DEPARTMENT OF HEALTH
衞生署
2026 Health Manpower Survey on Occupational Therapists
2026 年有關職業治療師的醫療衞生服務人力統計調查

Please read the explanatory notes on page 4 before completing this questionnaire.
Please tick ✓ as appropriate for answers with selection boxes provided.
填寫問卷前，請參閱第 4 頁的註釋。如答案旁邊設有方格，請在適當的方格內加上「✓」號。

A. PERSONAL DATA 個人資料

1. Sex 性別 ☐ **1** Male 男 ☐ **2** Female 女

2. Year of birth 出生年份 ☐☐☐☐

3. Which of the following best describes your work status **as at 30.06.2026**?
下列哪項最符合你**於 2026 年 6 月 30 日**的就業情況？
"Practising in the occupational therapy profession" includes the practice of occupational therapy profession, or work that is principally related to the discipline of occupational therapy. This includes research, administration and teaching of occupational therapy.
「從事職業治療專業」包括從事職業治療臨床工作，或從事主要關乎職業治療專科的工作。所涉及的範疇包括職業治療的研究、行政及教學工作。

- ☐ **1** Practising in Hong Kong Special Administrative Region in the occupational therapy profession 在香港特別行政區從事職業治療專業 ➡ ***(Go to Question 4) (請答第 4 題)***
- ☐ **5** Practising in Macao, other areas of the Greater Bay Area in the occupational therapy profession 在澳門或大灣區其他地區從事職業治療專業
- ☐ **4** Practising in other areas of the Mainland in the occupational therapy profession 在內地其他地區從事職業治療專業
- ☐ **3** Practising overseas in the occupational therapy profession 在海外從事職業治療專業 ***(Please indicate the country 請說明國家)*** _____

  (Thank you and no further questions) (問卷完，多謝合作)
- ☐ **2** Not practising in the occupational therapy profession 並非從事職業治療專業 ➡ ***(Go to Question 9) (請答第 9 題)***

B. MAIN EMPLOYMENT as at 30.06.2026 於 2026 年 6 月 30 日的主要受僱工作

4. Where is / are your practice location(s)? ***(*You may ✓more than one box)***
你在哪個地區執業？ ***(*你可在多於一個方格內加上✓號)***

☐ **11** Central & Western 中西區	☐ **13** Eastern 東區	☐ **14** Southern 南區	☐ **12** Wan Chai 灣仔區
☐ **24** Kowloon City 九龍城區	☐ **26** Kwun Tong 觀塘區	☐ **23** Sham Shui Po 深水埗區	☐ **27** Yau Tsim Mong 油尖旺區
☐ **25** Wong Tai Sin 黃大仙區	☐ **39** Islands 離島區	☐ **31** Kwai Tsing 葵青區	☐ **35** North 北區
☐ **38** Sai Kung 西貢區	☐ **37** Sha Tin 沙田區	☐ **36** Tai Po 大埔區	☐ **32** Tsuen Wan 荃灣區
☐ **33** Tuen Mun 屯門區	☐ **34** Yuen Long 元朗區		

5. (a) Please indicate the type of institution in which you **worked in the occupational therapy profession as at 30.06.2026.** *(If you have more than one job in the occupational therapy profession, please indicate the type of institution* of ***your MAIN JOB in which you spent most of your working time.)*** ***(*Please ✓one box only)***
請註明你**於 2026 年 6 月 30 日**在哪類型機構**從事職業治療專業工作**。
*(如你從事多於一份職業治療專業工作，請註明**佔用最多工作時間的主要職位**所屬機構類型。)*
(*請只選一個方格加上✓號)

- ☐ **01** Government 政府
- ☐ **02** Hospital Authority 醫院管理局
- ☐ **03** Academic institution 學術機構
- ☐ **04** Subvented organisation *(Please specify)* 資助機構 *(請說明)*_____
- ☐ **05** Private elderly home (Note 1) 私營安老院 (註一)
- ☐ **28** Private rehabilitation clinic 私營復康治療診所
- ☐ **09** Private nursing home (Note 2) 私營護養院 (註二)
- ☐ **11** Private hospital (Note 3) 私家醫院 (註三)
- ☐ **12** Private rehabilitation institute (Note 4) 私營復康機構 (註四)
- ☐ **13** Other private institution *(Please specify)* 其他私營機構 *(請說明)*_____

