

DEPARTMENT OF HEALTH

2023 Health Manpower Survey on Doctors

Please read the explanatory notes on page 6 before completing this questionnaire. Please tick ✓ as appropriate for answers with selection boxes provided.

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 as at 31.8.2023 ? <i>"Practising in the medical profession" includes the practice of medicine, surgery, midwifery, or any branch of medicine or surgery. This includes research, administration and teaching in the field.</i>				
	<input type="checkbox"/> 1	Practising in Hong Kong Special Administrative Region in the medical profession			➡ (Go to Question 4)
	<input type="checkbox"/> 5	Practising in Macao, other areas of the Greater Bay Area in the medical profession			} (Thank you and no further questions)
	<input type="checkbox"/> 4	Practising in other areas of the Mainland in the medical profession			
	<input type="checkbox"/> 3	Practising overseas in the medical profession (Please indicate the country) _____			
	<input type="checkbox"/> 2	Not practising in the medical profession			➡ (Go to Question 10)

B. PRESENT MAIN EMPLOYMENT as at 31.8.2023

4.	Where is / are your practice location(s)? (*You may ✓ more than one box)							
	<input type="checkbox"/> 11	Central & Western	<input type="checkbox"/> 13	Eastern	<input type="checkbox"/> 14	Southern	<input type="checkbox"/> 12	Wan Chai
	<input type="checkbox"/> 24	Kowloon City	<input type="checkbox"/> 26	Kwun Tong	<input type="checkbox"/> 23	Sham Shui Po	<input type="checkbox"/> 27	Yau Tsim Mong
	<input type="checkbox"/> 25	Wong Tai Sin	<input type="checkbox"/> 39	Islands	<input type="checkbox"/> 31	Kwai Tsing	<input type="checkbox"/> 35	North
	<input type="checkbox"/> 38	Sai Kung	<input type="checkbox"/> 37	Sha Tin	<input type="checkbox"/> 36	Tai Po	<input type="checkbox"/> 32	Tsuen Wan
	<input type="checkbox"/> 33	Tuen Mun	<input type="checkbox"/> 34	Yuen Long				

5.(a) Please indicate the type of institution in which you **worked in the medical profession as at 31.8.2023.**
*(If you have more than one job in medical profession, please indicate the type of institution of your **main job in which you spent most of your working time.**) (*Please ✓ one box only)*

Type of Institution	Code	Main Job (*Please ✓ one box only)
Government	01	
Hospital Authority	02	
Academic institution	03	
Subvented organisation	04	
Private institution	Clinic-based	Solo practice
		Group practice
	Hospital-based	25
	Nursing home (Note 1)	09
Others (Please specify)	13	

5.(b) What was your employment status in the medical profession **as at 31.8.2023**?

<input type="checkbox"/> 1 Employee	<input type="checkbox"/> 2 Self-employed / Employer (Note 2)
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5.(c) For the institution in which you spent the highest proportion of time, please indicate the main field of practice for your present position **as at 31.8.2023**. (*Please ✓ one box only)

