

DEPARTMENT OF HEALTH
 衛生署
 2014 Health Manpower Survey (Occupational Therapists)
 2014 年醫療衛生服務人力統計調查 (職業治療師)

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.

填寫問卷前，請參閱第 4 頁的註釋。如答案旁邊設有方格，請在適當的方格內加上「✓」號。為確保你的個人資料得以保密，請於遞交前把填妥的問卷放進所提供的「限閱文件」信封內封妥。

A. **PERSONAL DATA 個人資料**

1. Sex 性別 1 Male 男 2 Female 女

2. Year of birth 出生年份

3. Which of the following best describes your work status **as at 31.3.2014**?
 "Practising in occupational therapy profession" includes the practice of occupational therapy profession, or work that is principally related to the discipline of occupational therapy. This includes research, administration and teaching in the field of occupational therapy.
 下列哪項最符合你於 2014 年 3 月 31 日的就業情況?
 「從事職業治療專業」包括從事職業治療專業，或從事主要關乎職業治療專科的工作。所涉及的範疇包括職業治療領域的研究、行政及教學工作。

1 Practising in Hong Kong in occupational therapy profession (Go to Question 4)
 在香港從事職業治療專業 → (請答第 4 題)

4 Practising in the Mainland or other parts of China (excluding Hong Kong Special Administrative Region) in occupational therapy profession → (Thank you and no further questions)
 在內地或中國其他地區(不包括香港特別行政區)從事職業治療專業 (問卷完，多謝合作)

3 Practising overseas in occupational therapy profession (Thank you and no further questions)
 在海外從事職業治療專業 → (問卷完，多謝合作)

2 Not practising in occupational therapy profession (Go to Question 11)
 並非從事職業治療專業 → (請答第 11 題)

4. Where is/are your practice location(s)?
 你在哪個地區執業?

1 HK 香港 2 Kln 九龍 3 N.T. 新界 8 Others 其他
 (Please specify 請說明) _____

B. **PRESENT MAIN EMPLOYMENT as at 31.3.2014 現時的主要受僱工作 (2014 年 3 月 31 日的情況)**

5.(a) Please indicate the type of institution in which **you worked in the occupational therapy profession as at 31.3.2014**.
 If you have more than one job in occupational therapy profession, please indicate the type of institution of your main job in which you spent most of your working time.
 請註明你於 2014 年 3 月 31 日在哪類型機構從事職業治療專業工作。
 如果你從事多於一份職業治療專業工作，請說明佔用你最多工作時間的主要職位所屬機構類別。

01 Government 政府 02 Hospital Authority 醫院管理局 03 Academic institution 學術機構

04 Subvented organization 資助機構 (Please specify 請說明) _____
 Private institution: 私營機構:

05 Elderly home (Note 1) 安老院(註一) 28 Private rehabilitation clinic 私營復康中心 09 Nursing home (Note 2) 護養院(註二)

11 Private hospital (Note 3) 私家醫院(註三) 12 Rehabilitation institute (Note 4) 復康機構(註四)

13 Other private institution 其他私營機構 (Please specify 請說明) _____

5.(b) What was your employment status in the occupational therapy profession **as at 31.3.2014**?
 你於 2014 年 3 月 31 日在職業治療專業內屬何僱傭類別?

1 Employee 僱員 2 Self-employed / Employer (Note 5) 自僱人士/僱主(註五)

B. PRESENT MAIN EMPLOYMENT as at 31.3.2014 現時的主要受僱工作 (2014年3月31日的情況)

5.(c) Please indicate the proportion of time you spent in your present position.
請把現任職位中用於各工作範疇的工作時間比例填於下表內。

Area of Work 工作範疇	Code	Percentage of time spent 所佔工作時間的百分率
Rehabilitation 復康治療	04	%
Primary Health Care (Note 6) 基層健康護理(註六)	10	%
Administration / Management 行政/管理	06	%
Teaching 教學	07	%
Research 研究	08	%
Others 其他 (Please specify 請說明) _____	09	%
Total 總數		100 %

5.(d) On **average**, how many **actual working hours per week** did you have in your present position(s)?
平均來說，你於現任職位每週實際工作多少個小時？

(i) Hours of work per week (excluding meal breaks) 每週工作時數(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

5.(e) On **average**, how many clients did you handle **per working day**?
平均來說，你每個工作天為多少名顧客提供專業服務？

1 ≤ 20
 2 21-30
 3 31-40
 4 41-50
 5 > 50
 8 Not applicable 不適用

C. PROFESSIONAL QUALIFICATIONS HELD 所持專業醫療衛生資格

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

請註明你在職業治療專業方面最早具備的**基本資格**(註七)。(請只選一個方格加上✓號)

09 Professional Diploma 專業文憑
 12 Bachelor's Degree 學士學位
 19 Others 其他 (Please specify 請說明) _____

6.(b) Where is the issuing country/territory of your **earliest basic qualification** obtained in occupational therapy profession (Note 7)?

