

The Department of Health announced on 31<sup>st</sup> October 2019 that HKICP was granted full accreditation status under the Pilot Accredited Registers Scheme for Healthcare Professions.

	Hong Kong Institute of Clinical Psychologists Limited 香港臨床心理學家公會有限公司	Document No.	HKICP-ADM-PO-001-R0
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# Document Control Policy of Hong Kong Institute of Clinical Psychologists Limited

Version	Effective Date
1.0	31/07/2019

Document Number	HKICP-ADM-PO-001-R0
Author	Professional Council
Custodian	Professional Council
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**(Distribution list: This Policy should be read by all staff and members of HKICP, Professional Council and its committees, and the general public.)**

## 1. Objectives

- 1.1 To prescribe the system of document management for Hong Kong Institute of Clinical Psychologists Limited (HKICP).
- 1.2 To ensure that all controlled documents in use are current, appropriate and regularly reviewed.

## 2. Scope

This policy covers all HKICP documents including Policies, Procedures and Guidelines, as well as Transient documents and forms which are attached as appendices to the documents applied within HKICP.

## 3. Definition

### 3.1 Nature of controlled documents

There are 4 levels of controlled documents:

Document Type	Abbreviation	Definition	Status of Compliance
Policy	PO	A document containing description of direction, responsibilities and broad principles to be followed to achieve specific goals. Details are deliberately not included to allow adaptation in different committees according to their specific situations.	Mandatory
Procedure	PD	A document containing detailed description of responsibilities and actions under specified conditions. It outlines how to perform a process and may consist of multiple work instructions.	Mandatory
Guideline	GL	A document which contains recommendations for good practice. It guides HKICP staff and its members but allows them to exercise judgment.	Good practice

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Transient Document	TD	Transient documents mainly serve the purpose of correspondence and therefore are transient in nature. They should be managed according to chronological order and destroyed after a designated period of time.	Variable; content dependent
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### 3.2 Categories of Documents

Documents are categorized according to their contents and scope of practice:

Category	Custodian at Council/ Committee Levels	Code
Administrative	Professional Council	ADM
Financial	Professional Council	FIN
Education and Training	Education and Professional Standards Committee	CPD
Ethics and Complaint Investigation	Preliminary Investigation Committee	ECI
Registration & Standard	Registration Committee	RSD

## 4. Roles and Responsibilities

<b>Author</b>	<ul style="list-style-type: none"> <li>● Draft and write the document,</li> <li>● Review and update document to reflect current practice.</li> </ul>
<b>Custodian</b>	<ul style="list-style-type: none"> <li>● Designated staff/ committee/ working group who own the controlled document,</li> <li>● Initiate, seek approval, issue and review the document,</li> <li>● Ensure the document complies with this Policy,</li> <li>● Ensure contents of the document are up-to-date,</li> <li>● Consult relevant stakeholder(s) and make necessary refinements if needed,</li> <li>● Ensure proper communication channels are in place for dissemination of the new and revised document,</li> <li>● Determine access right.</li> </ul>

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<b>Approver</b>	<ul style="list-style-type: none"> <li>The head of committee/working group (at least on authority level higher than the custodian) who approves contents of or changes made to the controlled document in line with the direction of HKICP.</li> </ul>
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## 5. Development of Document

### Document Format

Documents should be written with standard fonts and font sizes in different parts of the document. Custodian shall follow the template which should have the following elements on the front page and header (Appendix 1):

<b>HKICP logo</b>	Logo pre-set in the Template of Controlled Documents	
<b>Name of HKICP</b>	Full name of HKICP in English and Chinese	
<b>Document number</b>	Document number shall follow standard format: HKICP-CCC-SS-TT-NNN-Rn	
	CCC	Code of committee or working group
	SS	Sub-workgroup under committee or working group, if applicable
	TT	Code for Document Types “PO” = Policy “PD” = Procedure “GL” = Guideline “TD” = Transient Document
	NNN	Sequential number of document identified by 3 digits
	Rn	Revision number of document, e.g. “R0” = first issue, “R1” = first revision, and etc.
<b>Issue date</b>		Refer to Section 6.5.2.
<b>Next Review date</b>		
<b>Approved by</b>		The position of approver (e.g. post title/ name of committee), not the name of a staff
<b>Page</b>		Page number out of the total pages of that document

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## 6. Processes

### 6.1 Initiation and drafting

Controlled documents should be developed according to risk prioritization and their impact on the clinical psychologist profession and HKICP. High-impact documents in high-risk areas should be developed first and more frequently reviewed.

