To: Panel on Health Services, Legislative Council of the Hong Kong Special Administrative Region of the People's Republic of China

Re: Pilot Accredited Registers Scheme for Healthcare Professions – Training Standards and Registration Criteria for Accredited Register ("AR") Scheme for Clinical Psychologists ("CP")

Declaration of potential conflicts of interest/ role conflicts

I am entitled a Registered Psychologist with the Hong Kong Psychological Society ("HKPS") who is also a member of its Division of Educational Psychology ("DEP") and Division of Counselling Psychology ("DCoP"), a Registered Clinical Psychologist with the Hong Kong Association of Doctors in Clinical Psychology ("HKADCP") in HK; an Associate Fellow, a Chartered Clinical Psychologist, Chartered Educational Psychologist and an Applied Psychology Practice Supervisor (in Clinical Psychology, Counselling Psychology and Educational Psychology) with the British Psychological Society ("BPS"), a Practitioner Psychologist (Clinical Psychologist, Counselling Psychologist and Educational Psychologist) with the Health and Care Council ("HCPC") in UK; a member of the American Psychological Association ("APA") and its Division 12 (Society of Clinical Psychology) in USA; and a Registered EuroPsy Psychologist in the fields of practice in Clinical & Health and Education with the European Federation of Psychologists' Associations ("EFPA") across EU. I served as a member of the Membership and Professional Standard Committee of HKPS from 1999 through 2007. I undertook the clinical psychology education and training at the Alliant International University California School of Professional Psychology Hong Kong Program ("AIU/CSPP/HK Program") for my continuing professional development. I applied for the membership with HKPS- Division of Clinical Psychology ("DCP") in 2014, and have kept on communicating with the HKPS-DCP Membership Subcommittee on its changeable membership criteria, and attempted to clarify the HKPS-DCP's misunderstandings of the AIU/CSPP/HK Program since my application. No reply has been received from HKPS-DCP since my last letter dated 11 October 2017.

I have been working in a permanent post of educational psychologist ("EP") in a public sector for more than two decades. Most probably, I shall not practice in the title of "clinical psychologist" in the coming 3-years' term from the establishment of the accredited professional regulatory body (proposed Hong Kong Institute of Clinical Psychologists ("HKICP") on before the review of accreditation under the AR Scheme.

In response to the proposal of HKPS-DCP on the requirements for education & training and registration criteria for the AR Scheme for CP in HK, I am writing to share my concerns in my personal capacity. Being a spectator with no actual personal

interest or benefits involved, I wish I could be objective and rational though critical.

My personal stance

I am pleased that the Government of HKSAR ("the Government") eventually launches a pilot study of the voluntary AR Scheme for healthcare professionals including EP and CP, which aims to protect the public through quality assurance; and uphold standards of the professions registered. I wholeheartedly support this pilot AR Scheme for the sake of the welfare of the public in particular the service-users/ consumers.

I acknowledge all the efforts made by HKPS-DCP to prepare the proposal for the AR Scheme for CP. To protect the public, I fully support that we should ensure "appropriate & adequate professional competence to guard the well-being and safety of service users" and "standard of basic training for providing suitable services to various types of service users".

On the other hand, I ***CANNOT*** convince myself to second the ***additional unfair and unjust exclusive criteria*** imposed on the CPs with the overseas/international qualifications. Those restrictions are actually **not required** by the jurisdictional/ national/international legal entities with the powers to define and legislate over the title and the entitlement to work as a psychologist ("competent authorities") in the well-developed countries such as the HCPC in UK, Psychology Board of Australia ("PsyBA"), New Zealand Psychologists Board ("NZPB"), EFPA across EU, State Licensing Boards in USA and Province & Territorial Regulatory Bodies in Canada (EFFA recognizes the National Register of Health Service Psychologists ("NR"), the Association of State and Provincial Psychology Boards ("ASPPB") and Canadian Register of Health Service Psychologists ("CRHSP") to be the competent authorities in USA and Canada respectively – ASPPB is the alliance of state, territorial and provincial agencies responsible for the licensure and certification of psychologists throughout USA and Canada. The licensing boards of all states of USA and all provinces of Canada are members of ASPPB).