<input type="checkbox"/> A01 General Practice	<input type="checkbox"/> B01 Family Medicine	
Anaesthesiology		
<input type="checkbox"/> C01 Anaesthesiology	<input type="checkbox"/> C02 Intensive Care	<input type="checkbox"/> C03 Pain Medicine
Emergency Medicine		
<input type="checkbox"/> E01 Clinical Toxicology	<input type="checkbox"/> E02 Emergency Medicine	
Obstetrics and Gynaecology		
<input type="checkbox"/> G01 Obstetrics and Gynaecology	<input type="checkbox"/> G02 Gynaecological Oncology	<input type="checkbox"/> G03 Maternal and Fetal Medicine
<input type="checkbox"/> G04 Reproductive Medicine	<input type="checkbox"/> G05 Urogynaecology	
Ophthalmology		
<input type="checkbox"/> H01 Ophthalmology		
Orthopaedic Surgery		
<input type="checkbox"/> J01 Orthopaedics and Traumatology	<input type="checkbox"/> J02 Rehabilitation	
Otorhinolaryngology		
<input type="checkbox"/> K01 Otorhinolaryngology		
Paediatrics		
<input type="checkbox"/> L01 Paediatrics	<input type="checkbox"/> L02 Developmental-Behavioural Paediatrics	<input type="checkbox"/> L03 Genetics and Genomics (Paediatrics)
<input type="checkbox"/> L04 Paediatric Endocrinology	<input type="checkbox"/> L05 Paediatric Immunology, Allergy and Infectious Diseases	<input type="checkbox"/> L06 Paediatric Neurology
<input type="checkbox"/> L07 Paediatric Respiratory Medicine	<input type="checkbox"/> L08 Paediatric Haematology and Oncology	
Pathology		
<input type="checkbox"/> M01 Pathology	<input type="checkbox"/> M02 Anatomical Pathology	<input type="checkbox"/> M03 Chemical Pathology
<input type="checkbox"/> M04 Forensic Pathology	<input type="checkbox"/> M05 Genetic and Genomic Pathology	<input type="checkbox"/> M06 Haematology
<input type="checkbox"/> M07 Immunology	<input type="checkbox"/> M08 Clinical Microbiology and Infection	
Internal Medicine		
<input type="checkbox"/> N01 Cardiology	<input type="checkbox"/> N02 Clinical Pharmacology and Therapeutics	<input type="checkbox"/> N03 Clinical Toxicology
<input type="checkbox"/> N04 Critical Care Medicine	<input type="checkbox"/> N05 Dermatology and Venereology	<input type="checkbox"/> N06 Endocrinology, Diabetes and Metabolism
<input type="checkbox"/> N07 Gastroenterology and Hepatology	<input type="checkbox"/> N08 Genetics and Genomics (Medicine)	<input type="checkbox"/> N09 Geriatric Medicine
<input type="checkbox"/> N10 Haematology and Haematological Oncology	<input type="checkbox"/> N11 Immunology and Allergy	<input type="checkbox"/> N12 Infectious Disease
<input type="checkbox"/> N13 Internal Medicine	<input type="checkbox"/> N14 Medical Oncology	<input type="checkbox"/> N15 Nephrology
<input type="checkbox"/> N16 Neurology	<input type="checkbox"/> N17 Palliative Medicine	<input type="checkbox"/> N18 Rehabilitation
<input type="checkbox"/> N19 Respiratory Medicine	<input type="checkbox"/> N20 Rheumatology	
Psychiatry		
<input type="checkbox"/> P01 Psychiatry		
Radiology		
<input type="checkbox"/> Q01 Clinical Oncology	<input type="checkbox"/> Q02 Nuclear Medicine	<input type="checkbox"/> Q03 Palliative Medicine
<input type="checkbox"/> Q04 Radiology		
Surgery		
<input type="checkbox"/> R01 Cardio-thoracic Surgery	<input type="checkbox"/> R02 General Surgery	<input type="checkbox"/> R03 Neurosurgery
<input type="checkbox"/> R04 Paediatric Surgery	<input type="checkbox"/> R05 Plastic Surgery	<input type="checkbox"/> R06 Urology
<input type="checkbox"/> R07 Vascular Surgery		
<input type="checkbox"/> S01 Administration / Management		
<input type="checkbox"/> T01 Public Health / Community Medicine / Occupational & Environmental Medicine		
<input type="checkbox"/> U01 Teaching / Education / Research		
<input type="checkbox"/> V01 Others (<i>please specify</i>) _____		

5.(d) On **average**, how many hours did you work **per week** in your present position **as at 31.8.2023**?

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

5.(e) Please indicate the setting of your practice and the proportion of work time in the setting.
*(*You may select more than one option)*

Setting of practice	Code	Percentage of time spent
Accident & Emergency	02	%
Day surgery / procedure / endoscopy centre	04	%
Diagnostic / Interventional Radiology	08	%
Geriatric / Rehabilitation / Psychiatric Day Hospital	06	%
Hospital inpatient	01	%
Hospital operating theatre / suite	03	%
Laboratory (Pathology)	10	%
Outpatient clinics and Health Centres	07	%
Outreach medical services	11	%
Radiotherapy / Oncology centre	05	%
Works / settings not involving direct patient care (Note 3)	12	%
Others (Please specify) _____	09	%
Total		100 %

5.(f) On **average**, how many clinical consultations do you conduct **per working hour** in your present position **as at 31.8.2023** (Note 4)?

<input type="checkbox"/>	<input type="checkbox"/>	1	No. of clinical consultations per working hour (on average): (_____)
<input type="checkbox"/>	<input type="checkbox"/>	2	Not applicable

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

6.(a) Are you a licentiate doctor?

