


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


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Policy on Risk Management of Hong Kong Institute of Clinical Psychologists Limited

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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 The Hong Kong Institute of Clinical Psychologists Limited (HKICP) is committed to the control of risks in a strategic and organized manner. This policy outlines the structure, process, and outcome measures of risk management adopted by HKICP.
- 1.2 This policy provides the framework to identify and manage all risks related to the HKICP's function and its other activities as well as the risks related to the practice of the accredited clinical psychologists. This framework is supported by the risk management plan, policies and procedures and a risk register.
- 1.3 This policy aims to ensure that risks can be identified, classified, prioritized and registered proactively and they can be avoided or mitigated, thus improving the experience and safety of service users and the public.
- 1.4 HKICP strives for continuous improvement through:
 - 1.4.1 Monitoring and reviewing of performance in risk identification, reporting and management;
 - 1.4.2 Maintaining a sound and robust quality management system which is linked to risk management (refer to the Guideline on Continuous Quality Improvement of HKICP: HKICP-ADM-GL-004-R0);
 - 1.4.3 Ongoing training and education for staff, registrants and stakeholders, service users and the public in risk and quality issues of HKICP and clinical psychology services.

2. Scope

- 2.1 This policy covers risks pertaining to the profession of clinical psychology, registrants, HKICP and the Register of accredited clinical psychologists. These risks are classified into the following 4 areas of concern:
 - 2.1.1 The professional practice of clinical Psychology, safety of service users, and public image and confidence;

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- 2.1.2 Professional behavior, technical competence and personal safety of registrants;
- 2.1.3 Responsibility and liability of HKICP; and
- 2.1.4 The Register of Accredited Clinical Psychologists.
- 2.2 This policy applies to HKICP, committees under HKICP, staff and registrants of HKICP.


3. Definitions

- 3.1 Risk refers to “the effect of uncertainty on objectives”. Any uncertainty that affect the provision of quality clinical psychology service or the operation of HKICP is considered a “risk”.
- 3.2 Risk management is the management of these uncertainties.
- 3.3 Risk management framework is the systematic application of management policies, procedures and practices for the activities of communicating, consulting, establishing the context, and identifying, analyzing, evaluating, treating, monitoring and reviewing risks.

4. Roles and Responsibilities of Different Parties in Risk Management


4.1 HKICP

- 4.1.1 HKICP is the official body to regulate the standard of practice of registrants. It should ensure that an integrated, institute-wide risk management framework addressing administrative operation and clinical risks is developed, documented and implemented.
- 4.1.2 HKICP is responsible for communicating with all stakeholders in the clinical psychology service (including practitioners, employers and the public) about any risks that may affect public well-being (e.g. announcement of inappropriate practices, update of test instruments, etc.).
- 4.1.3 HKICP keeps an annual record of the Risk Register. The Risk Register will be accessible to all registrants and relevant staff in clinical psychological service settings.

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4.2 Professional Council

- 4.2.1 The Professional Council of HKICP (Council) should ensure that policy/guidelines and the risk management framework addressing administrative operation and clinical risks are consistent with relevant legislation, requirements of the Accredited Registers Scheme of the Department of Health, HKICP's standards, guidelines and/or codes of practice, and are readily available to staff and registrants of HKICP.
- 4.2.2 Council is responsible for managing risks of the administrative operation of HKICP. Key administrative operation risks should be identified annually and recorded in the risk register with proposed feasible ways to control the risks. Council will disseminate information/articles or organize seminars/talks related to risk management for HKICP staff and committee members. Council will also invite staff and committees under HKICP to report risks identified together with the mitigating and/or preventive strategies annually with the Risk Register Entry Template (Appendix 5). Council members should continuously monitor and review identified risks, their respective risk control strategies and implementation.
- 4.2.3 Risk management will be a standing item in the agenda of the Council meetings.
- 4.2.4 Council is also responsible for managing the risks related to the practice of registrants and safeguarding the service users, the public and the practitioners, through information and guidance on risk identification and management.
- 4.2.5 Council will update the Risk Register annually.
- 4.2.6 Representatives of the Council will monitor the Risk Register regularly and report in the Council meetings to ensure that it is accurate and up to date. Outcomes of risk analysis and management will also be reported. Council will also review the risk management framework and ensure that improvements are made as required.
- 4.2.7 Council will assign the Education and Professional Standards Committee to conduct the continuous quality improvement programmes annually (refer to the Guideline on Continuous Quality Improvement of HKICP: HKICP-ADM-GL-004-R0).


