



Hong Kong Association of Doctors  
in Clinical Psychology Limited  
香港臨床心理學博士協會有限公司

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BY EMAIL ONLY [yeoh\_ek@cuhk.edu.hk; ngai\_fong@fhb.gov.hk]

Professor YEOH Eng-kiong  
Director, JC School of Public Health and Primary Care  
Faculty of Medicine, The Chinese University of Hong Kong

Mr FONG Ngai  
Deputy Secretary for Food and Health (Health) 3  
Food and Health Bureau

Dear Professor Yeoh and Mr. Fong

**Re: Public Hearing regarding Pilot Accredited Registers (AR) Scheme for Clinical Psychology Profession**

We are writing in response to Prof. Yeoh's email dated 15 November 2018, and to advise that in the above public hearing at the Legislative Council held on 10 December 2018, HKADCP and various stakeholders of the clinical psychology profession clearly voiced their grave concern towards the current proposal put forwarded by HKPS-DCP. Due to the absence of Professor Yeoh of the Accreditation Agency to the Scheme at the public hearing and given limited time to express our disagreements to the current proceedings of the AR Scheme consultation, we would like to draw your kind attention to the following key themes and critical issues raised by the participants:

**1. No consensus has been reached within the Clinical Psychology Profession**

It is abundantly clear that the vast majority of clinical psychologists who are not HKPS-DCP members are opposed to the HKPS-DCP proposal submitted for consultation. It should be pointed out that HKPS-DCP's claim that they received 80% positive feedback from the consultation is problematic. As a matter of fact, as a major stakeholder of the profession, our Association has repeatedly provided written objections to their proposals in October and November 2018. The voices from independent private practitioners, non-Chinese speaking clinical psychologists and NGOs concerned concurrently denounced the HKPS-DCP proposal as exclusive, and HKPS-DCP's attitude as basically hostile and unacceptable. Due to the non-negotiable nature of the consultation process initiated by HKPS-DCP, **NO CONSENSUS** has been reached between HKPS-DCP and HKADCP, nor between HKPS-DCP and private and non-Chinese speaking practitioners in the field of clinical psychology either.

**2. Eligibility of CSPP-HK Program for the Proposed AR Registration**

In the public hearing, HKADCP and concerned members have clearly pointed out the exclusivity of HKPS-DCP's proposal. The proposed prerequisites for remedial training and

AR registration are obviously designed to screen out overseas practitioner applicants and set barriers to the entrance of graduates from the Doctor of Clinical Psychology program offered by the School of Continuing and Professional Education at the City University of Hong Kong in collaboration with the California School of Professional Psychology, Alliant International University (“CSPP-HK Program”), whilst denying the academic and professional qualifications of these people. It is particularly worth mentioning that HKPS-DCP claims that APA is the only acceptable accreditation agent for any US program whilst it ignores the overarching **ASPPB/NR Designation** status being held by the CSPP-HK Program as an equivalent accreditation. Despite the submission of relevant supporting evidence and documentations by HKADCP to all parties including your esteem agency for the eligibility of the CSPP-HK Program, HKPS-DCP’s proposal remains unchanged without any justifiable reason.

### **3. Disregard of both evidence and international standards**

It is obvious that the proposal submitted by HKPS-DCP is primarily designed to admit graduates from the HKU and CU programs. HKPS-DCP has been dismissive of HKADCP’s suggestion to recognize international accreditation standards of clinical psychologists. HKPS-DCP’s proposed qualification criteria are arbitrary and controversial, being based on their own academic program rather than using an evidence-based methodology that is verifiable. In brief, HKPS-DCP’s proposal lacks substantial evidence that they have paid due regard to those international standards they chose to exclude.

### **4. Scholar’s Critique on DCP’s Proposed Supervision Model**

HKPS-DCP insists on their version of “on-site supervision”, in which the supervisor needs to be present next to the supervisee, observing and correcting the supervisee whilst the supervisee is providing service to clients. This is NOT a conventional type of on-site supervision model being recognized by international professional standards in the CP profession. This particular model of supervision (“in-room supervision”) is peculiar to HKPS-DCP and should be distinguished from the “on-site supervision” commonly recognized by international standards. Various HKPS-DCP members in the recent LegCo public hearing portrayed such “in-room supervision” model in their speeches. In the “Hong Kong Connection” TV episode broadcasted by RTHK on 9 November 2014, such “in-room supervision” model was claimed to be demonstrated in the program<sup>1</sup>.

However, this “in-room supervision” practice proposed by DCP was criticized by Dr. Carol Falender<sup>2</sup> world-leading scholar in clinical supervision in a recent training on clinical supervision conducted in Hong Kong. Commenting on the video clip extracted from the “Hong Kong Connection” TV episode broadcasted on 9 November 2014, Dr. Falender pointed out that this model of supervision could potentially bring harm to the supervisee and leads to negative impact on the therapeutic services provided to clients. In particular, interjecting ideas during clinical sessions, intervening and correcting the supervisee by the supervisor in front of clients in therapy are not being recognized by any professional

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<sup>1</sup> The link to the video is: [https://www.youtube.com/watch?v=l\\_TFnGiOv74](https://www.youtube.com/watch?v=l_TFnGiOv74)

In this “Hong Kong Connection” episode on 9 November 2014, the video segment from 14 mins : 15 sec to 15 mins : 30 sec, the clinical supervision model was demonstrated and explained by a CP supervisor and a trainee receiving training in a hospital setting. It is claimed that the supervision model is adopted by the University of Hong Kong and the Chinese University of Hong Kong in their CP training programs.

