

**From:** Theresa Ng [REDACTED]  
**To:** panel\_hs@legco.gov.hk

**Date:** Tuesday, November 27, 2018 11:21AM  
**Subject:** 就認可醫療專業註冊先導計劃 提出之書面意見

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Dear Madam / Sir,

I have registered to provide my written feedback regarding the setting up of AR scheme for clinical psychologist (CP), my ref no is 65FCBA9.

I work as a CP in the government and am specialized in assessment of children presenting with various developmental problems. In my everyday work, I encounter from time to time parents and children that suffered because they had not been properly assessed or treated by some self-claimed "clinical psychologist", "child psychologist", etc. This often leads to confusions and misunderstanding of the children's presenting difficulties, and parents were often much frustrated in the process. Besides, diagnosis of early developmental problems often come with resources implications such as eligibility to apply for preschool services and other social welfare provisions, so it is important that we have qualified clinical psychologists and they should be scrutinized if they are not conducting their works ethically and competently. As such, we need a robust regime in place to ensure the quality of clinical psychologists, and I sincerely believe that AR is the first critical step needed to serve the purpose.

I am aware of the controversy around the current AR scheme proposed by HKPS-DCP especially on the issue of inclusiveness, and there is a sentiment communicated by some parties who oppose to the current proposal that DCP is trying to monopolize the industry instead of working for the welfare of the general public. Yet, I truly believe that it is essential to ensure that we have CPs with adequate training to equip us to work with people presenting with various mental health problems. By means of adequate training, I would like to emphasize the importance of having on-site supervision, where the trainees could receive objective and immediate feedback for their performance as observed by a qualified supervisor, as psychological assessment and psychotherapy are such dynamic processes that it is difficult to be taught merely through lectures and tutorials, or in "supervision sessions" where trainees retrospectively recall what they have done during their time with their clients. Indeed, I think we would not expect doctors, nurses, and other allied health professionals (e.g. physiotherapists, occupational therapists and speech therapists) to be qualified without being supervised on-site during their clinical training. As such, why would the need for on-site supervision for CP be challenged, if it is not for self-serving purposes?

There are already various pathways in place for practising "CPs" whose qualifications do not meet the registration criteria to be able to fulfill the requirements needed to register as a CP under the current proposal. Considering the possible harm that malpractice of CPs may cause to the public, I genuinely believe the current proposal has balanced the needs to put in place solid training standards and to include those already practicing in the field with various training background. I hope there would be no further delay to establishing the AR scheme for CP given the increasing demands for CP service in view of raised public awareness of mental health issues.

Thanks for your consideration.

Yours faithfully,  
Ng Tsz Ting