

DEPARTMENT OF HEALTH

衛生署

2024 Health Manpower Survey on Enrolled Nurses

2024 年有關登記護士的醫療衛生服務人力統計調查

Please read the explanatory notes in the Appendix before completing this questionnaire. **Please tick ✓ as appropriate for answers with selection boxes provided.**

填寫問卷前，請參閱附錄的註釋。如答案旁邊設有方格，請在適當的方格內加上「✓」號。

A. **PERSONAL DATA** 個人資料

1.	Sex 性別	<input type="checkbox"/> 1	Male 男	<input type="checkbox"/> 2	Female 女
2.	Year of birth 出生年份	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	Registration status under Nursing Council as at 30.09.2024. 於 2024 年 9 月 30 日在護士管理局的註冊情況。 (If you have registered with both streams below, please only choose the stream of your main job as at 30.09.2024) (*Please ✓ one box only) (如你已註冊以下兩類，請只選擇你於 2024 年 9 月 30 日的主要職位所屬類別) (*請只選一個方格加上✓號)	<input type="checkbox"/> 1	Enrolled Nurses (General) 登記護士(普通科)	<input type="checkbox"/> 2	Enrolled Nurses (Psychiatric) 登記護士(精神科)
4.	Which of the following best describes your work status as at 30.09.2024? 下列哪項最符合你於 2024 年 9 月 30 日的就業情況? “Practising in nursing profession” includes the practice of nursing, or work that is principally related to the discipline of the nursing. This includes research, administration and teaching in the field of nursing. 「從事護理專業」包括從事護理專業，或從事主要關乎護理專科的工作。所涉及的範疇包括護理領域的研究、行政及教學工作。	<input type="checkbox"/> 1	Practising in Hong Kong Special Administrative Region in nursing profession 在香港特別行政區從事護理專業	<input type="checkbox"/> 5	Practising in Macao, other areas of the Greater Bay Area in nursing profession 在澳門或大灣區其他地區從事護理專業
		<input type="checkbox"/> 4	Practising in other areas of the Mainland in nursing profession 在內地其他地區從事護理專業	<input type="checkbox"/> 3	Practising overseas in nursing profession (Please indicate the country) 在海外從事護理專業 (請說明國家) _____
		<input type="checkbox"/> 2	Not practicing in nursing profession 並非從事護理專業		

➔ (Go to Question 5)
(請答第 5 題)

(Thank you and no further questions)
(問卷完，多謝合作)

➔ (Go to Question 11)
(請答第 11 題)

B. MAIN EMPLOYMENT as at 30.09.2024

於 2024 年 9 月 30 日的主要受僱工作

5. Where is / are your practice location(s)? (*You may ✓ more than one box)

你在哪個地區執業? (你可在多於一個方格內加上✓號)

<input type="checkbox"/> 11 Central & Western 中西區	<input type="checkbox"/> 13 Eastern 東區	<input type="checkbox"/> 14 Southern 南區	<input type="checkbox"/> 12 Wan Chai 灣仔區
<input type="checkbox"/> 24 Kowloon City 九龍城區	<input type="checkbox"/> 26 Kwun Tong 觀塘區	<input type="checkbox"/> 23 Sham Shui Po 深水埗區	<input type="checkbox"/> 27 Yau Tsim Mong 油尖旺區
<input type="checkbox"/> 25 Wong Tai Sin 黃大仙區	<input type="checkbox"/> 39 Islands 離島區	<input type="checkbox"/> 31 Kwai Tsing 葵青區	<input type="checkbox"/> 35 North 北區
<input type="checkbox"/> 38 Sai Kung 西貢區	<input type="checkbox"/> 37 Sha Tin 沙田區	<input type="checkbox"/> 36 Tai Po 大埔區	<input type="checkbox"/> 32 Tsuen Wan 荃灣區
<input type="checkbox"/> 33 Tuen Mun 屯門區	<input type="checkbox"/> 34 Yuen Long 元朗區		

6.(a) Please indicate the type of institution in which you **worked in the nursing profession.**

(If you have more than one job in the nursing profession, please indicate the type of institution of **your main job in which you spent most of your working time** (*Please ✓ one box only)

請註明你在哪類型機構從事護理專業工作。(如你從事多於一份護理專業工作, 請註明佔用最多工作時間的主要職位所屬機構類型。)(*請只選一個方格加上✓號)

