

DEPARTMENT OF HEALTH
2014 Health Manpower Survey on Chinese Medicine Practitioners

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 1 Male 2 Female

2. Year of birth

3. Which of the following best describes your work status **as at 31.8.2014**?
"Practising in Chinese medicine profession" includes the practice of Chinese medicine profession, or work that is principally related to the discipline of Chinese medicine. This includes research, administration and teaching in the field of Chinese medicine.

1 Practising in Hong Kong Special Administrative Region in Chinese medicine profession → (Go to Question 4)

4 Practising in the Mainland or other parts of China (excluding Hong Kong Special Administrative Region) in Chinese medicine profession } (Thank you and no further questions)

3 Practising overseas in Chinese medicine profession }

2 Not practising in Chinese medicine profession → (Go to Question 11)

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

1 HK 2 Kln 3 N.T. 8 Others (Please specify) _____

B. PRESENT EMPLOYMENT as at 31.8.2014

5.(a) Please indicate the type of institution in which you **worked in the Chinese medicine profession as at 31.8.2014**.
*If you have more than one job in Chinese medicine profession, please indicate the type of institution of your **main job in which you spent most of your working time**.*

Type of Institution	Code	Main Job (Please ✓ one box only)
Government	01	
Hospital Authority	02	
Academic institution	03	
Subvented organization (Please specify)	04	
Private institution		
Chinese Medicine Manufacturer	29	
Chinese Medical Clinic (including General Practice, Acupuncture and Bone-setting)	30	
Chinese Herbal Medical Institute	31	
Chinese Medicine Company / Chinese Pharmaceutical Company	32	
Other private institution (Please specify)	13	

5.(b) What was your employment status in the Chinese medicine profession **as at 31.8.2014**?
 1 Employee 2 Self-employed / Employer (Note 1)

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

Area of Work	Code	Percentage of time spent
General Practice	25	%
Acupuncture	30	%
Bone-setting	31	%
Administration / Management	06	%
Teaching	07	%
Research	08	%
Others (Please specify)	09	%
Total		100%

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

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

5.(e) How many consultations/patients did you see **per working day on average**?

