Clinical Risk Management Policy

1. Purpose

This policy defines ACCSM's approach to identifying, assessing, mitigating, and monitoring clinical risks within accredited training environments. It ensures a structured, transparent, and proactive system for managing risk and improving patient safety.

2. Scope

Applies to:

- All accredited training sites
- Fellows, Supervisors, and Preceptors
- Trainees and administrative staff
- ACCSM Committees and governance bodies involved in education, safety, or quality assurance

3. Risk Domains

The following categories of clinical risk are monitored:

- Surgical and procedural safety (e.g. complications, consent, infection control)
- Supervision and competence (e.g. inadequate oversight, scope-of-practice breaches)
- Systems failures (e.g. communication errors, documentation gaps)
- Cultural safety (e.g. bias, discrimination)
- Environment of care (e.g. facilities, equipment, staffing)

4. Risk Management Cycle

I. Identification

- Incident reports from training sites, Fellows, trainees, or patients
- Complaints, audits, and adverse event reviews
- Site accreditation visits and clinical evaluations

II. Risk Assessment

- Severity: potential for harm to patient or trainee
- Likelihood: frequency or recurrence of the issue
- Preventability: scope for intervention or correction

III. Mitigation

- Corrective actions for immediate safety risks (e.g. procedure suspension, supervision changes)
- Systemic responses (e.g. protocol revision, training, site remediation)

- Tracking of actions in the College Risk Register

IV. Monitoring

- Biannual review of open risks by the PSPPC
- Site follow-up visits and audits
- Assessment of repeated incidents, complaints, or supervision failures

V. Review and Continuous Improvement

- Annual reporting of risk data to Council and publication in the Public Safety Report
- Debriefing and feedback loops to the Education and Training Committee, Accreditation Panel, and Curriculum Advisory Group
- Incorporation of findings into preceptor development, trainee orientation, and curriculum content

5. Governance and Accountability

- The PSPPC maintains oversight of the Risk Register and recommends action to Council
- Site risk logs are maintained locally and reviewed during accreditation
- Supervisors and training sites are required to notify the College of any significant safety event within 48 hours
- All incidents are subject to non-punitive review focused on systems learning

6. Confidentiality and Transparency

- Risk data is de-identified when reported to committees or Council
- Whistleblower protections apply
- Risk data is shared transparently in College reports, while maintaining patient and provider privacy

7. Policy Review

This policy will be reviewed biennially by the PSPPC or in response to a significant safety or governance incident

This policy takes effect from:	22 Sep 2025
Approved by:	ACCSM Council
Next Review Date:	22 Sep 2027