Taking advantages of the additional unfair restrictions, the HKPS-DCP is actually monopolizing the CP service market in HK through controlling the supply of CP by limiting the CPs with overseas/international qualifications to serve the public. While there is a substantial unmet demand for CP services in the professional field/market, the service users/consumers' welfare, right and interest as well as the whole society are further deprived consequently.

The external events and international developments

The Independent Accreditation Agent for the pilot AR Scheme ("AA") (Jockey Club

School of Public Health and Primary Care ("JCSPHPC") of the Chinese University of Hong Kong ("CUHK") as appointed by the Government) has advised the applying professional organizations to consider the external events, international developments, and the applicants from different countries in the registration process and requirements.

One of the external events occur in Hong Kong is, "mental health problems are not uncommon in this high-tempo, action-packed and densely-populated city", as addressed by Dr. Ko Wing Man the former Secretary for Food and Health and Chairman of the Review Committee on Mental Health in the Mental Health Review Report issued by Food and Health Bureau HKSAR in 2017. The data provided in the Report are alarming – with a population about 7.3 million in Hong Kong, extrapolation from worldwide data would indicate that between 1.1 million to 1.8 million people have a mental disorder and between 70,000 to 220,000 people have severe mental illness. Unfortunately, there are only a few hundreds of CP to serve this great number of people with mental problems in HK. As early as in June 2014, both the HKU and CUHK former training directors of CP training programs Drs. Esther Lau and Winnie Mak confessed the unfavorable condition (Dr. Lau: "There is a very clear need, but the waiting time for such services at public hospitals is very long", Dr. Mak: "There are absolutely not enough clinical psychologists around especially in the public sector") as reported in South China Morning Post.

Furthermore, the growing internationalization and globalization have stimulated the mobility of various professionals as well as the delivery of services across national borders around the whole world. HK is a cosmopolitan metropolis. There are a large number of mobile residents, immigrants, expatriates, foreign workers, as well as the talent, professionals and entrepreneurs from overseas via the Government's Admission Schemes in HK. They may experience mental/psychological problems (e.g. homesick, cultural shock and adjustment problems), and they may be in need of psychological services too.

There is a substantial unmet need for psychological services in HK. Too few people have access to CP services at present. The economic toll of mental/psychological problems which includes use of health resources, lower productivity, and reductions in health-related quality of life is huge. This brings adverse impact to the public in the whole society.

Due to the international developments, challenges with the mobility of professional psychologist between regions and countries have come up as an issue that seems to be universal. This worldwide condition is well acknowledged. A number of efforts to

establish a framework and standards across nations have been made over the last decades. The European Certificate in Psychology ("EuroPsy"), which is a European standard of education and professional training in psychology set by the EFPA, represents a major step forward in promoting the mobility of psychologists and the access of clients to psychological services of high quality across more than thirty countries of EU. The International Declaration on Core Competences in Professional Psychology is also adopted by the International Association of Applied Psychology ("IAAP") and International Union of Psychological Science ("IUPsyS").

The Government and AA should consider the above factors seriously in the process of vetting the HKPS-DCP application for AR Scheme, for the sake of the public and the whole society. To protect the public, different kinds of CP service users/consumers' welfare, rights and interest in the era of globalization and international mobility must be addressed. The service users/consumers (those are in needs in particular) have rights to access timely CP services direct; and to choose qualified CP with different education and training routes/models and theoretical orientations that are compatible to them.

<u>The arrangements and pathways of membership registration for the CP with overseas/international qualifications proposed by HKPS-DCP</u>

The HKPS-DCP claims that they have arrangements for the CP with overseas/ international qualifications, as follows:

> 5.2.2 **Long-term arrangement (L2)**
> Applicants with qualification conferred by universities in the United Kingdom (UK), United States of America (USA), Australia and Canada who have fulfilled all the education and training requirements for registration/licensing to practice clinical psychology in the country where the qualification is conferred are normally considered as able to meet the standard of registration. The following requirements are guidelines for case-by-case assessment of overseas qualifications:
> 5.2.2.1 Hold a Bachelor degree with major in psychology or equivalent pre-requisite of study in psychology;
> 5.2.2.2 Hold a Master or Doctoral degree in clinical psychology accredited by one of the following bodies: Australia Psychology Accreditation Council (Australia), Canadian Psychological Association (Canada), Health and Care Professional Council (UK), or American Psychological Association (USA); and the accredited programme should meet the education and competency standards of local accreditation standard set by HKICP (refer to section 5.2.1.2.2); and
> 5.2.2.3 Have proof of fulfillment of all the requirements for registration/licensing to practice clinical psychology in the country of the body which accredited the programme

and where the degree is conferred. As the entry requirement and training standard of different countries may vary, this requirement aims at ensuring the applicant has completed all the necessary education and training requirements based on the standard of a particular country where the degree is conferred.

At the first glance, the arrangement appears reasonable. However, HKPS-DCP adds on the requirements 5.2.2.1, 5.2.2.2 and 5.2.2.3 to restrict the CP with overseas/ international qualifications enter the profession to serve the public:

The HKPS-DCP claims, "Applicants with qualification conferred by universities in UK, USA, Australia and Canada who have fulfilled all the education and training requirements for registration/licensing to practice clinical psychology in the country where the qualification is conferred are normally considered as able to meet the standard of registration". However, **the competent authorities of the above countries do not require for 5.2.2.1, 5.2.2.2 and 5.2.2.3**.

I have reviewed the laws and regulations of the State Licensing Boards in USA and Province & Territorial Regulatory Bodies in Canada, 5.2.2.1 "a Bachelor degree with major in psychology" is not required for licensing/registration to practice CP in their jurisdictions. The fundamental courses in psychology, which are taught at the undergraduate (Bachelor) level in UK, Australia and HK, are taught in the CP professional education/training programs at the graduate level in USA and Canada. **"A Bachelor degree with major in psychology" is not necessary in USA and Canada**. This requirement (5.2.2.1) is actually ***unfair and unjust*** to those CP with qualifications conferred by universities in USA and Canada but without "a Bachelor degree with major in psychology". ***This requirement appears to exclude the CP with USA and Canada qualifications*** to serve the HK society.

By 5.2.2.2, HKPS-DCP requires applicants "Hold a Master or Doctoral degree in clinical psychology accredited by one of the following bodies: Australia Psychology Accreditation Council (Australia), Canadian Psychological Association (Canada), Health and Care Professional Council (UK), or American Psychological Association (USA)". This requirement is inconsistent to 5.2.2 "Applicants … who have fulfilled all the education and training requirements for registration/licensing to practice clinical psychology" in UK, Australia, USA and Canada. The competent authorities are HCPC in UK, PsyBA in Australia, State Licensing Boards in USA and Province & Territorial Regulatory Bodies in Canada, **NOT** the Australia Psychology Accreditation Council ("APAC") in Australia, American Psychological Association ("APA") in USA, or Canadian Psychological Association ("CPA") in Canada. As mentioned earlier on, a competent authority is a legal entity with the powers to define and legislate over the title and

the entitlement to work as a psychologist. These competent authorities share the same purpose of our AR Scheme, i.e. to protect the public protect the public through quality assurance; and uphold standards of the professions registered.

On the other hand, **APAC, APA and CPA are NOT statutory professional regulatory bodies**. According to APA, "Accreditation is a **voluntary, nongovernmental** process of self-study and external review intended to evaluate, enhance, and publicly recognize quality in institutions and in programs of higher education … **Accreditation is intended to protect the interests of students**, benefit the public, and improve the quality of teaching, learning, research, and professional practice." Thus, accreditation in psychology is intended to: "achieve general agreement on the goals of training ... encourage experimentation on methods of achieving those goals and ... suggest ways of establishing high standards in a setting of flexibility and reasonable freedom." Although APA is the only "programmatic" accrediting agency approved by the U.S. Department of Education for doctoral level psychology programs, **graduated from an APA-accredited program is NOT necessary for licensure in USA**.

