

DEPARTMENT OF HEALTH
2024 Health Manpower Survey on Chiropractors

Please read the explanatory notes on page 4 before completing this questionnaire. Please tick ✓ as appropriate for answers with selection boxes provided.

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 30.09.2024 ? <i>"Practising in the chiropractic profession" includes the practice of chiropractic, or work that is principally related to the discipline of chiropractic. This includes research, administration, and the teaching of chiropractic.</i>					
<input type="checkbox"/>	1	Practising in Hong Kong Special Administrative Region in the chiropractic profession			➔ (Go to Question 4)	
<input type="checkbox"/>	5	Practising in Macao, other areas of the Greater Bay Area in the chiropractic profession			}	
<input type="checkbox"/>	4	Practising in other areas of the Mainland in the chiropractic profession				(Thank you and no further questions)
<input type="checkbox"/>	3	Practising overseas in the chiropractic profession (Please indicate the country) _____				
<input type="checkbox"/>	2	Not practising in the chiropractic profession			➔ (Go to Question 8)	

B. PRESENT MAIN EMPLOYMENT as at 30.09.2024

4.	Where is / are your practice location(s)? <i>(*You may ✓ more than one box)</i>										
<input type="checkbox"/>	11	Central & Western	<input type="checkbox"/>	13	Eastern	<input type="checkbox"/>	14	Southern	<input type="checkbox"/>	12	Wan Chai
<input type="checkbox"/>	24	Kowloon City	<input type="checkbox"/>	26	Kwun Tong	<input type="checkbox"/>	23	Sham Shui Po	<input type="checkbox"/>	27	Yau Tsim Mong
<input type="checkbox"/>	25	Wong Tai Sin	<input type="checkbox"/>	39	Islands	<input type="checkbox"/>	31	Kwai Tsing	<input type="checkbox"/>	35	North
<input type="checkbox"/>	38	Sai Kung	<input type="checkbox"/>	37	Sha Tin	<input type="checkbox"/>	36	Tai Po	<input type="checkbox"/>	32	Tsuen Wan
<input type="checkbox"/>	33	Tuen Mun	<input type="checkbox"/>	34	Yuen Long						
5.(a)	Please indicate the type of institution in which you worked in the chiropractic profession as at 30.09.2024 . <i>If you have more than one job in the chiropractic profession, please indicate the type of institution of your MAIN JOB in which you spent most of your working time. (*Please ✓ one box only)</i>										
<input type="checkbox"/>	23	Solo practice				<input type="checkbox"/>	24	Group practice			
<input type="checkbox"/>	13	Others (Please specify) _____									
5.(b)	What was your employment status of your MAIN JOB in the chiropractic profession as at 30.09.2024 ? <i>(*Please ✓ one box only)</i>										
<input type="checkbox"/>	1	Employee				<input type="checkbox"/>	2	Self-employed / Employer (Note 1)			

5.(c) Please indicate the proportion of time you spent in various areas under your present position **as at 30.09.2024**.

Field of practice	Code	Percentage of time spent
Service in chiropractic	24	%
Administration / Management	06	%
Teaching / Education	07	%
Research	08	%
Others (<i>Please specify</i>) _____	09	%
Total		100 %

5.(d) On **average**, what was the number of **WORKING HOURS PER WEEK** in your present position **as at 30.09.2024**? (**Please round up to the nearest integer*)

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

5.(e) On **average**, how many **CONSULTATIONS / PATIENTS** did you see **PER WORKING HOUR** in your present position **as at 30.09.2024**? (Note 2)

<input type="text"/> 1	No. of consultations / patients per working hour (on average):	<input type="text"/> <input type="text"/> . <input type="text"/>
<input type="text"/> 2	Not applicable	

C. PROFESSIONAL QUALIFICATIONS HELD

6.(a) Please indicate your **earliest basic qualification** obtained in the chiropractic profession.
(*Earliest basic qualification refers to the minimum entry qualification to the chiropractic profession.*)
(**Please ✓ one box only*)

<input type="text"/> 12	Bachelor's degree	<input type="text"/> 14	Master's degree
<input type="text"/> 15	Doctoral degree	<input type="text"/> 19	Others

6.(b) Was the above **earliest basic qualification** issued from an institution in Hong Kong?

