

DEPARTMENT OF HEALTH
2004 Health Manpower Survey on Pharmacists

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 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.

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

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

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

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

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

HK 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 pharmacy 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	Community Pharmacy		
	Medical Equipment Company		
	Pharmaceutical Company (wholesaler)		
	Pharmaceutical Manufacturer		
	Private Hospital (Note2)		
Other private institution <i>(Please specify)</i>		_____	_____

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Chemical Analysis | <input type="checkbox"/> Clinical Pharmacy | <input type="checkbox"/> Health Administration |
| <input type="checkbox"/> Medical Sciences | <input type="checkbox"/> Pharmaceutical Science | <input type="checkbox"/> Pharmaceutical Technology |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Others (<i>Please specify</i>) _____ | |

7.(d) If you received or are receiving additional training in **more than one field in Q.7(c)**, please specify **the field in which you spend most of your working time in your main job** (Note 1 & 4).

→ *Please specify* _____ Not applicable

8. Did you receive Continuing Education Training relevant to the pharmacy profession **in the past 12 months?**

Yes → **Total** _____ **Hours** No

9. Are you currently holding valid practising certificate(s) of statutorily registered healthcare professionals in Hong Kong other than Pharmacist? (*You may tick ✓ more than one box.*)

- Yes**
- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Medical Laboratory Technologist | <input type="checkbox"/> Midwife | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Optometrist | <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Radiographer |
| <input type="checkbox"/> Others (<i>Please specify</i>) _____ | | | |
- No** Not holding valid practising certificate other than Pharmacist

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 PHARMACY PROFESSION

12. If someone offered you a job in the pharmacy 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 pharmacy profession during the **past 30 days?**

Yes (*Thank you and no further questions*) No (*Go to Question 15*)

15. Why did you **not seek work** in the pharmacy profession during the past 30 days? (Please tick ✓ one box only.)

- Believe no work available in the pharmacy profession (job-seeking effort made in the past)
- Emigrated
- Expect to return to the original job in the pharmacy profession
- Retired
- Start business in the pharmacy profession at subsequent date
- Wait to take up new job in the pharmacy 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 in pharmacy in which you spend most of your working time, while **second job** may be a part-time job in other position in pharmacy for pay.
2. **Private hospital**
Refers to Private institutions licensed under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Chapter 165).
3. **Basic qualification in the pharmacy profession**
Refers to the minimum entry qualification to the pharmacy profession.
4. **Additional training**
Relevant additional training obtained from recognized institutions in addition to the basic qualification. In-house training or short courses issued only with certificate of attendance/achievement ***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 Statistics Section of the Department of Health at 2961 8566.