

DEPARTMENT OF HEALTH
2018 Health Manpower Survey on Pharmacists

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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
3. Which of the following best describes your work status as at 31.8.2018 ?	<i>“Practising in the pharmacy profession” includes the practice of pharmacy, or work that is principally related to the discipline of pharmacy. This includes research, administration, and the teaching of pharmacy.</i>		
<input type="checkbox"/> 1	Practising in Hong Kong Special Administrative Region in the pharmacy profession	➔	<i>(Go to Question 4)</i>
<input type="checkbox"/> 4	Practising in the Mainland, Macao or Taiwan in the pharmacy profession	}	<i>(Thank you and no further questions)</i>
<input type="checkbox"/> 3	Practising overseas in the pharmacy profession		
<input type="checkbox"/> 2	Not practising in the pharmacy profession	➔	<i>(Go to Question 11)</i>

B. PRESENT MAIN EMPLOYMENT as at 31.8.2018

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

<input type="checkbox"/> 01 HK	<input type="checkbox"/> 10 Kln East	<input type="checkbox"/> 11 Kln West	<input type="checkbox"/> 12 N.T. East	<input type="checkbox"/> 13 N.T. West	<input type="checkbox"/> 08 Others <i>(Please specify)</i> _____
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5.(a) Please indicate the type of institution in which **you worked in the pharmacy profession as at 31.8.2018.**
*If you have more than one job in pharmacy profession, please indicate the type of institution of your **main job in which you spent most of your working time.***

<input type="checkbox"/> 01 Government	<input type="checkbox"/> 02 Hospital Authority	<input type="checkbox"/> 03 Academic institution
<input type="checkbox"/> 04 Subvented organization <i>(Please specify)</i> _____		
Private institution:		
<input type="checkbox"/> 19 Community Pharmacy	<input type="checkbox"/> 21 Pharmaceutical Company (wholesaler)	<input type="checkbox"/> 22 Pharmaceutical Manufacturer
<input type="checkbox"/> 11 Private Hospital (Note 1)	<input type="checkbox"/> 13 Other private institution <i>(Please specify)</i> _____	

5.(b) What was your employment status in the pharmacy profession **as at 31.8.2018**?

<input type="checkbox"/> 1 Employee	<input type="checkbox"/> 2 Self-employed / Employer (Note 2)
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5.(c) Please indicate the proportion of time you spent in your present position.

Area of Work	Code	Percentage of time spent
Service in pharmacy (Note 3)	23	%
Manufacturing / Marketing / Sales (Note 4)	32	%
Administration / Management (Note 5)	06	%
Teaching	07	%
Research	08	%
Others (Note 6) (Please specify) _____	09	%
Total		100 %

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

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

C. PROFESSIONAL QUALIFICATIONS HELD

6.(a) Please indicate your **earliest basic qualification** obtained in the pharmacy profession (Note 7).
(Please ✓ *one box only*.)

01 Certificate
 06 Higher Certificate
 11 Higher Diploma
 12 Bachelor's degree
 14 Master's degree
 15 Doctoral Degree
 19 Others (Please specify) _____

6.(b) Where is the issuing country / territory of the above **earliest basic qualification** (Note 7)?

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

7.(a) Did you receive or are you receiving **additional training** (excluding basic qualification), which is relevant to the pharmacy profession (Note 8)?

1 Yes (Go to Question 7b)
 2 No (Go to Question 8)

7.(b) Please indicate the **highest level of additional training** (excluding basic qualification) you have completed, which is relevant to the pharmacy profession (Note 8). (Please tick ✓ *one box only*.)

01 Certificate
 07 Diploma
 12 Bachelor's Degree
 10 Graduate Diploma
 14 Master's Degree
 15 Doctoral Degree
 18 Others (Please specify) _____
 19 Not applicable, as the additional training has not yet been completed.

7.(c) Please indicate below the field(s) in which you received or are receiving **additional training**, which is relevant to the pharmacy profession (Note 8). (You may tick ✓ *more than one box*.)