By reviewing the laws and regulations of the State Licensing Boards in USA and Province & Territorial Regulatory Bodies in Canada, the competent authorities share the typical requirements below:

> An earned doctoral degree from an institution accredited or recognized by a national or regional accrediting agency and a program accredited by **any** of the following:
> (i) The American psychological association, office of program consultation and accreditation;
> (ii) The accreditation office of the Canadian psychological association;
> (iii) A program listed by the association of state and provincial psychology boards/national register designation committee
>
> (Ohio State Board of Psychology)

Some jurisdictions in USA, e.g. California Board of Psychology and New Jersey Board of Psychological Examiners explicitly declare: "No educational institution shall be denied recognition as a recognized educational institution solely because its program is not accredited by any professional organization of psychologists".

Completion of a program accredited by the CPA is not necessary for licensure in all jurisdictions in Canada either. CPA only accredits programs at doctoral level. However, some provinces or territories in Canada, e.g. Alberta, New Brunswick, Newfoundland & Labrador, Nova Scotia and Saskatchewan accept a Master's degree for CP statutory registration, not to say CPA-accredited doctoral degree.

Based on the above, the requirement 5.2.2.2 is ***unfair and unjust*** to those CPs from

non-APA- or CPA-accredited programs but have fulfilled all the education and training requirements for registration/licensing to practice CP in USA and Canada. By imposing 5.2.2.2, it is likely that ***HKPS-DCP intends to exclude these CPs to serve the HK public***.

The APAC is appointed by the PsyBA as the higher education accreditation authority for the psychology profession in Australia. One of the main functions is "Developing standards for the education and training of psychologists for approval by the PsyBA". By review of the PsyBA and APAC websites, **not all the APAC-accredited programs are approved by the PsyBA**.

To ensure the standards for the education and professional training of CP for practice, the above competent authorities monitor local education and training programs by means of approval or designation. In this view, **our HK Government, AA and the public shall have confidence to recognize those CP practitioners who have received education and training from any of the CP training programs approved/designated by these authorities (HCPC in UK; PsyBA in Australia; APA-accredited programs, CPA-accredited programs and ASPPB/National Register Designation in USA and Canada)**.

The idiom "Devil is in the details" could be used to describe the requirement 5.2.2.3 "Have proof of fulfillment of all the requirements for registration/licensing to practice clinical psychology in the country of the body which accredited the programme and where the degree is conferred". This is reasonable to "Have proof of fulfillment of all the requirements for registration/licensing to practice clinical psychology in a well-developed country [where we are confident]". However, this reasonable requirement is followed by "***in the country of the body which accredited the programme and where the degree is conferred***". Straightly speaking, this demands the applicants to show the practicing CP license in the countries in which they obtain the CP degree. This additional requirement denies the current developments in the era of internationalization and globalization. As indicated earlier on, the mobility of professional psychologist between regions and countries have already come up as a universal issue.

I have reviewed the requirements for the practitioner psychologist (including CP) licensure/registration for overseas/international applicants set by the competent authorities of the well-developed countries such as the HCPC, PsyBA, NZPB, EFPA, NR, ASPPB, CRHSP, State Licensing Boards in USA and Province & Territorial Regulatory Bodies in Canada. **This additional requirement, which restricts international mobility, is not identified**.

This requirement discourages HK students go abroad for further study and training in CP and then contribute themselves to their motherland upon return. Unlike HK where the graduates of the local CP training programs need not sit for registration examination and undertake post-graduation supervised practices before getting registered, the CP graduates are required to take the licensing examination and at least one to two years of post-graduation supervised practices in Australia and most jurisdictions of USA and Canada. The CP graduates in these countries have to secure an employed post of interns or provisional psychologist for their post-graduation supervised practices and to enroll the licensing examination. Yet, it is not so feasible for the overseas students to change their student visa to work permit and to get employment for the post-graduation supervised practices for licensure/registration/ endorsement there.

It is not uncommon that the local practicing CP who receive overseas training are not licensed or registered in the countries where they obtained the CP degree. For examples, Dr. Ephraem Tsui (a very experienced CP who have also been a lecturer in HKU CP Program, HKPS President and Chair of HKACP) and Dr. Christian Chan (Associate Professor/Clinical Director in HKU CP Program who have also been the Vice-Chair (Membership & Professional Standard) of HKPS-DCP) obtained their CP degrees in UK and USA respectively, but they are not registered/licensed there, according to their CVs uploaded on HKU webpage. Are they required to take the Transitional Arrangements?