<input type="checkbox"/>	<input type="checkbox"/>	1	Yes	<input type="checkbox"/>	<input type="checkbox"/>	2	No
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6.(b) Where is the issuing country / territory of the **earliest basic qualification** obtained in the medical profession?
(Earliest basic qualification refers to your earliest qualification registered with the Medical Council of Hong Kong.)

<input type="checkbox"/>	<input type="checkbox"/>	01	Hong Kong China	<input type="checkbox"/>	<input type="checkbox"/>	06	Mainland China	<input type="checkbox"/>	<input type="checkbox"/>	07	Macao China
<input type="checkbox"/>	<input type="checkbox"/>	14	Taiwan China	<input type="checkbox"/>	<input type="checkbox"/>	04	Australia	<input type="checkbox"/>	<input type="checkbox"/>	05	Canada
<input type="checkbox"/>	<input type="checkbox"/>	19	India	<input type="checkbox"/>	<input type="checkbox"/>	13	New Zealand	<input type="checkbox"/>	<input type="checkbox"/>	20	Singapore
<input type="checkbox"/>	<input type="checkbox"/>	21	South Africa	<input type="checkbox"/>	<input type="checkbox"/>	16	United Kingdom	<input type="checkbox"/>	<input type="checkbox"/>	17	United States of America
<input type="checkbox"/>	<input type="checkbox"/>	02	Others (please specify) _____								

7.(a) Did you obtain any **additional post-graduate qualification(s)** (excluding basic qualification), which is / are relevant to the medical profession (Note 5)?

<input type="checkbox"/>	<input type="checkbox"/>	1	Yes (Go to Question 7b)	<input type="checkbox"/>	<input type="checkbox"/>	2	No (Go to Question 8a)
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7.(b) Please indicate the **additional post-graduate qualification(s)** (excluding basic qualification) you obtained, which is / are relevant to the medical profession (Note 5). *(*You may ✓ more than one box)*

<input type="checkbox"/>	<input type="checkbox"/>	07	Diploma	<input type="checkbox"/>	<input type="checkbox"/>	14	Master's Degree	<input type="checkbox"/>	<input type="checkbox"/>	15	Doctoral Degree
<input type="checkbox"/>	<input type="checkbox"/>	22	Fellowship / Exit Examination	<input type="checkbox"/>	<input type="checkbox"/>	23	Membership / Intermediate Examination				
<input type="checkbox"/>	<input type="checkbox"/>	18	Others								

8.(a) Are you a specialist in the Specialist Register maintained by the Medical Council of Hong Kong / specialist trainee (Note 6)?

Yes →	<input type="checkbox"/>	<input type="checkbox"/>	1	I am a specialist (Go to Question 8b)	<input type="checkbox"/>	<input type="checkbox"/>	2	I am a specialist trainee (Go to Question 8c)
No →	<input type="checkbox"/>	<input type="checkbox"/>	3	(Go to Question 8c)				

8.(b) Please indicate below the **specialty** of your registration in the Specialist Register maintained by the Medical Council of Hong Kong (Note 7). (**Please ✓ one box only*)

Anaesthesiology

<input type="checkbox"/> C01 Anaesthesiology	<input type="checkbox"/> C02 Intensive Care	<input type="checkbox"/> C03 Pain Medicine
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Community Medicine

<input type="checkbox"/> D01 Community Medicine	<input type="checkbox"/> D02 Administrative Medicine	<input type="checkbox"/> D03 Occupational and Environmental Medicine
<input type="checkbox"/> D04 Public Health Medicine		

Emergency Medicine

<input type="checkbox"/> E01 Clinical Toxicology	<input type="checkbox"/> E02 Emergency Medicine
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Family Medicine

<input type="checkbox"/> B01 Family Medicine
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Obstetrics and Gynaecology

<input type="checkbox"/> G01 Obstetrics and Gynaecology	<input type="checkbox"/> G02 Gynaecological Oncology	<input type="checkbox"/> G03 Maternal and Fetal Medicine
<input type="checkbox"/> G04 Reproductive Medicine	<input type="checkbox"/> G05 Urogynaecology	

Ophthalmology

<input type="checkbox"/> H01 Ophthalmology
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Orthopaedic Surgery

<input type="checkbox"/> J01 Orthopaedics and Traumatology	<input type="checkbox"/> J02 Rehabilitation
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Otorhinolaryngology

