

Date: 8th December 2018

RE: December 10th, 2018: Special Meeting of Panel on Health Services

Thank you for the opportunity to share my thoughts and experience. I am a doctorate level Clinical Psychologist (CP). I was born and raised in Hong Kong. My CP training was from the United States (US). I completed my training from a APA-accredited CP program in the US because I knew that in order to practice legally as a CP in the US, I have to obtain certain academic and training qualifications that satisfy their statutory regulations. I knew that I had to complete at least the following three areas to become a practicing psychologist:

- 1) To successfully complete a doctoral level degree in clinical psychology from an accredited program that provides course work and clinical training that is standard-based. The program also needs to provide opportunities for supervised clinical training in which on-site supervision by licensed clinical psychologists is provided. The total hours of supervised training is no less than 1920 hours (Pre-doctorate internship). Most APA accredited programs also provide practicum-training opportunities (General clinical experience, often exceeding 1920 hours, even before applying for pre-doctorate internship). The training program is accredited, and periodically evaluated and monitored by a nationally recognized body. In the US, APA is the accreditation body that is universally recognized by Board of Psychology in all 50 states.
- 2) To pass a national exam for licensure (i.e. EPPP).
- 3) To complete at least 1920 hours of post-doctorate supervised training. The supervision has to be provided by licensed clinical psychologist. In some states, the Psychology Board may require additional post-doctorate supervised hours.

It is important to note that, I knew that if I get a licensure to practice in one State, I would not be automatically allowed to practice in another state. Each state might have particular vetting procedure or additional licensure requirements. Each state and community might have specific needs and requirements.

As clinical psychologists, we are entrusted to look after patients/clients, often in extremely difficult times in their life, our main goal must be to ensure that we deliver a service that they deserve and need. Our society was set up in order to regulate the profession and to ensure that standards are uniform and appropriate for those practicing as a CP. This is the aim of all professional regulatory bodies around the world.

I am hopeful that, in Hong Kong, the current AR scheme for CP, will help put us onto a path to achieve a standard-based regulation system that are at least equivalent of America, the United Kingdom, Australia and New Zealand, in other words the English-speaking countries that have well established and well regulated system to evaluate the basic qualification of practicing clinical psychologists.

It is regretful that history has not been kind to Hong Kong, in that no government in the past has sought to impose statutory provisions that will regulate the practice of clinical psychology in Hong Kong. The public needs protection. When there is no registration or licensure system that helps regulate the practice of a profession, particularly, a health profession, we put the public in danger.

In the same way as a barrister, or a solicitor, certified accountant, and dentist and medical doctors, the title means something to the profession and to the public they serve, we wish those high standards to be imposed upon our profession as well.

I believe that we do not exceed to exclude any person, from anywhere in the world, to practice in Hong Kong, provided that their qualifications meet the standards in Hong Kong, at the very least, meet the standards for licensure or registration in the country where the training program is developed or based.

To try and graphically make the point, to just how important this is, I have seen in my practice in Hong Kong, people claiming to be clinical psychologists, dealing with clients, often young clients, in distressed and potentially dangerous frames of mind, and where their lack of relevant qualifications and training, have led to misdiagnosis, unable to timely and effectively deal with suicidal crisis situation, and incurring extra cost and wasting valuable intervention time.

I do not know whether the future CP registration body in Hong Kong will accept my US training and professional qualification. Yet, I urge the government, our professional bodies, and various stake holders to work together to setup a standard-based registration system for CP as soon as possible. At the present moment, setting up this Pilot Accredited Registers Scheme for Healthcare Professions, including Clinical Psychologist Profession, is a big step forward to the right direction.

Puihan Joyce Chao, Ph.D.
Tel: 2789 2297