

RESTRICTED
WHEN ENTERED WITH DATA
ACCESSIBLE TO AUTHORIZED PERSONS ONLY

DEPARTMENT OF HEALTH

2005 Health Manpower Survey on 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 Male Female

2. Date of birth Year Month

3. Which of the following best describes your work status **as at 31.8.2005**?
"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.

Practising in Hong Kong Special Administrative Region in Chinese medicine profession → (Go to Question 4)

Practising in the Mainland or other parts of China (excluding Hong Kong Special Administrative Region) in Chinese medicine profession } (Thank you and no further questions)

Practising overseas in Chinese medicine profession }

Not practising in Chinese medicine profession → (Go to Question 11 on page 4)

4. Where is/are your practice location(s)?

HK Kln N.T. Others (Please specify) _____

B. PRESENT EMPLOYMENT as at 31.8.2005

5.(a) Please indicate the type(s) of institution in which you worked in the Chinese medicine profession **as at 31.8.2005**.

Type of Institution		Main Job (Note 1) <i>Please tick ✓one box only</i>	Second Job (Note 1) <i>Please tick ✓one box only</i>
Government			
Hospital Authority			
Academic institution			
Subvented organization (Please specify) _____		_____	_____
Private institution	Chinese Medicine Manufacturer		
	Chinese Medical Clinic (including General Practice, Acupuncture and Bone-setting)		
	Chinese Herbal Medical Institute		
	Chinese Medicine Company / Chinese Pharmaceutical Company		
Other private institution (Please specify) _____		_____	_____

5.(b) What was your employment status in the Chinese medicine profession **as at 31.8.2005**?

Employment Status	Main Job (Note 1)	Second Job (Note 1)
Employee		
Self-employed / Employer		

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B. PRESENT EMPLOYMENT as at 31.8.2005

5.(c) Please indicate the proportion of time you spent in various areas under your present position(s).

Area of Work	Main Job (Note 1) Percentage of time spent	Second Job (Note 1) Percentage of time spent
General Practice	%	%
Acupuncture	%	%
Bone-setting	%	%
Administration / Management	%	%
Teaching	%	%
Research	%	%
Others <i>(Please specify)</i>	%	%
Total	100%	100%

5.(d) On average, how many actual working hours per week did you have in your present position(s)?

	Main Job (Note 1)	Second Job (Note 1)
(i) Hours of work per week (excluding meal breaks)	Hours	Hours
(ii) Hours of on-call duty per week (excluding normal duty)	Hours	Hours

5.(e) How many consultations/patients did you see per working day on average?

Less than 10 10 to 25 26 to 50 Above 50 Not applicable

C. PROFESSIONAL MEDICAL AND HEALTH QUALIFICATIONS HELD

6.(a) Are you a registered Chinese medicine practitioner, a Chinese medicine practitioner with limited registration or a listed Chinese medicine practitioner ?

- Registered Chinese medicine practitioner *(Go to Question 6(b))*
 Chinese medicine practitioner with limited registration *(Go to Question 7(a))*
 Listed Chinese medicine practitioner *(Go to Question 7(a))*

6.(b) Please indicate the basic qualification that you possessed when registered as a registered Chinese medicine practitioner. *(Please ✓ one box only.)*

- Passed the Licensing Examination (Section 61(1)(a) of the Chinese Medicine Ordinance)
 Listed Chinese Medicine Practitioner who had been exempted from the Licensing Examination (Section 93 of the Chinese Medicine Ordinance)
 Listed Chinese Medicine Practitioner who had passed the Registration Assessment (Section 94 of the Chinese Medicine Ordinance)
 Listed Chinese Medicine Practitioner who had passed the Licensing Examination (Section 95 of the Chinese Medicine Ordinance)
 Others *(Please specify)* _____

6.(c) Where is the issuing country/territory of your qualification recognized by the Chinese Medicine Council of Hong Kong for registration as a registered Chinese medicine practitioner?