<input type="checkbox"/> K01 Otorhinolaryngology
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Paediatrics

<input type="checkbox"/> L01 Paediatrics	<input type="checkbox"/> L02 Developmental- Behavioural Paediatrics	<input type="checkbox"/> L03 Genetics and Genomics (Paediatrics)
<input type="checkbox"/> L04 Paediatric Endocrinology	<input type="checkbox"/> L05 Paediatric Immunology, Allergy and Infectious Diseases	<input type="checkbox"/> L06 Paediatric Neurology
<input type="checkbox"/> L07 Paediatric Respiratory Medicine	<input type="checkbox"/> L08 Paediatric Haematology and Oncology	

Pathology

<input type="checkbox"/> M01 Pathology	<input type="checkbox"/> M02 Anatomical Pathology	<input type="checkbox"/> M03 Chemical Pathology
<input type="checkbox"/> M04 Forensic Pathology	<input type="checkbox"/> M05 Genetic and Genomic Pathology	<input type="checkbox"/> M06 Haematology
<input type="checkbox"/> M07 Immunology	<input type="checkbox"/> M08 Clinical Microbiology and Infection	

Internal Medicine

<input type="checkbox"/> N01 Cardiology	<input type="checkbox"/> N02 Clinical Pharmacology and Therapeutics	<input type="checkbox"/> N03 Clinical Toxicology
<input type="checkbox"/> N04 Critical Care Medicine	<input type="checkbox"/> N05 Dermatology and Venereology	<input type="checkbox"/> N06 Endocrinology, Diabetes and Metabolism
<input type="checkbox"/> N07 Gastroenterology and Hepatology	<input type="checkbox"/> N08 Genetics and Genomics (Medicine)	<input type="checkbox"/> N09 Geriatric Medicine
<input type="checkbox"/> N10 Haematology and Haematological Oncology	<input type="checkbox"/> N11 Immunology and Allergy	<input type="checkbox"/> N12 Infectious Disease
<input type="checkbox"/> N13 Internal Medicine	<input type="checkbox"/> N14 Medical Oncology	<input type="checkbox"/> N15 Nephrology
<input type="checkbox"/> N16 Neurology	<input type="checkbox"/> N17 Palliative Medicine	<input type="checkbox"/> N18 Rehabilitation
<input type="checkbox"/> N19 Respiratory Medicine	<input type="checkbox"/> N20 Rheumatology	

Psychiatry

<input type="checkbox"/> P01 Psychiatry

Radiology

<input type="checkbox"/> Q01 Clinical Oncology	<input type="checkbox"/> Q02 Nuclear Medicine	<input type="checkbox"/> Q03 Palliative Medicine
<input type="checkbox"/> Q04 Radiology		

Surgery

<input type="checkbox"/> R01 Cardio-thoracic Surgery	<input type="checkbox"/> R02 General Surgery	<input type="checkbox"/> R03 Neurosurgery
<input type="checkbox"/> R04 Paediatric Surgery	<input type="checkbox"/> R05 Plastic Surgery	<input type="checkbox"/> R06 Urology
<input type="checkbox"/> R07 Vascular Surgery		

8.(c) Please indicate below the medical college of the Hong Kong Academy of Medicine in which you are enrolled / registered **as at 31.8.2023** (Note 7). *(*You may ✓ more than one box)*

- | | |
|---|---|
| <input type="checkbox"/> 01 The Hong Kong College of Anaesthesiologists | <input type="checkbox"/> 02 Hong Kong College of Community Medicine |
| <input type="checkbox"/> 03 Hong Kong College of Emergency Medicine | <input type="checkbox"/> 04 The Hong Kong College of Family Physicians |
| <input type="checkbox"/> 05 The Hong Kong College of Obstetricians and Gynaecologists | <input type="checkbox"/> 06 The College of Ophthalmologists of Hong Kong |
| <input type="checkbox"/> 07 The Hong Kong College of Orthopaedic Surgeons | <input type="checkbox"/> 08 The Hong Kong College of Otorhinolaryngologists |
| <input type="checkbox"/> 09 Hong Kong College of Paediatricians | <input type="checkbox"/> 10 The Hong Kong College of Pathologists |
| <input type="checkbox"/> 11 Hong Kong College of Physicians | <input type="checkbox"/> 12 The Hong Kong College of Psychiatrists |
| <input type="checkbox"/> 13 Hong Kong College of Radiologists | <input type="checkbox"/> 14 The College of Surgeons of Hong Kong |
| <input type="checkbox"/> 98 Not applicable | |

9. How many points of Continuing Medical Education (CME) training relevant to the medical profession did you receive **during the period of 1.9.2022 to 31.8.2023**?

