



# **Pengurusan Risiko dan Peluang (Risk and Opportunity Management)**

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**Pengurus Risiko MS ISO9001 : 2015  
Pusat Pengajian Sains Perubatan, USM  
22 MARCH 2022**

# DOC ISO PPSP: PENGURUSAN RISIKO DAN PELUANG

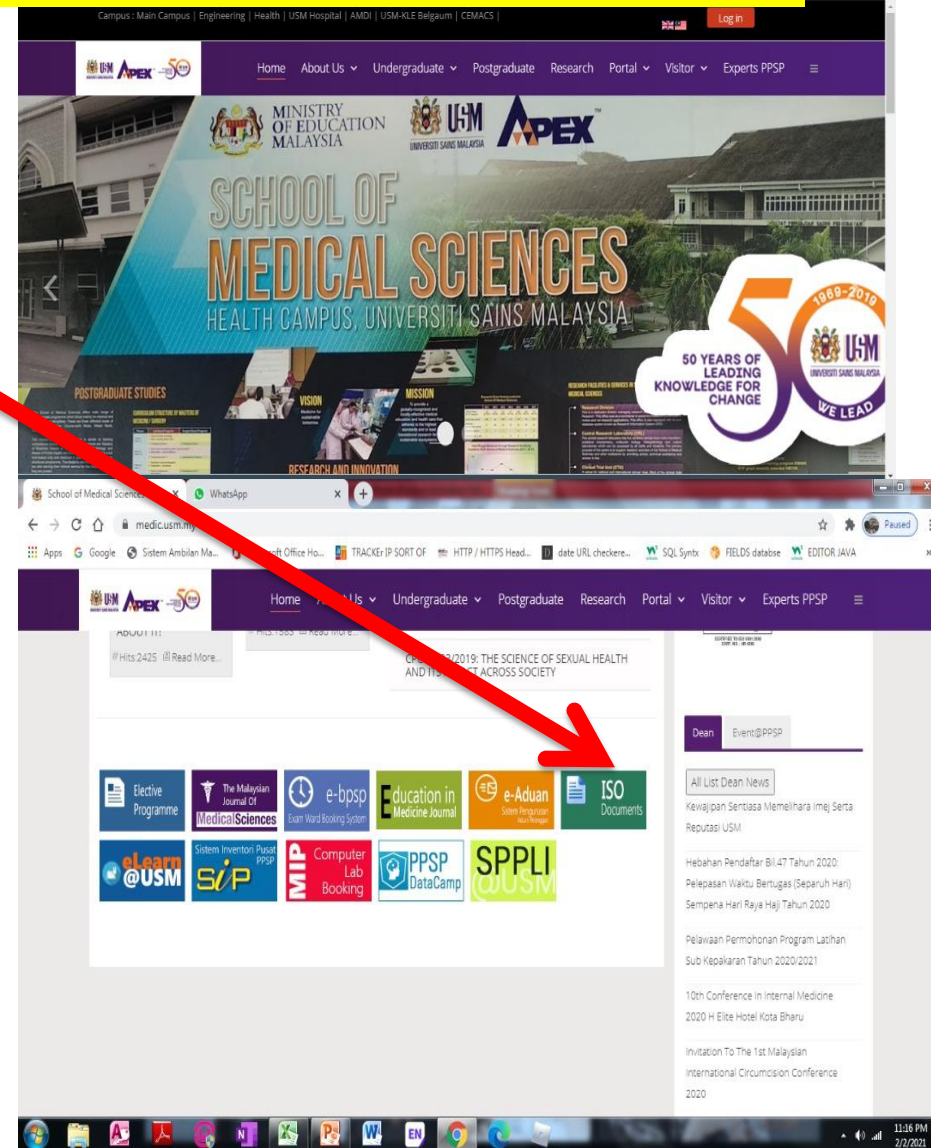
1. medic.usm.my

- ID: stafppsp
- password:ppsp@iso
- Quality Manual
- Risk Management Procedure (Pengurusan Risiko PPSP/QMS/RM)

