

**DEPARTMENT OF HEALTH**  
**2005 Health Manpower Survey on Pharmacists**

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. Year of birth

3. Which of the following best describes your work status **as at 31.8.2005**?  
*"Practising in the pharmacy profession" includes the practice of pharmacy, or work that is principally related to the discipline of pharmacy. This includes research, administration, and the teaching of pharmacy.*

Practising in Hong Kong Special Administrative Region in the pharmacy profession → *(Go to Question 4)*

Practising in the Mainland or other parts of China (excluding Hong Kong Special Administrative Region) in the pharmacy profession → *(Thank you and no further questions)*

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

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

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

HK  Kln East  Kln West  N.T. East  N.T. West  Others (Please specify) \_\_\_\_\_

**B. PRESENT MAIN EMPLOYMENT as at 31.8.2005**

5.(a) Please indicate the type of institution in which you worked in the pharmacy profession **as at 31.8.2005**.  
*If you have more than one job in pharmacy profession, please indicate the type of institution of your main job in which you spent most of your working time.*

Government  Hospital Authority  Academic institution

Subvented organization (Please specify) \_\_\_\_\_

Private institution:

Community Pharmacy  Pharmaceutical Company (wholesaler)  Pharmaceutical Manufacturer

Private Hospital (Note 1)  Other private institution (Please specify) \_\_\_\_\_

**B. PRESENT MAIN EMPLOYMENT as at 31.8.2005**

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

- Employee  Self-employed / Employer

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

Area of Work	Percentage of time spent
Service in pharmacy (Note 2)	%
Manufacturing/Marketing/Sales (Note 3)	%
Administration/Management (Note 4)	%
Teaching	%
Research	%
Others (Note 5) (Please specify) _____	%
<b>Total</b>	<b>100%</b>

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

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

**C. PROFESSIONAL QUALIFICATIONS HELD**

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

- Certificate  Higher Certificate  Higher Diploma  Bachelor's degree  
 Master's degree  Doctoral Degree  Others (Please specify) \_\_\_\_\_

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

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

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

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

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

- Certificate  Diploma  Bachelor's Degree  Graduate Diploma  
 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 pharmacy profession (Note 7). (*You may tick ✓ more than one box*)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Chemical Analysis                      | <input type="checkbox"/> Chinese Medicine | <input type="checkbox"/> Clinical Pharmacy      |
| <input type="checkbox"/> Health Administration                  | <input type="checkbox"/> Medical Sciences | <input type="checkbox"/> Pharmaceutical Science |
| <input type="checkbox"/> Pharmaceutical Technology              | <input type="checkbox"/> Pharmacy         |   |
| <input type="checkbox"/> Others ( <i>Please specify</i> ) _____ |   |   |

8. How many hours of Continuing Education Training relevant to the pharmacy profession did you receive **in the past 12 months**?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 1 to 10 hours  | <input type="checkbox"/> 11 to 20 hours | <input type="checkbox"/> 21 to 30 hours |
| <input type="checkbox"/> 31 to 40 hours | <input type="checkbox"/> ≥ 41 hours     | <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 PHARMACY PROFESSION**

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

(Please tick ✓ one box only.)

- Believe no work available in the pharmacy profession (job-seeking effort made in the past)
- Emigrated
- Engaged in household duties
- Expect to return to the original job in the pharmacy profession
- Retired
- Start business in the pharmacy profession at subsequent date
- Wait to take up new job in the pharmacy 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. **Private hospital**  
Refers to Private institutions licensed under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Chapter 165).
2. **Service in pharmacy**  
Refers to the work which has direct contact with patients in dispensing and patient counseling.
3. **Manufacturing/Marketing/Sales**  
Refers to the work involving in the pharmaceutical company (wholesaler) or pharmaceutical manufacturer such as manufacturing, marketing and sales.
4. **Administration/Management**  
Refers to the work which is out of the scope of pharmacy such as supervising staff, accounting, budget control, procurement of drugs, etc.
5. **Others**  
Refers to the work such as drug registration, inspection, law enforcement, etc.
6. **Basic qualification in the pharmacy profession**  
Refers to the minimum entry qualification to the pharmacy profession.
7. **Additional training**  
Relevant additional training obtained from recognized institutions in addition to the basic qualification. In-house/overseas 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 Manpower Unit of the Department of Health at 2961 8566.