5. (b) What was your employment status of your **MAIN JOB** in the occupational therapy profession **as at 30.06.2026**?
你**於 2026 年 6 月 30 日**在職業治療專業內的**主要職位**屬何種僱傭類別？

- ☐ **1** Employee 僱員
- ☐ **2** Self-employed / Employer (Note 5) 自僱人士／僱主 (註五)

5.(c) Please indicate the proportion of time you spent in various areas under your present position **as at 30.06.2026**.
就你**於 2026 年 6 月 30 日**的現任職位，請在下方註明你於各工作範疇的工作時間比例。

Area of Work 工作範疇	**Code 編碼**	**Percentage of time spent 所佔工作時間的百分比**
Rehabilitation 復康治療	**04**	%
Primary Health Care (Note 6) 基層健康護理 (註六)	**10**	%
Administration / Management 行政／管理	**06**	%
Teaching / Education 教學／教育	**07**	%
Research 研究	**08**	%
Others (***Please specify***) 其他 (***請說明***) _____ ***(No abbreviation please 請勿使用縮寫)***	**09**	%
Total 總數		**100 %**

5.(d) On **average**, what was the number of **WORKING HOURS PER WEEK** in your present position **as at 30.06.2026?** ***(*Please round off to the nearest integer)***
平均來說，就你**於 2026 年 6 月 30 日**的現任職位，**每週的工作時數**為多少？ ***(*請四捨五入至最近整數)***

(i) Hours of normal duty **per week (excluding meal breaks and on-call duty)** **每週**日常職務時數 (**不計用膳時間及候召工作**)	Hours 小時
(ii) Hours of on-call duty **per week (excluding normal duty and meal breaks)** **每週**隨時候召工作時數 (**不計日常職務及用膳時間**)	Hours 小時

5.(e) On **average**, how many **CONSULTATIONS/CLIENTS** did you handle **PER WORKING HOUR** in your present position **as at 30.06.2026**? ***(*Please round off to the nearest integer)***
平均來說，就你**於 2026 年 6 月 30 日**的現任職位，你**每個工作小時**為多少名**顧客**提供專業服務？
(*請四捨五入至最近整數)

- ☐ **1** No. of consultations/clients **per working hour** (on average) : **每個工作小時**顧客數量 (平均) : ☐☐
- ☐ **2** Not applicable 不適用

C. PROFESSIONAL HEALTHCARE QUALIFICATIONS HELD 所持醫療衞生專業資格

6.(a) Please indicate your **earliest basic qualification** obtained in the occupational therapy profession (Note 7). **(*Please ✓one box only)**
請註明你在職業治療專業方面獲取的**最早基本資格** (註七)。 ***(*請只選一個方格加上✓號)***

- ☐ **09** Professional Diploma 專業文憑
- ☐ **12** Bachelor's Degree 學士學位
- ☐ **14** Master's Degree 碩士學位
- ☐ **19** Others ***(Please specify)*** 其他 ***(請說明)***_____

6.(b) Was the above **earliest basic qualification** issued from an institution in Hong Kong (Note 7)?
以上**最早基本資格**是否由香港的機構頒授 (註七)？

- ☐ **01** In Hong Kong 香港
- ☐ **02** Outside Hong Kong ***(Please specify)*** 香港以外 ***(請說明)***_____

7.(a) Have you **COMPLETED** or are you **RECEIVING** any **additional training(s) (excluding the above earliest basic qualification)**, which is/are relevant to the occupational therapy profession (Note 8)?
你是否曾**已完成**或**正在接受**有關職業治療專業的**額外訓練(不計以上最早基本資格)** (註八)？

☐	**1**	Yes 是 ***(*Go to Question 7b) (*請答第 7b 題)***	☐	**2**	No 否 ***(*Go to Question 8) (*請答第 8 題)***

7.(b) Please indicate the **HIGHEST level of additional training** (**excluding the above earliest basic qualification**) you have **COMPLETED**, which is relevant to the occupational therapy profession (Note 8). ***(*Please ✓one box only)***
請註明你所**完成**有關職業治療專業的**額外訓練(不計以上最早基本資格)**所達至的**最高程度**(註八)。
(*請只選一個方格加上✓號)

