

**DEPARTMENT OF HEALTH**  
**2005 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. Year of birth

3. Which of the following best describes your work status **as at 31.8.2005?**  
*"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 Special Administrative Region in the medical profession *(Go to Question 4)*

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

Practising overseas 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)?

HK  Kln  N.T.  Others *(Please specify)* \_\_\_\_\_

**B. PRESENT MAIN EMPLOYMENT as at 31.8.2005**

5.(a) Please indicate the type of institution in which you worked in the medical profession **as at 31.8.2005.**  
*If you have more than one job in medical profession, please indicate the type of institution of your **main job in which you spent most of your working time.***

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

**B. PRESENT MAIN EMPLOYMENT as at 31.8.2005**

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

Employee  Self-employed / Employer

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

Field of practice		Percentage of time spent
Practising medicine	General practice	%
	Practice in a specialty (Please specify the specialty) _____	%
Administration/Management		%
Teaching/Education		%
Others (Please specify) _____		%
<b>Total</b>		<b>100%</b>

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

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

5.(e) How many consultations did you have **per working day** on average?

< 20  20 - 50  > 50  Not applicable

**C. PROFESSIONAL MEDICAL AND HEALTH QUALIFICATIONS HELD**

6.(a) Please indicate your earliest **basic qualification** obtained in the medical profession (Note 2).  
(Please **✓one box only**.)

Bachelor's degree  Licentiate of Medical Council of Hong Kong  
 Others (Please specify) \_\_\_\_\_

6.(b) Where is the issuing country/territory of your earliest **basic qualification** obtained in the medical profession (Note 2)?

Hong Kong  Others  
(Please specify the country/territory) \_\_\_\_\_

7.(a) Did you obtain any **additional post-graduate qualification(s)** (excluding basic qualification), which is/are relevant to the medical profession (Note 3)?

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

7.(b) Please indicate the **additional post-graduate qualification(s)** (excluding basic qualification), which is/are relevant to the medical profession you obtained (Note 3). (You may tick **✓more than one box**.)

Diploma  Master's Degree  Doctoral Degree  
 Fellowship / Exit Examination  Membership / Intermediate Examination  
 Others (Please specify) \_\_\_\_\_

8.(a) Are you a specialist / specialist trainee? (Note 4)

**Yes**  I am a specialist  I am a specialist trainee (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 5) *(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"/> Internal Medicine                    | <input type="checkbox"/> Obstetrics & Gynaecology | <input type="checkbox"/> Ophthalmology      | <input type="checkbox"/> Orthopaedics & Traumatology |
| <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 points of Continuing Medical Education (CME) training relevant to the medical profession did you receive **in the past 12 months**?

- |   |  |  |
|---|--|--|
| <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 points    | <input type="checkbox"/> Not applicable  |  |

**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
- Engaged in household duties
- 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
- 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. **Nursing home**  
Refers to private institutions licensed under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Chapter 165).
2. **Basic qualification in the medical profession**  
Refers to your earliest qualification **registered** with the Medical Council of Hong Kong.
3. **Additional post-graduate qualification**  
Refers to the quotable additional qualification which is acceptable to the Medical Council of Hong Kong.
4. **Specialist / Specialist trainee**  
Specialist refers to the medical practitioner registered in the Specialist Register maintained by the Medical Council of Hong Kong.  
Specialist trainee refers to the medical practitioner enrolled/registered in one of the medical colleges of the Hong Kong Academy of Medicine.
5. **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 Manpower Unit of the Department of Health at 2961 8566.