

DEPARTMENT OF HEALTH

衛生署

2014 Health Manpower Survey (Optometrists)

2014 年醫療衛生服務人力統計調查 (視光師)

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	<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"/>
3. Which of the following best describes your work status <b>as at 31.3.2014</b> ? "Practising in optometry profession" includes the practice of optometry profession, or work that is principally related to the discipline of optometry. This includes research, administration and teaching in the field of optometry. 下列哪項最符合你於 2014 年 3 月 31 日的就業情況? 「從事視光學專業」包括從事視光學專業，或從事主要關乎視光學專科的工作。所涉及的範疇包括視光學領域的研究、行政及教學工作。		
<input type="checkbox"/> 1	Practising in Hong Kong in optometry profession 在香港從事視光學專業	→ (Go to Question 4) (請答第 4 題)
<input type="checkbox"/> 4	Practising in the Mainland or other parts of China (excluding Hong Kong Special Administrative Region) in optometry profession 在內地或中國其他地區(不包括香港特別行政區)從事視光學專業	→ (Thank you and no further questions) (問卷完，多謝合作)
<input type="checkbox"/> 3	Practising overseas in optometry profession 在海外從事視光學專業	→ (Thank you and no further questions) (問卷完，多謝合作)
<input type="checkbox"/> 2	Not practising in optometry profession 並非從事視光學專業	→ (Go to Question 11) (請答第 11 題)
4. Where is/are your practice location(s)? 你在哪個地區執業?		
<input type="checkbox"/> 1	HK 香港	<input type="checkbox"/> 2 Kln 九龍
<input type="checkbox"/> 3	N.T. 新界	<input type="checkbox"/> 8 Others 其他 (Please specify 請說明) _____

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

5.(a) Please indicate the type of institution in which **you worked in the optometry profession as at 31.3.2014**.  
If you have more than one job in optometry 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視光學專業工作。  
如你從事多於一份視光學專業工作，請說明佔用你最多工作時間的主要職位所屬機構類別。

<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 organization 資助機構 (Please specify 請說明) _____				
Private institution: 私營機構:					
<input type="checkbox"/> 06	Medical clinic (Note 1) 診療所 (註一)	<input type="checkbox"/> 10	Optical company / Optical shop 眼鏡公司/眼鏡店	<input type="checkbox"/> 11	Private hospital (Note 2) 私家醫院 (註二)
<input type="checkbox"/> 13	Other private institution 其他私營機構 (Please specify 請說明) _____				

5.(b) What was your employment status in the optometry profession **as at 31.3.2014**?  
你於 2014 年 3 月 31 日在視光學專業內屬何僱傭類別?

<input type="checkbox"/> 1	Employee 僱員	<input type="checkbox"/> 2	Self-employed / Employer (Note 3) 自僱人士/僱主(註三)
----------------------------	-------------	----------------------------	---

**B. PRESENT MAIN EMPLOYMENT as at 31.3.2014 現時的受僱工作 (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
Service of optometric care 視光護理服務	05	%
Administration / Management 行政/管理	06	%
Teaching 教學	07	%
Research 研究	08	%
Others 其他 (Please specify 請說明) _____	09	%
<b>Total 總數</b>		<b>100 %</b>

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 <b>per week</b> (excluding meal breaks) 每週工作時數(不計用膳時間)	Hours 小時
(ii) Hours of on-call duty <b>per week</b> (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 the **earliest basic qualification** that you possessed when registered as a registered optometrist (Note 4). (Please ✓ one box only.)

請註明你註冊成為註冊視光師時最早具備的基本資格(註四)。(請只選一個方格加上✓號)

06 Higher Certificate 高級證書   
  09 Professional Diploma 專業文憑   
  12 Bachelor's Degree 學士學位

Others:其他:

22 Passed the examination held by the Optometrists Board of Hong Kong under Section 15A of Supplementary Medical Professions Ordinance (Chapter 359) for the purpose of provisional registration.  
為獲取臨時註冊資格，在由香港視光師管理委員會按照《輔助醫療業條例》(第359章第15A條)舉行的考試中考取合格

23 Exemption from the examination held by the Optometrists Board of Hong Kong under Section 15A of Supplementary Medical Professions Ordinance (Chapter 359) for the purpose of provisional registration.  
在獲取臨時註冊資格時，豁免參加由香港視光師管理委員會按照《輔助醫療業條例》(第359章第15A條)舉行的考試

19 Other basic qualification (Please specify)  
其他基本資格(請說明) \_\_\_\_\_

6.(b) Where is the issuing country/territory of your **earliest basic qualification** recognized by the Optometrists Board of Hong Kong for registration as a registered optometrist (Note 4)?