058 Chemical Analysis
 101 Chinese Medicine
 059 Clinical Pharmacy
 060 Health Administration
 061 Medical Sciences
 062 Pharmaceutical Science
 063 Pharmaceutical Technology
 064 Pharmacy
 024 Others (Please specify) _____

8. How many hours of Continuing Education Training relevant to the pharmacy profession did you receive **during the period of 1.9.2017 to 31.8.2018?**

- | | | | | | |
|----------------------------|----------------|----------------------------|----------------|----------------------------|----------------|
| <input type="checkbox"/> 1 | 1 to 10 hours | <input type="checkbox"/> 2 | 11 to 20 hours | <input type="checkbox"/> 3 | 21 to 30 hours |
| <input type="checkbox"/> 4 | 31 to 40 hours | <input type="checkbox"/> 5 | ≥ 41 hours | <input type="checkbox"/> 8 | Not applicable |

D. CONTACT INFORMATION FOR FOLLOW UP WHEN NECESSARY

9. Name of contact person _____
10. Contact telephone number(s) _____

~Thank you and no further questions~

E. THOSE NOT PRACTISING IN THE PHARMACY PROFESSION

11. If someone offered you a job in the pharmacy profession, were you available for work in the **past 7 days?**
- | | | | |
|----------------------------|----------------------------------|----------------------------|---------------------------------|
| <input type="checkbox"/> 1 | Yes (<i>Go to Question 13</i>) | <input type="checkbox"/> 2 | No (<i>Go to Question 12</i>) |
|----------------------------|----------------------------------|----------------------------|---------------------------------|
12. 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>) _____ |
|----------------------------|--------------------|----------------------------|--|
13. Did you seek work in the pharmacy profession during the **past 30 days?**
- | | | | |
|----------------------------|---|----------------------------|---------------------------------|
| <input type="checkbox"/> 5 | Yes (<i>Thank you and no further questions</i>) | <input type="checkbox"/> 4 | No (<i>Go to Question 14</i>) |
|----------------------------|---|----------------------------|---------------------------------|
14. Why did you **not seek work** in the pharmacy profession during the past 30 days?
(*Please tick ✓ one box only.*)
- | | | | |
|-----------------------------|--|-----------------------------|---|
| <input type="checkbox"/> 07 | Believe no work available in the pharmacy profession (job-seeking effort made in the past) | <input type="checkbox"/> 08 | Expect to return to the original job in the pharmacy profession |
| <input type="checkbox"/> 02 | Emigrated | <input type="checkbox"/> 10 | Start business in the pharmacy profession at subsequent date |
| <input type="checkbox"/> 12 | Engaged in household duties | <input type="checkbox"/> 11 | Wait to take up new job in the pharmacy profession |
| <input type="checkbox"/> 01 | Retired | <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>) _____ | | |



(You may tear off the following slip and submit it separately if you do not wish to disclose your identity in the completed questionnaire.)

If you do not want to receive the reminder, please provide your name and registration number.

To: Department of Health (Fax No.:2572 0892)

I would like to request the Department of Health to remove my name from the reminder mailing list of this round of survey. I provide my name and registration no. below solely for the purpose of making such request.

Name: _____ **Registration No.:** _____

(Note: The information collected will be handled in strict confidence. Enquiries concerning the personal data provided, including the making of access and corrections, should be addressed to Ms. Wendy Tsang, Scientific Officer Tel.: 2961 8566 Address: Health Manpower Unit, Department of Health, 21/F Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong.)

*~End of Questionnaire ~
~Thank you for your participation ~*

Explanatory Notes

1. Private hospital
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. Service in pharmacy
Refers to the work which has direct contact with patients in dispensing and patient counseling.
4. Manufacturing / Marketing / Sales
Refers to the work involving in the pharmaceutical company (wholesaler) or pharmaceutical manufacturer such as manufacturing, marketing and sales.
5. Administration / Management
Refers to the work which is out of the scope of pharmacy such as supervising staff, accounting, budget control, procurement of drugs, etc.
6. Others
Refers to the work such as drug registration, inspection, law enforcement, etc.
7. Basic qualification in the pharmacy profession
Refers to the minimum entry qualification to the pharmacy profession.
8. Additional training
Relevant additional training obtained from recognized institutions in addition to the basic qualification. In-house / overseas training or short courses with only certificate of attendance / achievement issues *should not be considered* as additional training.

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.