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**To:** dcp@hkps.org.hk  
**Cc:** yeoh\_ek@cuhk.edu.hk, Carrie Yam <carrieyam@cuhk.edu.hk>, sophia\_chan@fhb.gov.hk, Ngai FONG <ngai\_fong@fhb.gov.hk>, adhap@dh.gov.hk, [REDACTED], panel\_hs@legco.gov.hk, Liang Tien <liang.tien@alliant.edu>, "POON, Rachel" <nwklau@fhb.gov.hk, "NG Yat-nam, Petrus" <petrus@hkbu.edu.hk>

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**Date:** Friday, June 29, 2018 04:13PM  
**Subject:** Response to the Second Phase of Open Consultation of the AR Scheme  
**History:** ➤ This message has been forwarded.

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Dear Sirs / Mesdames,

On behalf of the Board of Directors of the Hong Kong Association of Doctors in Clinical Psychologists Ltd., I would like to attach the following documents for your attention.

1. Letter from our Vice-Chairman, Dr. Joseph Siu
2. An Executive Summary our of preliminary response
3. An Appendix to provide details of our preliminary response

I trust that these documents will provide useful information to your good selves as you contribute to the success of the AR Scheme, which we trust that many stakeholders will look forward to more refinement, especially service users who have long awaited for more qualified and competent clinical psychologists to serve them. I hope that these documents will provide good foundation for more in-depth discussions between HKPS-DCP and HKADCP in this regard.

Thank you for your attention.

Yours sincerely,

*Dr. William Tong*  
Honorary Secretary  
HKADCP

cc: Prof. Petrus Y N Ng [[petrus@hkbu.edu.hk](mailto:petrus@hkbu.edu.hk)]  
Prof. Yeoh Eng Kiong [[yeoh\\_ek@cuhk.edu.hk](mailto:yeoh_ek@cuhk.edu.hk)]

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Prof. Joseph Lee [REDACTED]

Panel of Health Services, LegCo [[panel\\_hs@legco.gov.hk](mailto:panel_hs@legco.gov.hk)]

Dr. Liang, TIEN [[liang.tien@alliant.edu](mailto:liang.tien@alliant.edu)]

Dr. Poon-Mak Sui Man Rachel [REDACTED]

**Attachments:**

Response to DCP Consultation  
(Appendix).pdf

Executive Summary for  
responding to HKPS-DCP.pdf

Cover lettter for response to  
HKPS-DCP before 20180529.pdf



Hong Kong Association of Doctors  
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June 29, 2018

By Email [dcp@hkps.org.hk] and by Post

Division of Clinical Psychology  
The Hong Kong Psychological Society Ltd  
Room 506, Lemmi Centre,  
50 Hoi Yuen Road,  
Kwun Tong, Kowloon  
Attn: Dr. Rachel Poon, Chair of Division of Clinical Psychology, HKPS

Dear Sirs / Mesdames,

Re: Responses to Second Phase Consultation on the Accredited Register Scheme for Healthcare Professions (AR Scheme)

As one of the two professional groups of clinical psychologists recognized by the Government, we have tendered application on the AR Scheme in 2017, and we have been informed by the Accreditation Agent appointed by the Government of Hong Kong S.A.R., represented by Prof. Yeoh Eng Kiong, that the Division of Clinical Psychology of the Hong Kong Psychological Society Limited (HKPS-DCP) has now been selected to proceed to the Accreditation Assessment first.

Our Association has been fully supportive of the Accredited Register Scheme since its initiation, and have actively and constructively planned to make it a success as we see the urgent need for more competent clinical psychologists to meet the very high demand for such professional services in Hong Kong. We respect this selection made by the Accreditation Agent, and we write in support of the Scheme to make it one that can demonstrate genuine and objective inclusiveness using reasonable criteria to admit professionals from different educational background and training.

We refer to your consultation paper named "Training Standards and Registration Criteria" retrieved on Jun 25, 2018 from your website. We would like to make our positive contribution to this AR Scheme by responding to your consultation in such a way to ensure a fair, just and open process, and to achieve an outcome which is

inclusive. As such, we believe this discussion can benefit the general public. Our Association is very concerned that the society of Hong Kong is currently extremely deprived of mental health care. It is vital to improve access of the general public to more clinical psychologists whom the Government can also recognize as possessing the competence to serve safely and professionally.

We would like to provide herewith (1) an Executive Summary to point out that your proposal has fallen short of the expectation of the AR Scheme as clearly defined in the “Guidance for Applicants” dated December 2016, and (2) an Appendix to this letter to give our preliminary views in greater detail in the form of questions to point out those areas that are not in line with the original spirit of the Scheme when it was conceived and fails the expectations of many other stakeholders. We hope that our positive attitude and direct clarification to contribute can help make the AR Scheme a successful one.