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4.3 Education & Professional Standards Committee

- 4.3.1 The Education and Professional Standards Committee under the Professional Council is the executive body which evaluates risks related to clinical psychology practices and reports to the Professional Council. Members of the Education and Professional Standards Committee should monitor and evaluate any potential risks (e.g. on assessment tools, psychotherapies, new equipment, working with vulnerable groups) and propose feasible ways to control the risks, with reference to published evidence, to the Professional Council.
- 4.3.2 The Education and Professional Standards Committee is responsible for monitoring any further incidence of the identified risks and report to the Professional Council, including possible need to raise the risk alert to registrants and other stakeholders. Outcomes of risk analysis and management are also reported to the Professional Council in the Council meetings.
- 4.3.3 Risk management will be a standing item in the agenda of the Education and Professional Standards Committee meetings.
- 4.3.4 The Education and Professional Standards Committee will provide input to the Professional Council for the annual update of Risk Register. This is attained through risk analysis using qualitative and quantitative data, e.g. annually invite registrants to report risks identified together with the mitigating and/or preventive strategies with the Risk Register Entry Template (Appendix 5), analyzing data from complaints received and potential/ actual risks reported.
- 4.3.5 The Education and Professional Standards Committee will disseminate information/articles about risks, and co-ordinate training activities relating to risk management in the practice of clinical psychology for registrants.

4.4 Registrants of HKICP

- 4.4.1 Registrants will be advised to take an active approach to manage risks in clinical psychology practices.
- 4.4.2 Registrants will be encouraged to update their knowledge of risk management regularly. HKICP will facilitate this by holding seminars, disseminating related information/articles or coordinating trainings on risk management.


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- 4.4.3 Registrants will be encouraged to report any potential/actual risks to the Education and Professional Standards Committee or Professional Council to facilitate the risk identification process.
- 4.4.4 Registrants will be invited to report risks identified with the Risk Register Entry Template (Appendix 5) through different channels, such as reminders through emails or on HKICP webpage, and during renewal of registration.
- 4.4.5 Registrants will be encouraged to report any incidents related to the reported risks. The collected data will be analyzed and used as a continuous quality improvement measure if needed.
- 4.4.6 Registrants will be advised to follow the proposed risk control strategies to ensure safe and quality practices.

5. Risk Management Framework

- 5.1 The risk management framework adopts a proactive stance to identify and manage risks related to business, finance, human resources, environment, information management and service provision of clinical psychology practice. Risk management should be implemented in daily operation and planning. All staff and service users are encouraged to participate in risk management.
- 5.2 The risk management framework consists of a continuous process as illustrated in the following diagram:



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5.2.1 **Identify risks:** identify potential/actual risks

5.2.1.1 **Risks defined by HKICP** are classified into 4 areas (Appendix 1):

- 5.2.1.1.1 Risks pertaining to the profession of clinical psychology,
- 5.2.1.1.2 Risks pertaining to registrants,
- 5.2.1.1.3 Risks pertaining to HKICP,
- 5.2.1.1.4 Risks pertaining to the Register of accredited clinical psychologists.

5.2.1.2 **Risk Taxonomy** can also be applied to categorize risks (Appendix 2).

5.2.1.3 Registrants will be advised note that clinical risks may differ across service settings and target populations.

5.2.1.4 Registrants will also be advised to be aware of the non-clinical risks that are identified for the profession of clinical psychology.

5.2.1.5 The identified risks will be reported to the Risk Register.

5.2.2 **Analyze risks:** analyze and understand level of the risk or risk ranking, underlying causes, and existing control measures,

5.2.2.1 Risks identified will be analyzed by appraising the likelihood of occurrence and the potential consequence (Appendix 3).


5.2.2.2 The Risk Matrix is used as the tool to record and quantify risks identified (Appendix 4).

5.2.2.3 Root Cause Analysis (RCA) represents a systematic approach to identifying the underlying causes of adverse occurrences so that effective steps can be taken to mitigate the risks.


5.2.2.4 Prioritization of risks will then be conducted with consideration of the risk ranking, criticality and tolerability of the risk, and existence and effectiveness of control measures.

5.2.3 **Develop risk control strategies:** develop strategies to avoid, manage, and mitigate risks based on the risk analysis and prioritization.

5.2.3.1 The decisions in risk control strategies should be consistent with the defined internal, external and risk management contexts and taking account of the service objective and goals. Risk control strategies should have:


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- 5.2.3.1.1 Proposed actions
- 5.2.3.1.2 Resource requirements
- 5.2.3.1.3 Person(s) responsibility for action
- 5.2.3.1.4 Time frames (dates for actions to be completed and date for review)
- 5.2.3.2 There are 4 types of risk control strategies options:
 - 5.2.3.2.1 Avoid: This is achieved by either deciding not to proceed with the activity that contains an unacceptable risk, or choosing an alternate activity.
 - 5.2.3.2.2 Control: The most effective methods of risk control are those which redesign the systems and processes so that the potential for an adverse outcome is reduced. Other methods of controlling the risk included reducing the likelihood of the risk and/or reducing the severity of the impact of the risk.
 - 5.2.3.2.3 Accept: Accepting a risk does not imply that the risk is insignificant. Risks may be accepted for the level of risk is so low that specific control strategy is not appropriate within available resources, or no control strategy option is available etc.
 - 5.2.3.2.4 Transfer: This involves sharing some part of the risk through contractual terms, insurance, outsourcing, joint ventures, etc.
- 5.2.3.3 One or more of the control strategy options are selected to best manage the risk, subject to availability of resources, cost and feasibility.
- 5.2.4 **Implement risk control strategies:** communicate strategies to stakeholders and implement risk management techniques and framework;
- 5.2.5 **Review with evidence:** monitor the effectiveness of risk control strategies by gathering information and acting upon them.

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6. Risk Register

- 6.1 The Risk Register is used for documenting the major risk management process, including risk identification, analysis and control, with the target of risk avoidance and mitigation.
- 6.2 Registrants and HKICP staff and committees will be invited to report to HKICP by submitting the Risk Register Entry Template (Appendix 5) annually or when new risks are identified. The Risk Register Entry Template can be downloaded from the HKICP website. The Education and Professional Standards Committee would monitor any potential risks in the practice of clinical psychology and report risks, with reference to published evidence, to the Professional Council. Gathering all this information and suggestions made by The Education and Professional Standards Committee, a Risk Register will be generated, monitored and updated annually by the Professional Council.
- 6.3 The following components should be included in the Risk Register:
- 6.3.1 Description of the Risk – Type and Category,
 - 6.3.2 Existing Control Measures & the associated Analysis of Likelihood, Consequence and Rating,
 - 6.3.3 Proposed Control Measures & the associated Analysis of Likelihood, Consequence, Residual Risk Rating and Risk Reduction Potential,
 - 6.3.4 Target Implementation Date: 1 March 2019,
 - 6.3.5 Review Period, and
 - 6.3.6 Responsible Party.
- 6.4 The HKICP Risk Register is accessible on the HKICP website and should be communicated to all relevant staff in clinical psychology service units, committees under HKICP, staff and registrants of HKICP.
- 6.5 The Risk Register will be audited annually to evaluate the implementation and effectiveness of the control measures


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7. Reference Documents

- 7.1 Hospital Authority. HA Risk Category: Integrity Risks.
http://ha.home/ho/gia/7g_HA_Risk_Taxonomy-Integrity_Risk_V1.pdf
- 7.2 Hospital Authority. HA Risk Category: Patient Care & Safety Risk.
http://ha.home/ho/gia/7l_HA_Risk_Taxonomy-Patient_Care_n_Safety_Risk_V1.pdf.
- 7.3 The Australian Council on Healthcare Standards (ACHS), *The ACHS EQUIP6 Guide, Part 2 – Accreditation, standards, guidelines*. 2016, Sydney, Australia.
- 7.4 The Government of Hong Kong Special Administrative Region Environment Transport and Works Bureau, *Risk Management for Public Works: Risk Management User Manual*, 2005, Hong Kong, HKSAR.
- 7.5 Wilson, Paul F.; Dell, Larry D.; Anderson, Gaylord F. (1993). *Root Cause Analysis: A Tool for Total Quality Management*. Milwaukee, Wisconsin: ASQ Quality Press. pp. 8–17. [ISBN 0-87389-163-5](https://www.asq.org/quality-resources/book/0-87389-163-5).


8. Attachments

- 8.1 **Appendix 1: Risk Classification**
- 8.2 **Appendix 2: Risk Taxonomy**
- 8.3 **Appendix 3: Risk Likelihood Table**
- 8.4 **Appendix 4: Risk Matrix**
- 8.5 **Appendix 5: Risk Register Entry Template**


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Appendix 1: Risk Classification

4 Areas of Risks	Examples of Common Risks
1. Risks pertaining to the profession of clinical psychology	<ul style="list-style-type: none"> • Data security • Confidentiality • Inadequate availability & accessibility of service • Conflict of interest • Unfavourable media assault • Acting out behaviours of clients • Suicidal threats/acts of clients • Inadequate skill mix • Inadequate clinical supervision • Unsatisfactory career development • Failure to attract right talent into the workforce • Omission of patient consent • Unsatisfactory workforce planning • Inadequacy in secretarial support
2. Risks pertaining to Registrants	<ul style="list-style-type: none"> • Delay of assessment/treatment • Misdiagnosis • Miscommunication with clients/carers • Inappropriate use of tests/equipment • Use of outdated assessment tools • Poor documentation • Complaints by clients • Keeping update on body of knowledge • Burnout • Disagreement with co-working team members • Inappropriate use of client data • Non-compliance with CPD requirements • Omission of indemnity coverage • Infringement of intellectual property • False representation in public announcement • Mental health problems in Registrant