☐	**01**	Certificate 證書	☐	**07**	Diploma 文憑	☐	**12**	Bachelor's Degree 學士學位
☐	**13**	Post-graduate Diploma 深造文憑	☐	**14**	Master's Degree 碩士學位	☐	**15**	Doctoral Degree 博士學位
☐	**18**	Others ***(Please specify)*** 其他 ***(請說明)*** _____						
☐	**19**	Not applicable, as the additional training has not yet been completed. 不適用，因為額外訓練尚未完成。						

7.(c) Please indicate below the field(s) in which you **COMPLETED** or are **RECEIVING** **additional training** relevant to the occupational therapy profession. (Note 8) ***(*You may ✓more than one box)***
請在下方註明你**已完成**或**正在接受**有關職業治療專業的**額外訓練**所屬的範疇 (註八)。
(*你可在多於一個方格內加上✓號)

Field of additional training 額外訓練的範疇		*(please indicate if the training has been completed) (請註明額外訓練是否已經完成)* **Completed 已完成**	**Receiving 正在接受**
☐ **008**	Health Care (Occupational Therapy / Rehabilitation Technology) 健康護理 (職業治療／康復科技)	☐ **1**	☐ **2**
☐ **009**	Health Care Management / Health Services Management 健康護理管理／衞生服務管理	☐ **1**	☐ **2**
☐ **021**	Rehabilitation Sciences / Studies 康復科學／研究	☐ **1**	☐ **2**
☐ **032**	Education (Psychology / Counselling) 教育 (心理學／輔導)	☐ **1**	☐ **2**
☐ **024**	Others ***(Please specify)*** 其他 ***(請說明)*** _____	☐ **1**	☐ **2**

8. How many credits of Continuing Professional Development (CPD) training relevant to the occupational therapy profession did you receive during the period of **01.07.2025 to 30.06.2026**?
在 **2025 年 7 月 1 日至 2026 年 6 月 30 日**期間，你在職業治療專業方面曾接受多少學分的持續專業發展培訓？

☐	**1**	1 to 10 credits 1 至 10 學分	☐	**2**	11 to 20 credits 11 至 20 學分	☐	**3**	21 to 30 credits 21 至 30 學分
☐	**4**	31 to 40 credits 31 至 40 學分	☐	**5**	> 40 credits 多於 40 學分	☐	**8**	Not applicable 不適用

(Thank you and no further questions)
(問卷完，多謝合作)

D. THOSE NOT PRACTISING IN THE OCCUPATIONAL THERAPY PROFESSION
並非從事職業治療專業的人士

9. If someone offered you a job in the occupational therapy profession, were you available for work in the **past 7 days prior to 30.06.2026**?
如有人聘用你擔任職業治療專業的工作，你能否在 **2026 年 6 月 30 日之前的過去 7 天內**上任？

☐	**1**	Yes 能夠 ***(*Go to Question 11) (*請答第 11 題)***	☐	**2**	No 不能夠 ***(*Go to Question 10) (*請答第 10 題)***

10. Why were you **not available** for work in the **past 7 days prior to 30.06.2026**? ***(*Please ✓one box only)***
請說明你**不能夠**在 **2026 年 6 月 30 日之前的過去 7 天內**上任的原因。 ***(*請只選一個方格加上✓號)***

☐	**01**	Due to health issues 基於健康問題	☐	**03**	Undertaking training in the occupational therapy field 進行職業治療範疇的訓練
☐	**04**	Engaged in work in other profession / fields 從事其他專業／範疇的工作	☐	**05**	Engaged in household duties 料理家務
☐	**02**	Others 其他			

11. Did you seek work in the occupational therapy profession during the **past 30 days prior to 30.06.2026**?
你在 **2026 年 6 月 30 日之前的過去 30 天**內有沒有尋找職業治療專業的工作？

☐ **1** Yes 有 ***(*Go to Question 12)*** ***(*請答第 12 題)***

☐ **2** No 沒有 ***(*Go to Question 13)*** ***(*請答第 13 題)***

12. Please indicate the type of work in the occupational therapy profession you had sought during the **past 30 days prior to 30.06.2026.** ***(*You may ✓more than one box)***
請註明你在 **2026 年 6 月 30 日之前的過去 30 天內**曾尋找職業治療專業的工作性質。
(*你可在多於一個方格內加上✓號)