We recognize that it may take a great deal of open-mindedness and rationality to arrive at a mutual understanding given the diversities that have been actively presented to the general public in the past years. We, therefore, consider a returning to an objective presentation of facts, which has always been our stance, supported by research and converging recognitions from third parties would be helpful to the process.

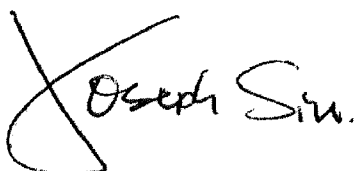
We would be happy to explain our views in much greater detail, bringing perspectives from the international community of clinical psychology to help raise the standards of the profession in Hong Kong.

We look forward to many more sincere and professionally conducted discussions in order to make the process productive and constructive.

Yours sincerely,

For and On Behalf of

The Hong Kong Association of Doctors in Clinical Psychology Limited

A handwritten signature in black ink that reads "Joseph Siu". The signature is written in a cursive style with a large, sweeping initial 'J'.

Dr. Joseph Siu  
Vice-chairman

cc: Prof. Petrus Y N Ng [petrus@hkbu.edu.hk]  
Prof. Yeoh Eng Kiong [yeoh\_ek@cuhk.edu.hk]  
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Prof. Joseph Lee [REDACTED]  
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EXECUTIVE SUMMARY OF A PRELIMINARY RESPONSE TO  
THE SECOND PHASE OF OPEN CONSULTATION OF  
THE PROPOSAL GIVEN BY HKPS-DCP IN MAY 2018

The following paragraphs attempt to identify areas of shortcomings in the Second Phase Open Consultation proposed by the HKPS-DCP, and suggestions to make improvement in pursuit of the spirit of the AR Scheme as it was originally conceived. Details are given in the Appendix for in-depth discussions.

### **The Principles of the AR Scheme**

One of the overarching principles is “*Accountable*”. All decisions (including a decision to put forward a proposal) “*must be justifiable and the AR Scheme is subject to public scrutiny*”. The HKPS-DCP proposal fails to justify itself in i) suggesting HKU/CUHK as the only providers of standard CP training in Hong Kong; ii) making the requirement of a Bachelor degree in Psychology as an essential academic qualification and iii) the “in-room” apprenticeship-like supervision as the only admissible model of supervision.

OUR PROPOSAL: In parallel to the CP training offered by HKU/CU, the CSPP-SCOPE of CityU of Hong Kong, which is an existing comparable professional program in Hong Kong, as well as an internationally recognized and reputable program. It is a good opportunity now to consider the current international trend of development in the education of psychologists and the use of the competency model which has been the main trend of supervision over the past 40 years in the international community of clinical psychology, especially in developed countries like UK, USA, Australia and New Zealand.

### **The Six Standards**

1. **Governance** – In view of the shortage of CPs in Hong Kong, the proposal is making a stance of exclusivity. Public interest cannot be protected when qualified and competent practitioners are kept out of the AR Scheme (Core 1.3 & 1.5). The current proposal in the composition of the HKICP allows an uncertainty in and poses a risk of potential conflict of interest (Core 1.4).

OUR PROPOSAL: Abide by the inclusiveness spirit of the AR Scheme in both words and action. This is the only way to win confidence of the public.

2. **Operational effectiveness** – Despite “*effective data management and protection*” is highlighted as a core operational effectiveness, the recent computer failure of the HKPS-DCP and the loss of data collected in the consultation process is not demonstrating the ability to protect data. The sudden withdrawal from negotiation in early 2017 by HKPS-DCP just before the submission of the AR Scheme Application and a total lack of communication thereafter demonstrated that open-mindedness is much needed, especially so when complaints are required to be handled impartially and feedback is given in a

timely fashion. (Core 2.3)

OUR PROPOSAL: A basic change in attitude to one that demonstrates accommodation and willingness to apply rationality would be definitely helpful.

3. **Risk management and quality improvement** – There is an inherent risk of a more stressful society and the risk of an ever increasing waiting list of mental health service users being ignored with a basically exclusive proposal which is acting against the spirit of the AR Scheme.(Core 3.1 & 3.2) Private practitioners are totally ignored in the proposal. (Core 3.3).

OUR PROPOSAL: Be thorough in planning, be mindful of public needs, be careful in managing risks to minimize societal costs due to the increased demands in mental health service users, and develop a vision that is accommodating.

4. **Standards for registrants** – The proposal does not appear to “*keep abreast of knowledge and developments in the profession*” (Core 4.1, 4.2 & 5.4) when international development of the profession in education and training is not reflected in the spirit and the words of the proposal.