2. Gmail risiko – Google Drive

\*\*pengurusanrisikoPPSP@gmail.com

\*\* risikoPPSP



The screenshot shows the website of the School of Medical Sciences, Universiti Sains Malaysia. The page features a navigation menu with options like Home, About Us, Undergraduate, Postgraduate, Research, Portal, Visitor, and Experts PPSP. A large banner at the top reads 'SCHOOL OF MEDICAL SCIENCES HEALTH CAMPUS, UNIVERSITI SAINS MALAYSIA' and includes a 50th anniversary logo (1969-2019). Below the banner, there are several tiles for various services and programs, including 'ISO Documents', which is highlighted with a red arrow. Other tiles include 'E-Aduan', 'e-bsp', 'Education in Medicine Journal', 'eLearn @USM', 'Sistem Inventori Papan PPSP', 'MIP Computer Lab Booking', 'PPSP DataCamp', and 'SPPLI QMSM'. The right sidebar contains news and events, such as 'All List Dean News' and '10th Conference in Internal Medicine 2020 H Elite Hotel Kota Bharu'.

# MS ISO 9001: 2015

www.usm.my KLAUSA	MS ISO 9001: 2015
1	Skop
2	Rujukan Normatif
3	Takrifan Istilah
4	Konteks Organisasi
5	Kepimpinan
6	Perancangan (Planning) <b>6.1 Pengurusan Risiko dan Peluang (Actions To Address Risks And Opportunities)</b> 6.2 Perancangan Organisasi (Quality Objectives And Planning To Achieve Them) 6.3 Planning Changes
7	Sokongan
8	Operasi
9	Penilaian Prestasi
10	Penambahbaikan

# PENGURUSAN RISIKO dan PELUANG

- Risiko **sentiasa wujud** dalam setiap aktiviti organisasi
- Risiko boleh menyebabkan gangguan untuk mencapai kualiti objektif organisasi/jabatan/unit
- Risiko ini harus diurus ..supaya keadaan yang tidak diingini dapat dielakkan

## Quality Management System (Sistem Pengurusan Kualiti)

- Kita perlu praktik “**RISK BASED THINKING**” dalam urusan kerja:
  - i. SPK yang berkesan
  - ii. Penambahbaikan prestasi dan hasil kerja
  - iii. Mencegah kesan negatif
- **PELUANG** boleh didapati dengan mengurus risiko dengan baik – seperti senario yang boleh menarik pelanggan/pelajar, hasilkan produk baru, atau meningkatkan produktiviti

# PENGURUSAN RISIKO – Apa yang auditor perlu buat...

- Check/Observe:
  - 1. Rekod Pendaftaran Risiko - mesti ada di jabatan/unit. Kalau tidak ada/: NCR kalau ada tapi tidak tepat : SFI

# Borang Pengurusan Risiko dan Peluang 2022

**RISK REGISTER** PPSP/QMS/RML5

Department: PTJ: PPSP DATE:

Prosedur: Page:

1. Risk Identification						2. Risk Analysis & Evaluation				3. Risk Treatment				4. Monitoring of								
No	Categorization	New / Old risk	Issues	Root Cause	Risk Effect	Current Risk Control	L	I	Risk Rating	Risk Level	Treatment Strategy	Action Plan	Opportunity	Person In Charge	Target Completion Date	Status of action (by dates)			L	I	Rating after mitigati	
													(Yes & page/No) If Yes, please state			By 3 months	By 6 months	By 9 months				

No	Opportunity Identification	Opportunity Treatment	
		Action Plan to be taken on Opportunities	Verification for Effectiveness of Action Taken on Opportunities

Prepared by : Verified by Head of Department/Unit  
 Signature: Signature:  
 Name: Name:  
 Date: Date:

# \*\*BORANG LAMA 2021...

RISK REGISTER

Department:

PTJ:

DATE:

Prosedur:											Page:								
1. Risk Identification					2. Risk Analysis & Evaluation				3. Risk Treatment				4. Monitoring of Effectiveness						
No	Categorization	Issues	Root Cause	Risk	Effect	Current Risk Control	L	I	Risk Rating	Risk Level	Treatment Strategy	Action Plan	Opportunity (Yes & page/No)	Person In Charge	Target Completion date	Status of action (by dates)	L	I	Risk Rating after mitigation

Prepared by :

Verified by Head of Department/Unit

Signature:

Signature:

Name:

Name:

Date:

Date:



**\*\*GUNA BORANG TERBARU...**

Isi department/unit/program DATE ...