### 6.2 Consultation

Custodian shall consult relevant stakeholder(s) on the document contents and make necessary refinement.

### 6.3 Approval

After consultation with relevant stakeholder(s), the custodian shall seek approval for a new controlled document or revisions to an existing controlled document according to the levels of authority. Custodian should follow the process (Appendix 2) to submit the controlled document to respective approving authority and keep a list of current and archived controlled documents.

### 6.4 Dissemination of Documents

- 6.4.1 All approved documents should be uploaded to HKICP website for the reference of registrants and public by authorized staff (e.g. webmaster/secretariat officer, etc), who should notify the respective custodian after a document was uploaded.
- 6.4.2 Custodians are responsible for ensuring staff / members' awareness and access to the current documents through an appropriate distribution list.

### 6.5 Review and Revision

- 6.5.1 Controlled documents shall be reviewed regularly at an interval of no more than 3 years. A controlled document shall also be reviewed promptly when circumstances arose that may undermine its validity.
- 6.5.2 All revisions must be approved by relevant approving authorities with clear Issue Date (and/or Effective Date) and Review Date.

Situation	Issue Date	Review Date	Revision Number
New document	Date when the document becomes effective	Not applicable	R0



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Scheduled review <b>without</b> amendment	Remain unchanged	Date when the document was reviewed by custodian	Remained unchanged
Scheduled review <b>with</b> amendment	Date when the new version becomes effective	Not applicable	Update to Rn+1

6.5.3 After update, a summary of changes should be included in each updated document, which shows the updates as compared to the previous version.

6.5.4 Only the most updated documents should be made available for access by registrants or public.

## 6.6 Monitoring

Custodians shall regularly monitor the compliance with the controlled documents by formulating an audit plan and report to appropriate stakeholders/ committees if necessary.

## 6.7 Disposal of Document / Record

Custodian and related staff have made reference to the websites of HKSAR government on record management or the guidelines on record management of Hospital Authority for proper disposal of confidential information and personal data in both electronic and paper forms. Details on record disposal are stipulated under Section 4.4 of the Guideline on Information Management and Information Security (HKICP-ADM-GL-006-R0).

## 7. References

### 7.1 InfoSec Website Government of HKSAR

<https://www.infosec.gov.hk/english/main.html>

### 7.2 Government Records Services

[https://www.grs.gov.hk/en/hksar\\_government\\_administrative\\_guidelines\\_on\\_record\\_management.html](https://www.grs.gov.hk/en/hksar_government_administrative_guidelines_on_record_management.html)

### 7.3 “Guidelines on Records Management” of Hospital Authority

<http://ha.home/ho/adm/recordsmgt.pdf>

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## 8. Attachments

8.1 Appendix 1: Template for Controlled Document

8.2 Appendix 2: Document Development Process

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## Appendix 1: Template for Controlled Document

### Whole Document:

Electronic Format	Microsoft Word and Acrobat PDF
Fonts	Arial
Alignment	Justify
Line Spacing	Single
Underlining	None (unless for websites)
Header and Footer	Standard as in this document

### Cover:

Title	Arial font 28 (Bold)
Subtitle (if any)	Arial font 22 (Bold)
Texts in "Version" Box	Arial font 12
Texts in "Author" Box	Arial font 12

### Main Body:

Headings	Arial font 14 (Bold)
Main Body	Arial font 12
Subheadings	Arial font 12 (Bold)
Text under subheadings	Arial font 12

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## Template for Cover Page


# Title (Subtitle if any)

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Document Number	HKICP-CCC-SS-TT-NNN-Rn
Author	<<Post and Name>>
Custodian	<<Post and Name>>
Approved / Endorsed By	<<Respective Committees>>
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## Template for Controlled Document

**(Distribution list: This Policy should be read by XXX)**

### 1. Objectives

#### 1.1 (Objective 1)

#### 1.2 (Objective 2)

### 2. Scope and Definition

### 3. Roles and Responsibilities

### 4. Contents (Content: Title)

#### 4.1 Sub-title

##### 4.1.1

##### 4.1.2

#### 4.2 Sub-title

### 5. Reference Documents

### 6. Attachments

#### 6.1 (Title of attachment)

#### 6.2 (Title of attachment)

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## Appendix 2: Document Development Process