<sup>2</sup> Please visit <http://www.carolfalender.com/> for further information regarding Dr. Carol Falender.

standards that she knows of. According to Dr. Falender, this practice of supervision might fall within the “Harmful Supervision” category of Michael Ellis’ “Inadequate and Harmful Supervision” framework<sup>3</sup> and might potentially lead to symptoms of psychological trauma, loss of self-confidence and impairment of the supervisee’s professional or personal life<sup>4</sup>.

Moreover, DCP’s application of “in-room supervision”, which emphasized the supervisor’s role in correcting the supervisee’s verbal instructions to the examinee during the administration of standardized psychological tests (e.g. the intelligence test) deviates from the standard procedures stipulated in the test manuals and may invalidate the results of the tests being administered.

We would provide the video recording of the related training session by Dr. Falender and other speakers in due course.

##### **5. Inclusive proposal suggested by HKADCP**

In view of the non-accommodative attitude of HKPS-DCP and the impasse of the situation, HKADCP in the public hearing has provided a revised proposal, which can offer a more inclusive framework with a list of equivalent standards for the profession under the Scheme (Attached please find a copy of the same). We believe the proposal can provide genuine inclusiveness in accordance with a standard-based orientation for optimal protection of public interests.

##### **6. Importance of Professional Autonomy**

During the public hearing, officials of Food and Health Bureau have given reassurance that their policy of professional autonomy has never changed. It is reminded that the objectives of the pilot AR Scheme is to protect the public through quality assurance and to enhance current society-based registration under the principle of professional autonomy. The Government and the Jockey Club School of Public Health and Primary Care of the Chinese University of Hong Kong (“the Agency”) have respectively expressed the principle more than once that the Scheme will not proceed without consensus within the profession. However, it is apparent that Government officials and Agency are not able to mediate between HKPS-DCP and HKADCP although the latter has demonstrated their best endeavor to re-open negotiation. Even worse, on 15 Nov 2018, the Agency informed HKADCP that they are allowing the second stage of assessment to continue without any consensus. HKADCP questions the rationale of such a proceeding as a clear deviation from the said principle of professional autonomy. Without genuine inclusiveness, we perceive a schism rather than a well-accepted council of the profession being attained. The public hearing is also reminded of the experience of the Supplementary Medical Professions Council (輔助醫療業管理局) that an inclusive resolution can be achieved amongst existing professionals with different training background as far as the Government and the Agency hold a just and fair position of integrity (see the attached Handbook on Accreditation of Educational Programmes for the Purpose of Registration as Supplementary Medical Professions Practitioners).

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<sup>3</sup> Ellis, M. V. (2001). Harmful supervision, a cause for alarm: Commentary on Nelson & Friedlander (2001) and Gray et al. (2001). *Journal of Counseling Psychology*, 48, 401-406. doi:10.1037/0022-0167.48.4.401

<sup>4</sup> Ellis, M. V., Berger, L., Hanus, A. E., Ayala, E. E., Swords, B. A., & Siembor, M. (2014). Inadequate and harmful clinical supervision: Testing a revised framework and assessing occurrence. *The Counseling Psychologist*, 42(4), 434-472.  
<http://dx.doi.org/10.1177/0011000013508656>

## **7. Commissioning of an independent third party professional expert panel**

Since the term of reference of the Accreditation Agency “does not set education and training requirements for entry into any one register”<sup>5</sup>, to effectively and properly evaluate the HKPS-DCP proposal and counter proposal put forward by HKADCP, we are of the opinion that an independent third party panel with experts renowned in accreditation of clinical psychology training programs should be introduced and commissioned so that more objective and professional opinions can be collected and subsequent agreement on an equitable set of local professional standards can be subsequently arrived at.

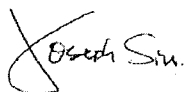
We trust the above have given brief highlights of what HKADCP and the stakeholders of the profession have voiced regarding HKPS-DCP’s consulting proposal for the AR Scheme during the public hearing. Also acting as a reply of the above letter of the Agency to HKADCP, we urge the Government and the Accreditation Agency of the AR Scheme to do the following:

- to **withhold** the coming survey on HKPS-DCP’s consulting proposal until consensus has been reached within the profession;
- to **assess** the submitted revised proposal of HKADCP and provide timely feedback on progress and rationale of any decision made;
- to **commission** an independent third party expert panel for the objective evaluation of the education and training requirements for entry into the AR scheme of the CP profession; and
- to **make reference** to the experience of the Supplementary Medical Professions Council (輔助醫療業管理局) in the implementation of an inclusive regime integrating different interest parties within the profession.

We continue to seek open meetings with the FHB and the Agency regarding any clarification for our revised proposal and will offer assistance required for the commissioning of an independent third party expert panel. Thank you for your prompt attention and will await your positive feedback.