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3. Risks pertaining to HKICP	<ul style="list-style-type: none"> • Financial crisis • Inadequacy of access to information for the public • IT breakdown • Complaints about the operation • Misjudgment of qualifications of applicants • Biased consideration of interests of registrants in certain sectors • Lack of recognition by the general public • Lack of recognition by the potential registrants
4. Risks pertaining to the Register of accredited clinical psychologists	<ul style="list-style-type: none"> • Lack of accessibility to the Register • Outdated register • Inaccurate information of the Register • Inconsistent procedures/policy in inclusion or exclusion of registrants


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Appendix 2: Risk Taxonomy

Strategic & External Risk	Govt. Policy. Stakeholders. Law & Regulations. Economy. Demographics. Technology. Market Share. Community needs & expectations. Population health. Societal trends. Suppliers. External disasters. External relations. Labour market.
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Process Risk	
Empowerment Risk	Purpose. Structure. Leadership. Authority. Boundaries. Alignment. Rate of change. Performance measurement. Compliance. Accountability


Financial Risk	Service User Care & Safety Risk		Human Resource Risk
Financial Planning Funding / Reserves Financial Accounting Revenue / Expenses Payroll accounting Assets & Liabilities Accounting systems Accounting / Reporting Man. Accounting Budget / Allocation Budget control Treasury Bank accounts Funds transfer Cash management Funds management Insurance Coverage / Claims	<u>Care delivery</u> Assessment Diagnostic Consent Appropriate care Unanticipated clinical outcome Clinical handover Service user transfer Nutrition Discharge / Practice Community care Duty of care	<u>Service User Safety</u> Clinical deterioration Falls Service user behaviour Service user injury <u>Service User Needs</u> Service user rights Privacy / Dignity / Respect Special needs Service user experience Language & communication <u>Research</u> Ethics Clinical trials <u>Record keeping</u> Documentation Recording	Workforce planning Staff relations HR systems Resourcing Recruitment Selection Retention Succession planning Quality workforce Maintain staff Staff welfare Workforce scheduling Ethics & behaviour Staff grievances Staff development Learning & development Professional staff competency Performance development Leadership development Staff reward Remuneration Leave Expenses reimbursement Staff benefits

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Integrity Risk Corruption / Malfeasance Theft / Fraud / Loss Conflict of interest Illegal acts Unethical practice Intellectual property	Business Support Services Risk	IT Risk IT Governance Technology Hardware Software Applications systems Infrastructure Data integrity / Loss Information security
	Med Equipment / Devices Technology Utilization Maintenance Catering & Food Hygiene Food supplies & Storage Food safety & Hygiene Premises equipment Preparation & Production Food delivery Washing / Sanitising	Facilities Risk Planning / Contingency planning Buildings Plant Engineering / Building systems Utilities Grounds Facilities safety Emergency & Disaster response Infection control
Legal Risk Regulatory compliance Statutory breaches Litigation Contractual intellectual property Judicial review	Procurement Contract Management	


Project Risk	Project Management : Planning & Control. Scope. Resources. Cost. Schedule. Chance Major IT Projects : Requirements. Architecture. Design. Technology. Equipment. Integration. User Acceptance. Delivery.
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Ref. : Hospital Authority Risk Taxonomy

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Appendix 3: Risk Likelihood Table

Level	Likelihood Descriptor	Description/Time Scale for ongoing non-project activities or exposures	% Chance during life of project or financial year for budget risk	Per Separations / Occasions of Service
5	Almost certain	<ul style="list-style-type: none"> Expected to occur in most circumstances Expected to occur at least monthly i.e. at least twelve (12) times per year 	Over 95%	1 or more in 10
4	Likely	<ul style="list-style-type: none"> Probably occur in most circumstances May occur in every few months i.e. up to twelve (12) times per year 	> 60% - 95%	1 in 100
3	Possible	<ul style="list-style-type: none"> Probably will occur in time May occur once in every 1-2 years 	> 30% - 60%	1 in 1000
2	Unlikely	<ul style="list-style-type: none"> Possible to occur in time 	> 5% - 30 %	1 in 10,000
1	Remote	<ul style="list-style-type: none"> May occur only in exceptional circumstances May occur once in every 5 years or more 	Up to 5 %	1 in 100,000

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Appendix 4: Risk Matrix

Likelihood		Consequence				
		Insignificant	Minor	Moderate	Major	Extreme
Likelihood	Score	1	2	3	4	5
Almost certain	5	5	10	15	20	25
Likely	4	4	8	12	16	20
Possible	3	3	6	9	12	15
Unlikely	2	2	4	6	8	10
Remote	1	1	2	3	4	5
Risk Ranking	Low	1-5	Moderate	6-15	High	16-25