OUR PROPOSAL: Be more open-minded and receptive of the diversity in the field of clinical psychology, especially when a multidisciplinary teamwork is called for (Core 4.6).

5. **Educational and training requirements** – Seeking to “*maintain public confidence in the profession*” (Core 5.1), but at the same time depriving qualified and competent clinical psychologists their recognition by setting unreasonable educational requirement is actually not possible because such deprivation is the same as depriving the public of the availability of services, and keeping the truth from the public cannot win public confidence. Clinical psychologists who are also members of overseas clinical psychology bodies but not meeting with the stringent and unreasonable standard (Core 5.2) set forth in this proposal are currently excluded from the Scheme.

OUR PROPOSAL: Be inclusive and respect the Scheme’s overarching spirit and Core 5.3 which requires “*the educational standards to ensure a set of minimum clinical knowledge and skills*”. For such reasons, any recognized non-local training programs shall be acceptable to the AR Scheme, and overseas training from developed countries should be given due consideration upon their proof of practice which should not be based on the years of practice within local institutional structures of Hong Kong, but on their valid qualifications and competence recognized by their respective professional bodies, and their professional conduct they display in abiding by these pertaining codes of conduct.

6. **Management of the Register** – If “*promoting the health, safety and well-being of service users and the public*” (Core 6.1) is the ultimate expected outcome the proposal to the AR Scheme the proposal must be seen to be reasonable, rational and realistic.

OUR PROPOSAL: Conduct as many rounds of rational exchanges of ideas and learn from experts from the international community as the proposal is being refined to one that fits the original intention of the Government to serve public interests.



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## Appendix

### A preliminary response to the Open Consultation

#### Of the Proposal of HKPS-DCP

#### Re Accredited Register Scheme for Healthcare Professions (AR Scheme)

#### Part One: Questions on the Consultation Paper

##### 1. Training Standard

- 1.1. **Can the consultation on training standard be regarded as adequate and comprehensive without providing documentary evidence to support the ground for the proposal, and yet asking for public review and comment for an important issue that affects the wellbeing of service users of mental health services?** There is no published document by HKICP on the training standard in this consultation. Only referral of a “foundation of CP training in HK (CUHK & HKU) since 1971” is stated. The only reference document provided in the consultation is the “Guidelines for Recognition of Clinical Psychology Training Programme” issued by HKPS-DCP in Oct 2016. The guideline only provides for training standard for meeting membership criteria of HKPS-DCP rather than training standards of the clinical psychology profession. This narrow perspective is apparently lacking consideration of the worldwide developmental trend of clinical psychology. There is much room for improvement to take much broader perspective if the Scheme is meant to include as many professionally qualified and competent clinical psychologists into the regulatory system in order to achieve its objective to protect public interests. The consultation period should be extended much longer in order to receive as many constructive ideas available with an open-mind for the benefit of raising the standard of the profession as well as for the protection of the public. Generally, government conducts their public consultation by providing three months to half a year so that inputs from practitioners and other stakeholders have adequate opportunities to comment on the education and training requirement and contribute to the success of the Scheme.



- 1.2. **What is the basis of excluding the training of CSPP-SCOPE of City University of Hong Kong into local standards?** Apart from the CP training programs from HKU and CUHK, CSPP\_SCOPE of CityU of HK has provided locally accredited doctorate training using the US model to train clinical psychology student (Note 1.1) for the past 10 years. According to the 2014 studies of the American Psychological Association, U.S. has 106,500 clinical psychologists (Note 1.2). When compared to less than 1,000 locally trained CP in Hong Kong, the U.S. model of training and development of CPs adopted by CSPP-SCOPE of CityU HK is definitely more effective in training clinical psychologists which is in no sense inferior in terms of its academic qualification and professional competency. The exclusion of CSPP-SCOPE of City University of Hong Kong when considering an inclusive policy to regulate equally qualified and competent, if not more so, is a gross misrepresentation of facts, and a misguide to service users leading to avoidance to seek services from clinical psychologists other than those from the HKU and CUHK, resulting in delay in treatments that may create potential harm to the public and potential loss of reputation to the profession.
- 1.3. **Does the HKPS-DCP proposal meet the criteria of broad representation of the profession?** If a vast number of practitioners (about 20% of the total available and equally qualified and competent CP in Hong Kong) were to be excluded from registration, how can this arrangement be a broad representation of the profession? The public may be confused when a large group of practitioners who are internationally recognized for their qualifications and competence are not recognized by the Government despite evidences and available research support have to continue their practice under society-based registration instead of AR registration. This outcome will not be positive on the gate-keeping role of the government, nor on the image of HKPS-DCP for not understanding the need of the public for high quality psychological services and keeping supply short for other reasons.
- 1.4. **What is the basis of adopting the existing training standard of HKU and CUHK as the professional standard in Hong Kong besides the long history of establishment? Is there any research review and international modelling, e.g. Boulder's model in clinical training, supporting the current proposed training model?** The potential lack of research basis in adopting training models may cause potential harm to students for limiting their visions and restricting their opportunities to learn, and at the same time risk the loss of reputation to the profession in Hong Kong Furthermore, an exclusion of clinical psychologists only because they do not follow a prima facie out-of-date training model which has continued for a time much longer than it should does not help to ensure high quality outcome in training and projects an image to the international community of clinical psychology that Hong Kong is lagging behind in its