Yours sincerely,

For and On Behalf of  
Hong Kong Association of Doctors  
in Clinical Psychology Limited



Dr. Joseph Siu  
Chairman

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<sup>5</sup> Please refer to session 4.3 (p.14) of the following document published by the AR scheme Accreditation Agency (JC School of Public Health and Primary Care): Accredited Registers Scheme for Healthcare Professions (Pilot Scheme) - Guidance for Applicants, December 2016 (First Edition).

c.c. JCSPHPC  
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香港臨床心理學博士協會  
認可醫療專業註冊先導計劃（臨床心理學界別）  
臨時建議書

2018年12月5日

## 指導原則

香港臨床心理學博士協會（簡稱“本會”）一向支持「認可醫療專業註冊先導計劃」（簡稱“先導計劃”），目的是為公眾提供安全有效的臨床心理服務。從2017年2月17日準時提交初步建議書開始，直至現時更新的臨時建議書，為確保先導計劃的公正性及公信力，本會始終秉持以下三項原則：

### a) 保障公眾利益

為了保證服務質素，只認可以實證為本及經廣受認可的權威機構所確認的訓練課程，使公眾能獲得具備充份專業能力的臨床心理學家服務。

### b) 包容

吸納所有能符合「可接受的基本服務標準」<sup>註1</sup>之申請者，使他們能於劃一標準之監管中保持專業水平。

### c) 公正

對來自不同教育及訓練背景之申請者，只要能符合“可接受的基本服務標準”，以客觀及不偏不倚的公正態度作出評審，杜絕歧視及偏見出現。

## 基本標準的框架

由先導計劃所確立之認證專業團體，將經由下列之途徑，吸納符合“可接受的基本服務標準”之申請者進入認證註冊。

### 途徑 A: 於香港受訓的臨床心理學畢業生

- 擁有臨床心理學碩士或博士學位，其大部分學術教育及臨床訓練均於香港進行；**並**
- 已被納入由香港臨床心理學博士協會或香港心理學會臨床心理學組認可的臨床心理學家名冊內

本途徑之相關課程包括:

- 香港中文大學<sup>註2</sup>或香港大學<sup>註3</sup>提供之臨床心理學碩士或博士課程
- 香港城市大學專業進修學院與美國 Alliant International University 加州專業心理學院合辦於香港提供的臨床心理學博士課程<sup>註4</sup>

**途徑 B:** 符合澳洲、加拿大、紐西蘭、英國、或美國臨床心理學課程監管機構所制定之教育及訓練標準的畢業生 (相關之監管機構名單見附錄一)

**途徑 C:** 依據「祖父條款」進入先導計劃之臨床心理學家

- 已被納入由香港心理學會臨床心理學組認可的臨床心理學家名冊；並
- 未持有正式臨床心理學教育及訓練資歷；並
- 擁有超過 10 年於認可工作機構累積的香港臨床心理學服務經驗

所有經 A、B 或 C 途徑直接進入先導計劃之申請者，均無須參與任何額外的訓練、考試或臨床督導。因為他們已擁有符合本地或國際專業機構所認可的資歷。

### 影響分析及將來安排

經 A、B 或 C 途徑進入先導計劃之申請者，相關的影響分析及將來安排，見附錄二

### 認證專業團體的註冊安排

經 A、B 或 C 途徑進入先導計劃之申請，必須於認證專業團體成立後一年內遞交。

未能經 A、B 或 C 途徑進入先導計劃之申請者，將由下列機制處理：

### 途徑 A、B、或 C 以外的認證機制

在先導計劃實施後，如有申請人不能循以上途徑進行註冊，認證專業團體在聽取臨床心理學專業顧問團隊的獨立評估意見後，可能會進一步修訂認證準則。評估是以保障公眾利益、包容、及公正為指導原則，以確立持續對等的專業能力資歷水平，有關費用將由認證專業團體承擔。

於認證專業團體開始運作後之一年內，將會成立下列兩個的處理機制：

1. 更新資歷名單的機制  
設立機制，持續評估及更新認可的資歷名單。使更多不同背景的臨床心理學家有機會被納入認證專業註冊。
2. 訂立增補考核方式的機制  
對於未能符合已更新的認可資歷名單之申請者，認證專業團體於聽取專業顧問團隊的獨立意見後，將制定適當的增補考核方式，使更多符合專業水平的臨床心理學家能有機會被納入認證專業註冊。有關費用將由申請人承擔。

上述機制將會經常被檢討及改善，使申請人於獲得專業註冊前，做好改善專業水平的準備，最終令公眾能獲得安全有效的臨床心理服務。

## 附錄一

### 途徑 B 相關之國家監管機構名單

#### 澳洲

- Psychology Board of Australia

#### 加拿大

- Regulatory bodies in each Canadian jurisdiction granting licensure to practice:
  - Alberta
    - o College of Alberta Psychologists
  - British Columbia
    - o College of Psychologists of British Columbia
  - Manitoba
    - o Psychological Association of Manitoba
  - Newfoundland Labrador
    - o Newfoundland and Labrador Psychology Board
  - New Brunswick
    - o College of Psychologists of New Brunswick
  - Northwest Territories
    - o Registrar of Psychologists, Department of Health and Social Services
  - Nova Scotia
    - o Nova Scotia Board of Examiners in Psychology
  - Nunavut
    - o Registrar, Professional Licensing, Nunavut Health and Social Services
  - Ontario
    - o College of Psychologists of Ontario
  - Prince Edward Island
    - o Prince Edward Island Psychologists Registration Board
  - Québec
    - o Ordre des psychologues du Québec
  - Saskatchewan
    - o Saskatchewan College of Psychologists

#### 紐西蘭

- New Zealand Psychologists Board

#### 英國

- Health & Care Professions Council

#### 美國

- Association of State and Provincial Psychology Boards (ASPPB) Member Boards
- ASPPB/National Register Joint Designation<sup>註5</sup>



