DEPARTMENT OF HEALTH
2017 Health Manpower Survey on Registered 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 31.8.2017?
   “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)
   2 Not practising in Chinese medicine profession  (Go to Question 11)
   3 Practising overseas in Chinese medicine profession
   4 Practising in the Mainland, Macao or Taiwan in Chinese medicine profession  (Thank you and no further questions)

B. PRESENT EMPLOYMENT as at 31.8.2017

4. Where is / are your practice location(s)?
   1 HK  2 Kln  3 N.T.  8 Others (Please specify)______________________________

5.(a) Please indicate the type of institution in which you worked in the Chinese medicine profession as at 31.8.2017. 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.

<table>
<thead>
<tr>
<th>Type of Institution</th>
<th>Code</th>
<th>Main Job (Please ✓ one box only)</th>
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<tbody>
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<td></td>
</tr>
<tr>
<td>Academic institution</td>
<td>03</td>
<td></td>
</tr>
<tr>
<td>Subvented organization (Please specify)</td>
<td>04</td>
<td></td>
</tr>
<tr>
<td>Private institution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chinese medicine clinic</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>Retailers in Chinese herbal medicines (for example: herbal shop)</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>Wholesalers in Chinese herbal medicines</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Wholesalers in proprietary Chinese medicines</td>
<td>29</td>
<td></td>
</tr>
<tr>
<td>Manufacturers in proprietary Chinese medicines</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>Other private institution (for example: beauty shop, medical group, private hospital) (Please specify)</td>
<td>13</td>
<td></td>
</tr>
</tbody>
</table>

5.(b) What was your employment status in the Chinese medicine profession as at 31.8.2017?
   1 Employee  2 Self-employed / Employer (Note 1)

5.(c) What was the main area of work under your present position? (Please ✓ one box only.)
   25 Clinical General Practice  30 Clinical Acupuncture  31 Clinical Bone-setting
   06 Administration / Management  07 Teaching  08 Research
   09 Others (Please specify)______________________________
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)  

(ii) Hours of on-call duty per week (excluding normal duty)

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

C. PROFESSIONAL MEDICAL AND HEALTH QUALIFICATIONS HELD

6.(a) Please indicate the basic qualification that you possessed when registered as a registered Chinese medicine practitioner.

(Please √ one box only.)

26 Non-Listed Chinese medicine practitioner who had passed the Licensing Examination (Section 61(1)(a) of the Chinese Medicine Ordinance)

27 Listed Chinese medicine practitioner who had been exempted from the Licensing Examination and Registration Assessment (Section 93 of the Chinese Medicine Ordinance)

28 Listed Chinese medicine practitioner who had passed the Registration Assessment (Section 94 of the Chinese Medicine Ordinance)

29 Listed Chinese Medicine Practitioner who had passed the Licensing Examination (Section 95 of the Chinese Medicine Ordinance)

19 Others (Please specify)

6.(b) Which country/territory did you get the education qualification or registration as a registered Chinese medicine practitioner?

01 Hong Kong  06 The Mainland  02 Overseas

03 No basic academic qualification  

(Please specify the country/territory)

(for example: heir to / apprentice to / direct disciple to)

6.(c) How many points of Continuing Education in Chinese Medicine (CME) did you receive during the period of 1.9.2016 to 31.8.2017?

1  1 to 10 points  2  11 to 20 points  3  21 to 30 points

4  31 to 40 points  5  Above 40 points  8  0 point

7.(a) After you have become a Chinese medicine practitioner, did you receive or are you receiving additional training, which is relevant to the Chinese medicine profession (Note 2)?

1  Yes  (Go to Question 7b)  2  No  (Go to Question 8)

7.(b) Please indicate the highest level of additional training, which is relevant to the Chinese medicine profession you received. (Please √ one box only.)

01 Certificate  07 Diploma  12 Bachelor’s Degree  14 Master’s Degree

18 Others (Please specify)

19 Not applicable, as the additional training has not yet been completed.

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.)

117 Hong Kong Healthcare System and Regulatory System of Chinese Medicine

120 Modern Basic Medical Science

121 Treatise on Exogenous Febrile Diseases

122 Orthopaedics and Traumatology of Chinese Medicine

125 Acupuncture and Moxibustion of Chinese Medicine

129 Fundamental Theories of Chinese Medicine

130 Internal Medicine of Chinese Medicine

131 Integration of Chinese-Western Medicine

132 Diagnostics of Chinese Medicine

133 External Medicine of Chinese Medicine

135 Chinese Materia Medica

136 Gynaecology of Chinese Medicine

138 Medical Prescriptions in Chinese Medicine

139 Paediatrics of Chinese Medicine

140 Training Programme

Attended before the Chinese Medicine Practitioners Licensing Examination

024 Others (Please specify)
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.)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>11</td>
</tr>
</tbody>
</table>

- [ ] Medical Practitioner
- [✓] 04 Nurse
- [ ] 10 Others (Please specify) 

9. Contact information for follow-up when necessary
   - Name of contact person
   - Contact telephone number(s)

~ Thank you and no further questions ~

******************************************************************************************************************************************************

