

DEPARTMENT OF HEALTH
2004 Health Manpower Survey on Doctors

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 31.8.2004**?
"Practising in the medical profession" includes the practice of medicine, surgery, midwifery, or any branch of medicine or surgery. This includes research, administration and teaching of the field.

Practising in Hong Kong in the medical profession → *(Go to Question 4)*

Practising overseas in the medical profession → *(Thank you and no further questions)*

Practising in the Mainland China in the medical profession → *(Thank you and no further questions)*

Not practising in the medical profession → *(Go to Question 12)*

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

H.K. Kln. N.T. Others *(Please specify)* _____

B. PRESENT EMPLOYMENT as at 31.8.2004

5.(a) Please indicate the type(s) of institution in which you worked in the medical profession **as at 31.8.2004**.

| Type of Institution | | Main Job (Note 1) <i>Please tick ✓ one box only</i> | 2nd Job (Note 1) <i>Please tick ✓ one box only</i> |
|---|----------------|--|---|
| Government | | | |
| Hospital Authority | | | |
| Academic institution | | | |
| Subvented organization <i>(Please specify)</i> _____ | | | |
| Private institution | Clinical based | Solo practice | |
| | | Group practice | |
| | Hospital based | | |
| Nursing home (Note 2) | | | |
| Others <i>(Please specify)</i> _____ | | | |

5.(b) What was your employment status in the medical profession **as at 31.8.2004**?
(Please ✓ one box in each column only.)

| Employment Status | Main Job (Note 1) | 2nd Job (Note 1) |
|--------------------------|-------------------|------------------|
| Employee | | |
| Self-employed / Employer | | |

B. PRESENT EMPLOYMENT as at 31.8.2004

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

| Field of Practice | Main Job (Note 1) Percentage of time spent | 2nd Job (Note 1) Percentage of time spent |
|---|---|--|
| General practice | % | % |
| Specialist practice (Note 3) <i>(Please specify)</i> _____ | % _____ | % _____ |
| Administration/Management | % | % |
| Teaching/Education | % | % |
| Research | % | % |
| Others <i>(Please specify)</i> _____ | % _____ | % _____ |
| Total | 100% | 100% |

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

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

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

- Less than 20
 20 to 50
 Above 50
 Not applicable

C. PROFESSIONAL MEDICAL AND HEALTH QUALIFICATIONS HELD

6.(a) Please indicate your **basic qualification** in the medical profession (Note 4). *(Please ✓ one box only.)*

- Bachelor's Degree
 Others *(Please specify)* _____

6.(b) Where is the issuing country/territory of your **basic qualification** in the medical profession (Note 4)?

- Hong Kong
 Overseas
(Please specify the country/territory) _____

7.(a) Did you obtain any **additional post-graduate qualification(s)** relevant to the medical profession? (Note 5)

- Yes *(Go to Question 7b)*
 No *(Go to Question 8a)*

7.(b) Please indicate the **additional post-graduate qualification(s)** relevant to the medical profession you obtained (Note 5). *(You may tick ✓ more than one box.)*

- Diploma
 Master's Degree
 Doctoral Degree
 Fellowship
 Membership
 Others *(Please specify)* _____

8.(a) Did you receive or are you receiving **specialized training** in any specialty of the medical profession? (Note 6)

- Yes *(Go to Question 8b)*
 No *(Go to Question 9)*

8.(b) Please indicate below **the specialty** in which you received or are receiving **specialized training** relevant to the medical profession (Note 6). (*You may tick ✓ more than one box.*)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Anaesthesiology | <input type="checkbox"/> Community Medicine | <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Family Medicine |
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Obstetrics & Gynaecology | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Orthopaedics |
| <input type="checkbox"/> Otorhinolaryngology | <input type="checkbox"/> Paediatrics | <input type="checkbox"/> Pathology | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Radiology | <input type="checkbox"/> Surgery | <input type="checkbox"/> Others (<i>Please specify</i>) _____ | |

9. How many hours of Continuing Medical Education (CME) training relevant to the medical profession did you receive **in the past 12 months**?

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

D. CONTACT INFORMATION FOR FOLLOW-UP WHEN NECESSARY

10. Name of contact person _____

11. Contact telephone number(s) _____

~Thank you and no further questions~

E. THOSE NOT PRACTISING IN THE MEDICAL PROFESSION

12. If someone offered you a job in the medical profession, were you available for work in the **past 7 days**?

- Yes (*Go to Question 14*)
 No (*Go to Question 13*)

13. Why were you **not available** for work in the past 7 days?

- Temporary sickness
 Others (*Please specify*) _____

14. Did you seek work in the medical profession during the **past 30 days**?

Yes → Either full or part time
 Full time
 Part time (*Thank you and no further questions*)

No → (*Go to Question 15*)

15. Why did you **not seek work** in the medical profession during the past 30 days?

(*Please tick ✓ one box only.*)

- Believe no work available in the medical profession (job-seeking effort made in the past)
- Emigrated
- Expect to return to the original job in the medical profession
- Retired
- Start business in the medical profession at subsequent date
- Wait to take up new job in the medical profession
- Working in other profession
- Others (*Please specify*) _____

~End of Questionnaire ~

~Thank you for your participation ~

Explanatory Notes

1. **Main job**
Refers to the principal position of doctor in which you spend most of your working time, while **second job** can be a part-time job in other position of doctor for pay.
2. **Nursing Home**
Refers to private institutions licensed under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Chapter 165).
3. **Specialist practice**
Refers to the specialty that included in the specialist register and authorized by the Medical Council of Hong Kong to use as “specialist” in that specialty.
4. **Basic qualification in the medical profession**
Refers to your earliest qualification registered with the Medical Council of Hong Kong.
5. **Additional post-graduate qualification**
Refers to the quotable additional qualification which is acceptable to the Medical Council of Hong Kong.
6. **Specialized training**
Refers to the training accredited by the Hong Kong Academy of Medicine and qualification obtained after the specialized training is eligible for inclusion in specialist register.

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 a form of survey results in which the individual data subjects will not be identified. 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.