## 附錄 II

香港臨床心理學博士協會於 2018 年 12 月制訂  
有關認可醫療專業註冊先導計劃  
臨時建議書之  
影響分析及將來安排

臨床心理學家的資歷類別	進入先導計劃之影響分析	於先導計劃完成後之將來安排
畢業自香港中文大學或香港大學提供之臨床心理學碩士或博士課程，並已被納入由香港心理學會臨床心理學組認可的臨床心理學家名冊	<b>經途徑 A</b> 直接進入先導計劃；無須參與任何額外的訓練、考試或臨床督導	此資歷將被納入由先導計劃確立之認證專業團體所認可之資歷名單
畢業自香港城市大學專業進修學院與美國 Alliant International University 加州專業心理學院合辦於香港提供的臨床心理學博士課程，並已被納入經香港臨床心理學博士協會認可的臨床心理學家名冊	<b>經途徑 A</b> 直接進入先導計劃；無須參與任何額外的訓練、考試或臨床督導	<i>將來無需安排，因為此課程已停止招生</i>
達到澳洲、加拿大、紐西蘭、英國、或美國臨床心理學課程監管機構所制定之教育及訓練標準的畢業生 (相關之監管機構名單見附錄一)	<b>經途徑 B</b> 直接進入先導計劃；無須參與任何額外的訓練、考試或臨床督導	此資歷將被納入由先導計劃確立之認證專業團體所認可之資歷名單
依據「祖父條款」進入先導計劃之臨床心理學家： 已被納入由香港心理學會臨床心理學組認可的臨床心理學家名冊； <b>並</b> 未持有正式臨床心理學教育及訓練資歷； <b>並</b> 擁有超過 10 年於認可工作機構累積的香港臨床心理學服務經驗	<b>經途徑 C</b> 直接進入先導計劃；無須參與任何額外的訓練、考試或臨床督導	<i>將來無需安排，因為此途徑僅為一次性過渡措施</i>

註 1

Table 2: Key themes of literature review, Final Report of the Regulatory Frameworks for Healthcare Professionals prepared by JC School of Public Health and Primary Care, The Chinese University of Hong Kong retrieved from

[https://www.fhb.gov.hk/download/press\\_and\\_publications/otherinfo/180500\\_sr/cuhk\\_report\\_on\\_regulatory\\_frameworks\\_for\\_healthcare\\_professionals.pdf](https://www.fhb.gov.hk/download/press_and_publications/otherinfo/180500_sr/cuhk_report_on_regulatory_frameworks_for_healthcare_professionals.pdf) 於 2018-11-3 閱覽

註 2

香港中文大學提供之臨床心理學課程資料

<https://www.psy.cuhk.edu.hk/index.php/en/graduate> 於 2018-11-12 閱覽

註 3

香港大學提供之臨床心理學課程資料

[https://www.psychology.hku.hk/?page\\_id=1145](https://www.psychology.hku.hk/?page_id=1145) 於 2018-11-12 閱覽

註 4

香港城市大學專業進修學院與美國 Alliant International University 加州專業心理學院合辦於香港提供的臨床心理學博士課程資料

<http://www.scope.edu/Home/Programmes/PostgraduateProgrammes/DoctorofPsychology/HongKongClinicalPsychologyPsyDProgram/AccreditationProfessionalCredentials.aspx> 於 2018-11-12 閱覽

註 5

ASPPB/National Register Joint Designation

<https://www.asppb.net/page/JointDesignation> 於 2018-11-12 閱覽



## **Provisional Proposal**

### **On the Pilot Accredited Registers Scheme for Clinical Psychologists in Hong Kong**

Issued on: December 5, 2018

## **Guiding Principles**

Hong Kong Association of Doctors in Clinical Psychology Limited (“HKADCP”) embraces the following tenets as the guiding principles in supporting the pilot Accredited Registers Scheme for clinical psychologists (“AR Scheme”), in our original proposal submitted on the deadline of 17 February, 2017 and equally in this Provisional Proposal, trusting that assurance of such tenets by all stakeholders concerned will safeguard and lead to the **impartiality** and the **credibility** of the AR Scheme. The **ULTIMATE OBJECTIVE** of our participation is to address the needs of the community by **the provision of safe and quality clinical psychological services**. To achieve such objective, our tenets emphasize:

a) **Safeguarding Public Interest**

It is, in its essence, taken to be the competence of clinical psychologists trained from programs that can be verified and accredited by third-party authorities which are widely recognized and respected, and supported by evidence-based research.

b) **Inclusiveness**

It is, in its essence, taken as the acceptance of registrants who can satisfy the “minimally acceptable standards of care”<sup>Note 1</sup> that can be reasonably expected from them when they provide psychological services to recipients. These standards are defined under “Framework of Minimally Acceptable Standards” in this proposal.

c) **Fairness**

It is, in its essence, taken to mean an impartial, unbiased and just attitude to accept qualified registrants irrespective of where they received education, and the modality of their training in so far as these education and training satisfy the “minimally acceptable standards of care”, and that this attitude is demonstrated to be free of any political or cartel influences and applied without prejudice to any particular group.

## **Framework of Minimally Acceptable Standards**

The “minimally acceptable standards of care” shall be standards adopted in clinical psychology programs of the following academic institutions and/or standards adopted by the following professional institutions in which applicants hold membership of, or recognition to practice. Applicants who have recognition from one of the following education or professional institutions depicted in Route A, B, or C, shall be deemed to possess registrable qualifications to be admitted as accredited clinical psychologists in the Accredited Professional Body (APB) to be established under the Scheme.

**Route A:** For any graduate of clinical psychology (“CP”) program conducted by any one of the universities in Hong Kong, who

- Holds a Master or Doctoral degree in CP, with **the majority of academic courses and clinical placement conducted in Hong Kong, AND**
- Holds a membership in the Register of Clinical Psychologists maintained by the Hong Kong Association of Doctors in Clinical Psychology (HKADCP) or the Division of Clinical Psychology of the Hong Kong Psychological Society (DCP-HKPS).

