

DEPARTMENT OF HEALTH

2020 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 31.8.2020**?
"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 in Chinese medicine profession } (Go to Question 13)

3 Practising overseas in Chinese medicine profession }

2 Not practising in Chinese medicine profession → (Go to Question 9)

B. PRESENT EMPLOYMENT as at 31.8.2020

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 31.8.2020**.
*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 clinic	30
	Retailers in Chinese herbal medicines (for example: herbal shop)	32
	Wholesalers in Chinese herbal medicines	27
	Manufacturers in proprietary Chinese medicines	29
	Wholesalers in proprietary Chinese medicines	28
	Other private institution (for example: beauty shop, medical group, private hospital) (Please specify) _____	13

5.(b) What was your employment status in the Chinese medicine profession **as at 31.8.2020**?

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) _____

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WHEN ENTERED WITH DATA

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) 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
 (for example: heir to / apprentice to / direct disciple to) *(Please specify the country/territory)*

6.(c) How many points of Continuing Education in Chinese Medicine (CME) did you receive **during the period of 1.9.2019 to 31.8.2020**?

- 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 registered/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 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.)*

- | | | |
|---|---|--|
| <input type="checkbox"/> 117 Hong Kong Healthcare System and Regulatory System 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"/> 125 Acupuncture and Moxibustion 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"/> 135 Chinese Materia Medica | <input type="checkbox"/> 136 Gynaecology of Chinese Medicine |
| <input type="checkbox"/> 138 Medical Prescriptions in Chinese Medicine | <input type="checkbox"/> 139 Paediatrics of Chinese Medicine | <input type="checkbox"/> 140 Training Programme related to the Chinese Medicine Practitioners Licensing Examination |
| <input type="checkbox"/> 024 Others <i>(Please specify)</i> _____ | | |

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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 → 16 Medical Practitioner 04 Nurse 10 Others *(Please specify)* _____
 No → 11 Not holding valid practising certificate other than Chinese medicine practitioner *(Go to Question 13)*

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

9. 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 11)* 2 No *(Go to Question 10)*

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

1 Temporary sickness 2 Others *(Please specify)* _____

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

5 Yes *(Go to Question 13)* 4 No *(Go to Question 12)*

12. 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)* _____

E. CONTACT INFORMATION FOR FOLLOW-UP WHEN NECESSARY

13. Name of contact person : _____ 14. Contact telephone number(s) : _____

15. We plan to develop an electronic platform to facilitate completion of this survey by registered healthcare professionals. Would you like to fill in the electronic questionnaire from the internet in the future?
 1 Yes 2 No

16. Email of contact person : _____

~ 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.)

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

To: Department of Health (Fax No.: 2572 0892 / Email: hms@dh.gov.hk)

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 Research Officer, Tel.: 2961 8759
 Address : Health Manpower Section, Department of Health, 21/F Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong; Email: hms@dh.gov.hk

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 Government 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 Section of the Department of Health at 2961 8566.

DEPARTMENT OF HEALTH

2020 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 31.8.2020

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 31.8.2020.

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)
Hospital Authority		02	
Academic institution	The University of Hong Kong	41	
	The Chinese University of Hong Kong	42	
	Hong Kong Baptist University	43	
	The Hong Kong Polytechnic University	44	
	City University of Hong Kong	45	
Others (<i>Please specify</i>) _____		13	

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

- 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

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C. PROFESSIONAL MEDICAL AND HEALTH QUALIFICATIONS HELD

6.(a) After you become a registered Chinese medicine practitioner with limited registration, 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 (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 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

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 related to 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) : _____
9. We plan to develop an electronic platform to facilitate completion of this survey by registered healthcare professionals. Would you like to fill in the electronic questionnaire from the internet in the future? <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	10. Email of contact person : _____

~ 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.**

Statement of Purposes

Purpose of Collection

1. The personal data provided will be collected and used by the Government 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 Section of the Department of Health at 2961 8566.

(You may tear off the above 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 limited registration number.

To: Department of Health (Fax No.: 2572 0892 / Email: hms@dh.gov.hk)

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 limited registration no. below solely for the purpose of making such request.