**\*\*Lampiran  
Rekod yg betul...**

**\*\*Risiko lama  
date lama...**

PPSP/QMS/RML5

RISK REGISTER

Department:

PTI: PPSP

DATE:

Prosedur:

Page:

1. Risk Identification				2. Risk Analysis & Evaluation				3. Risk Treatment				4. Monitoring of								
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															By 3 months	By 6 months	By 9 months			

Isi nama, tarikh, digital signature

Prepared by :  
signature:  
name:  
date:

Verified by Head of Department/Unit  
signature:  
name:  
date:

Opportunity Treatment			
No	Opportunity Identification	Action Plan to be taken on Opportunities	Verification for Effectiveness of Action Taken on Opportunities

**\*\*Isi kan bahagian Peluang  
sekiranya ada..**

**REKOD PENGURUSAN RISIKO**

Jabatan/Unit : \_\_\_\_\_

1. Bil/Tahun : \_\_\_\_\_

2. Tarikh : \_\_\_\_\_

3. Isu dan risiko yang dikenal pasti :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Punca masalah:

\_\_\_\_\_

5. Kesan masalah ini kepada jabatan/unit

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Kawalan sedia ada bagi masalah ini : ada / tidak ada

Sekiranya ada, nyatakan :

\_\_\_\_\_

7. Sumber maklumat :

\_\_\_\_\_

8. Nama Ahli Pasukan Pengurusan Risiko:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

9. Nyatakan :

a) Kebarangkalian	1	2	3	4	5
b) Impak	1	2	3	4	5

Tahap risiko dan tahap penerimaan:

Tahap tinggi	15	16	20	25	-
Tahap sederhana	6	8	9	10	12
Tahap rendah	1	2	3	4	5

1. Strategi yang diambil terhadap risiko:

<input type="checkbox"/>	Terima
<input type="checkbox"/>	Kurangkan
<input type="checkbox"/>	Pindahkan
<input type="checkbox"/>	Elakkan

2. Pelan tindakan:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Peluang yang diperolehi daripada masalah ini: Ada / Tiada

Sekiranya ada, nyatakan :

\_\_\_\_\_

4. Tempoh untuk pelaksanaan : \_\_\_\_\_

5. Status tindakan :

\_\_\_\_\_

6. Tahap risiko dan tahap penerimaan selepas tindakan diambil:

Tahap tinggi	15	16	20	25	-
Tahap sederhana	6	8	9	10	12
Tahap rendah	1	2	3	4	5

\*Tandatangan (pegawai yang

bertanggungjawab): \_\_\_\_\_

Nama: \_\_\_\_\_

Jawatan : \_\_\_\_\_

# PENGURUSAN RISIKO DAN PELUANG

**BUKAN PENGURUSAN ISU!!**

# PENGURUSAN RISIKO – Apa yang auditor perlu buat...

- Check/Observe:
  - 1. Rekod Pendaftaran Risiko - mesti ada di jabatan/unit. Kalau tidak ada/: NCR kalau ada tapi tidak tepat : SFI
  - 2. Baca risiko yg didaftarkan secara teliti di semua bahagian borang. Pastikan pengurusan risiko bukan isu.

- proses kerja
- pengalaman kerja
- laporan audit
- aduan pelanggan
- rekod kualiti

## 1. Risk Identification

**\*\*NOT ALL ISSUES CAN CAUSE RISK**

**\*\* RISK ARISE FROM ISSUE**

No

Categorization	New /Old Risk	Issues	Root Cause	Risk	Effect
Internal vs External issue	e.g – Old risk (2020)				Effect kepada Stakeholder.. boleh jadi byk effect

