

# DEPARTMENT OF HEALTH

## 2024 Health Manpower Survey on Dentists

Please read the explanatory notes on page 4 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 <b>as at 31.03.2024</b> ? <i>"Practising in the dental profession" includes the practice of dentistry, or work that is principally related to the discipline of dentistry. This includes dental research, administration, and the teaching of dentistry.</i>			
	<input type="checkbox"/> 1 Practising in Hong Kong Special Administrative Region in the dental profession	➔ (Go to Question 4)		
	<input type="checkbox"/> 5 Practising in Macao, other areas of the Greater Bay Area in the dental profession	} (Thank you and no further questions)		
	<input type="checkbox"/> 4 Practising in other areas of the Mainland in the dental profession			
	<input type="checkbox"/> 3 Practising overseas in the dental profession (Please indicate the country) _____			
	<input type="checkbox"/> 2 Not practising in the dental profession	➔ (Go to Question 9)		

### B. PRESENT MAIN EMPLOYMENT as at 31.03.2024

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 <b><u>worked in the dental profession as at 31.03.2024.</u></b> <i>If you have more than one job in dental profession, please indicate the type of institution of your <b><u>MAIN JOB in which you spent most of your working time.</u></b> (*Please ✓ one box only)</i>			
	<input type="checkbox"/> 01 Government	<input type="checkbox"/> 02 Hospital Authority		
	<input type="checkbox"/> 03 Academic institution	<input type="checkbox"/> 26 Prince Philip Dental Hospital		
	<input type="checkbox"/> 04 Subvented organisation (Please specify) _____			
	Private institution:			
	<input type="checkbox"/> 23 Solo practice	<input type="checkbox"/> 24 Group practice		
	<input type="checkbox"/> 13 Others (Please specify) _____			

5.(b) What was your employment status of your **MAIN JOB** in the dental profession **as at 31.03.2024?**  
(\*Please ✓ **one box** only)

☐ 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 **as at 31.03.2024.**

Field of practice	Code	Percentage of time spent
General dentistry	27	%
Specialist practice	26	%
Administration / Management	06	%
Teaching / Education / Research	07	%
Others ( <i>Please specify</i> ) _____	09	%
<b>Total</b>		<b>100 %</b>

5.(d) On **average**, how many **HOURS** did you work **PER WEEK** in your present position **as at 31.03.2024?**  
(\*Please round up to the nearest integer)

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

5.(e) On **average**, how many **CONSULTATIONS / PATIENTS** did you see **PER WORKING HOUR** in your present position **as at 31.03.2024?** (\*Please round up to the nearest one decimal place) (Note 2)

☐ 1

No. of consultations / patients per working hour (on average): (\_\_\_\_\_)

☐ 2

Not applicable

### C. **PROFESSIONAL DENTAL AND HEALTH QUALIFICATIONS HELD**

6.(a) Please indicate your **earliest basic qualification** obtained in the dental profession.  
(*Earliest basic qualification refers to your earliest qualification **registered with** the Dental Council of Hong Kong.*) (\*Please ✓ **one box** only)

☐ 12

Bachelor's degree

☐ 15

Doctoral degree

☐ 19

Others

6.(b) Was the above **earliest basic qualification** issued from an institution in Hong Kong?

☐ 01

In Hong Kong

☐ 02

Outside Hong Kong

(*Please specify*) \_\_\_\_\_

7.(a) Did you obtain any **additional qualification(s)** (excluding basic qualification), which is / are relevant to the dental profession?

(*Additional qualification refers to the additional qualification **registered with** the Dental Council of Hong Kong.*)

☐ 1

Yes (*Go to Question 7b*)

☐ 2

No (*Go to Question 8*)

7.(b) Please indicate the **additional qualification(s)** (excluding basic qualification) you obtained, which is / are relevant to the dental profession.

(*Additional qualification refers to the additional qualification **registered with** the Dental Council of Hong Kong.*) (\*You may ✓ **more than one box**)

☐ 20

Post-graduate Certificate

☐ 13

Post-graduate Diploma

☐ 14

Master's Degree

☐ 15

Doctoral Degree

☐ 17

Fellowship

☐ 21

Membership

☐ 18

Others

7.(c) Please indicate below the **field(s)** in which you obtained the **additional qualification(s)** (excluding basic qualification), which is / are relevant to the dental profession.

(Additional qualification refers to the additional qualification **registered with** the Dental Council of Hong Kong.) (\*You may ✓ more than one box)

<input type="checkbox"/> 087	Community Dentistry	<input type="checkbox"/> 088	Endodontics	<input type="checkbox"/> 104	Family Dentistry
<input type="checkbox"/> 089	General Dentistry	<input type="checkbox"/> 090	Oral and Maxillofacial Surgery	<input type="checkbox"/> 091	Orthodontics
<input type="checkbox"/> 092	Paediatric Dentistry	<input type="checkbox"/> 093	Periodontology	<input type="checkbox"/> 094	Prosthodontics
<input type="checkbox"/> 024	Others (Please specify) _____				

8. How many points of Continuing Medical Education (CME) / Continuing Professional Development (CPD) training relevant to the dental profession did you receive **during the period of 01.04.2023 to 31.03.2024**?

<input type="checkbox"/> 1	1 to 5 points	<input type="checkbox"/> 2	6 to 10 points	<input type="checkbox"/> 3	11 to 15 points
<input type="checkbox"/> 4	16 to 20 points	<input type="checkbox"/> 5	≥ 21 points	<input type="checkbox"/> 8	Not applicable

(Thank you and no further questions)

#### D. **THOSE NOT PRACTISING IN THE DENTAL PROFESSION**

9. If someone offered you a job in the dental profession, were you available for work in the **past 7 days prior to 31.03.2024**?

<input type="checkbox"/> 1	Yes (Go to Question 11)	<input type="checkbox"/> 2	No (Go to Question 10)
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10. Why were you **not available** for work in the **past 7 days prior to 31.03.2024**? (\*Please ✓ one box only)

<input type="checkbox"/> 01	Due to health issues	<input type="checkbox"/> 03	Undertaking training in the dental / 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		

11. Did you seek work in the dental profession during the **past 30 days prior to 31.03.2024**?

<input type="checkbox"/> 1	Yes (Go to Question 12)	<input type="checkbox"/> 2	No (Go to Question 13)
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12. Please indicate the type of work in the dental profession you had sought during the **past 30 days prior to 31.03.2024**. (\*You may ✓ more than one box)

<input type="checkbox"/> 2	Full time	<input type="checkbox"/> 3	Part time	<input type="checkbox"/> 5	Locum / temporary
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(Thank you and no further questions)

13. Why did you **not seek work** in the dental profession during the **past 30 days prior to 31.03.2024**? (\*Please ✓ one box only)

<input type="checkbox"/> 07	Believe no work available in the dental profession (job-seeking effort made in the past)		
<input type="checkbox"/> 08	Expect to return to the original job in the dental profession		
<input type="checkbox"/> 10	Starting business in the dental profession at subsequent date		
<input type="checkbox"/> 11	Waiting to take up new job in the dental 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 dental / 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. 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.

### **2. Clinical consultations / patients per working hour**

Refers to the **average number** of clinical consultations / patients conducted per working hour. (For example, if there were 8 clinic consultations / patients over the 4 working hours, it would be 2 clinic consultations / patients per working hour on average)

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