你在職業治療專業方面最早具備的**基本資格**由哪個國家/地區頒授(註七)?

01 Hong Kong 香港
 02 Overseas 海外 _____
 (Please specify the country/territory 請註明國家/地區)

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

你是否曾經或正在接受有關職業治療專業的**額外訓練**(註八)?

1 Yes (Go to Question 7b) 是 (請答第7b題)
 2 No (Go to Question 8) 否 (請答第8題)

7.(b) Please indicate the **highest level** of additional training, which is relevant to the occupational therapy profession you have received (Note 8). (Please ✓ one box only.)

請註明你已完成有關職業治療專業的額外訓練所達至的**最高程度**(註八)。(請只選一個方格加上✓號)

01 Certificate 證書
 07 Diploma 文憑
 12 Bachelor's Degree 學士學位
 13 Post-graduate Diploma 深造文憑
 14 Master's Degree 碩士學位
 15 Doctoral Degree 博士學位
 18 Others 其他 (Please specify 請說明) _____
 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。

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

請在下方註明你曾經或正在接受有關職業治療專業的**額外訓練**所屬的範疇(註八)。

(你可在多於一個方格內加上✓號)

008 Health Care (Occupational Therapy / Rehabilitation Technology) 健康護理(職業治療/康復科技)
 009 Health Care Management / Health Services Management 健康護理管理/衛生服務管理
 021 Rehabilitation Sciences / Studies 康復科學/研究
 024 Others 其他 (Please specify 請說明) _____

8. How many credits of Continuing Professional Development (CPD) training relevant to the occupational therapy profession did you receive **during the period of 1.4.2013 to 31.3.2014?**

在 2013 年 4 月 1 日至 2014 年 3 月 31 日期間，你在職業治療專業方面曾接受多少學分的持續專業發展培訓？

- | | | | | | |
|----------------------------|--------------------------------|----------------------------|--------------------------------|----------------------------|--------------------------------|
| <input type="checkbox"/> 1 | 1 to 10 credits
1 至 10 學分 | <input type="checkbox"/> 2 | 11 to 20 credits
11 至 20 學分 | <input type="checkbox"/> 3 | 21 to 30 credits
21 至 30 學分 |
| <input type="checkbox"/> 4 | 31 to 40 credits
31 至 40 學分 | <input type="checkbox"/> 5 | > 40 credits
多於 40 學分 | <input type="checkbox"/> 8 | Not applicable
不適用 |

D. CONTACT INFORMATION FOR FOLLOW-UP WHEN NECESSARY 聯絡資料(以便有需要時跟進)

9. Name of contact person

聯絡人姓名 _____

10. Contact telephone number(s)

聯絡電話號碼 _____

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

E. THOSE NOT PRACTISING IN THE OCCUPATIONAL THERAPY PROFESSION

並非從事職業治療專業的人士

11. If someone offered you a job in occupational therapy profession, were you available for work in the **past 7 days?**
如有人聘用你擔任職業治療專業工作，你能否在過去 7 天內上任？

- | | | | |
|----------------------------|--|----------------------------|--|
| <input type="checkbox"/> 1 | Yes (Go to Question 13)
能夠 (請答第 13 題) | <input type="checkbox"/> 2 | No (Go to Question 12)
不能夠 (請答第 12 題) |
|----------------------------|--|----------------------------|--|

12. Why were you **not available** for work in the past 7 days?

請說明你**不能夠**在過去 7 天內上任的原因。

- | | | | |
|----------------------------|------------------------------|----------------------------|---|
| <input type="checkbox"/> 1 | Temporary sickness
暫時有病在身 | <input type="checkbox"/> 2 | Others 其他
(Please specify 請說明) _____ |
|----------------------------|------------------------------|----------------------------|---|

13. Did you seek work in occupational therapy profession during the **past 30 days?**

你在過去 30 天內有沒有尋找職業治療專業的工作？

- | | | | |
|----------------------------|--|----------------------------|---|
| <input type="checkbox"/> 5 | Yes (Thank you and no further questions)
有 (問卷完，多謝合作) | <input type="checkbox"/> 4 | No (Go to Question 14)
沒有 (請答第 14 題) |
|----------------------------|--|----------------------------|---|

14. Why did you **not seek work** in occupational therapy profession during the past 30 days?

(Please tick one box only.)