respective professional development.

**1.5. Much clarification is needed to explain why are there significant discrepancies existing between local CP training of CUHK/HKU and international standards when the consultation paper claims that references have been made to accredited training standards of well-established overseas bodies when this is not really so?**

For examples, both U.S. (Note 1.3) and U.K (Note 1.4) require higher level of post-graduate training than Hong Kong as the educational requirement for licensure/registration in most cases; and the competency-based model of supervision as adopted in U.S. (Note 1.5) and Australia (Note 1.6) versus the on-site apprenticeship supervision model in Hong Kong. The result of arbitrarily exclude other clinical psychologists without reasonable ground will likely hold back the progress of the profession in meeting international development, hence causing loss of reputation to the profession and rendering service users be treated with only a narrow choice of methodology, and have to bear with possible failure in treatment due to such limited choice of treatment.

**1.6. What is the rationale of fairness and inclusiveness of the proposal if only CP training at CUHK and HKU is accepted while other comparable CP training at CSPP-SCOPE of CityU of HK is rejected?**

As a governmental driven exercise in relation to public's interest, fairness is an important pillar for the AR Scheme. As per Education Bureau of the HKSAR's policy, it states that the Bureau will: "*ensure that courses leading to non-local higher academic and professional qualifications are conducted by recognized institutions and professional bodies and have attained comparable standards and recognition as similar courses in the home countries concerned*" (Note 1.7). Hence, the qualification for local government funded and non-government funded programs ought to be fairly and equally treated. Moreover, according to the tenet of the AR Scheme, the purpose of recognizing professional body is to "*ensure that minimally acceptable standards of care are being provided*" (Note 1.8). For such, genuine inclusiveness shall not exclude any acceptable standards of care existing in the Hong Kong. Obviously, denial of training at CSPP-SCOPE of CityU of HK is a form of exclusivity. As such, it renders the proposal a poor rating in term of its governance and standards of registrants. The likelihood of monopolistic operations by HKU and CUHK over the profession under unfair and exclusive treat is very high. It will result in a high risk for **harming public interest and losing protection to public** because of: a) limited service choice and service providers to meet the needs for the public; b) greater chance of conflict of interest between professional body and training institutions under non-competition environment; and c) a significant number of CPs excluded to the Scheme will not be governed by the Scheme.

**Reference notes pertaining to Training Standards, Question 1.1 to 1.6:**

Note 1.1: Retrieved from

<https://www.nationalregister.org/resources-links/doctoral-programs/approved-programs-with-asppbnr-designation-only/> on Jun 28, 2018

Note 1.2: Retrieved from <http://www.apa.org/monitor/2014/06/datapoint.aspx> on Jun 28, 2018

Note: 1.3: Retrieved from <http://www.apa.org/support/licensure.aspx> on Jun 28, 2018

Note: 1.4: Retrieved from

<http://www.hpc-uk.org/apply/psychologists/threshold/index.asp?printerfriendly=1> on Jun 28, 2018

Note: 1.5: Retrieved from <https://www.apa.org/about/policy/guidelines-supervision.pdf> ; [https://c.ymcdn.com/sites/asppb.site-ym.com/resource/resmgr/Guidelines/Final\\_Supervision\\_Guidelines.pdf](https://c.ymcdn.com/sites/asppb.site-ym.com/resource/resmgr/Guidelines/Final_Supervision_Guidelines.pdf) on Jun 28, 2018

Note 1.6: Retrieved from

<http://www.psychologyboard.gov.au/documents/default.aspx?record=WD13%2F10536&dbid=AP&chksum=NgflvULHZuwfjDJaaJjWlQ%3D%3D> on Jun 28, 2018

Note 1.7: Official website of Education Bureau of HKSAR.

