.8.2012**

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

Field of practice	Code	Percentage of time spent
General dentistry	27	%
Specialist practice	26	%
Administration/Management	06	%
Teaching/Education	07	%
Others (Please specify) _____	09	%
<b>Total</b>		<b>100 %</b>

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

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

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

1 ≤ 10       2 11 - 20       3 > 20       8 Not applicable

**C. PROFESSIONAL DENTAL AND HEALTH QUALIFICATIONS HELD**

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

12 Bachelor'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 dental profession (Note 2)?

01 Hong Kong       02 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 3)?

1 Yes (Go to Question 7b)       2 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 3). (You may tick ✓ more than one box.)

20 Post-graduate Certificate       13 Post-graduate Diploma  
(Please specify) \_\_\_\_\_  
 14 Master's Degree       15 Doctoral Degree  
 17 Fellowship       21 Membership  
 18 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 3).

(You may tick ✓ more than one box.)

087 Dental Public Health       088 Endodontics       104 Family Dentistry  
 089 General Dentistry       090 Oral and Maxillofacial Surgery       091 Orthodontics  
 092 Paediatric Dentistry       093 Periodontology       094 Prosthodontics  
 024 Others (Please specify) \_\_\_\_\_

8. How many points of Continuing Medical Education (CME) / Continuing Professional Development (CPD) training relevant to the dental profession did you receive **during the period of 1.9.2011 to 31.8.2012?**

- |                            |                 |                            |                |                            |                 |
|----------------------------|-----------------|----------------------------|----------------|----------------------------|-----------------|
| <input type="checkbox"/> 1 | 1 to 5 points   | <input type="checkbox"/> 2 | 6 to 10 points | <input type="checkbox"/> 3 | 11 to 15 points |
| <input type="checkbox"/> 4 | 16 to 20 points | <input type="checkbox"/> 5 | ≥ 21 points    | <input type="checkbox"/> 8 | 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?**

- 1 Yes (*Go to Question 13*)       2 No (*Go to Question 12*)

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

- 1 Temporary sickness       2 Others (*Please specify*) \_\_\_\_\_

13. Did you seek work in the dental profession during the **past 30 days?**

- Yes** →  1 Either full or part time     2 Full time     3 Part time    (*Thank you and no further questions*)
- No** →  4 (*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.)

- |                             |  |                             |   |
|-----------------------------|--|-----------------------------|---|
| <input type="checkbox"/> 07 | Believe no work available in the dental profession (job-seeking effort made in the past) |                             |   |
| <input type="checkbox"/> 02 | Emigrated  | <input type="checkbox"/> 08 | Expect to return to the original job in the dental profession |
| <input type="checkbox"/> 12 | Engaged in household duties  | <input type="checkbox"/> 10 | Start business in the dental profession at subsequent date    |
| <input type="checkbox"/> 01 | Retired  | <input type="checkbox"/> 11 | Wait to take up new job in the dental profession              |
| <input type="checkbox"/> 05 | Working in other profession  | <input type="checkbox"/> 13 | Want to take rest / No motive to work / No financial need     |
| <input type="checkbox"/> 06 | Others ( <i>Please specify</i> ) _____   |                             |   |

~ *End of Questionnaire* ~  
~ *Thank you for your participation* ~

✂-----  
(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 dental profession**

Refers to your earliest qualification **registered** with the Dental Council of Hong Kong.

3. **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.**