<input type="checkbox"/> 01 Government 政府	<input type="checkbox"/> 02 Hospital Authority 醫院管理局
<input type="checkbox"/> 03 Academic institution 學術機構	<input type="checkbox"/> 04 Subvented organisation (<i>Please specify</i>) 資助機構 (請說明) _____

Private institution 私營機構:

<input type="checkbox"/> 05 Elderly home (Note 1) 安老院 (註 1)	<input type="checkbox"/> 16 Private practitioner's clinic (Note 2) 私家醫生醫務所 (註 2)
<input type="checkbox"/> 06 Medical clinic (Note 3) 診療所 (註 3)	<input type="checkbox"/> 17 Nursery and child care centre (Note 4) 託兒所及幼兒中心 (註 4)
<input type="checkbox"/> 09 Nursing home (Note 5) 護養院 (註 5)	<input type="checkbox"/> 11 Private hospital (Note 6) 私家醫院 (註 6)
<input type="checkbox"/> 12 Rehabilitation institution (Note 7) 復康機構 (註 7)	<input type="checkbox"/> 13 Others private institution (<i>Please specify</i>) 其他私營機構(請說明) _____

6.(b) What was your employment status of your **MAIN JOB** in the nursing profession?

你在護理專業內的主要職位屬何種僱傭類別?

<input type="checkbox"/> 1 Employee 僱員	<input type="checkbox"/> 2 Self-employed / Employer (Note 8) 自僱人士/僱主 (註 8)
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6.(c) How many **HOURS on average** did you work **PER WEEK** in your position **as at 30.09.2024**? (*Please round up to the nearest integer)

就你於 2024 年 9 月 30 日的任職情況, 每週平均工作幾多小時? (*請四捨五入至最近整數)

(i) Hours of normal work per week (excluding meal breaks) 每週正常工作時數 (不計用膳時間)	Hours 小時
(ii) Hours of on-call duty per week (excluding normal duty) 每週隨時候召工作時數 (不計日常職務時間)	Hours 小時

6.(d) Please indicate the percentage of time you spent in various areas of your position **as at 30.09.2024.**

就你於 **2024年9月30日** 的任職情況，請在下方註明你於各工作範疇的工作時間百分比。

Area of Work 工作範疇	Code 編碼	Percentage of time spent 所佔工作時間的百分比
Accident & Emergency 急症	100	%
Ambulatory Care / Outpatients 普通科/門診	110	%
Cardiac 心臟科	131	%
Community & Primary Health Care 社區及基層護理	340	%
Critical Care 危重病科	132	%
Geriatrics 老人科	310	%
Gynaecology 婦科	120	%
Infection Control 感染控制	181	%
Medicine 內科	130	%
Mental Health / Psychiatry / Addiction Treatment 精神健康/精神科/戒毒治療	140	%
Obstetrics 產科	150	%
Occupational Health 職業健康	160	%
Oncology 腫瘤科	133	%
Orthopaedics 骨科	370	%
Paediatrics 兒科	170	%
Perioperative and Anaesthesia 圍手術及麻醉	211	%
Public Health 公共衛生	180	%
Rehabilitation 復康	190	%
Residential Care 院舍護理	200	%
Surgery 外科	210	%
Visiting Nurse 社康護士	220	%
Administration / Management 行政/管理	060	%
Teaching / Education / Research 教學/教育/研究	070	%
Others (Please specify) 其他 (請說明) _____ (No abbreviation please 請勿使用縮寫)	090	%
Total 總數		100 %

C. PROFESSIONAL HEALTHCARE QUALIFICATIONS HELD 所持醫療衛生專業資格

7.(a) Please indicate your **earliest basic qualification** obtained in the nursing profession (Note 9).

(*Please ✓one box only)

請註明你在護理專業方面獲取的**最早基本資格**(註9)。(*請只選一個方格加上✓號)

<input type="checkbox"/> 24 Pupil Nurse Training 登記護士學生培訓	<input type="checkbox"/> 11 Higher Diploma 高級文憑	<input type="checkbox"/> 12 Bachelor's Degree 學士學位
<input type="checkbox"/> 13 Post-graduate Diploma 深造文憑	<input type="checkbox"/> 14 Master's Degree 碩士學位	<input type="checkbox"/> 19 Others (Please specify) 其他 (請說明) _____

7.(b) Was the above **earliest basic qualification** issued from an institution in Hong Kong (Note 9)?

以上**最早基本資格**是否由香港的機構頒授(註9)?