The requirement "Have proof of fulfillment of all the requirements for registration/ licensing to practice clinical psychology *in the country of the body which accredited the programme and where the degree is conferred*" is indeed a ***harsh demand for the HK students receiving overseas CP education and training to be registered in HK upon return***.

HKPS-DCP tires up the above additional unfair and unjust requirements 5.2.2.1, 5.2.2.2 and 5.2.2.3 with the conjunction "and". In other words, ***an applicant who does not fulfil any one of these requirements will be excluded from the CP profession by AR. This is a good mean of HKPS-DCP to control the supply of CP in the field/market in HK for their benefits/vested interest***.

The main purpose of the AR Scheme is to protect the HK public. The jurisdictional/ national/international competent authorities such as the HCPC, PsyBA, NZPB, EFPA, NR, ASPPB, CRHSP, State Licensing Boards in USA and Province & Territorial Regulatory Bodies in Canada regulate CP profession by means of licensure and registration protect their citizens and residents. To uphold the principle of protection

for their citizens and residents, these competent authorities set up precise and rigorous vetting process to evaluate the overseas/international applicants for licensure/registration to practice in their own regions/countries when facing the challenge of the mobility of professional psychologist between regions and countries. In this view, ***HK Government, AA and the public shall have confidence to recognize those CP practitioners who are subject to registration, licensing or any other form of regulation in these competent authorities, and include them in the AR Scheme. The unfair and unjust requirements proposed by HKPS-DCP ought to be eliminated*.**

Issues related to supervision

HKPS-DCP keeps on highlighting the essence of onsite clinical supervision. According to their interpretation, "'supervised clinical practice' meant the clinical training had to be conducted under supervision by onsite clinical psychologist. 'Onsite' meant the supervising clinical psychologist had to be providing the clinical psychology services for the service recipients in the placement setting." Hence, they set the qualifications of supervisors as follows:

> 5.4 Qualifications of supervisors
> 5.4.1 The supervisor of a CP trainee shall be a qualified clinical psychologist, i.e. a registrant of HKICP, who has at least 3 years' full-time post-qualification relevant experience.
> 5.4.2 The supervisor should be employed as clinical psychologist in the setting and be able to provide on-site supervision in the unit in which the work is carried out.
> 5.4.3 When the supervisor provides supervision in a particular setting, he/she should normally have worked for at least one year in the placement setting.

I agree the essence of onsite supervision. On the other hand, I think that ***HKPS-DCP has overstated the onsite clinical supervision***.

In the "Guidelines on Practicum Experience For Licensure" published by ASPPB (2009), ASPPB states "Although academic program faculty are accountable for the overall education and practicum experiences of their students, on site practicum supervisors play a critical role in the training of students … supervisors shall be appropriately licensed in the jurisdiction of practice and be a member of the staff at the site where the supervised experience takes place." ASPPB further clarifies, "a licensed psychologist oversee and have primary responsibility for the quality and quantity of the practicum experience, and that the majority of the supervision is provided by a psychologist ... It is also recognized that some diversity of supervision can provide a valuable learning experience for the student. Therefore, these guidelines provide a provision for supervision by other trained mental health professionals, under the oversight of the primary supervisor, a licensed psychologist.

It is recognized that in some settings more than 25% of the supervision is provided by non-psychologists"; and the onsite supervisors "exercise clinical responsibility for the services provided as well as understand the agency dynamics, pressures, client population, intervention strategies, and site limitations. Member of the staff can mean employment or contractual arrangement". According to the above clarification, a non-psychologist member of staff in the practicum setting who can "exercise clinical responsibility for the services provided as well as understand the agency dynamics, pressures, client population, intervention strategies, and site limitations" could serve as **the onsite supervisor**. He/she **could be an "other-trained mental health professional"** such as psychiatrist and/or clinical social worker in the agency.

With reference to the "Policy on Supervision" published by BPS-DCP (2014) and the "Clinical Supervision Guidelines for Mental Health Services" published by the Queensland Government, Australia (2009), there are three types of supervision, namely operational/line management supervision, professional supervision and clinical supervision.