你成為註冊視光師時獲香港視光師管理委員會認可的最早基本資格由哪個國家/地區頒授(註四)?

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 optometry profession (Note 5)?  
你是否曾經或正在接受有關視光學專業的額外訓練(註五)?

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 optometry profession you have received (Note 5). (Please ✓ one box only.)

請註明你已完成有關視光學專業的額外訓練所達至的最高程度(註五)。(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 optometry profession (Note 5). (You may tick (✓) more than one box.)

請在下方註明你曾經或正在接受有關視光學專業的額外訓練所屬的範疇(註五)。

(你可在多於一個方格內加上✓號)

018 Optometry 視光學   
  016 Optical Mechanics 光學機械   
  003 Contact Lens Technology 隱形眼鏡技術

017 Optometric Research 視光學研究   
  105 Orthokeratology 矯視隱形眼鏡技術   
  024 Others 其他  
 (Please specify 請說明) \_\_\_\_\_

8. How many hours of Continuing Professional Development (CPD) training relevant to the optometry 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，你在視光學專業方面曾接受多少小時的持續專業發展培訓？

- |                            |                              |                            |                              |                            |                              |
|----------------------------|------------------------------|----------------------------|------------------------------|----------------------------|------------------------------|
| <input type="checkbox"/> 1 | 1 to 10 hours<br>1 至 10 小時   | <input type="checkbox"/> 2 | 11 to 20 hours<br>11 至 20 小時 | <input type="checkbox"/> 3 | 21 to 30 hours<br>21 至 30 小時 |
| <input type="checkbox"/> 4 | 31 to 40 hours<br>31 至 40 小時 | <input type="checkbox"/> 5 | > 40 hours<br>多於 40 小時       | <input type="checkbox"/> 8 | Not applicable<br>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 OPTOMETRY PROFESSION**

並非從事視光學專業的人士

11. If someone offered you a job in optometry profession, were you available for work in the **past 7 days**?  
 如有人聘用你擔任視光學專業工作，你能否在過去 7 天內上任？

- |                            |  |                            |  |
|----------------------------|--|----------------------------|--|
| <input type="checkbox"/> 1 | Yes (Go to Question 13)<br>能夠 (請答第 13 題) | <input type="checkbox"/> 2 | No (Go to Question 12)<br>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<br>暫時有病在身 | <input type="checkbox"/> 2 | Others 其他<br>(Please specify 請說明) _____ |
|----------------------------|------------------------------|----------------------------|---|

13. Did you seek work in optometry profession during the **past 30 days**?  
 你在過去 30 天內有沒有尋找視光學專業的工作？

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

14. Why did you **not seek work** in optometry 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~~視光學專業工作的原因。(請只選一個方格加上✓號)

- |                             |   |                             |  |
|-----------------------------|---|-----------------------------|--|
| <input type="checkbox"/> 07 | Believe no work available in optometry profession (job-seeking effort made in the past)<br>相信視光學專業暫無空缺 (曾經盡力尋找工作) | <input type="checkbox"/> 08 | Expect to return to original job in optometry profession<br>期待重返原任的視光學專業崗位         |
| <input type="checkbox"/> 02 | Emigrated<br>移民   | <input type="checkbox"/> 10 | Start business in optometry profession subsequent date<br>即將開展視光學專業的生意             |
| <input type="checkbox"/> 01 | Retired<br>退休   | <input type="checkbox"/> 11 | Wait to take up new job in optometry profession<br>等待出任有關視光學專業的新職位                 |
| <input type="checkbox"/> 05 | Working in other profession<br>從事其他行業   | <input type="checkbox"/> 13 | Want to take rest / No motive to work / No financial need<br>希望休息 / 不想工作 / 財政上沒有需要 |
| <input type="checkbox"/> 12 | Engaged in household duties<br>料理家務   |                             |  |
| <input type="checkbox"/> 06 | Others 其他<br>(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. Medical clinic  
Refers to Medical clinic registered under Section 5 of the Medical Clinics Ordinance (Chapter 343).
2. Private hospital  
Private institutions licensed under the Hospitals, Nursing Homes and Maternity Homes Registration Ordinance (Chapter 165).
3. 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.
4. Basic qualification  
Refers to the qualification for registration with the Optometrists Board of Hong Kong.
5. 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 診療所  
指根據《診療所條例》(第 343 章)(第 5 條)註冊的診療所。
- 二 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。
- 三 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。
- 四 基本資格  
指在香港視光師管理委員會註冊的資格。
- 五 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 refer 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，用來製備使香港醫療人力的總體統計數字，有關資料只供本調查用。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，加以保密。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。