<input type="checkbox"/> 01 In Hong Kong 香港	<input type="checkbox"/> 02 Outside Hong Kong 香港以外 (Please specify 請說明) _____
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8.(a) Did you obtain or are you receiving any **additional training(s)** (excluding basic qualification), which is/are relevant to the nursing profession (Note 10)?

你是否曾經或正在接受有關護理專業的**額外訓練**(不計基本資格)(註10)?

<input type="checkbox"/> 1 Yes (Go to Question 8b) 是 (請答第8b題)	<input type="checkbox"/> 2 No (Go to Question 9) 否 (請答第9題)
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8.(b) Please indicate the **highest level of additional training** (excluding basic qualification) you have completed, which is relevant to the nursing profession (Note 10). (*Please ✓one box only)

請註明你所完成有關護理專業的**額外訓練**(不計基本資格)所達至的**最高程度**(註10)。(*請只選一個方格加上✓號)

<input type="checkbox"/> 01 Certificate 證書	<input type="checkbox"/> 07 Diploma 文憑	<input type="checkbox"/> 08 Associate Diploma 專科文憑	<input type="checkbox"/> 11 Higher Diploma 高級文憑
<input type="checkbox"/> 09 Professional Diploma 專業文憑	<input type="checkbox"/> 12 Bachelor's Degree 學士學位	<input type="checkbox"/> 13 Post-graduate Diploma 深造文憑	<input type="checkbox"/> 14 Master's Degree 碩士學位
<input type="checkbox"/> 15 Doctoral Degree 博士學位	<input type="checkbox"/> 18 Others 其他	<input type="checkbox"/> 19 Not applicable, as the additional training has not yet been completed. 不適用，因為額外訓練尚未完成。	

8.(c) Please indicate below the field(s) in which you received or is/are receiving **additional training** relevant to the nursing profession. (Note 10) (**You may ✓ more than one box*)

請在下方註明你曾經或正在接受有關護理專業的額外訓練所屬的範疇 (註10)。

(*你可在多於一個方格內加上✓號)

(please indicate if the training has been completed)

(請註明額外訓練是否已經完成)

Field of additional training		Completed 已完成	Not Completed 未完成
<input type="checkbox"/> 030	Community & Primary Health Care 社區及基層護理	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 031	Coronary Care Nursing 心臟病護理	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 032	Ear, Nose & Throat 耳、鼻、喉科	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 033	Emergency / First Aid Nursing 急症/急救護理	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 034	Family Planning 家庭計劃	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 035	Gastroenterology 胃腸科	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 056	General Nursing 普通科護理	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 036	Geriatric Nursing 老人科護理	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 080	Gynaecology Nursing 婦科護理	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 037	Health Education / Promotion 健康教育/推廣	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 038	Hospice Nursing 善終護理	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 057	Infection Control Nursing 感染控制科護理	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 039	Intensive Care Nursing 深切治療護理	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 040	Mental Health Nursing 精神健康護理	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 042	Neonatal Intensive Nursing 初生特別護理	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 043	Nephrology 腎病科	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 044	Nursing Administration 護理行政	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 045	Nursing Education 護理教育	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 046	Occupational Nursing 職業病護理	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 047	Oncology Nursing 腫瘤科護理	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 048	Orthopaedics & Traumatology 矯形外科及創傷學(骨科)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 049	Paediatric Nursing 兒科護理	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 112	Perioperative and Anaesthesia Nursing 圍手術及麻醉護理	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 050	Public Health Nursing 公共健康護理	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 051	Rehabilitation 復康科	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 052	Respiratory Nursing 呼吸系統科護理	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 053	Surgical Nursing 外科護理	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 024	Others (<i>Please specify</i>) 其他 (請說明)	<input type="checkbox"/> 1	<input type="checkbox"/> 2

9. How many points / hours of Continuing Nursing Education (CNE) training did you receive during the period of **01.10.2023 to 30.09.2024**? 在 **2023年10月1日至2024年9月30日** 期間，你在持續護理教育修滿多少分數/小時？

- | | | | | | |
|----------------------------|---|----------------------------|---------------------------------------|----------------------------|---|
| <input type="checkbox"/> 1 | 1 to 5 points / hours
1 至 5 分/小時 | <input type="checkbox"/> 2 | 6 to 10 points / hours
6 至 10 分/小時 | <input type="checkbox"/> 3 | 11 to 15 points / hours
11 至 15 分/小時 |
| <input type="checkbox"/> 4 | 16 to 20 points / hours
16 至 20 分/小時 | <input type="checkbox"/> 5 | Above 20 points / hours
多於 20 分/小時 | <input type="checkbox"/> 8 | Not applicable
不適用 |