請說明你在過去 30 天內**沒有尋找**職業治療專業工作的原因。(請只選一個方格加上✓號)

- | | | | |
|-----------------------------|---|-----------------------------|--|
| <input type="checkbox"/> 07 | Believe no work available in occupational therapy profession (job-seeking effort made in the past)
相信職業治療專業暫無空缺 (曾經盡力尋找工作) | <input type="checkbox"/> 08 | Expect to return to original job in occupational therapy profession
期待重返原任的職業治療專業崗位 |
| <input type="checkbox"/> 02 | Emigrated
移民 | <input type="checkbox"/> 10 | Start business in occupational therapy profession at subsequent date
即將開展職業治療專業的生意 |
| <input type="checkbox"/> 01 | Retired
退休 | <input type="checkbox"/> 11 | Wait to take up new job in occupational therapy profession
等待出任有關職業治療專業的新職位 |
| <input type="checkbox"/> 05 | Working in other profession
從事其他行業 | <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"/> 12 | Engaged in household duties
料理家務 | | |
| <input type="checkbox"/> 06 | Others 其他
(Please specify 請說明) _____ | | |

~End of Questionnaire. Thank you for your participation 問卷完，多謝填寫問卷~



(You may tear off the following slip and submit it separately if you do not wish to disclose your identity in the completed questionnaire. 若你不願披露身分，可撕下以下回條，與你填妥的問卷分別交回。)

To 致：Department of Health 衛生署 (Fax No. 傳真編號：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.

本人要求衛生署把本人的姓名，從收取是次調查催辦函的名單剔除。本人以下提供的姓名及註冊編號，只供該用途使用。

Name 姓名：_____ Registration No. 註冊編號：_____

(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.

註釋：本署收集所得資料將會絕對保密。有關所提供個人資料(包括查閱及改正資料)的查詢，應送交科學主任曾偉麗女士收，電話：2961 8566，地址：香港灣仔皇后大道東 213 號胡忠大廈 21 樓衛生署醫療衛生服務人力組。)

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 Home (elderly persons) Ordinance (Chapter 459).
2. Nursing home
Refers to private institutions licensed under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Chapter 165).
3. Private hospital
Refers to Private institutions licensed under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Chapter 165).
4. Rehabilitation institute
Refers to private day activity centres, private day activity centres cum hostels, private activity centres for discharged mental patients, private care and attention homes for severely disabled, private hostels for severely physically handicapped and private half-way houses.
5. 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.
6. Primary Health Care
Refers to the work such as health education, health promotion, etc. or the work involving patient care in the primary care setting.
7. Basic qualification in occupational therapy profession
Refers to the minimum entry qualification to the occupational therapy profession.
8. Additional training
Relevant medical and health training obtained from recognized institutions in addition to the basic qualification. **In-house training or short courses with certificate of attendance/achievement issued only should not be considered as additional training.**

註釋

- 一 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。
- 二 護養院
指根據《醫院、護養院及留產院註冊條例》(第 165 章)領有牌照的私營機構。
- 三 私家醫院
指根據《醫院、護養院及留產院註冊條例》(第 165 章)領有牌照的私營機構。
- 四 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、私營嚴重殘疾人士護理宿舍、私營嚴重肢體傷殘人士宿舍及私營中途宿舍。
- 五 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。
- 六 基層健康護理
指有關健康教育或健康推廣等項目的工作或涉及在基層健康工作層面上有關病人護理的工作。
- 七 職業治療專業的基本資格
指職業治療專業的最低入職資格。
- 八 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。**

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.

目的聲明

收集資料的目的

- 一 你所提供的個人資料，將由衛生署收集以製備香港醫療人力的總體統計數字。有關資料只供本調查使用。總體統計是指一種概括性的調查結果，個別人士的資料或數據將不會被顯示。我們將會小心處理你所提供的資料，嚴加保密。至於是否提供個人資料，純屬自願性質。如你未能提供足夠和準確的資料，調查結果的代表性將會減低，繼而影響其作為統計基礎的效用。

獲給資料者的類別

- 二 你在這次調查所提供的個人資料，主要用作以上所述用途。如有需要，我們亦只會把總體資料而非個人詳細資料發放給其他政府決策局/部門、機構或當局，以作上文第 1 段所載用途。此外，你在這次調查中所提供的個人資料，亦只會披露給你曾答允向其披露資料的相關各方，或用作《個人資料(私隱)條例》所核准的資料披露。

查閱個人資料

- 三 你有權按照《個人資料(私隱)條例》第 18 和 22 條及附表 1 第 6 原則所訂的條文查閱和修正個人資料。你的查閱權力包括索取你在這次調查問卷中所提供個人資料的副本。索取資料或須繳費。

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