<input type="text"/> 01	In Hong Kong	<input type="text"/> 02	Outside Hong Kong (<i>Please specify</i>) _____
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7.(a) Did you receive or are you receiving **additional training** (excluding basic qualification), which is relevant to the chiropractic profession? (Note 3)

<input type="text"/> 1	Yes (<i>Go to Question 7b</i>)	<input type="text"/> 2	No (<i>Thank you and no further questions</i>)
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7.(b) Please indicate the **highest level of additional training** (excluding basic qualification) you have completed, which is relevant to the chiropractic profession. (Note 3)
(**Please ✓ one box only*)

<input type="text"/> 01	Certificate	<input type="text"/> 07	Diploma
<input type="text"/> 10	Graduate's Diploma	<input type="text"/> 12	Bachelor's Degree
<input type="text"/> 14	Master's Degree	<input type="text"/> 15	Doctoral Degree
<input type="text"/> 18	Others	<input type="text"/> 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** (excluding basic qualification) relevant to the chiropractic profession. (Note 3)
(**You may ✓ more than one box*)

<input type="text"/> 065	Acupuncture	<input type="text"/> 001	Biomechanics	<input type="text"/> 103	Chiropractic
<input type="text"/> 067	Internal disorders	<input type="text"/> 068	Meridian therapy	<input type="text"/> 069	Musculoskeletal diseases management
<input type="text"/> 070	Neurology	<input type="text"/> 071	Nutrition	<input type="text"/> 072	Occupational and industrial health
<input type="text"/> 073	Orthopaedics	<input type="text"/> 051	Rehabilitation	<input type="text"/> 074	Sports injuries
<input type="text"/> 024	Others (<i>Please specify</i>) _____				

(*Thank you and no further questions*)

D. THOSE NOT PRACTISING IN THE CHIROPRACTIC PROFESSION

8. If someone offered you a job in the chiropractic profession, were you available for work in the **past 7 days prior to 30.09.2024**?

1 Yes (*Go to Question 10*)

2 No (*Go to Question 9*)

9. Why were you **not available** for work in the **past 7 days prior to 30.09.2024**? (**Please ✓ one box only*)

01 Due to health issues

03 Undertaking training in the chiropractic / health field

04 Engaged in work in other profession / fields

05 Engaged in household duties

02 Others

10. Did you seek work in the chiropractic profession during the **past 30 days prior to 30.09.2024**?

1 Yes (*Go to Question 11*)

2 No (*Go to Question 12*)

11. Please indicate the type of work in the chiropractic profession you had sought during the **past 30 days prior to 30.09.2024**. (**You may ✓ more than one box*)

2 Full time

3 Part time

5 Locum / temporary

(Thank you and no further questions)

12. Why did you **not seek work** in the chiropractic profession during the **past 30 days prior to 30.09.2024**? (**Please ✓ one box only*)

07 Believe no work available in the chiropractic profession (job-seeking effort made in the past)

08 Expect to return to the original job in the chiropractic profession

10 Starting business in the chiropractic profession at subsequent date

11 Waiting to take up new job in the chiropractic profession

02 Emigrated

01 Retired

13 Want to take rest / No motive to work / No financial need

12 Engaged in household duties

05 Working in other profession

03 Undertaking training in the chiropractic / health field

04 Due to health issues

06 Others

~ End of Questionnaire. Thank you for your participation ~

Explanatory Notes

1. 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.

2. Clinical consultations / patients per working hour

Refers to the **average number** of clinical consultations / patients conducted per working hour. (For example, if there were 6 clinic consultations / patients over the 4 working hours, it would be 1.5 clinic consultations / patients per working hour on average)

3. Additional training

Relevant additional training obtained from recognized institutions in addition to the basic qualification. In-house training or short courses with only certificate of attendance / achievement issues should not be considered as additional training.

For enquiries about this survey or questionnaire, please contact the Health Manpower Section of the Department of Health at 2961 8759.