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

除登記護士外，你現在有沒有持有其他香港法定註冊醫護專業人員的有效執業證明書？(*你可在多於一個方格內加上✓號)

- | | | | | | | | |
|-----------------------------|--|-----------------------------|--------------------------|-----------------------------|--------------------------|-----------------------------|--|
| <input type="checkbox"/> 03 | Midwife
助產士 | <input type="checkbox"/> 14 | Registered Nurse
註冊護士 | <input type="checkbox"/> 01 | Chiropractor
脊醫 | <input type="checkbox"/> 02 | Medical Laboratory Technologist
醫務化驗師 |
| <input type="checkbox"/> 05 | Occupational Therapist
職業治療師 | <input type="checkbox"/> 06 | Optometrist
視光師 | <input type="checkbox"/> 08 | Physiotherapist
物理治療師 | <input type="checkbox"/> 09 | Radiographer
放射技師 |
| <input type="checkbox"/> 10 | Others (<i>Please specify</i>)
其他 (請說明) | | | | | | |
| <input type="checkbox"/> 11 | Not holding valid practising certificate other than Enrolled Nurse
沒有持有登記護士以外的有效執業證明書 | | | | | | |

(Thank you and no further questions)
(問卷完，多謝合作)

D. THOSE NOT PRACTISING IN NURSING PROFESSION

並非從事護理專業的人士

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

如有人聘用你擔任護理專業工作，你能否在 **2024年9月30日** 之前的過去 7 天內上任？

<input type="checkbox"/>	<input type="checkbox"/>	1	Yes (*Go to Question 13) 能夠 (*請答第13題)	<input type="checkbox"/>	<input type="checkbox"/>	2	No (*Go to Question 12) 不能夠 (*請答第12題)
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12. Why were you **not available** for work in the **past 7 days prior to 30.09.2024**? (*Please ✓ one box only)

請說明你 **不能夠** 在 **2024年9月30日** 之前的過去 7 天內上任的原因。(*請只選一個方格加上✓號)

<input type="checkbox"/>	<input type="checkbox"/>	01	Due to health issues 基於健康問題	<input type="checkbox"/>	<input type="checkbox"/>	03	Undertaking training in the nursing field 進行護理範疇的訓練
<input type="checkbox"/>	<input type="checkbox"/>	04	Engaged in work in other profession / fields 從事其他專業／範疇的工作	<input type="checkbox"/>	<input type="checkbox"/>	05	Engaged in household duties 料理家務
<input type="checkbox"/>	<input type="checkbox"/>	02	Others 其他				

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

你在 **2024年9月30日** 之前的過去 30 天內有沒有尋找護理專業的工作？

<input type="checkbox"/>	<input type="checkbox"/>	1	Yes (*Go to Question 14) 有 (*請答第14題)	<input type="checkbox"/>	<input type="checkbox"/>	2	No (*Go to Question 15) 沒有 (*請答第15題)
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14. Please indicate the type of work in nursing profession you had sought during the **past 30 days prior to 30.09.2024**. (*You may ✓ more than one box)

請註明你在 **2024年9月30日** 之前的過去 30 天內曾尋找護理專業的工作性質。

(*可在多於一個方格內加上✓號)

<input type="checkbox"/>	<input type="checkbox"/>	2	Full time 全職	<input type="checkbox"/>	<input type="checkbox"/>	3	Part time 兼職	<input type="checkbox"/>	<input type="checkbox"/>	5	Locum / temporary 自選兼職／臨時
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(Thank you and no further questions)

(問卷完，多謝合作)

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

請說明你在 **2024年9月30日** 之前的過去 30 天內沒有尋找護理專業工作的原因。

(*請只選一個方格加上✓號)