E. ONLY FOR THOSE CURRENTLY NOT PRACTISING IN THE CHINESE MEDICINE PROFESSION TO FILL IN

11. If someone offered you a job in Chinese medicine profession, were you available for work in the past 7 days?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes (Go to Question 13)</td>
<td>No (Go to Question 12)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temporary sickness</td>
<td>Others (Please specify)</td>
</tr>
</tbody>
</table>

13. Did you seek work in Chinese medicine profession during the past 30 days?

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes (Thank you and no further questions)</td>
<td>No (Go to Question 14)</td>
</tr>
</tbody>
</table>

14. Why did you not seek work in Chinese medicine profession during the past 30 days? (Please ✓ one box only.)

<table>
<thead>
<tr>
<th>07</th>
<th>02</th>
</tr>
</thead>
<tbody>
<tr>
<td>Believe no work available in Chinese medicine profession (job-seeking effort made in the past)</td>
<td>Emigrated</td>
</tr>
<tr>
<td>12</td>
<td>08</td>
</tr>
<tr>
<td>Engaged in household duties</td>
<td>Expect to return to original job in Chinese medicine profession</td>
</tr>
<tr>
<td>01</td>
<td>10</td>
</tr>
<tr>
<td>Retired</td>
<td>Start business in Chinese medicine profession at subsequent date</td>
</tr>
<tr>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td>Wait to take up new job in Chinese medicine profession</td>
<td>Want to take rest / No motive to work / No financial need</td>
</tr>
<tr>
<td>05</td>
<td>06</td>
</tr>
<tr>
<td>Working in other profession</td>
<td>Others (Please specify)</td>
</tr>
</tbody>
</table>

~ End of Questionnaire. Thank you for your participation ~

(X) ______________________________________________________________________________________

(You may tear off the following slip and submit it separately if you do not wish to disclose your identity in the completed questionnaire.)

If you do not want to receive the reminder, please provide your name and registration number.

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.

-3-
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.
DEPARTMENT OF HEALTH
2017 Health Manpower Survey on Chinese Medicine Practitioners with Limited Registration

Please read the explanatory notes on page 2 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

B. PRESENT EMPLOYMENT as at 31.8.2017

3. Where is / are your practice location(s)?
   1 HK
   2 Kln
   3 N.T.
   8 Others (Please specify) ________________

4. Please indicate the type of institution in which you worked in the Chinese medicine profession as at 31.8.2017.
   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.

<table>
<thead>
<tr>
<th>Type of Institution</th>
<th>Code</th>
<th>Main Job (Please ✓ one box only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Authority</td>
<td>02</td>
<td></td>
</tr>
<tr>
<td>Academic institution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The University of Hong Kong</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td>The Chinese University of Hong Kong</td>
<td>42</td>
<td></td>
</tr>
<tr>
<td>Hong Kong Baptist University</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>The Hong Kong Polytechnic University</td>
<td>44</td>
<td></td>
</tr>
<tr>
<td>City University of Hong Kong</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>Others (Please specify)</td>
<td>13</td>
<td></td>
</tr>
</tbody>
</table>

5.(a) What was the main area of work under your present position? (Please ✓ one box only.)
   07 Teaching
   08 Research
   09 Others (Please specify) ________________

5.(b) 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)
   (ii) Hours of on-call duty per week (excluding normal duty)

5.(c) 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
C. PROFESSIONAL MEDICAL AND HEALTH QUALIFICATIONS HELD

6.(a) Did you receive or are you receiving additional training, which is relevant to the Chinese medicine profession (Note 1)?

1 Yes  (Go to Question 6b)  2 No  (Thank you and no further questions)

6.(b) Please indicate the highest level of additional training, which is relevant to the Chinese medicine profession you received. (Please √ one box only.)

01 Certificate  07 Diploma  12 Bachelor’s Degree  14 Master’s Degree

18 Others (Please specify)  19 Not applicable, as the additional training has not yet been completed.

6.(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 1). (You may tick √ more than one box.)

117 Hong Kong Healthcare System and Regulatory System of Chinese Medicine

120 Modern Basic Medical Science

121 Treatise on Exogenous Febrile Diseases

122 Orthopaedics and Traumatology of Chinese Medicine

125 Acupuncture and Moxibustion of Chinese Medicine

129 Fundamental Theories of Chinese Medicine

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131 Integration of Chinese-Western Medicine

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135 Chinese Materia Medica

136 Gynaecology of Chinese Medicine

138 Medical Prescriptions in Chinese Medicine

139 Paediatrics of Chinese Medicine

140 Training Programme Attended before the Chinese Medicine Practitioners Licensing Examination

024 Others (Please specify)

D. CONTACT INFORMATION FOR FOLLOW-UP WHEN NECESSARY

7. Name of contact person ________________________________________________

8. Contact telephone number(s) ___________________________________________

~ End of Questionnaire. Thank you for your participation ~

Explanatory Notes

1. 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.
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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.

