

DEPARTMENT OF HEALTH
2024 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.

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 30.06.2024 ? <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			➔ (Go to Question 4)
	<input type="checkbox"/> 5	Practising in Macao, other areas of the Greater Bay Area in the pharmacy profession			}
	<input type="checkbox"/> 4	Practising in other areas of the Mainland in the pharmacy profession			
	<input type="checkbox"/> 3	Practising overseas in the pharmacy profession <i>(Please indicate the country)</i> _____			
	<input type="checkbox"/> 2	Not practising in the pharmacy profession			➔ (Go to Question 9)
<i>(Thank you and no further questions)</i>					

B. PRESENT MAIN EMPLOYMENT as at 30.06.2024

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 pharmacy profession as at 30.06.2024 . <i>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. (*Please ✓ one box only)</i>							
	<input type="checkbox"/> 01	Government	<input type="checkbox"/> 02	Hospital Authority	<input type="checkbox"/> 03	Academic institution		
	<input type="checkbox"/> 04	Subvented organisation <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 of your **MAIN JOB** in the pharmacy profession **as at 30.06.2024**?

<input type="checkbox"/>	<input type="checkbox"/>	1 Employee	<input type="checkbox"/>	<input type="checkbox"/>	2 Self-employed / Employer (Note 2)
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5.(c) Please indicate the proportion of time you spent in various areas under your present position **as at 30.06.2024**.

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 / Education	07	%
Research	08	%
Others (Note 6) (<i>Please specify</i>) _____	09	%
Total		100 %

5.(d) On **average**, how many **HOURS** did you work **PER WEEK** in your present position **as at 30.06.2024**? (**Please round up to the nearest integer*)

(i) Hours of normal working 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. (*Earliest basic qualification refers to the minimum entry qualifications to the pharmacy profession.*) (**Please ✓ one box only*)

<input type="checkbox"/>	<input type="checkbox"/>	01 Certificate	<input type="checkbox"/>	<input type="checkbox"/>	06 Higher Certificate	<input type="checkbox"/>	<input type="checkbox"/>	11 Higher Diploma	<input type="checkbox"/>	<input type="checkbox"/>	12 Bachelor's degree
<input type="checkbox"/>	<input type="checkbox"/>	14 Master's degree	<input type="checkbox"/>	<input type="checkbox"/>	15 Doctoral Degree	<input type="checkbox"/>	<input type="checkbox"/>	19 Others			

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

<input type="checkbox"/>	<input type="checkbox"/>	01 In Hong Kong	<input type="checkbox"/>	<input type="checkbox"/>	02 Outside Hong Kong (<i>Please specify</i>) _____
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7.(a) Did you obtain any **additional training(s)** (excluding basic qualification), which is / are relevant to the pharmacy profession (Note 7)?

<input type="checkbox"/>	<input type="checkbox"/>	1 Yes (<i>Go to Question 7b</i>)	<input type="checkbox"/>	<input type="checkbox"/>	2 No (<i>Go to Question 8</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 pharmacy profession (Note 7). (**Please tick ✓ one box only*)

<input type="checkbox"/>	<input type="checkbox"/>	01 Certificate	<input type="checkbox"/>	<input type="checkbox"/>	07 Diploma	<input type="checkbox"/>	<input type="checkbox"/>	12 Bachelor's Degree	<input type="checkbox"/>	<input type="checkbox"/>	10 Graduate Diploma
<input type="checkbox"/>	<input type="checkbox"/>	14 Master's Degree	<input type="checkbox"/>	<input type="checkbox"/>	15 Doctoral Degree	<input type="checkbox"/>	<input type="checkbox"/>	18 Others			
<input type="checkbox"/>	<input type="checkbox"/>	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** relevant to the pharmacy profession (Note 7). (**You may ✓ more than one box*)

(*please indicate if the training has been completed*)

Field of additional training	Completed	Not Completed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
058 Chemical Analysis	1	2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
101 Chinese Medicine	1	2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
059 Clinical Pharmacy	1	2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
060 Health Administration	1	2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
061 Medical Sciences	1	2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
062 Pharmaceutical Science	1	2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
063 Pharmaceutical Technology	1	2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
064 Pharmacy	1	2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
024 Others (<i>please specify</i>) _____	1	2

8. How many hours of Continuing Education Training relevant to the pharmacy profession did you receive **during the period of 01.07.2023 to 30.06.2024?**

- | | | | | | |
|----------------------------|----------------|----------------------------|----------------|----------------------------|----------------|
| <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 |

(Thank you and no further questions)

D. THOSE NOT PRACTISING IN THE PHARMACY PROFESSION

9. If someone offered you a job in the pharmacy profession, were you available for work in the **past 7 days prior to 30.06.2024?**

- | | | | |
|----------------------------|----------------------------------|----------------------------|---------------------------------|
| <input type="checkbox"/> 1 | Yes (<i>Go to Question 11</i>) | <input type="checkbox"/> 2 | No (<i>Go to Question 10</i>) |
|----------------------------|----------------------------------|----------------------------|---------------------------------|

10. Why were you **not available** for work in the **past 7 days prior to 30.06.2024?** (*Please ✓ one box only)

- | | | | |
|-----------------------------|----------------------------------------------|-----------------------------|-----------------------------------------------------|
| <input type="checkbox"/> 01 | Due to health issues | <input type="checkbox"/> 03 | Undertaking training in the pharmacy / health field |
| <input type="checkbox"/> 04 | Engaged in work in other profession / fields | <input type="checkbox"/> 05 | Engaged in household duties |
| <input type="checkbox"/> 02 | Others | | |

11. Did you seek work in the pharmacy profession during the **past 30 days prior to 30.06.2024?**

- | | | | |
|----------------------------|----------------------------------|----------------------------|---------------------------------|
| <input type="checkbox"/> 1 | Yes (<i>Go to Question 12</i>) | <input type="checkbox"/> 2 | No (<i>Go to Question 13</i>) |
|----------------------------|----------------------------------|----------------------------|---------------------------------|

12. Please indicate the type of work in the pharmacy profession you had sought during the **past 30 days prior to 30.06.2024.** (*You may ✓ more than one box)

- | | | | | | |
|----------------------------|-----------|----------------------------|-----------|----------------------------|-------------------|
| <input type="checkbox"/> 2 | Full time | <input type="checkbox"/> 3 | Part time | <input type="checkbox"/> 5 | Locum / Temporary |
|----------------------------|-----------|----------------------------|-----------|----------------------------|-------------------|

(Thank you and no further questions)

13. Why did you **not seek work** in the pharmacy profession during the **past 30 days prior to 30.06.2024?** (*Please ✓ 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"/> 10 | Starting business in the pharmacy profession at subsequent date | | |
| <input type="checkbox"/> 11 | Waiting to take up new job in the pharmacy profession | | |
| <input type="checkbox"/> 02 | Emigrated | <input type="checkbox"/> 01 | Retired |
| <input type="checkbox"/> 13 | Want to take rest / No motive to work / No financial need | | |
| <input type="checkbox"/> 12 | Engaged in household duties | <input type="checkbox"/> 05 | Working in other profession |
| <input type="checkbox"/> 03 | Undertaking training in the pharmacy / health field | | |
| <input type="checkbox"/> 04 | Due to health issues | <input type="checkbox"/> 06 | Others |

~ End of Questionnaire. Thank you for your participation ~

Explanatory Notes

1. **Private hospital**
Refers to private hospitals licensed under the Private Healthcare Facilities Ordinance (Chapter 633).
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. **Additional training**
Relevant additional training obtained from recognised 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.**

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