<http://www.edb.gov.hk/en/edu-system/postsecondary/policy-objectives/index.html> on Jun 28, 2018

Note 1.8: Overview of Professional Regulation; Key Elements of a Professional Body: An Overview Accredited Registers (AR) Scheme Training Session 1 (5th May 2016) and

“Reviewing Professional Regulatory Frameworks for Healthcare Professionals”

[https://www.legco.gov.hk/yr13-14/english/panels/hs/hs\\_hps/papers/hs\\_hps1111cb2-260-2-e.pdf](https://www.legco.gov.hk/yr13-14/english/panels/hs/hs_hps/papers/hs_hps1111cb2-260-2-e.pdf) on Jun 28, 2018

Reference to Guidance for Applicants:

- 1.3 (a) (i) ‘protect the public through quality assurance and provision of more information to facilitate informed decision on healthcare services’
- 1.3 (b) Healthcare professions covered: ‘There is no obligation for participation and the wish of the professions is of utmost importance’.
- 2.4 ‘Healthcare Professional organizations applying for the AR Scheme must be committed to the following: (a) public protection (c) risk management (e) education

and training (i) engagement of relevant stakeholders.)’

## **2. Accreditation of the Hong Kong program**

- 2.1. Why is it appropriate for HKICP to establish the membership criteria of one of the professional organizations in Hong Kong, i.e. HKPS-DCP, as accreditation standards of clinical psychology profession in Hong Kong?** According to the consultation paper, HKICP will adopt the current training requirement and clinical placement of HKPS-DCP (Note 2.1) as the standard criteria for the profession in Hong Kong. The sole use of society-based standards for accreditation does not take into account of the perspectives and experience of other educational institutions. There is conflict of interest which may result in HKICP losing credibility, the Government will be seen as unfair and unjust to allow this to happen, potential harm to the public to be subject to a narrowly defined quality standards and potential loss of reputation to the profession for being narrow and limiting.
- 2.2. How does HKICP ensure the proposed accreditation process is independent and effective while adopting the existing standards of the two training programs in HKU and CUHK as the only reference of standard to accredit the same programs?** The HKPS-DCP guideline applies to the existing two universities training program. This is the basis of the graduates of the CP graduates from HKU and CUHK to qualify as members of HKPS-DCP. The lack of independence in the accreditation cannot ensure integrity and may result in monopoly in a free city like Hong Kong, causing potential harm to the image of Hong Kong, and potential harm to public to allow the already unsatisfactory services supported by surveys to continue.
- 2.3. Before proposing the HKPS-DCP standard as the standard of accreditation, why is there no consultation with other psychological professional organizations such as HKADCP and other stakeholders in Hong Kong to establish a proper accreditation system to ensure standards of competency in clinical psychology in Hong Kong?** The lack of Competency Standard is not a fair treatment to an open consultant because the visions of the respondents are blocked from this missing piece, and so the views that are being given cannot be complete. Thus, it may result in potential risk to the reputation to the proposer as well as the Accreditation Agent and the Government to support such an incomplete proposal, tarnishes the integrity of the profession, and may lead to more conflicts arising from loss of reputation of those being excluded and potential litigation costs.

### **Reference notes pertaining to Accreditation of the Hong Kong program, Question**

## **2.1 to 2.3:**

Note 2.1: Retrieved from

[https://hkps-dcp.org.hk/images/downloads/recognition/Guidelines\\_for\\_Recognition\\_of\\_CP\\_program.pdf.pdf](https://hkps-dcp.org.hk/images/downloads/recognition/Guidelines_for_Recognition_of_CP_program.pdf.pdf)

Reference to Guidance for Applicants:

- 1.3 (b) Healthcare professions covered: ‘There is no obligation for participation and the wish of the professions is of utmost importance’.

- 2.4 ‘Healthcare Professional organizations applying for the AR Scheme must be committed to the following: (a) public protection (c) risk management (e) education and training (i) engagement of relevant stakeholders.

### **3. Recognition of accredited programs for non-local trained CP**

#### **3.1. What is the basis of recognizing programs being accredited by the professional bodies instead of the programs being recognized by licensure or registration body?**

There is a distinction between accreditation given by professional associations and a licensing / registration system. For example, in the United States, the National Register of U.S. published a list of approved doctoral programs in psychology which satisfy the educational requirement of licensure. The accepted accreditation bodies comprise of:

- 1) the American Psychological Association (APA),
- 2) the Canadian Psychological Association (CPA), and
- 3) the joint project of the Association of State and Provincial Psychology Boards (ASPPB) and the National Register (NR), the ASPPB/NR Designation Project (Note 3.1).

While APA and CPA do not accredit doctoral program in clinical psychology outside US and Canada (Note 3.1 & 3.2), the NR does. CSPP-HK is the only program in Hong Kong accredited by NR, and this program has every right to claim that it is a program accredited by a nationally recognized body which naturally satisfy the requirement of training students with “a set of minimum clinical knowledge and skills”. To exclude graduates from this program does not appear a reasonable approach. Please provide valid reasons to require additional training in order to regard these graduates as eligible to be registered in the AR Scheme.

