

## Health Manpower Questionnaire for Dentist

RNO: \_\_\_\_\_

*Please tick as appropriate.*

1. Sex                     Male                     Female
2. Date of birth        Month \_\_\_\_\_        Year \_\_\_\_\_
3. Which of the following best describes your current work status?  
*“Practising in dentistry” includes the practice of dentistry, or work that is principally concerned with the discipline of dentistry. This includes dental research, administration, and the teaching of dentistry.*  
 Practising in dentistry in     HK     Kln     NT        (Go to Question 7)  
 Not practising in dentistry     (Go to Question 4)
4. If someone offered you a job, were you available for work in the last week?  
 Yes        (Go to Question 5)         No        (Go to Question 5)
5. Did you seek work in dentistry during the last 30 days?  
 Yes         Either full or part time     Full time     Part time    (No further questions)  
 No         (Go to Question 6)
6. Why did you not seek work?  
 Retirement  
 Emigration  
 Undertaking study  
 Engaged in household duties  
 Others (*please specify*) \_\_\_\_\_ } (No further questions)
7. Please indicate in which type of institution you currently work. If you have more than one job or practice location in the field of dentistry, indicate the type of institution for each job or location?  
*(Please tick one box in each column only and see Note 1)*

Type of Institution		Main Job	2nd Job
Private hospital			
Other private institution	Solo practice		
	Group practice		
Government			
Hospital Authority			
Subvented organization			
Academic institution			

8. What is your current employment status? (*Plases tick one box in each column only and see Note 1*)

Employment Status	Main Job	2nd Job
Self-employed / Employer		
Employee		

<i>Note 1: Main job refers to the job in which you spend the most time, while 2nd job may be a part-time job.</i>
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9. Please indicate in which field of practice you currently work. If you have more than one job or practice location in the field of dentistry, indicate the field of practice for each job or location? (Please tick one box in each column only and see *Note 1*)

Field of Practice	Main Job	2nd Job
General practice		
Specialist practice		
Administration / Management		
Teaching / Education		
Research		
Others : (Please specify) _____		

10. How many hours did you work per week?

Hours of work (excluding meal breaks) \_\_\_\_\_ Hours.

Hours of on-call duty \_\_\_\_\_ Hours.

11. How many consultations/patients did you see per working day on average?

Less than 8       8 to 15       Above 15       Not Applicable

12. How many number of CME points did you obtain in the past year?

< 10 points       10 to 19 points       20 to 29 points       ≥ 30 points

13. Have you received or are you receiving specialized training in any specialty of the dentistry?

Yes (Go to Question 14)       No (No further questions)

14. Please indicate below the specialty in which you have received or are receiving specialized training. If you have received or are receiving training in more than one specialty, please indicate the specialty in which you spend most of your working time in your current job. (***Tick one only***)

Endodontics       Orthodontics       Paediatric Dentistry       Periodontology  
 Prosthodontics       Oral and Maxillofacial Surgery

~ Thank you for your time ~

#### 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. The confidentiality of the information you provide will be carefully protected. The provision of personal data is voluntary. If you do not provide sufficient 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 / department, 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 enquires about this questionnaire, please contact Statistics Unit of the Department of Health at 2961 8567.
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