Programs currently covered by this route are:

- Master or doctoral degree programs in clinical psychology conducted by the Chinese University of Hong Kong <sup>Note 2</sup>, and the University of Hong Kong <sup>Note 3</sup>.
- Doctoral program in clinical psychology conducted by the School of Continuing and Professional Education at City University of Hong Kong in collaboration with California School of Professional Psychology, Alliant International University <sup>Note 4</sup>.

**Route B:** For any graduate of CP program, who has fulfilled all the education and training requirements as recognized by the national regulatory bodies for CP practice, in either Australia, Canada, New Zealand, the United Kingdom, or the United States of America (A list of these national bodies is given in Appendix I).

**Route C:** For grandfathering any clinical psychologist in Hong Kong who

- Holds a membership in the Register of Clinical Psychologists maintained by Division of Clinical Psychology of the Hong Kong Psychological Society (DCP-HKPS), AND
- Does not possess any formal qualifications in CP, AND
- Possesses proof of practice as clinical psychologist for at least 10 years in recognized work settings in Hong Kong.

All applicants via Route A, B and C shall not have any obligation to attend remedial training, examination, or clinical supervision because they have already attained qualifications and /or experience that meet the registration requirements of respective local and international professional bodies.

### **Impact Analysis and Future Arrangement for CPs Admitted to AR Scheme**

An impact analysis and the related future arrangement for those clinical psychologists admitted to AR Scheme via Route A, B, or C, is given in Appendix II.

### **Registration in the Accredited Professional Body**

Application for registration to the APB from current qualified clinical psychologists via either Route A, B, or C **must be submitted within one year** of the commencement of operation of the APB.

Application for registration to the APB other than via Route A, B, or C shall be registered under the mechanisms given below.

## **Mechanisms for accrediting clinical psychologists other than via Route A, B, or C**

After its establishment and upon applications of these other clinical psychologists not already included in these three routes, the Accredited Professional Body (APB) shall further assess qualifications and competence of these applicants. Such assessment shall be based on the already endorsed registrable qualifications, and to be further adapted with reference to advices from a team of independent and well recognized persons in the clinical psychology profession (hereafter referred to as “independent advisors”) to be engaged by and at the cost of the APB. The purpose of the **assessment is to look for equivalent level of qualifications and competence** basing on the three Guiding Principles of Safeguarding Public Interest, Inclusiveness, and Fairness.

Within one year of the commencement of operation of the APB, two additional mechanisms shall be established to process applications from those holders of CP training qualifications not meeting the endorsed list of registrable qualifications specified in the proposed Route A, B, or C.

1. A mechanism for updating the endorsed list

A mechanism for updating the endorsed list of registrable qualifications shall be established so that positive evaluation results of these objective assessments can be added to the endorsed list of registrable qualifications. The accreditation process of these other clinical psychologists shall then proceed.

2. A mechanism for remedial measures

For those applicants with qualifications and training that cannot meet such equivalent level, these applicants shall be given opportunities to make up for their inadequacy at the recommendation of the APB basing on the opinion of the independent advisors, and at the costs of the applicants.

These mechanisms shall be reviewed and improved from time to time for the purpose of facilitating these individuals’ preparation for professional competence, AND for the purpose of ensuring equivalent level of safety of psychological services to be provided to the community BEFORE their admission as accredited clinical psychologists.

## Appendix I

### List of national regulatory bodies under Route B

#### **Australia**

- Psychology Board of Australia

#### **Canada**

- Regulatory bodies in each Canadian jurisdiction granting licensure to practice:
  - Alberta
    - o College of Alberta Psychologists
  - British Columbia
    - o College of Psychologists of British Columbia
  - Manitoba
    - o Psychological Association of Manitoba
  - Newfoundland Labrador
    - o Newfoundland and Labrador Psychology Board
  - New Brunswick
    - o College of Psychologists of New Brunswick
  - Northwest Territories
    - o Registrar of Psychologists, Department of Health and Social Services
  - Nova Scotia
    - o Nova Scotia Board of Examiners in Psychology
  - Nunavut
    - o Registrar, Professional Licensing, Nunavut Health and Social Services
  - Ontario
    - o College of Psychologists of Ontario
  - Prince Edward Island
    - o Prince Edward Island Psychologists Registration Board
  - Québec
    - o Ordre des psychologues du Québec
  - Saskatchewan
    - o Saskatchewan College of Psychologists

#### **New Zealand**

- New Zealand Psychologists Board

#### **United Kingdom**

- Health & Care Professions Council

#### **United States of America**

- Association of State and Provincial Psychology Boards (ASPPB) Member Boards
- ASPPB/National Register Joint Designation <sup>Note 5</sup>

## Appendix II

### Impact analysis on Clinical Psychologists and Future Arrangement Being affected by the Provisional Proposal prepared in December 2018 by HKADCP In the context of the Pilot Accredited Register Scheme for CP