1 Less than 10 2 10 to 25 3 26 to 50 4 Above 50 8 Not applicable

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C. PROFESSIONAL MEDICAL AND HEALTH QUALIFICATIONS HELD

- 6.(a) Are you a registered Chinese medicine practitioner, a Chinese medicine practitioner with limited registration or a listed Chinese medicine practitioner ?
- | | | | |
|--------------------------|----------|---|-----------------------|
| <input type="checkbox"/> | 1 | Registered Chinese medicine practitioner | (Go to Question 6(b)) |
| <input type="checkbox"/> | 2 | Chinese medicine practitioner with limited registration | (Go to Question 7(a)) |
| <input type="checkbox"/> | 3 | Listed Chinese medicine practitioner | (Go to Question 7(a)) |
- 6.(b) Please indicate the **basic qualification** that you possessed when registered as a registered Chinese medicine practitioner. (Please ✓ **one box only.**)
- | | | | |
|--------------------------|-----------|--|--|
| <input type="checkbox"/> | 26 | Passed the Licensing Examination (Section 61(1)(a) of the Chinese Medicine Ordinance) | |
| <input type="checkbox"/> | 27 | Listed Chinese Medicine Practitioner who had been exempted from the Licensing Examination (Section 93 of the Chinese Medicine Ordinance) | |
| <input type="checkbox"/> | 28 | Listed Chinese Medicine Practitioner who had passed the Registration Assessment (Section 94 of the Chinese Medicine Ordinance) | |
| <input type="checkbox"/> | 29 | Listed Chinese Medicine Practitioner who had passed the Licensing Examination (Section 95 of the Chinese Medicine Ordinance) | |
| <input type="checkbox"/> | 19 | Others (Please specify) _____ | |
- 6.(c) Where is the issuing country/territory of your **qualification recognized by the Chinese Medicine Council of Hong Kong** for registration as a registered Chinese medicine practitioner?
- | | | | | | |
|--------------------------|---|--|------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | 01 Hong Kong | <input type="checkbox"/> | 06 The Mainland | <input type="checkbox"/> | 02 Overseas _____ |
| <input type="checkbox"/> | 03 No basic academic qualification | (Please specify the country/territory) | | | |
- 6.(d) How many points of Continuing Education in Chinese Medicine (CME) did you receive **during the period of 1.9.2013 to 31.8.2014?**
- | | | | | | | | | |
|--------------------------|----------|-----------------|--------------------------|----------|-----------------|--------------------------|----------|-----------------|
| <input type="checkbox"/> | 1 | 1 to 10 points | <input type="checkbox"/> | 2 | 11 to 20 points | <input type="checkbox"/> | 3 | 21 to 30 points |
| <input type="checkbox"/> | 4 | 31 to 40 points | <input type="checkbox"/> | 5 | Above 40 points | <input type="checkbox"/> | 8 | Not applicable |
- 7.(a) Did you receive or are you receiving **additional training**, which is relevant to the Chinese medicine profession (Note 2)?
- | | | | | | |
|--------------------------|----------|-------------------------|--------------------------|----------|-----------------------|
| <input type="checkbox"/> | 1 | Yes (Go to Question 7b) | <input type="checkbox"/> | 2 | No (Go to Question 8) |
|--------------------------|----------|-------------------------|--------------------------|----------|-----------------------|
- 7.(b)(i) Please indicate the **highest level** of additional training, which is relevant to the Chinese medicine profession you received. (Please ✓ **one box only.**)
- | | | | | | | | | | | | |
|--------------------------|-----------|--|--------------------------|-----------|---------|--------------------------|-----------|-------------------|--------------------------|-----------|-----------------|
| <input type="checkbox"/> | 01 | Certificate | <input type="checkbox"/> | 07 | Diploma | <input type="checkbox"/> | 12 | Bachelor's Degree | <input type="checkbox"/> | 14 | Master's Degree |
| <input type="checkbox"/> | 18 | Others (Please specify) _____ | | | | | | | | | |
| <input type="checkbox"/> | 19 | Not applicable, as the additional training has not yet been completed. | | | | | | | | | |
- 7.(b)(ii) Would you consider undertaking the Licensing Examination (**For listed Chinese medicine practitioner ONLY**)?
- | | | | | | | | | |
|--------------------------|----------|-----|--------------------------|----------|----|--------------------------|----------|-----------------|
| <input type="checkbox"/> | 1 | Yes | <input type="checkbox"/> | 2 | No | <input type="checkbox"/> | 3 | Not yet decided |
|--------------------------|----------|-----|--------------------------|----------|----|--------------------------|----------|-----------------|
- 7.(c) Please indicate below the field(s) in which you received or are receiving **additional training**, which is relevant to the Chinese medicine profession (Note 2). (You may tick (✓) **more than one box.**)
- | | | | | | | | | |
|--------------------------|------------|---|--------------------------|------------|--|--------------------------|------------|---|
| <input type="checkbox"/> | 117 | Hong Kong Healthcare System and Regulatory System of Chinese Medicine | <input type="checkbox"/> | 118 | Canon of Chinese Medicine | <input type="checkbox"/> | 119 | Ophthalmology and Otorhinolaryngology of Chinese Medicine |
| <input type="checkbox"/> | 120 | Modern Basic Medical Science | <input type="checkbox"/> | 121 | Treatise on Exogenous Febrile Diseases | <input type="checkbox"/> | 122 | Orthopaedics and Traumatology of Chinese Medicine |
| <input type="checkbox"/> | 123 | History of Chinese Medicine and Various Theories of Chinese Medicine | <input type="checkbox"/> | 124 | Synopsis of the Golden Chamber | <input type="checkbox"/> | 125 | Acupuncture and Moxibustion of Chinese Medicine |
| <input type="checkbox"/> | 126 | Ancient Chinese Medical Proses | <input type="checkbox"/> | 127 | Seasonal Febrile Diseases | <input type="checkbox"/> | 128 | Health Maintenance and Preservation of Chinese Medicine |
| <input type="checkbox"/> | 129 | Fundamental Theories of Chinese Medicine | <input type="checkbox"/> | 130 | Internal Medicine of Chinese Medicine | <input type="checkbox"/> | 131 | Integration of Chinese-Western Medicine |
| <input type="checkbox"/> | 132 | Diagnostics of Chinese Medicine | <input type="checkbox"/> | 133 | External Medicine of Chinese Medicine | <input type="checkbox"/> | 134 | Modernization of Chinese Medicine |
| <input type="checkbox"/> | 135 | Chinese Materia Medica | <input type="checkbox"/> | 136 | Gynaecology of Chinese Medicine | <input type="checkbox"/> | 137 | Code of Practice for Registered Chinese Medicine Practitioners |
| <input type="checkbox"/> | 138 | Medical Prescriptions in Chinese Medicine | <input type="checkbox"/> | 139 | Paediatrics of Chinese Medicine | <input type="checkbox"/> | 140 | Training Programme Attended before the Chinese Medicine Practitioners Licensing Examination |
| <input type="checkbox"/> | 024 | Others (Please specify) _____ | | | | | | |

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

- Yes → 01 Chiropractor 15 Dentist 02 Medical Laboratory Technologist 16 Medical Practitioner 03 Midwife
- 04 Nurse 05 Occupational Therapist 06 Optometrist 07 Pharmacist 08 Physiotherapist
- 09 Radiographer 10 Others (*Please specify*) _____
- No → 11 Not holding valid practising certificate other than Chinese medicine practitioner

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 CURRENTLY NOT PRACTISING IN THE CHINESE MEDICINE PROFESSION

11. If someone offered you a job in Chinese medicine 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 Chinese medicine profession during the **past 30 days**?
 5 Yes (*Thank you and no further questions*) 4 No (*Go to Question 14*)
14. Why did you not seek work in Chinese medicine profession during the past 30 days?
(Please ✓ one box only.)
- 07 Believe no work available in Chinese medicine profession (job-seeking effort made in the past) 02 Emigrated
- 12 Engaged in household duties 08 Expect to return to original job in Chinese medicine profession
- 01 Retired 10 Start business in Chinese medicine profession at subsequent date
- 11 Wait to take up new job in Chinese medicine profession 13 Want to take rest / No motive to work / No financial need
- 05 Working in other profession 06 Others (*Please specify*) _____

~ End of Questionnaire. Thank you for your participation ~

C



(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: _____ Listing 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.

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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 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. Additional training

Relevant medical and health training received / receiving from recognized institutions after you became a Chinese Medicine Practitioner (registered Chinese medicine practitioner, Chinese medicine practitioner with limited registration or listed Chinese medicine practitioner). **In-house training or short courses with certificate of attendance/achievement issued only 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.