☐ **2** Full time 全職 ☐ **3** Part time 兼職 ☐ **5** Locum / temporary 自選兼職／臨時

(Thank you and no further questions)
(問卷完，多謝合作)

13. Why did you not seek work in the occupational therapy profession during the **past 30 days prior to 30.06.2026**?
(*Please ✓one box only)
請說明你在 **2026 年 6 月 30 日之前的過去 30 天內**沒有尋找職業治療專業工作的原因。 ***(*請只選一個方格加上✓號)***

☐ **07** Believe no work available in the occupational therapy profession (job-seeking effort made in the past)
相信職業治療專業暫無空缺 (曾經盡力尋找工作)

☐ **08** Expect to return to the original job in the occupational therapy profession
期待重返原任的職業治療專業崗位

☐ **10** Starting business in the occupational therapy profession at subsequent date
即將開展職業治療專業的生意

☐ **11** Waiting to take up new job in the occupational therapy profession
等待出任有關職業治療專業的新職位

☐ **02** Emigrated 移民 ☐ **01** Retired 退休

☐ **13** Want to take rest / No motive to work / No financial need
希望休息／不想工作／財政上沒有需要

☐ **12** Engaged in household duties 料理家務 ☐ **05** Working in other profession 從事其他行業

☐ **03** Undertaking training in the occupational therapy field
進行職業治療範疇的訓練

☐ **04** Due to health issues 基於健康問題 ☐ **06** Others 其他

~End of Questionnaire. Thank you for your participation 問卷完，多謝填寫問卷~

Explanatory Notes

1. Private elderly home
Refers to private homes for the elderly, private hostels / homes, care and attention homes for the elderly and non-profit-making self-financing homes registered under the Residential Care Homes (Elderly Persons) Ordinance (Chapter 459).

2. Private 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).

3. Private hospital
Refers to private hospitals licensed under the Private Healthcare Facilities Ordinance (Chapter 633).

4. Private rehabilitation institute
Refers to private day activity centres, private day activity centres cum hostels, private activity centres for discharged mental patients, private care and attention homes for severely disabled, private hostels for severely physically handicapped and private half-way houses.

5. 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.

6. Primary Health Care
Refers to the work such as health education, health promotion, etc. or the work involving patient care in the primary care setting.

7. Earliest basic qualification in the occupational therapy profession
Refers to the minimum entry qualification recognised for registration by the Occupational Therapists Board of Hong Kong.

8. Additional training
Relevant medical and health training obtained from recognised institutions in addition to the earliest basic qualification. **In-house training or short courses with certificate of attendance/achievement issued only should not be considered as additional training.**

For enquiries about this survey or questionnaire, please contact the Health Manpower Section of the Department of Health at 2961 8759.

註釋

1. 私營安老院
指根據《安老院條例》(第 459 章)註冊的私營安老院、私營長者宿舍／院舍、護理安老院及非牟利和自負盈虧的院舍。

2. 私營護養院
指《私營醫療機構條例》(第 633 章)中的附表護養院及根據《安老院條例》(第 459 章)領有牌照的護養院。

3. 私家醫院
指根據《私營醫療機構條例》(第 633 章) 領有牌照的私家醫院。

4. 私營復康機構
指私營展能中心、私營展能中心暨院舍、私營精神病康復者展能中心、私營嚴重殘疾人士護理宿舍、私營嚴重肢體傷殘人士宿舍及私營中途宿舍。

5. 自僱人士／僱主
自僱人士指為自己工作，而不是以僱員身分受僱的人。如果你是獨資經營者，又或是合夥生意的合夥人，也是自僱人士。
僱主是指按訂立僱員合約以僱用另一人作為其僱員的人。

6. 基層健康護理
指有關健康教育或健康推廣等項目的工作或涉及在基層健康工作層面上有關病人護理的工作。

7. 職業治療專業的最早基本資格
指獲香港職業治療師管理委員會認可的最低入職資格。

8. 額外訓練
指除最早基本資格外另從認可機構獲得的相關醫療衞生訓練。**只頒發聽講／訓練證書的內部培訓或短期課程不應視為額外訓練。**

如對這次調查或這份問卷有任何查詢，請致電 2961 8759 與衞生署衞生服務人力組職員聯絡。