



HONG KONG MEDICAL TECHNOLOGY ASSOCIATION

(Founded 1966)

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c/o The Federation of Medical Societies of Hong Kong

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Survey on Needs of Higher Education and Continuing Professional Development

Hong Kong Medical Technology Association is prepared to collaborate with academic bodies to provide training for medical laboratory professionals in the pursuance of continuing professional development. A survey is hereby conducted to evaluate the format and need. Much grateful if you could complete this questionnaire and return it either by fax, mail, or through liaison officer on or before **31st January, 2003**.

You may tick more than one answer unless otherwise specified.

1. Are you aware of the following happenings that will take place soon in the near future?
 - ☐ In grade reform of employees of Hospital Authority, the entry qualifications for Medical Laboratory Technologist, Medical Laboratory Scientist, and Clinical Scientist will be BSc, MSc, and PhD respectively.
 - ☐ According to eminent HOKLAS Laboratory Accreditation Scheme, a Laboratory Director should possess a Master of Science degree or above.
 - ☐ For MLT Board, Continuing Professional Development credits will be a pre-requisite for renewal of the Practicing Certificate.

* **If you do not need MSc / BSc training please go directly to question 7.**

Survey on Needs of MSc / BSc Degrees

2. What is/are your preferred mode(s) of study?
 - ☐ Evening class
 - ☐ Weekend & Sunday class
 - ☐ Distance learning
 - ☐ Distance learning via internet
3. If you select "Evening class", which of the following frequencies do you prefer? (Tick one only.)
 - ☐ Once per week
 - ☐ Twice per week
 - ☐ Thrice per week
 - ☐ Four times per week
4. If you select "Weekend & Sunday class", which of the following frequencies do you prefer? (Tick one only.)
 - ☐ Once per month
 - ☐ Twice per month
 - ☐ Thrice per month
 - ☐ Four times per month
5. What is your preferred duration of the course? Please note the shorter the duration the more intense will be the course. (Tick one only.)
 - ☐ One and half years
 - ☐ Two years
 - ☐ Two and half years
 - ☐ Three years
 - ☐ Four years

6. If you have the choice of modules, which of the following study modules would you prefer? (Please tick **eight**.)

- | | |
|---|---|
| <input type="checkbox"/> Anatomical Pathology | <input type="checkbox"/> Medical Laboratory Management |
| <input type="checkbox"/> Bioinformatics | <input type="checkbox"/> Medical microbiology |
| <input type="checkbox"/> Clinical Chemistry | <input type="checkbox"/> Molecular biology |
| <input type="checkbox"/> Cytogenetics | <input type="checkbox"/> Quality Management, Proficiency Testing and Laboratory Accreditation |
| <input type="checkbox"/> Cytology | <input type="checkbox"/> Research Techniques |
| <input type="checkbox"/> Government Regulations and Laws | <input type="checkbox"/> Statistics |
| <input type="checkbox"/> Haematology | <input type="checkbox"/> Transfusion science |
| <input type="checkbox"/> Immunology | <input type="checkbox"/> Virology |
| <input type="checkbox"/> Laboratory Information System & Technology | |
| <input type="checkbox"/> Others, please specify | |
-

Survey on Needs of Continuing Professional Development

7. Which types of Continuing Professional Development activities would you prefer?

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Seminar | <input type="checkbox"/> Workshop |
| <input type="checkbox"/> Conference/Symposium | <input type="checkbox"/> Short course |
| <input type="checkbox"/> Others, please specify | |
-

8. What is/are your preferred mode(s)?

- | | |
|---|---|
| <input type="checkbox"/> Evening meeting | <input type="checkbox"/> Distance learning |
| <input type="checkbox"/> Weekend meeting | <input type="checkbox"/> Distance learning via internet |
| <input type="checkbox"/> Others, please specify | |
-

9. Which of the following topics are you most interested in?

- | | |
|---|--|
| <input type="checkbox"/> Advance/New techniques | <input type="checkbox"/> Laboratory management |
| <input type="checkbox"/> Bioinformatics | <input type="checkbox"/> Laboratory safety & occupational hazard |
| <input type="checkbox"/> Computer studies | <input type="checkbox"/> Molecular biology techniques |
| <input type="checkbox"/> Current topics | <input type="checkbox"/> Proficiency testing and accreditation |
| <input type="checkbox"/> General laboratory techniques | <input type="checkbox"/> Research techniques |
| <input type="checkbox"/> Government regulations | |
| <input type="checkbox"/> Laboratory information system & technology | |
| <input type="checkbox"/> Others, please specify | |
-

Demographic Information of Responder for Statistics (Please tick one only.)

10. Please indicate below your highest professional qualifications:

- | | |
|---|--|
| <input type="checkbox"/> Degree in Biomedical Science | <input type="checkbox"/> High Diploma in MLS |
| <input type="checkbox"/> Degree in Life Sciences (Applied Medical Sciences) | <input type="checkbox"/> Higher Certificate in MLS |
| <input type="checkbox"/> Degree in other science subjects | <input type="checkbox"/> Ordinary Diploma in MLS |
| <input type="checkbox"/> Others, please specify | <input type="checkbox"/> Ordinary Certificate in MLS |
-

11. Please indicate below your employment:

- | | |
|---|--|
| <input type="checkbox"/> Hospital Authority (HA) Med. Labs. | <input type="checkbox"/> Government Department of Health |
| <input type="checkbox"/> Private Hospital Med. Labs. | <input type="checkbox"/> Universities |
| <input type="checkbox"/> Private Med. Labs. | <input type="checkbox"/> Scientific and Instrument Companies |
| <input type="checkbox"/> Others, please specify | |
-

12. The specialty you are currently practicing:

- | | |
|---|---|
| <input type="checkbox"/> Anatomical Pathology | <input type="checkbox"/> Immunology |
| <input type="checkbox"/> Chemical Pathology | <input type="checkbox"/> Medical Microbiology |
| <input type="checkbox"/> Haematology | <input type="checkbox"/> Transfusion Science |
| <input type="checkbox"/> Others, please specify | |
-

13. Your present position:

- | | |
|---|--|
| <input type="checkbox"/> Scientific Officer | <input type="checkbox"/> Senior Medical Technologist |
| <input type="checkbox"/> Department Manager | <input type="checkbox"/> Medical Technologist |
| <input type="checkbox"/> Laboratory Manager | <input type="checkbox"/> Medical Laboratory Technician |
| <input type="checkbox"/> Others, please specify | |
-

14. Your age group:

- | | | | |
|-------------------------------|--------------------------------|--------------------------------|------------------------------|
| <input type="checkbox"/> <=25 | <input type="checkbox"/> 26-35 | <input type="checkbox"/> 36-45 | <input type="checkbox"/> >45 |
|-------------------------------|--------------------------------|--------------------------------|------------------------------|

15. If you would like to receive further information about MSc / BSc courses and CPD activities, please complete the following.

Name: _____

Address: _____

Tel: _____ Email address: _____

-- Thank You --

Please return : by fax 2819 6204,
through your liaison officer, or
by mail to GPO Box 2722, Hong Kong