#### **3.2. What is the basis of New Zealand registered psychologists being excluded from the path of CPT<sup>2</sup>? The registration of psychologists in New Zealand is being recognized by Australia. If Australia is regarded as one of the countries with advanced**

development in clinical psychology, it is for the benefits of the public to include professionals meeting “a set of minimum clinical knowledge and skills”.

- 3.3. **What is the rationale of denying registration in case the place of clinical placement, license to practice, and the degree is conferred is not the same?** Given the applicants possess recognized professional training / registration / licensure in the recognized countries i.e. U.S., U.K., Canada, Australia, the quality of training is no less than the Master Degree graduates from the two local universities, if not superior. The requirement violates the principle of inclusiveness. Public interest will be jeopardized by reducing the choice and availability of qualified clinical psychologists to the general citizens.
- 3.4. **How does HKICP accommodate the globalization process in modern world by stipulating the requirement of having clinical placement, license to practice, and the degree conferment in the same country?** For example, a Hong Kong student studies in U.S. and obtains a PsyD degree. He later moves to Australia with family and obtain registration in Australia. Although he has completed professional training and obtains registration in developed countries, his registration in Hong Kong will be denied. The restrictive approach will potentially cause harm to public interest and reputational loss to the profession, and is basically illogical and unfair

**Reference notes pertaining to Recognition of accredited programs for non-local trained CP, Questions 3.1 to 3.4**

Note 3.1: Retrieved from

<https://www.nationalregister.org/resources-links/doctoral-programs/> on Jun 28, 2018

Note 3.2: Retrieved from <http://www.apa.org/support/us.aspx> on Jun 28, 2018

Note 3.3: Retrieved from <http://www.cpa.ca/accreditation/FAQ/> on Jun 28, 2018

Note: 3.4: Retrieved from [http://www.ars.gov.hk/files/The\\_Standards\\_En\\_f.pdf](http://www.ars.gov.hk/files/The_Standards_En_f.pdf) on Jun 20, 2018

Reference to Guidance for Applicants:

- 1.3 (a) (i) protect the public through quality assurance and provision of more information to facilitate informed decision on healthcare services’
- 1.3 (b) Healthcare professions covered: ‘There is no obligation for participation and the wish of the professions is of utmost importance’.
- 2.4 ‘Healthcare Professional organizations applying for the AR Scheme must be

committed to the following: (a) public protection (c) risk management (e) education and training (h) establishment of standard for registrants (i) engagement of relevant stakeholders.

#### **4 The requirement of Bachelor degree as a necessary requirement the long-term arrangement of Registration**

- 4.1. **What is the rationale of denying registration when the applicant does not possess a Bachelor in Psychology even though he/she has obtained a doctoral level qualification in an approved program and /or registration / licensure?** The requirement provides unnecessary barrier to potential qualified registrants. The restrictive approach is against public interest by limiting the choices and availability of qualified professionals to meet the mental health needs of people in Hong Kong.
- 4.2. **While Bachelor Degree in psychology is not a requirement of registration/licensure in U.S. (Note 4.1), Canada, U.K. (Note 4.2) and Australia (Note 4.3), what is the rationale of making the Bachelor Degree as a requirement for registration in Hong Kong?** The restriction requirement will differentiate Hong Kong from the requirement of other developed countries without good reasons. The only possible deduction of the rationale behind is to assume that a student who has studied psychology in his/her undergraduate program is much more superior than those who did not, and should be deprived of their rights to pursue education in this profession knowing that the hard work put into the study and the competence thus developed will be ignored simply because the candidate did not choose psychology as their first degree. This is basically discriminatory and is an attack on human rights, leading to tarnishing reputation of the profession in Hong Kong.

#### **Reference notes pertaining to The requirement of Bachelor degree as a necessary requirement the long-term arrangement of Registration, Questions 4.1 to 4.2**

Note 4.1: Retrieved from <http://www.asppb.net/?page=ReqPsych> on Jun 28, 2018

Note 4.2: Retrieved from <http://www.hpc-uk.org/apply/psychologists/threshold/index.asp?printerfriendly=1> on Jun 28, 2018

Note 4.3: Retrieved from <http://www.psychologyboard.gov.au/documents/default.aspx?record=WD17%2f23263&dbid=AP&chksum=j7IJycD7lxLNpIWmNWRhSQ%3d%3d> on Jun 28, 2018

Reference to Guidance for Applicants:

- 1.3 (b) Healthcare professions covered: 'There is no obligation for participation and the wish of the professions is of utmost importance'.

