

DEPARTMENT OF HEALTH
2009 Health Manpower Survey on Doctors

Please read the explanatory notes on page 4 before completing this questionnaire. Please tick ✓ as appropriate for answers with selection boxes provided. 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	<input type="checkbox"/> 1	Male	<input type="checkbox"/> 2	Female				
2. Year of birth	<table border="1" style="display:inline-table; border-collapse: collapse;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> </table>							
3. Which of the following best describes your work status as at 31.8.2009 ?								
<i>“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.</i>								
<input type="checkbox"/> 1	Practising in Hong Kong Special Administrative Region in the medical profession		→ (Go to Question 4)					
<input type="checkbox"/> 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)					
<input type="checkbox"/> 3	Practising overseas in the medical profession		→ (Thank you and no further questions)					
<input type="checkbox"/> 2	Not practising in the medical profession		→ (Go to Question 12)					
4. Where is/are your practice location(s)?								
<input type="checkbox"/> 1	HK	<input type="checkbox"/> 2	Kln	<input type="checkbox"/> 3				
			N.T.	<input type="checkbox"/> 8				
				Others (Please specify) _____				

B. PRESENT MAIN EMPLOYMENT as at 31.8.2009

5.(a) Please indicate the type of institution in which you worked in the medical profession **as at 31.8.2009**.
*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		Code	Main Job (Please ✓ one box only.)
Government		01	
Hospital Authority		02	
Academic institution		03	
Subvented organization (Please specify)		04	_____
Private institution	Clinic based	Solo practice	23
		Group practice	24
	Hospital based		25
	Nursing home (Note 1)		09
Others (Please specify)		13	_____

B. PRESENT MAIN EMPLOYMENT as at 31.8.2009

5.(b) What was your employment status in the medical profession **as at 31.8.2009**?

1 Employee 2 Self-employed / Employer (Note 2)

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

Field of practice		Code	Percentage of time spent
Practising medicine	General practice	25	%
	Practice in a specialty <i>(Please specify the specialty)</i> _____	26	%
Administration/Management		06	%
Teaching/Education		07	%
Others <i>(Please specify)</i> _____		09	%
Total			100%

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

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

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

1 < 20 2 20 - 50 3 > 50 8 Not applicable

C. PROFESSIONAL MEDICAL AND HEALTH QUALIFICATIONS HELD

6.(a) Please indicate your earliest **basic qualification** obtained in the medical profession (Note 3).
(Please ✓ one box only.)

12 Bachelor's degree 24 Licentiate of Medical Council of Hong Kong
 19 Others *(Please specify)* _____

6.(b) Where is the issuing country/territory of your earliest **basic qualification** obtained in the medical profession (Note 3)?

01 Hong Kong 02 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 4)?

1 Yes *(Go to Question 7b)* 2 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 4). *(You may tick ✓ more than one box.)*

07 Diploma 14 Master's Degree 15 Doctoral Degree
 22 Fellowship / Exit Examination 23 Membership / Intermediate Examination
 18 Others *(Please specify)* _____

8.(a) Are you a specialist / specialist trainee? (Note 5)

Yes → 1 I am a specialist 2 I am a specialist trainee *(Go to Question 8b)*

No → 3 *(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"/> 075	Anaesthesiology	<input type="checkbox"/> 076	Community Medicine	<input type="checkbox"/> 077	Emergency Medicine	<input type="checkbox"/> 078	Family Medicine
<input type="checkbox"/> 079	Internal Medicine	<input type="checkbox"/> 080	Obstetrics & Gynaecology	<input type="checkbox"/> 081	Ophthalmology	<input type="checkbox"/> 073	Orthopaedics & Traumatology
<input type="checkbox"/> 082	Otorhinolaryngology	<input type="checkbox"/> 083	Paediatrics	<input type="checkbox"/> 019	Pathology	<input type="checkbox"/> 084	Psychiatry
<input type="checkbox"/> 085	Radiology	<input type="checkbox"/> 086	Surgery				
<input type="checkbox"/> 024	Others (<i>Please specify</i>) _____						

9. How many points of Continuing Medical Education (CME) training relevant to the medical profession did you receive **during the period of 1.9.2008 to 31.8.2009?**

<input type="checkbox"/> 1	1 to 10 points	<input type="checkbox"/> 2	11 to 20 points	<input type="checkbox"/> 3	21 to 30 points
<input type="checkbox"/> 4	≥ 31 points	<input type="checkbox"/> 8	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?**

<input type="checkbox"/> 1	Yes (<i>Go to Question 14</i>)	<input type="checkbox"/> 2	No (<i>Go to Question 13</i>)
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13. Why were you **not available** for work in the past 7 days?

<input type="checkbox"/> 1	Temporary sickness	<input type="checkbox"/> 2	Others (<i>Please specify</i>) _____
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14. Did you seek work in the medical profession during **the past 30 days?**

Yes → 1 Either full or part time 2 Full time 3 Part time (*Thank you and no further questions*)

No → 4 (*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.*)

<input type="checkbox"/> 07	Believe no work available in the medical profession (job-seeking effort made in the past)
<input type="checkbox"/> 02	Emigrated
<input type="checkbox"/> 12	Engaged in household duties
<input type="checkbox"/> 08	Expect to return to the original job in the medical profession
<input type="checkbox"/> 01	Retired
<input type="checkbox"/> 10	Start business in the medical profession at subsequent date
<input type="checkbox"/> 11	Wait to take up new job in the medical profession
<input type="checkbox"/> 13	Want to take rest / No motive to work / No financial need
<input type="checkbox"/> 05	Working in other profession
<input type="checkbox"/> 06	Others (<i>Please specify</i>) _____

~ *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. **Self-employed / Employer**
Self-employed refers to the one works for himself or herself and is not employed as an employee. If you are a sole proprietor or partner of a partnership of a business, you will be regarded as self-employed.
An employer refers to a person who has entered into a contract of employment to employ another person as his employee.
3. **Basic qualification in the medical profession**
Refers to your earliest qualification **registered** with the Medical Council of Hong Kong.
4. **Additional post-graduate qualification**
Refers to the quotable additional qualification which is acceptable to the Medical Council of Hong Kong.
5. **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.
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 Manpower Unit of the Department of Health at 2961 8566.