3.1 Operational/line management supervision

Line management structures are determined by the employing organisation and line managers are responsible for developing systems for the managerial supervision of staff within their service. Line management supervision has a focus on appraisal and monitoring of performance, and is specifically concerned with operational issues and quality of service ... A key aim is to ensure that there is consistency between the individual's work and the objectives of the service.

3.2 Professional supervision

Professional supervision is a distinct function but may be combined with other roles. It has the overall focus on the individual as a professional within a professional role and its key function is to ensure that professional practice standards, ethics and codes of conduct are met.

Such supervision will address issues such as

- team working and relationships;
- progress against personal development plan (PDP) goals and organizational objectives from the appraisal;
- CPD needs and priorities;
- use of broader competencies, in particular leadership skills (DCP, 2010);
- professional and ethical issues and concerns; and
- longer term career development.

This offers a confidential (in so far as there are no concerns regarding fitness to practice and/or competence) reflective space for clinical psychologists to think and talk about their work, and their responses to the work.

Supervisors will need to possess solid understanding and expertise in key areas of professional competence for clinical psychologists, and have had appropriate preparation for their role of supervisor of qualified professional staff members …

3.3 Clinical supervision

Clinical supervision has the specific purpose to maintain, update and develop clinical skills in assessment, formulation and interventions. This may address clinical work from various orientations – complex cases, based on diagnoses/conditions, interventions or model specific.

Regular clinical supervision within the model of care that the clinician uses is a prerequisite for clinical practice. Such supervision also requires integration of clinical material with theoretical perspectives. There is a particular focus on the need to ensure that the work is evidence based and relates to most recent research and theoretical literature ...

The function is to ensure safe and effective practice within a respectful and trusting relationship. As there may be a high level of personal disclosure, strong emotions and also at times a high amount of challenge from the supervisor it is crucial that a good relationship is engendered and supported.

Clinical supervision will allow reflective space to review on-going clinical work where the individual practitioner can step back and critique this with a view to addressing biases or errors within work and learning new skills, fresh ideas, new perspectives dealing with 'stuckness', dealing with the personal aspect of this. In particular it would allow the exploration of challenging attitudes and mind sets or particular mental frameworks. This would also offer a 'safe space' to allow recognition of the personal impact of the work both generally and particularly at times with individual cases. …

Where the clinician is working to develop clinical skills (and/or qualification) within a particular modality, such as cognitive, interpersonal, psycho-dynamic or systemic therapy, there may be externally determined standards required for accreditation for both the supervisor and supervisee. In this case there will be an expectation to prioritise time for such supervision (including possible travel), CPD opportunities or even to pay for **external supervision**.

3.4. Alternative approaches to the provision of supervision

Supervision, especially clinical supervision, is normally considered to be provided one-to one and face-to-face. However, there are many examples of alternative types of provision.

Clinical supervision could be group based, with an identified lead, or peer based, with all members sharing expertise. It **can be conducted by telephone (such as is common within mindfulness CBT); Skype or other instant messaging solutions as well as email.** Some models (e.g. systemic) use reflective teams or live

supervision, where the supervisor is in the room with the clinician and client. Good practice would indicate the use of recorded or observed material within supervision at times. (DCP Policy on Supervision)

Based on the above, the role and function "exercise clinical responsibility for the services provided as well as understand the agency dynamics, pressures, client population, intervention strategies, and site limitations" could be carried out by the onsite operational/line management supervisor and professional supervisor. On the other hand, ***professional supervision and clinical supervision could be carried out in an external mode and in other communication means***. ***For CP practicum/intern trainees, a faculty member who is a licensed psychologist in the jurisdiction of practice from the CP education and training institute could take the role and function of clinical supervisor***.