<input type="checkbox"/>	<input type="checkbox"/>	07	Believe no work available in the nursing profession (job-seeking effort made in the past) 相信護理專業暫無空缺 (曾經盡力尋找工作)				
<input type="checkbox"/>	<input type="checkbox"/>	08	Expect to return to the original job in the nursing profession 期待重返原任的護理專業崗位				
<input type="checkbox"/>	<input type="checkbox"/>	10	Starting business in the nursing profession at subsequent date 即將開展護理專業的生意				
<input type="checkbox"/>	<input type="checkbox"/>	11	Waiting to take up new job in the nursing profession 等待出任有關護理專業的新職位				
<input type="checkbox"/>	<input type="checkbox"/>	02	Emigrated 移民	<input type="checkbox"/>	<input type="checkbox"/>	01	Retired 退休
<input type="checkbox"/>	<input type="checkbox"/>	13	Want to take rest / No motive to work / No financial need 希望休息／不想工作／財政上沒有需要				
<input type="checkbox"/>	<input type="checkbox"/>	12	Engaged in household duties 料理家務	<input type="checkbox"/>	<input type="checkbox"/>	05	Working in other profession 從事其他行業
<input type="checkbox"/>	<input type="checkbox"/>	03	Undertaking training in the nursing profession 進行護理專業的訓練				
<input type="checkbox"/>	<input type="checkbox"/>	04	Due to health issues 基於健康問題	<input type="checkbox"/>	<input type="checkbox"/>	06	Others 其他

~ End of Questionnaire. Thank you for your participation ~

~ 問卷完，多謝填寫問卷 ~

Explanatory Notes

1. **Elderly home**
Refers to private homes for the elderly, private hostels / homes, care and attention homes for the elderly and non-profit-making self-financing homes registered under Residential Care Homes (Elderly Persons) Ordinance (Chapter 459).
2. **Private practitioner's clinic**
Refers to medical office operated by a registered doctor under the Medical Registration Ordinance (Chapter 161) in the private sector either under the name of his/her own or another registered doctor or a group of registered doctors.
3. **Medical clinic**
Refers to medical clinic registered under Section 5 of the Medical Clinics Ordinance (Chapter 343).
4. **Nursery and child care centre**
Refers to private institutions engaged in providing nursing care service to children. Orphanages, children's aid centres and play groups are also included.
5. **Nursing home**
Refers to the scheduled nursing homes under the Private Healthcare Facilities Ordinance (Chapter 633) and nursing homes licensed under the Residential Care Homes (Elderly Persons) Ordinance (Chapter 459).
6. **Private hospital**
Refers to private hospitals licensed under the Private Healthcare Facilities Ordinance (Chapter 633).
7. **Rehabilitation institution**
Refers to private day activity centres, private day activity centres cum hostels, private activity centres for discharged mental patients, private residential care homes for persons with disabilities, private care and attention homes for severely disabled, private hostels for severely physically handicapped and private half-way houses.
8. **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.
9. **Basic qualification of Nursing Profession**
Refers to the minimum entry qualification to the Nursing profession.
10. **Additional training**
Relevant medical and health training obtained from recognised 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 8566.

註釋

1. **安老院**
指根據《安老院條例》第 459 章註冊的私營安老院、私營長者宿舍、院舍、護理安老院及非牟利和自負盈虧的院舍。
2. **私家醫生醫務所**
指註冊醫生根據《醫生註冊條例》第 161 章以自己個人或另一註冊醫生或一組註冊醫生的名義開設的私營醫務所。
3. **診療所**
指根據《診療所條例》第 343 章第 5 條註冊的診療所。
4. **託兒所及幼兒中心**
指從事兒童托管護理服務的私營機構，包括孤兒院、兒童援助中心及幼兒活動中心。
5. **護養院**
指《私營醫療機構條例》第 633 章中的附表護養院及根據《安老院條例》第 459 章領有牌照的護養院。
6. **私家醫院**
指根據《私營醫療機構條例》第 633 章領有牌照的私家醫院。
7. **復康機構**
指私營展能中心、私營展能中心暨院舍、私營精神病康復者展能中心、私營殘疾人士院舍、私營嚴重殘疾人士護理宿舍、私營肢體傷殘人士宿舍及私營中途宿舍。
8. **自僱人士／僱主**
自僱人士指為自己工作，而不是以僱員身分受僱的人。如果你是獨資經營者，又或是合夥生意的合夥人，也是自僱人士。
僱主是指按訂立僱員合約以僱用另一人作為其僱員的人。
9. **護理專業的基本資格**
指護理專業的最低入職資格。
10. **額外訓練**
指除基本資格外另從認可機構獲得的相關醫療衛生訓練。只頒發聽講／訓練證書的內部培訓或短期課程不應視為額外訓練。

如對這次調查或這份問卷有任何查詢，請致電 2961 8566 與衛生署醫療衛生服務人力組職員聯絡。