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**Date:** Wednesday, July 11, 2018 11:53PM  
**Subject:** Consultation on the Accredited Register (AR) Scheme for Clinical Psychologists

History:       ✦ This message has been forwarded.

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To LegCo Panel:

(Please circulate among panel members and open for public viewing)

Hong Kong is well known as a stressful city. Adults are facing with different life hassles. Suicide of secondary and university students, which constitutes painstaking news, show psychological health is a vital issue in all walks of life. As such, professionalism and ethics of clinical psychologists as well as regulation of this profession safeguards the psychological health of each citizen in Hong Kong. Not to mention consulting a private clinical psychologist costs a lot of money. As a citizen and potential recipient of clinical psychology service, I would like to raise the followings with regard to the captioned scheme:-

#### 1) Professional clinical psychology training

HKU and CUHK have a long history of running clinical psychology training programme. Their programmes are government-funded which provides recognition of their standard. Clinical psychologists graduated from these programmes contribute to the society in a number of critical incidents in Hong Kong history, including 1993 Lan Kwai Fong tragedy, 1997 Garley Building fire, etc. Some of them are JPs and members of statutory boards and advisory bodies serving the Government. On the other hand, AIU under City University SCOPE, which was recently closed, was a self-financed programme. Part-time programme for a doctorate degree does not give me confidence of adequate training as a full-time 2-year master clinical psychology programme offered by HKU & CUHK. If the programme does produce qualified clinical psychologists and well-received by the candidates of the programme, it would not close down. If the programme is up to standard, it can gain funding from the Government to continue running.

#### 2) On-site supervision

As a layman, I also support on-site supervision by a qualified clinical psychologist at that clinical setting as a yardstick to train clinical psychology trainee. How can a trainee doctor conducts an operation without direct supervision of a qualified doctor in the same operation theatre? Can a trainee doctor handles complications during an operation by himself? Is it

professional in common sense to have a trainee doctor supervised by allied health professional like psychologist or occupational therapist in the field and then supervised by the master doctor in his office? How can I trust a trainee doctor trained in this manner has the professional competence to take good care of my physical health?

Doing no harm is the number one requirement of a professional. I support the current proposed AR Scheme for clinical psychologists which takes good balance of professional competence of clinical psychologists and the provision of quality psychological service to the public.

Best,  
Tony HO