Like ASPPB, almost all competent authorities, professional regulatory bodies and CP education accreditation associations agree that ***onsite supervision*** is "normal", "critical", "optimal" and "preferable", but ***not absolutely necessary***. They ***accept "suitable alternatives"***. Here is the documentary evidence:

It is preferable for you [supervisee] supervisor to work in the same location as you but **off-site supervisors may be approved**. … where the supervisor will be off-site need to confirm that provision has been made to address issues with confidentiality, privacy and any other relevant workplace or employment policies, and whether there is provision for direct observation to occur (PsyBA)
While it is optimal that the applicant [supervisee] and supervisors work in the same setting, **a supervisor who works in a different setting is acceptable**, provided that consistent mentoring and regular contact can be ensured, and that the supervisor has access to the client files. (Registration Guidelines: Psychologist Supervised Practice – Requirements and Registration Process, the College of Psychologists of Ontario, Canada, April 2015)
When **students are not being supervised on site** by doctoral level psychologists, the program must provide on-going weekly opportunities for students to discuss their clinical work with a doctoral level psychologist appropriately credentialed (APA Commission on Accreditation ("CoA") Standards of Accreditation for Programs in Health Service Psychology ("SoA") Implementing Regulation ("IR") C-12D, February 2015)
In instances where there is an appropriate placement opportunity but the

requirements stated in Standard 5.3.23 [… field supervisors must also hold current full registration as a psychologist with the Registration Board …] cannot be met, then a staff member from the Institution meeting the requirements stated in Standard 5.1.3 [Staff members who are responsible for any practical placement supervision associated with a course must be registered psychologists … members of, or eligible for full membership of, the appropriate APS College] should be assigned the responsibility for the placement in conjunction with a member of staff at the agency. (APAC Rules & Accreditation Standards for Psychology Courses Ver 10 June 2010)
In normal circumstances, every Intern/Trainee Psychologist must be supervised in their practicum placement by a psychologist with a current practising certificate who is based at the same site as the Intern/Trainee. Where this is not feasible, **the programme/scheme will arrange for additional supervision to ensure adequate oversight, observation, monitoring, mentoring, and enculturation into the practice of psychology**. (NZPB Standards and Procedures for the Accreditation of Programmes and Schemes Leading to Registration as a Psychologist in Aotearoa New Zealand, January 2016)
Supervisors should normally have clinical responsibilities in the unit in which the placement work is carried out, with the exception of **co-ordinating supervisors [in the case of the supervisor in the unit is not a clinical psychologist registered with the HCPC or Chartered with the BPS, the quality and quantity of supervision that is received by the trainee must be monitored carefully by the programme, and a co-ordinating supervisor who is a HCPC registered or BPS Chartered clinical psychologist should be identified to oversee the totality of that placement experience] who do not necessarily need to hold clinical responsibilities at the placement site**. (BPS Standards for the accreditation of Doctoral programmes in clinical psychology, September 2012). ** The requirement for **"supervisors should normally have clinical responsibilities in the unit in which the placement work is carried out" is waived** in the BPS Standards for the accreditation of Doctoral programmes in clinical psychology, from October **2016** on.

Other than the issue related to whether the supervisor is employed in the placement setting, HKPS-DCP also ties "onsite supervision", "direct supervision" and "direct observation" up together and mix up the three issues to justify their arguments for "onsite clinical supervision". Actually, they are three separate issues. ***"Direct supervision" and "direct observation" are not necessarily conducted "onsite"***.

According to the standards and guidelines set by the PsyBA,

> What is direct supervision?
> **Direct supervision** is real time verbal communication between the provisional psychologist and their supervisor, conducted either together in the same room, or **through remote communication methods such as telephone, video conference or Skype**.
> What is direct observation?
> Direct observation means the supervisor observing the provisional psychologist's practice with clients.
> **Direct observation can be live or recorded, in person or remote i.e. in the same room with the provisional psychologist and the client, via two way glass, via videoconference, Skype, teleconference, or by watching a video recording of the session or listening to an audio recording**
> (https://www.psychologyboard.gov.au/Standards-and-Guidelines/FAQ/Transitional-program-FAQ.aspx)

APA offers similar guideline:

> **Direct observation** includes in-person observation (e.g., in room or one-way mirror observation of client contact an intake or test feedback session), **live video streaming, or video recording**. Programs **may utilize audio recording**, but audio recording alone is not sufficient to meet the requirements of direct observation.
> (APA CoA SoA IR C-14 D, February 2015)

Based on the above documentary evidence, ***direct supervision and direct observation can be performed off-site through remote communication methods, and by means of audio-video technologies, other than "in-room" observation. The "direct on-site observation/supervision" has its advantages and disadvantages. Nevertheless, the requirement for "direct on-site observation/supervision" is not absolutely necessary*.**