- 2.4 'Healthcare Professional organizations applying for the AR Scheme must be committed to the following: (e) education and training (h) establishment of standard for registrants.'

## **5. On-site supervision model as a necessary requirement for registration**

**5.1. What is the research evidence supporting the supervision model of direct mutual observation of supervisor and supervisee's clinical work (Note 5.1) as the only effective model using in accreditation?** The potential lack of research evidence to support the requirement is against the principle of inclusiveness. The result posts unwarranted hurdle to potential qualified applicants. The public will be denied a right to correct representation of the competence of these clinical psychologists who are not trained under this superseded model, and hence affected negatively as a consequence.

**5.2. What is the rationale of denying AR registration of competency-based supervision model as adopted in U.S. (Note 5.2) and other countries which is supported by evidenced based research?** The exclusion of research-based supervision model being adopted by U.S., Australia, and other developed countries may lead to a reputational loss to the profession, as well as a standstill of the professional development of clinical psychologists in Hong Kong. The service users will be denied of their right to quality service because they are forced to bear with practitioners who are trained from an outdated model of training.

### **Reference notes pertaining to On-site supervision model as a necessary requirement for registration, Questions 5.1 to 5.2**

Note 5.1: Retrieved from

[https://hkps-dcp.org.hk/images/downloads/accredited\\_placement/Guidelines\\_for\\_Accreditation\\_of\\_CP\\_placement.pdf](https://hkps-dcp.org.hk/images/downloads/accredited_placement/Guidelines_for_Accreditation_of_CP_placement.pdf) on Jun 28, 2018

Note 5.2: Retrieved from <https://www.apa.org/about/policy/guidelines-supervision.pdf>;  
[https://c.ymcdn.com/sites/asppb.site-ym.com/resource/resmgr/Guidelines/Final\\_Supervision\\_Guidelines.pdf](https://c.ymcdn.com/sites/asppb.site-ym.com/resource/resmgr/Guidelines/Final_Supervision_Guidelines.pdf)

Reference to Guidance for Applicants:

1.3 (a) (i) 'protect the public through quality assurance and provision of more



information to facilitate informed decision on healthcare services’

1.3 (b) Healthcare professions covered: ‘There is no obligation for participation and the wish of the professions is of utmost importance’.

2.4 ‘Healthcare Professional organizations applying for the AR Scheme must be committed to the following: (e) education and training (h) establishment of standard’

## 6. Grandparenting

- 6.1. **How is objectivity seen in setting a requirement of Proof of Practice for an existing practitioner without qualified training?** HKADCP denies grandparenting criteria to be applied onto its members because grandparenting is primarily tailored for unmet training qualification registrants. In terms of the proof of practice, it will only form another entrance barrier to those qualified clinical psychologists and/or private practitioners outside government or subsidiary institutions who wish to enter the Scheme. The number of years of experience is not necessarily a proof of competency. Demonstration of safe and effective practice should be the focus of attention. Hence, public should have a right to choose practitioners by their treatment effectiveness, their competence of which is endorsed via their regulatory professional body, instead of being directed to choose simply by the number of years of experience as the sole criterion. **What is the rationale of excluding the experience of private practice in Proof of Practice?** The requirement is restrictive and violates the principle of inclusiveness.
- 6.2. **Why Proof of Practice is required for qualified practitioners possessing international recognized education qualification and / or registration / licensure in U.S., U.K., Canada, Australia, and New Zealand?** The existing practitioners of HKADCP members has possessed qualification equivalent, at least not inferior, to the graduates from the CUHK/HKU graduates. According to the formulation of the proposal, the existing grandparenting criteria will be used as a mean to exclude majority of the HKADCP members. Limiting the choices of qualified clinical psychologists in the society is against public interest in view of the significant demand in the community.
- 6.3. **How to protect the general public by identifying the qualified professionals who are denied from registration versus those with unqualified training?** If majority of the HKDACP members are denied from registration, the practitioners will continue to practice outside of the Register alongside with those practitioners with no proper training. There is potential risk that the register will not be able to perform the function of protecting the consumers. The situation may lead to reputational loss to the HKICP,

the Government and the Accreditation Agent resulting in loss of credibility and difficulty / limitation to meet the objective that it was set up for.