- Hong Kong The Mainland Overseas _____
 No basic academic qualification *(Please specify the country/territory)*

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6.(d) How many points of Continuing Education in Chinese Medicine (CME) did you receive **during the period of 28.2.2005 to 31.8.2005?**

- | | | |
|--|--|--|
| <input type="checkbox"/> 1 to 10 points | <input type="checkbox"/> 11 to 20 points | <input type="checkbox"/> 21 to 30 points |
| <input type="checkbox"/> 31 to 40 points | <input type="checkbox"/> Above 40 points | <input type="checkbox"/> Not applicable |

7.(a) Did you receive or are you receiving **additional training**, which is relevant to the Chinese medicine profession (Note 2)?

- Yes *(Go to Question 7b)* 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 (Note 2). *(Please ✓ one box only.)*

- Certificate Diploma Bachelor's Degree Master's Degree
 Others *(Please specify)* _____
 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"/> Hong Kong Healthcare System and Regulatory System of Chinese Medicine | <input type="checkbox"/> Canon of Chinese Medicine | <input type="checkbox"/> Ophthalmology and Otorhinolaryngology of Chinese Medicine |
| <input type="checkbox"/> Modern Basic Medical Science | <input type="checkbox"/> Treatise on Exogenous Febrile Diseases | <input type="checkbox"/> Orthopaedics and Traumatology of Chinese Medicine |
| <input type="checkbox"/> History of Chinese Medicine and Various Theories of Chinese Medicine | <input type="checkbox"/> Synopsis of the Golden Chamber | <input type="checkbox"/> Acupuncture and Moxibustion of Chinese Medicine |
| <input type="checkbox"/> Ancient Chinese Medical Proses | <input type="checkbox"/> Seasonal Febrile Diseases | <input type="checkbox"/> Health Maintenance and Preservation of Chinese Medicine |
| <input type="checkbox"/> Fundamental Theories of Chinese Medicine | <input type="checkbox"/> Internal Medicine of Chinese Medicine | <input type="checkbox"/> Integration of Chinese-Western Medicine |
| <input type="checkbox"/> Diagnostics of Chinese Medicine | <input type="checkbox"/> External Medicine of Chinese Medicine | <input type="checkbox"/> Modernization of Chinese Medicine |
| <input type="checkbox"/> Chinese Materia Medica | <input type="checkbox"/> Gynaecology of Chinese Medicine | <input type="checkbox"/> Code of Practice for Registered Chinese Medicine Practitioners |
| <input type="checkbox"/> Medical Prescriptions in Chinese Medicine | <input type="checkbox"/> Paediatrics of Chinese Medicine | |
| <input type="checkbox"/> Others <i>(Please specify)</i> _____ | | |

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 → Chiropractor Dentist Medical Laboratory Technologist Medical Practitioner Midwife
- Nurse Occupational Therapist Optometrist Pharmacist Physiotherapist
- Radiographer Others *(Please specify)* _____
- No → Not holding valid practising certificate other than Chinese medicine practitioner

D. CONTACT INFORMATION FOR FOLLOW-UP WHEN NECESSARY

9. Name of contact person _____

10. Contact telephone number(s) _____

~ Thank you and no further questions ~

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E. THOSE CURRENTLY NOT PRACTISING IN THE CHINESE MEDICINE PROFESSION

11. If someone offered you a job in Chinese medicine profession, were you available for work in the **past 7 days**?
- Yes (*Go to Question 13*) No (*Go to Question 12*)
12. Why were you **not available** for work in the past 7 days?
- Temporary sickness Others (*Please specify*) _____
13. Did you seek work in Chinese medicine profession during the **past 30 days**?
- Yes (*Thank you and no further questions*) No (*Go to Question 14*)
14. Why did you not seek work in Chinese medicine profession during the past 30 days?
(Please tick ✓ one box only.)
- Believe no work available in Chinese medicine profession Emigrated
(job-seeking effort made in the past)
- Engaged in household duties Expect to return to original job in Chinese medicine profession
- Retired Start business in Chinese medicine profession at subsequent date
- Wait to take up new job in Chinese medicine profession Want to take rest / No motive to work / No financial need
- Working in other profession Others (*Please specify*) _____

~ End of Questionnaire. Thank you for your participation ~

Explanatory Notes

1. **Main job**
Refers to the job in which you spent most of your working time, while second job may be a part-time job.
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 the survey results will be in a form in which cannot identify the data subjects or any of them. 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 Statistics Section of the Department of Health at 2961 8566.