As indicated earlier on, there are insufficient CP services provided to the community by HK Government due to lack of CP. The non-governmental organizations ("NGO") serving people with mental health issues are not subvented by the Government to employ CP for their service-users. But they are in great need of CP support. Only a few NGO could hire CP with their own financial resources. But the CP (most probably "one-man-band") in these NGO cannot station in one setting, and they have to tour around different settings. ***The criteria for "Qualifications of Supervisor" set by HKPS-DCP are actually unrealistic for the grass-rooted community in HK***. Although the NGO do not have an employed CP, they have other mental-health professionals and they may still offer good practical learning opportunities for CP trainees. The trainees still could learn from ***the collaboration between the CP education and***

training institutes and the NGO – the CP education and training program provides professional and clinical supervision and share clinical responsible for the services provided by CP trainees, and the NGO mental health professionals who "understand the agency dynamics, pressures, client population, intervention strategies, and site limitations" could act as agency supervisor to take the role and function of operational/line management supervision and share some professional/clinical supervision. Although such arrangements are not perfect, they ***are generally accepted by the well-established competent authorities, professional regulatory bodies and education accreditation associations***. ***I hope the HK Government, AA and the public shall not let the HKPS-DCP to take "lack of onsite clinical supervision" as an excuse to exclude the CP*** who have supervised practices in these arrangements during their training to serve the deprived service-users in the community by rejecting them from entering the AR Register.

In their proposal, HKPS-DCP requires those CP without sufficient supervised practice take remedial supervised clinical practice. The CP taking this remedial supervised clinical practice are required to be supervised by the Accredited Clinical Supervisors who fulfill the following criteria:

3.1 Being an accredited clinical psychologist of HKICP (i.e., Member of Register of Clinical Psychologists accredited by Department of Health), 3.2 Has at least 10 years of clinical supervisory experience, and 3.3 Has successfully completed a HKICP-approved Full Training Programme in Clinical Supervision with satisfactory outcome (refer to the Guideline for Accredited Clinical Supervisor (ACS) and Training Provider for ACS HKICP- CPD-GL-007-R0)

The qualification of supervisor in the remedial supervised clinical practice are inconsistent to those for the local training in which the CP students.

5.4.1 The supervisor of a CP trainee shall be a qualified clinical psychologist, i.e. a registrant of HKICP, who has at least 3 years' full-time post-qualification relevant experience.

This is ridiculous. A practicing CP who has already completed appropriate CP education and training and undertaken a certain amount of supervised practice are required to be supervised by an Accredited Clinical Supervisor who has at least 10 years of clinical supervisory experience plus clinical supervision training, while a CP student undertaking foundation training is supervised by a CP who has 3-year-working experience only. This is obviously unfair and unjust.

Moreover, the format of supervision for remedial supervised clinical practice are:

5.1 Direct on-site observation of case assessment or intervention. Video recording of

case assessment or intervention would only be accepted when direct on-site observation is impossible and with prior approval of the Education Committee (EC). 5.2 Review of assessment and case formulation reports. 5.3 Discussion with clinical supervisor on relevant issues in clinical practice. 5.4 Electronic communications (e.g., text messages, e-mails) do not constitute supervision.

While there are insufficient placement setting that fulfill HKPS-DCP for local CP graduate students, how can the CP under the remedial supervised clinical practice seek for various settings that employ senior CP with Accredited Clinical Supervisor qualification to render onsite clinical supervision for them? ***These criteria are actually obstacles set by HKPS-DCP to make the CP applicants for remedial supervised clinical practice give up by themselves***.

No matter which model, the scientist-practitioner or the scholar-practitioner one adopts, ***CP ought to practice on evidence-based and theoretical driven. They should abide by the professional ethics*** too. I sincerely hope, ***the arguments for the measures on the AR proposed by CP and decision/judgement made by AA and the Government in the vetting process would be driven by theories, based on evidence and grounded on ethics***. Prof. Yam of AA has reminded, to take decision solely in terms of the public interest "Selflessness", not to gain financial or other material benefits for ourselves.

Yours sincerely,

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The accreditation agent of the pilot AR scheme