- 6.4. **How does the proposed grandparenting arrangement protect the acquired rights of existing practitioners to continue to practice their profession?** In the “Review of Grandparenting Process” by Health Professions Council (HCPC), it states that:

*‘Every natural or legal person is entitled to the peaceful enjoyment of his possessions. No one shall be deprived of his possessions except in the public interest and subject to the conditions provided for by law and by the general principles of international law.’*  
*The European Court of Human Rights has interpreted ‘possessions’ to encompass a wide range of economic interests including, in one case, the right to exercise a profession. Article 13 [the grandparenting provisions] was therefore consistent with the Human Rights Act by recognising the acquired rights of existing practitioners to continue to practise their profession.*

- 6.5. **The grandparenting criteria in implementing the AR scheme in U.K. differentiated practicing professional without qualified training (3 out of 5 years safe and effective practice) and those with qualified training (below three years). What is the rationale of making the current proposal for Hong Kong?**

**Reference:** “Review of the Grandparenting process” by Health Professional Council  
Retrieved from

[http://www.hcpc-uk.org/assets/documents/10001D39Grandparenting\\_report\\_cfw.pdf](http://www.hcpc-uk.org/assets/documents/10001D39Grandparenting_report_cfw.pdf) on  
Jun 2018

### **Reference notes pertaining to Grandparenting, Questions 6.1 to 6.5**

Reference to Guidance for Applicants:

1.3 (a) (i) ‘protect the public through quality assurance and provision of more information to facilitate informed decision on healthcare services’

1.3 (b) Healthcare professions covered: ‘There is no obligation for participation and the wish of the professions is of utmost importance’.

2.4 ‘Healthcare Professional organizations applying for the AR Scheme must be committed to the following: (a) public protection (c) risk management (e) education and training (i) engagement of relevant stakeholders’

## **7 Role of Professional Bodies after the Implementation of AR Scheme**

- 7.1 What is the basis and authority of restricting the roles of other CP organizations after the implementation of AR?** According to the Accredited Registers Scheme for Healthcare Professions (Pilot Scheme)-Guidance for Applicants, the “one professional body” is selected for holding the register and entrusted with related functions to maintain the register and regulating the registrants. There is no restriction on the continuation of existing operation of professional organizations. What is the rationale of including “Roles of Other CP organizations” as part of the proposal, and hence seen to be intervening the autonomy of other CP organizations?
- 7.2 How does HKICP ensure no conflict of interest and favoritism given to HKPS-DCP when HKICP is operated and controlled by HKPS-DCP?**
- 7.3 How does HKICP fulfill the requirement of “broad representation” in the governance of HKICP?**

Reference to Guidance for Applicants:

1.3 (a) (i) ‘protect the public through quality assurance and provision of more information to facilitate informed decision on healthcare services’

1.3 (b) Healthcare professions covered: ‘There is no obligation for participation and the wish of the professions is of utmost importance’.

2.4 ‘Healthcare Professional organizations applying for the AR Scheme must be committed to the following: (a) public protection (b) governance (c) risk management (i) engagement of relevant stakeholders’

## **8. Information Management, Secure Information System and Governance**

- 8.1 How capable is HKPS-DCP able to maintain a secure database of the Registry of Accredited Clinical Psychologist?** HKPS-DCP had reported 2 times breakdown of their on-line data base. (On 21 June 2018, 1:14am, the public could not access into and respond to the 2nd stage public consultation) (DCP reported having lost some response information about Grandparenting, collected on 20 June 10:50pm to 21 June 8:30am). It would be of public interest as to how HKPS-DCP can prove that it has sound corporate governance to establish and run the HKICP to safeguard data privacy of its future registrants and extend the same spirit in its code of ethics to protect patients and clients. Confidentiality of data is a major concern. The problematic data management capacity may pose harm to public interest and creditability of the profession.

### **Part Two: Specific Clarification**

The following are specific questions that need written clarifications:

1. What is your perception of an accredited CP training in HK?
2. Why does HKPS-DCP consider international standards of CP training cannot be adopted in Hong Kong, and the reasons for claiming the apprenticeship system a superior model suitable for and is the best for Hong Kong to train its clinical psychologists?
3. As AIU-CSPP is training program conducted locally in Hong Kong, is AIU-CSPP Hong Kong be considered in the category of ACC CPT1? And why?
4. In respect of the supervision model, the 220d (3c) applies to both local and non-local. What is the exact criterion of 220d (3c)? Why should the in-room “observation of supervisor performing clinical work, and iii) observation of trainee performing clinical work” be a requirement of 220d (3c). Why is the “in-room-apprentice-model of supervision” considered superior to the competence model, and how proved?
5. What is the relationship between HKICP and HKPS? How can the composition of HKICP be made to arrive at a broad representation of the profession?
6. How do you envisage the relationship between HKICP and other CP professional organizations in Hong Kong including HKPS and HKDCP after the implementation of AR scheme? Assuming HKICP understand the importance of professional development and the benefit of diversity of training models, how should it be set up to ensure that there is fairness and justice, and not the continuation of monopoly of the profession by a single group of stakeholders at the expense of service users?