Name: _____ **Limited 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 Research Officer, Tel.: 2961 8759
Address : Health Manpower Section, Department of Health, 21/F Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong; Email: hms@dh.gov.hk

DEPARTMENT OF HEALTH

2020 Health Manpower Survey on Listed 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	<input type="checkbox"/> 1	Male	<input type="checkbox"/> 2	Female				
2.	Year of birth	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>							
3.	Which of the following best describes your work status as at 31.8.2020 ? <i>"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.</i>								
	<input type="checkbox"/> 1	Practising in Hong Kong Special Administrative Region in Chinese medicine profession		➔	(Go to Question 4)				
	<input type="checkbox"/> 4	Practising in the Mainland, Macao or Taiwan in Chinese medicine profession		}	(Go to Question 12)				
	<input type="checkbox"/> 3	Practising overseas in Chinese medicine profession							
	<input type="checkbox"/> 2	Not practising in Chinese medicine profession		➔	(Go to Question 8)				

B. PRESENT EMPLOYMENT as at 31.8.2020

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 (<i>Please specify</i>) _____
5.(a)	Please indicate the type of institution in which you worked in the Chinese medicine profession as at 31.8.2020.							
	<i>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.</i>							
	Type of Institution		Code	Main Job <i>(Please ✓ one box only)</i>				
	Government		01					
	Hospital Authority		02					
	Academic institution		03					
	Subvented organization (<i>Please specify</i>) _____		04					
	Private institution	Chinese medicine clinic	30					
		Retailers in Chinese herbal medicines (for example: herbal shop)	32					
		Wholesalers in Chinese herbal medicines	27					
		Manufacturers in proprietary Chinese medicines	29					
		Wholesalers in proprietary Chinese medicines	28					
		Other private institution (for example: beauty shop, medical group, private hospital) (<i>Please specify</i>) _____	13					
5.(b)	What was your employment status in the Chinese medicine profession as at 31.8.2020 ?							
	<input type="checkbox"/> 1	Employee	<input type="checkbox"/> 2	Self-employed / Employer (Note 1)				

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WHEN ENTERED WITH DATA

5.(c) What was the main area of work under your present position? *(Please ✓ one box only.)*

- | | | |
|--|--|---|
| <input type="checkbox"/> 25 Clinical General Practice | <input type="checkbox"/> 30 Clinical Acupuncture | <input type="checkbox"/> 31 Clinical Bone-setting |
| <input type="checkbox"/> 06 Administration / Management | <input type="checkbox"/> 07 Teaching | <input type="checkbox"/> 08 Research |
| <input type="checkbox"/> 09 Others <i>(Please specify)</i> _____ | | |

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**?

- | | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> 1 Less than 10 | <input type="checkbox"/> 2 10 to 25 | <input type="checkbox"/> 3 26 to 50 | <input type="checkbox"/> 4 Above 50 | <input type="checkbox"/> 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)?

- | | |
|---|---|
| <input type="checkbox"/> 1 Yes <i>(Go to Question 6b)</i> | <input type="checkbox"/> 2 No <i>(Go to Question 7)</i> |
|---|---|

6.(b) 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 <i>(Please specify)</i> _____ | | | |
| <input type="checkbox"/> 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.)*

- | | | |
|--|--|---|
| <input type="checkbox"/> 117 Hong Kong Healthcare System and Regulatory System 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"/> 125 Acupuncture and Moxibustion 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"/> 135 Chinese Materia Medica | <input type="checkbox"/> 136 Gynaecology of Chinese Medicine |
| <input type="checkbox"/> 138 Medical Prescriptions in Chinese Medicine | <input type="checkbox"/> 139 Paediatrics of Chinese Medicine | <input type="checkbox"/> 140 Training Programme related to the Chinese Medicine Practitioners Licensing Examination |
| <input type="checkbox"/> 024 Others <i>(Please specify)</i> _____ | | |

7. Would you consider undertaking the Licensing Examination?

- | | | | |
|--------------------------------|-------------------------------|--|----------------------------|
| <input type="checkbox"/> 1 Yes | <input type="checkbox"/> 2 No | <input type="checkbox"/> 3 Not yet decided | <i>(Go to Question 12)</i> |
|--------------------------------|-------------------------------|--|----------------------------|

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

8. 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 10*) 2 No (*Go to Question 9*)

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

1 Temporary sickness 2 Others (*Please specify*) _____

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

5 Yes (*Go to Question 12*) 4 No (*Go to Question 11*)

11. 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*) _____

E. CONTACT INFORMATION FOR FOLLOW-UP WHEN NECESSARY

12. Name of contact person : _____

13. Contact telephone number(s) : _____

14. We plan to develop an electronic platform to facilitate completion of this survey by registered healthcare professionals. Would you like to fill in the electronic questionnaire from the internet in the future?

1 Yes 2 No

15. Email of contact person : _____

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



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Explanatory Notes

1. Self-employed / Employer

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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.**

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Purpose of Collection

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Classes of Transferees

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