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Address : Health Manpower Unit, Department of Health, 21/F Wu Chung House, 213 Queen’s Road East, Wan Chai, Hong Kong.
DEPARTMENT OF HEALTH
2017 Health Manpower Survey on Listed Chinese Medicine Practitioners

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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 31.8.2017?
   “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, Macao or Taiwan
   □ 3 Practising overseas in Chinese medicine profession (Go to Question 9)
   □ 2 Not practising in Chinese medicine profession

B. PRESENT EMPLOYMENT as at 31.8.2017

4. Where is / are your practice location(s)?
   □ 1 HK □ 2 Kln □ 3 N.T. □ 8 Others (Please specify)

5.(a) Please indicate the type of institution in which you worked in the Chinese medicine profession as at 31.8.2017. 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.

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<tr>
<td>Other private institution (for example: beauty shop, medical group, private hospital) (Please specify)</td>
<td>13</td>
</tr>
</tbody>
</table>

5.(b) What was your employment status in the Chinese medicine profession as at 31.8.2017?
   □ 1 Employee □ 2 Self-employed / Employer (Note 1)
5.(c) What was the main area of work under your present position? (Please ✓ one box only.)

[ ] 25 Clinical General Practice  [ ] 30 Clinical Acupuncture  [ ] 31 Clinical Bone-setting
[ ] 06 Administration / Management  [ ] 07 Teaching  [ ] 08 Research
[ ] 09 Others (Please specify)

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

C. PROFESSIONAL MEDICAL AND HEALTH QUALIFICATIONS HELD

6.(a) After you have become a listed Chinese medicine practitioner, did you receive or are you receiving additional training, which is relevant to the Chinese medicine profession (Note 2)?

[ ] 1 Yes (Go to Question 6b)  [ ] 2 No (Go to Question 7)

6.(b) Please indicate the highest level of additional training, which is relevant to the Chinese medicine profession you received. (Please ✓ one box only.)

[ ] 01 Certificate  [ ] 07 Diploma  [ ] 12 Bachelor’s Degree  [ ] 14 Master’s Degree
[ ] 18 Others (Please specify)  [ ] 19 Not applicable, as the additional training has not yet been completed.

6.(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.)

[ ] 117 Hong Kong Healthcare System and Regulatory System of Chinese Medicine
[ ] 122 Orthopaedics and Traumatology of Chinese Medicine
[ ] 130 Internal Medicine of Chinese Medicine
[ ] 133 External Medicine of Chinese Medicine
[ ] 138 Medical Prescriptions in Chinese Medicine
[ ] 120 Modern Basic Medical Science
[ ] 125 Acupuncture and Moxibustion of Chinese Medicine
[ ] 131 Integration of Chinese-Western Medicine
[ ] 135 Chinese Materia Medica
[ ] 139 Paediatrics of Chinese Medicine
[ ] 121 Treatise on Exogenous Febrile Diseases
[ ] 129 Fundamental Theories of Chinese Medicine
[ ] 132 Diagnostics of Chinese Medicine
[ ] 136 Gynaecology of Chinese Medicine
[ ] 140 Training Programme Attended before the Chinese Medicine Practitioners Licensing Examination
[ ] 024 Others (Please specify)

7. Would you consider undertaking the Licensing Examination?

[ ] 1 Yes  [ ] 2 No  [ ] 3 Not yet decided
D. CONTACT INFORMATION FOR FOLLOW-UP WHEN NECESSARY

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>8.</td>
<td>Name of contact person:</td>
</tr>
<tr>
<td>9.</td>
<td>Contact telephone number(s):</td>
</tr>
</tbody>
</table>

~ Thank you and no further questions ~

*****************************************************************************************************

E. ONLY FOR THOSE CURRENTLY NOT PRACTISING IN THE CHINESE MEDICINE PROFESSION TO FILL IN

<table>
<thead>
<tr>
<th>10.</th>
<th>If someone offered you a job in Chinese medicine profession, were you available for work in the past 7 days?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes (Go to Question 12)</td>
</tr>
<tr>
<td></td>
<td>No (Go to Question 11)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11.</th>
<th>Why were you not available for work in the past 7 days?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Temporary sickness</td>
</tr>
<tr>
<td></td>
<td>Others (Please specify)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12.</th>
<th>Did you seek work in Chinese medicine profession during the past 30 days?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes (Thank you and no further questions)</td>
</tr>
<tr>
<td></td>
<td>No (Go to Question 13)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13.</th>
<th>Why did you not seek work in Chinese medicine profession during the past 30 days? (Please one box only.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Believe no work available in Chinese medicine profession (job-seeking effort made in the past)</td>
</tr>
<tr>
<td></td>
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<td></td>
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<td></td>
<td>Want to take rest / No motive to work / No financial need</td>
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<tr>
<td></td>
<td>Working in other profession</td>
</tr>
<tr>
<td></td>
<td>Others (Please specify)</td>
</tr>
</tbody>
</table>

~ End of Questionnaire. Thank you for your participation ~

----------------------------------------------------------------------------------------------------------------------

If you do not want to receive the reminder, please provide your name and listing number.

To: Department of Health (Fax No.: 2572 0892)

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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 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.