

Health Manpower Questionnaire for Doctor

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 medical profession” includes the practice of medicine, surgery, midwifery, or any branch of medicine or surgery. This includes research, administration, and the teaching of the field.
 Practising in medical profession in HK Kln NT (Go to Question 7)
 Not practising in medical profession (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 medical profession 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 medical profession, 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>

9. Please indicate in which field of practice you currently work. If you have more than one job or practice location in the medical profession, 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 consultation/patient did you see per working day on average?

Less than 20 20 to 50 Above 50 Not Applicable

12. How many hours of CME / CPD training did you receive in the past year?

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

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

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***)

Anaesthesiology Community Medicine Emergency Medicine Family Medicine
 Medicine Obstetrics & Gynaecology Ophthalmology Orthopaedics
 Otorhinolaryngology Paediatrics Pathology Psychiatry
 Radiology 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.