<b>Clinical Psychologist with Specific Attributes</b>	<b>Impacts on entry to the Pilot AR Scheme</b>	<b>Future arrangement subsequent to the completion of the Pilot AR scheme</b>
Graduate of Master or Doctoral degree programme conducted by the Chinese University of Hong Kong or the University of Hong Kong, AND holds a membership in the Register of Clinical Psychologists maintained by the Division of Clinical Psychology of the Hong Kong Psychological Society	<b>Direct entry via Route A</b> without the any obligation of attending additional remedial training, examination, nor clinical supervision	Such qualifications are to be included in the list of registrable qualifications recognized by the Accredited Professional Body to be established under the Pilot AR Scheme
Graduate of Doctoral degree programme conducted by the School of Continuing and Professional Education at City University of Hong Kong in collaboration with California School of Professional Psychology, Alliant International University, AND holds a membership in the Register of Clinical Psychologists maintained by the Hong Kong Association of Doctors in Clinical Psychology	<b>Direct entry via Route A</b> without any obligation of attending additional remedial training, examination, or clinical supervision	<i>No arrangement will be necessary as this program is currently teaching out in 2018 and no longer admits new students</i>
Holder of a CP training qualification that has fulfilled all the education and training requirements as recognized by the national regulatory bodies for CP practice, in either Australia, Canada, New Zealand, the United Kingdom, or the United States of America (see Appendix I)	<b>Direct entry via Route B</b> without any obligation of attending additional remedial training, examination, or clinical supervision	Such qualifications are to be included in the list of registrable qualifications recognized by the Accredited Professional Body to be established under the Pilot AR Scheme
Existing clinical psychologist with at least 10 years of practice experience in recognized work settings in Hong Kong, AND holding a membership in the Register of Clinical Psychologists maintained by Division of Clinical Psychology of the Hong Kong Psychological Society, AND without any formal qualifications in clinical psychology.	<b>Direct entry via Route C</b> without any obligation of attending additional remedial training, examination, or clinical supervision	<i>No arrangement will be necessary as this is a one-off arrangement in the pilot scheme</i>

*Note 1*

Table 2: Key themes of literature review, Final Report of the Regulatory Frameworks for Healthcare Professionals prepared by JC School of Public Health and Primary Care, The Chinese University of Hong Kong retrieved from

[https://www.fhb.gov.hk/download/press\\_and\\_publications/otherinfo/180500\\_sr/cuhk\\_report\\_on\\_regulatory\\_frameworks\\_for\\_healthcare\\_professionals.pdf](https://www.fhb.gov.hk/download/press_and_publications/otherinfo/180500_sr/cuhk_report_on_regulatory_frameworks_for_healthcare_professionals.pdf) on 2018-11-3.

*Note 2*

CP programs conducted by the Chinese University of Hong Kong retrieved from

<https://www.psy.cuhk.edu.hk/index.php/en/graduate> on 2018-11-12.

*Note 3*

CP programs conducted by the University of Hong Kong retrieved from

[https://www.psychology.hku.hk/?page\\_id=1145](https://www.psychology.hku.hk/?page_id=1145) on 2018-11-12

*Note 4*

CP programs conducted by the School of Continuing and Professional Education at City University of Hong Kong in collaboration with California School of Professional Psychology, Alliant International University retrieved from

<http://www.scope.edu/Home/Programmes/PostgraduateProgrammes/DoctorofPsychology/HongKongClinicalPsychologyPsyDProgram/AccreditationProfessionalCredentials.aspx> on 2018-11-12

*Note 5*

ASPPB/National Register Joint Designation retrieved from

<https://www.asppb.net/page/JointDesignation> on 2018-11-12



Handbook on Accreditation of Educational Programmes for the Purpose of Registration  
as Supplementary Medical Professions Practitioners

**I. Preamble**

1. As statutory bodies established under the Supplementary Medical Professions Ordinance (“the SMPO”) (Cap. 359), the five Supplementary Medical Professions (“SMP”) Boards under the SMP Council are accountable for reassuring the relevant professions and the public that the pedagogical practices in educational programmes in Hong Kong are of distinguished quality and that graduates possess the knowledge and skills enabling them to provide high quality professional services.
2. To achieve this, accreditation system and procedures are developed to provide the Boards with a mechanism to conduct external evaluation and review of educational programmes.
3. In addition, it also allows educational institutions a formal occasion to demonstrate that standards, agreed levels of educational and pedagogical practice, and professional conduct are prudently maintained.

**II. Definition of Accreditation**

4. Institutions applying to the Board are required to prove to its satisfaction the standards, levels of educational and pedagogical practices and professional conduct of their educational programmes. They are required to comply with the accreditation criteria (as mentioned in Part IV), outlining the minimum requirements for accreditation and such other criteria relevant to the profession which Board sees fit and appropriate from time to time, failing which the application will be rejected. In the accreditation, the Board will in general:-
  - (1) review the educational facilities, environment and processes of the institution;
  - (2) evaluate the curriculum of the educational programme, and assess its comparability with the local and international standards;
  - (3) advise the institution on the areas of strength and weakness and the ways to improve in the future, if necessary; and
  - (5) determine whether the institution and/or the educational programme meets the standards and requirements of the Board for provision of education relevant to the profession.
5. The Board accredits educational programmes for the purpose of registration under the SMPO.

### **III. Accreditation Panel**

6. In handling applications for accreditation, an independent accreditation panel shall be set up under the Board to assist it to make in-depth assessment :-
  - a Chairman not affiliated with or employed by the educational institutions concerned;
  - at least one expert renowned in education in the relevant field or in accreditation. Overseas experts may be appointed if necessary;
  - two local members of the concerned profession from different employment background;
  - a representative from the relevant specialty college of Hong Kong Academy of Medicine;
  - a lay member.
  
7. The accreditation panel is required to review the professional standard and quality of the educational programme for the purpose of registration under the SMPO by :-
  - (1) clarifying and verifying the congruency between submitted information and the actual practice;
  - (2) conducting on-site accreditation visits;
  - (3) preparing a written report on its findings in relation to the accreditation criteria to the Board;
  - (4) making recommendations for programme improvement if necessary; and
  - (5) making recommendations on the suitability for accrediting the programme.