## B) INTERNAL ISSUES

No	Category	Relevant issues
1.	Finance	Reduce overall budget allocation for departmental activities
2.	Infrastructure	Equipment maintenance not according to schedule. Lecturer's room not enough; broken chair at lecture hall; No aircond at lecturer's room; Inadequate microscope; Slow Wi Fi, toilets dirty
3.	Technology	New software not available, outdated technology (equipment, software), outdated method (old method of teaching methodology)
4.	Competency	Budget cut for competency training, acceptable assessment for lecturer's competency, staff not competent for certain work
5.	Operation	Process of application took too long; Too many adhoc meetings/ urgent notice; Deadline very short; Procedures not adhered to; Procedures are not adequate to ensure good products/services; High rejection rate/repeated activities for certain task; Communication: not effective, not available, not clear
6.	Work Environment / social wellbeing	Not enough staff; Sexual harassment, emotional or physical abuse; Fighting among staff; Staff dissatisfaction; staff leaving usm
7.	Reputation	Decrease international university ranking, Decrease students preference due to high fees

## A) EXTERNAL ISSUES

No	Category	Relevant issues
1.	Politic	Understanding and implementing the new MOHE blueprint. The always changing visa policies for foreign students,
2.	Economy	Cut of university budget allocation due to recession, Reduction of Scholarship for postgraduate studies,
3.	Social	Adaptation of foreign students to local culture.
4.	Technology	Availability of IT platform/software for teaching& learning (edmodo) and research (Endnote, big data analysis)
5.	Legal	Medicolegal litigation, termination of program? Not complying to purchasing regulation
6.	Environment	Disrupted service due to yearly flood, <b>PANDEMIC COVID</b>

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  - 3. Bahagian Risk Identification: Kategori- berdasarkan internal dan external issue dari Edoc ISO. Isu vs Risk:Pastikan pengurusan risiko bukan isu. Effect pada interested parties



## 2. Risk Analysis & Evaluation

Nilai L&I diberi kepada risiko yang ditulis..

Current Risk Control	L	I	Risk Rating (LxI)	Risk Level
kena selari dengan isu yang ditulis	Nilai	Nilai	Nilai dlm nombor	Tinggi Sederhana Rendah

## JADUAL TAHAP KEBARANGKALIAN



Nilai Kebarangkalian (L)	Kebarangkalian ( <i>Likelihood</i> )	Definisi
5	Kemungkinan yang tinggi	Sangat berkemungkinan untuk terjadi
4	Mungkin	Berkemungkinan dan kerap terjadi
3	Berpotensi berlaku	Boleh berlaku di masa akan datang
2	Terpencil	Sangat jarang berlaku walaupun untuk beberapa tahun
1	Tidak berpotensi berlaku	Mustahil dan tidak pernah berlaku


## JADUAL TAHAP IMPAK

NO.	OPERASI	REPUTASI, IMEJ DAN PERSEPSI	KEMALANGAN	KEMANUSIAAN
5	Operasi utama tergendala sepenuhnya	Antarabangsa	Kematian	Ditamatkan perkhidmatan
4	Operasi utama tergendala sementara	Negara	Kecederaan teruk mengakibatkan hilang upaya kekal.	Tindakan tatatertib
3	Operasi tidak utama tergendala sepenuhnya	Kementerian	Kecederaan teruk mengakibatkan hilang upaya sementara.	Dipindahkan
2	Operasi tidak utama tergendala sementara	Universiti	Kecederaan ringan	Diberi amaran
1	Kelewatan operasi tetapi tidak menjejaskan produktiviti utama	Pusat Tanggungjawab Kampus Kesihatan	Tiada kecederaan	Diberi peringatan

# Risk Rating

**JADUAL MATRIKS RISIKO - (L x S) LS**

Kemungkinan (L)	Keterukan (S)				
	1	2	3	4	5
5	5	10	15	20	25
4	4	8	12	16	20
3	3	6	9	12	15
2	2	4	6	8	10
1	1	2	3	4	5