- | | | |
|---|--|---|
| <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 points | <input type="checkbox"/> 8 Not applicable | <i>(Thank you and no further questions)</i> |

D. THOSE NOT PRACTISING IN THE MEDICAL PROFESSION

10. If someone offered you a job in the medical profession, were you available for work in the **past 7 days prior to 31.8.2023**?

- | | |
|---|--|
| <input type="checkbox"/> 1 Yes <i>(Go to Question 12)</i> | <input type="checkbox"/> 2 No <i>(Go to Question 11)</i> |
|---|--|

11. Why were you **not available** for work in the **past 7 days prior to 31.8.2023**?

- | | |
|--|--|
| <input type="checkbox"/> 01 Due to health issues | <input type="checkbox"/> 03 Undertaking training in the medical / health field |
| <input type="checkbox"/> 04 Engaged in work in other profession / fields | <input type="checkbox"/> 05 Engaged in household duties |
| <input type="checkbox"/> 02 Others | |

12. Did you seek work in the medical profession during the **past 30 days prior to 31.8.2023**?

- | | |
|---|--|
| <input type="checkbox"/> 1 Yes <i>(Go to Question 13)</i> | <input type="checkbox"/> 2 No <i>(Go to Question 14)</i> |
|---|--|

13. Please indicate the type of work in the medical profession you had sought during the **past 30 days prior to 31.8.2023**. *(*You may ✓ more than one box)*

- | | | |
|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> 2 Full time | <input type="checkbox"/> 3 Part time | <input type="checkbox"/> 5 Locum / temporary |
|--------------------------------------|--------------------------------------|--|

(Thank you and no further questions)

14. Why did you **not seek work** in the medical profession during the **past 30 days prior to 31.8.2023**? *(*Please ✓ one box only)*

- | | |
|---|---|
| <input type="checkbox"/> 07 Believe no work available in the medical profession (job-seeking effort made in the past) | |
| <input type="checkbox"/> 08 Expect to return to the original job in the medical profession | |
| <input type="checkbox"/> 10 Starting business in the medical profession at subsequent date | |
| <input type="checkbox"/> 11 Waiting to take up new job in the medical profession | |
| <input type="checkbox"/> 02 Emigrated | <input type="checkbox"/> 01 Retired |
| <input type="checkbox"/> 13 Want to take rest / No motive to work / No financial need | |
| <input type="checkbox"/> 12 Engaged in household duties | <input type="checkbox"/> 05 Working in other profession |
| <input type="checkbox"/> 03 Undertaking training in the medical / health field | |
| <input type="checkbox"/> 04 Due to health issues | <input type="checkbox"/> 06 Others |

~ End of Questionnaire. Thank you for your participation ~

Explanatory Notes

1. Nursing home

Refers to the scheduled nursing homes under the Private Healthcare Facilities Ordinance (Chapter 633) and nursing homes licensed under the Residential Care Homes (Elderly Persons) Ordinance (Chapter 459).

2. 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.

3. Works / settings not involving direct patient care

Refers to works/ settings such as public health functions, administration, teaching and research.

4. Clinical consultations per working hour

Refers to the **average number** of clinical consultations conducted per working hour. (For example, if there were 6 clinic consultations over the 4 working hours, it would be 1.5 clinic consultations per working hour on average)

5. Additional post-graduate qualification

Refers to the quotable additional qualification which is acceptable to the Medical Council of Hong Kong.

6. Specialist / Specialist trainee

Specialist refers to the medical practitioner registered in the Specialist Register maintained by the Medical Council of Hong Kong.

Specialist trainee refers to the medical practitioner enrolled / registered in one of the medical colleges of the Hong Kong Academy of Medicine.

7. Specialised training

Refers to the training **accredited by the Hong Kong Academy of Medicine** and qualification obtained after the specialised training is eligible for inclusion in specialist register.

For enquiries about this survey or questionnaire, please contact the Health Manpower Section of the Department of Health at 2961 8566.