### **IV. Accreditation Criteria**

8. In assessing an application for accreditation, reference shall be made to the following major principles :-

- (1) Governance and administration

There should be a governing body responsible to ensure that the mission of the institution is properly implemented. An academic board or committee should be in place to ensure sufficient resources available for the sustainable development of the programme.

Information required

- Membership of the governing body, academic board or committee;
- Terms of Reference of the governing body, academic board or committee;
- Annual reports and minutes of meetings related to the development of the educational programme in application; and
- Strength of the administrative staff, including full time and part time etc

(2) Organization structure and decision making

There should be clear organization structure with committees and departments showing the line of authority pertaining to academic decision processes; such as the planning and development of new programmes.

Information required

- An organization structure showing the major committees and departments;
- Membership and terms of reference of major committees and advisory bodies;
- Information on the academic decision-making process; and
- Statements on the role and duties of department heads / course leaders and external advisors / examiners etc

(3) Programme planning, development and design

The institution should have well-defined policies and regulations governing the award of qualifications. Educational programmes are developed and designed in accordance to the stipulated procedures endorsed by the institution. A master plan for the next three to five years should be developed to cover the existing and new cohorts of students.

Information required

- Organization policy for awarding qualification;
- Procedures in approval of new programmes;
- Policy and regulation relating to curriculum design, credit weighting, assessment, graduation, grading award, disciplinary and appeal system; and
- The development and implementation plan of the programme etc

(4) Curriculum and Syllabus

The curriculum should fully meet the Board's requirements on registration under section 12(1)(a) of the SMPO. Reference shall be made to the current prescribed qualifications for the purpose of registration under section 12(1)(a) of the SMPO as set out in relevant subsidiary regulations.

Information required

- Programme details including title, objective, award, admission requirement, length, mode of teaching, medium of instruction, pattern of attendance and assessment methods;
- Curriculum and syllabus of the programme including subjects, learning hours, mode of delivery and teaching methods;
- Samples of teaching and learning materials; and
- Samples of study projects and assessment records etc

(5) Staff

The institution must have an explicit staff recruitment policy and selection criteria for the programme leader, lecturers and clinical teachers; including formal qualifications, professional experience, research output, teaching experiences and

peer recognition. There should be sufficient provision for different teaching setting and at least 50% of staff employed should be full time. In addition, the minimum teacher to student ratio for classroom teaching, clinical teaching and clinical mentoring should be maintained at a level stipulated by the Board.

Information required

- Profile and curriculum vitae of all teaching staff, including clinical teachers; and
- Teaching capacity and student load for each teaching staff and clinical teacher etc

(6) Staff development, research and scholarly activities

There should be explicit requirement for teaching staff to maintain their clinical proficiency including knowledge and skills. Provision should be made to enhance the teaching staff's competencies. The academic output of individual staff should be closely monitored to ensure that matches with the institution's requirement.

Information required

- Clinical expertise and updating of each teaching staff;
- Development programme for teaching staff; and
- Report on academic achievement etc

(7) Student admission, assessment and support

The institution should provide a student admission policy which includes the selection process and the entry requirement. A record of student profile together with the overall academic attainment of the students upon admission to the programme should be made available. The institution should also define and state the methods used for assessment of its students, including the criteria for passing examination.

Information required

- Student admission and selection policy;
- Student profile, academic and achievement record;
- Assessment methods, passing criteria and appeal system; and
- Policy for weak performing students etc

(8) Clinical practice

Clinical practicum is a key component of the curriculum and should be arranged to match with the educational programme.

Clinical teachers and mentors are important resources for the students. They should be trained and appointed to provide clinical skills training and on-the-job coaching for students. The number of clinical teachers to student and clinical mentors to students should be maintained at a level stipulated by the Board.

To ensure sufficient learning opportunities and resources provided to students during their clinical practice, formal communication should be established between the institution, practical settings and students for operational issues, trouble-shooting and quality improvement. A system to assess the students' clinical knowledge, skills and problem solving ability and professional attitude should also be established.

Information required

- Profile of clinical training grounds;
- Clinical expertise and updating of each teaching staff;
- Profile of the clinical instructors;
- Preparation of clinical instructors and clinical mentors;
- Clinical learning handbook;
- Clinical assessment record;
- Clinical practice performance assessment system; and
- Channel of communication between the institution and clinical practice organizations etc

(9) Programme evaluation

The institution should have stipulated policies and procedures to monitor the quality and effectiveness of its programme and operations. There should be committee structure set up for the approval, validation and re-validation of educational programmes and their monitoring. External bodies from renowned universities or institutions or those recognized by the profession are invited to advise on quality issues. Profile of the serving members and their contributions should be maintained as on-going basis.

Information required

- Committee structure such as advisory committee or academic board involved in the approval, validation and re-validation, and monitoring of educational programmes;
- Terms of reference of any external bodies invited to advice on quality issues of the institution;
- Appointment criteria of external advisors, external examiners, advisory committee, consultant, etc; and
- Evidence of the work of the external bodies; such as programme review reports and records of meetings etc

(10) Educational resources and facilities

The institution should provide sufficient resources such as lecture rooms, library, practical rooms, laboratories, student amenities and other equipment to support the programme at an acceptable level of quality. The facilities should be increased to match with the increased number of student intake. Computers and internet access to clinical databases are made available for both clinical teachers and students for evidenced based practice, learning, teaching and professional development.