 **Tinggi**

 **Sederhana**

 **Rendah**

# Risk Level

TAHAP RISIKO	SKOR	TAHAP PENERIMAAN
Tahap tinggi	15 – 25	<p>Risiko tidak boleh diterima. Pelan tindakan dan rawatan pengurangan risiko hendaklah diambil dengan kadar segera. Risiko perlu diuruskan dengan pelan respon risiko secara terperinci dan memerlukan perhatian daripada pengurusan atasan PPSP.</p>
Tahap sederhana	6 – 12	<p>Risiko boleh diterima bagi perkhidmatan tetapi setiap ancaman risiko perlu dipantau secara berkala dengan membuat penambahbaikan yang bersesuaian.</p>
Tahap rendah	1 - 5	<p>Risiko boleh diterima dan perlu diurus mengikut prosedur yang sedia ada. Walau bagaimanapun, risiko tersebut perlu dipantau untuk melihat sama ada terdapat kebarangkalian peningkatan tahap risiko.</p>

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  - 5.

## 3. RAWATAN RISIKO

- 1. Mengenal pasti semua pilihan yang dapat mengurangkan kebarangkalian dan impak risiko.
- Memilih respon risiko seperti:-
  - Terima
  - Kurangkan
  - Pindahkan
  - Elakkan



### 3. Risk Treatment

Treatment Strategy	Action Plan	Opportunity	Person In Charge (name)	Target Completion date (month/year)	Status of action (by dates)		
		(Yes & page/No)			By 3 months	By 6 months	By 9 months
<b>ACCEPT</b> <b>REDUCE</b> <b>TRANSFER</b> <b>AVOID</b>	1. \$\$ 2. ##	Yes/ No	PG coordinat or: Dr Ali	December 2022 Bergantung kepada tahap risiko	1.\$\$ (March 2022)  2.##	1.\$\$ (June 2022)  2.##	1.\$\$ (Sept 2022)  2.##



## 3. RAWATAN RISIKO

1. Tindakan susulan (action plan) ke atas keputusan yang dibuat
  - hendaklah dibincang dan diputuskan didalam mesyuarat jabatan atau mesyuarat exco PPSP
  - minit mesyuarat boleh dirujuk dan disimpan sebagai bukti pelaksanaan tindakan
2. Menilai semula risiko daripada segi kesesuaian. Kenal pasti langkah pembetulan
3. **PELUANG (OPPORTUNITY)** harus ada pada setiap risiko...

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Prepared by : Verified by Head of Department/Unit  
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# 5. PELUANG ..

No	Opportunity Identification	Opportunity Treatment		
		Action Plan to be taken on Opportunities		Verification for Effectiveness of Action Taken on Opportunities

## 3. RAWATAN RISIKO

4. Lantikan person in charge (PIC) dan tempoh untuk pelaksanaan
5. Untuk risiko bertahap tinggi lakukan tindakan dengan kadar segera beserta jadual perancangan tindakan.

\*risiko bertahap tinggi diambil tindakan dalam tempoh 3 bulan

\*risiko bertahap sederhana diambil tindakan dalam tempoh 3 hingga 6 bulan

\*risiko rendah boelh dipantau dan penambahbaikan dibuat dari semasa ke semasa.

### 6. Komunikasi

\*Maklumkan kepada HOD/Dekan

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  - 5. Bahagian Risk treatment: make sure treatment strategy based on 4 strategy , action plan – who decide, evidence,

## 4. PEMANTAUAN BERKESANAN..

**4. Monitoring of Effectiveness**  
**(by completion date-need to re-assess risk..dan bagi nilai L&I dan risk rating..)**  
**RISIKO LAMA- mesti dinilai semula..**

<b>L</b>	<b>I</b>	<b>Risk Rating after mitigation</b>
2	3	6

Semak keberkesanan tindakan . Nilai semula tahap risiko secara berkala.  
Ambil tindakan yang pro-aktif jika tahap risiko masih tidak berkurangan..

# PENGURUSAN RISIKO – Apa yang auditor perlu buat...

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  5. Bahagian Risk treatment: make sure treatment strategy based on 4 strategy , action plan – who decide, evidence,
  6. Monitoring of effectiveness:by completion date-need to re-assess risk..dan bagi nilai L&I dan risk rating. Risiko LAMA mesti kena ada penilaian



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SAINS  
MALAYSIA

Terima Kasih