#### Information Required

- Class size and numbers of lecture rooms and practical rooms;
- Library holdings including journal subscription and e-learning access;
- Facilities to support clinical practice and skills training etc; and
- (For institution which organizes more than one educational programme) A comprehensive plan on the utilization of the facilities, specifying details such as the number of programmes and students using the facilities and the utilization schedule, so as to satisfy the Board that the facilities are sufficient to cater for all the programmes

#### (11) Programme leadership and management

A programme leader who provides academic and professional leadership is crucial to ensure continuity in the development of the programme. He/she should have the demonstrable commitment and leadership to implement the programme systematically according to the design and development plan. A system should be in place to ensure an annual review and updating of the structure, policies and functions as part of the programme administration.

#### Information Required

- Profile of the programme leader and head of the department;
- Formal involvement of stakeholders including students in the review process;
- Quality improvement strategies, action plan and outcomes; and
- Annual review report etc



新聞稿

2018年12月10日

即時發佈

## 協會出席公聽會闡述立場 業界難達共識 促第三方專家調解

香港臨床心理學博士協會(本會)今日下午出席立法會衛生事務委員會就《認可醫療專業註冊先導計劃》(先導計劃)召開的公聽會,向在席官員及立法會議員申述本會立場。一直以來,本會原則上同意並支持政府推行先導計劃,認為有助提升本港心理服務水平,符合公眾利益。然而現時臨床心理學界別分歧明顯,主要在於評審專業訓練課程各持不同標準,但由於楊永強教授並未被賦予評審專業課程標準的職能,所以本會認為尋找獨立第三方的業內專家作專業訓練課程的評審,期望政府正視問題,盡快推動有關安排。

### 第三方專家調解

香港中文大學賽馬會公共衛生及基層醫療學院作為政府委託的獨立認證機構,在整個認證過程中態度消極,未有正視臨床心理學界別的實際情況,亦無任何方法協助業界收窄分歧。本會亦對楊教授今日未有出席公聽會聆聽持份者的意見感失望。

今日會議上很多與會者提及包容性,當中包括政府代表及認證機構。但本會認為,現時臨床心理學界別有聲音反映包容性不足、分歧未解,尋找獨立第三方的業內專家調解將是適合的處理,期望當局能夠正視事件,盡快作出跟進。

### 學組方案欠包容性

香港心理學會臨床心理學組(學組)於10月提交的最新認證方案,明顯是為中大及港大畢業生「度身訂造」,欠缺包容性,只有該兩校的畢業生才可以直接進入名冊;非中大或港大的畢業生即使已有博士學歷,具備豐富執業經驗,甚至已取得英、美、澳、紐等地取得執業資格,都要接受額外訓練、督導及考核等重重關卡,將來亦難以獲得認證。

本會副主席蕭柱石博士於公聽會上表示:「申請團體自行訂立方案、諮詢、處理衝突及反對意見,並將方案設計得令自己成為最大受益人,有根本的利益衝突。政府沒有從中制衡,無確保申請團體保持公允。」



會上多名臨床心理學家簡介自己的專業資歷，並分享正面對的情況。他們大多在非牟利團體服務或私人執業，對象包括兒童、家庭及不同性傾向人士等，部份人更取得英國、美國及澳洲的執照。不少臨床心理學家具備多年服務經驗，亦擔心現時的排外方案將中斷臨床心理服務。有擁有澳洲牌照的臨床心理學家甚至無奈地表示：「我可以去澳洲繼續執業，但我的Clients(病人)怎麼辦？」

### 私人執業須被接納

私人執業的臨床心理學家能夠提供更頻密、更長時間和更深入的治療，有助補足公營服務不足問題。有與會者質問為何私人執業經驗不被納入認可評審之中，等同抹殺他們多年來的付出，做法極不公平。而方案要求申請人提交病人紀錄作評審。有服務不同性傾向人士的臨床心理學家表示，受助人未必同意向外披露個案，甚至因而感到難堪，不再對外求助，此舉亦有違專業操守。

美國註冊臨床心理學家及城大CSPP-HK課程總監田良教授在會上指出，她讀畢整個方案文件後，發現即使她擁有豐富經驗仍不符資格註冊。而就算例外地容許她註冊，方案亦要求他提交病人文件。此舉會令他違反美國心理學會(APA)的操守守則，有機會失去執業牌照。她促請政府重新審視評審要求。

### 城大CSPP-HK課程的三重督導模式

對於有意見批評城大CSPP-HK課程欠缺現場督導的安排，本會鄭重澄清，城大的課程是採用三重督導模式，包括現場督導、臨床督導及小組督導，希望相關混淆視聽的言論到此為止。

食物及衛生局官員一直強調政府尊重行業的專業自主。本會認為，現時臨床心理學界別分歧明顯，在沒有共識的情況下強行通過學組方案將令業界進一步分裂，嚴重影響本港心理服務供應，更缺乏基礎談論建立法定註冊制度。

傳媒查詢：Tim Ng [REDACTED]





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### 有關香港臨床心理學博士協會

香港臨床心理學博士協會 (HKADCP) 是一個專業組織，於2012年成立，其註冊會員由臨床心理學家組成，全部具備博士學歷。本會成立的宗旨，是要建立一個專業的臨床心理學家群體，針對社會需要，以服務社群。

### 宗旨

匯集在本港執業的臨床心理學家，維護和促進臨床心理學界的福祉及專業水平，協助會員發展及維持其業務；以及提升公眾的心理健康。

### 本會工作

- 與本港同業建立本港執業臨床心理學家的認可醫療專業註冊計劃
- 提供專業培訓予從事心理健康服務的專業人士及相關持份者
- 整合本地臨床心理學研究與實踐，在教育，公共衛生和政策等方面以改善心理健康服務
- 推動為兒童、家庭、成年(尤其弱勢社群)提供優質的心理健康服務

- 完 -