

Risk register – March 2015

Business Plan work stream	Risk description	Risk source	Risk rating LxI=R	Risk averse area	Mitigating actions	Assurance mechanisms
1.1 Pre-registration education and training	• Quality of initial education and training falls below required standards	External	1x2=L	✓	<ul style="list-style-type: none"> <li>Quality Assurance process</li> <li>Training and appraisal of assessors</li> <li>Ongoing engagement with OEIs</li> <li>Course closure review process</li> </ul>	<ul style="list-style-type: none"> <li>ERSC oversight of QA reports, Annual Reports, closure plans</li> <li>ERSC biannual review of QAA process</li> </ul>
	• Initial education does not reflect current healthcare practice and expectations	External	2x2=M		<ul style="list-style-type: none"> <li>Guidance for Osteopathic Pre-registration Education</li> <li>Professionalism Working Group looking at supplementary guidance</li> <li>Ongoing engagement with OEIs</li> </ul>	<ul style="list-style-type: none"> <li>ERSC oversight of activity</li> </ul>
	• OEI graduates do not exhibit appropriate behaviours and values	External	2x2=M		<ul style="list-style-type: none"> <li>Student fitness to practise work</li> <li>Professionalism work</li> <li>Ongoing engagement with OEIs</li> <li>Professional values programme</li> </ul>	<ul style="list-style-type: none"> <li>ERSC oversight of activity</li> </ul>
	• Course or institution ceases to function	External	3x1=M		<ul style="list-style-type: none"> <li>Ongoing engagement with OEIs to alert us to possibility and to put in place plans to move students if necessary</li> </ul>	<ul style="list-style-type: none"> <li>ERSC oversight of Annual Reports and relationships with OEIs</li> </ul>
1.2 Confidence in the register	• Registration data is inaccurate or individuals are wrongly registered	Internal	2x2=M	✓	<ul style="list-style-type: none"> <li>Registration manual</li> <li>Good character assessment framework</li> <li>Data quality checks</li> <li>Improvements to online tools</li> <li>Review of EU/international registration</li> </ul>	<ul style="list-style-type: none"> <li>ERSC and Council oversight of activity</li> <li>Internal audit reports to Audit Committee</li> </ul>
	• Register is not effectively used by patients or promoted by registrants	External	2x1=L		<ul style="list-style-type: none"> <li>Improvements to register functionality</li> <li>Promoting your registration campaign</li> </ul>	<ul style="list-style-type: none"> <li>Council oversight via Communications Annual Report</li> </ul>
	• Illegal practice goes unchecked or increases	Internal	1x2=L	✓	<ul style="list-style-type: none"> <li>Enforcement policy</li> <li>Publicity around prosecutions</li> </ul>	<ul style="list-style-type: none"> <li>Council oversight of Regulation reports and dashboard</li> </ul>
	• Registration assessments do not	Internal	1x2=L	✓	<ul style="list-style-type: none"> <li>Training and appraisal of assessors</li> <li>Moderation meetings with GOsC staff</li> </ul>	<ul style="list-style-type: none"> <li>ERSC Chair/member appraisal of assessors</li> </ul>

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Business Plan work stream	Risk description	Risk source	Risk rating LxI=R	Risk averse area	Mitigating actions	Assurance mechanisms
	prevent registration of ineligible applicants				<ul style="list-style-type: none"> <li>Registration review</li> </ul>	<ul style="list-style-type: none"> <li>Oversight of registration review by ERSC</li> </ul>
	<ul style="list-style-type: none"> <li>Clinical responsibility clarity required in international registration assessments</li> </ul>	External	3x2=H	✓	<ul style="list-style-type: none"> <li>Priority action in current registration review</li> </ul>	<ul style="list-style-type: none"> <li>ERSC oversight</li> </ul>
1.3 Transition into practice	<ul style="list-style-type: none"> <li>New graduates are unable to meet ongoing standards for registration</li> </ul>	External	2x2=M		<ul style="list-style-type: none"> <li>Quality Assurance process</li> <li>Ongoing engagement with OEIs</li> <li>Mentoring project</li> </ul>	<ul style="list-style-type: none"> <li>ERSC oversight of QA reports</li> <li>Council oversight of ODG activity</li> </ul>
	<ul style="list-style-type: none"> <li>Newly registered international applicants are unable to meet ongoing standards for registration</li> </ul>	External	2x2=M	✓	<ul style="list-style-type: none"> <li>Transition into practice support work</li> </ul>	<ul style="list-style-type: none"> <li>ERSC oversight of policy development and implementation</li> </ul>
	<ul style="list-style-type: none"> <li>Lack of support for improved mentoring among registrants</li> </ul>	External	2x1=L		<ul style="list-style-type: none"> <li>Engagement with OEIs, regional groups and others in profession</li> </ul>	<ul style="list-style-type: none"> <li>Council oversight of ODG activity</li> </ul>
1.4 Continuing fitness to practise (revalidation)	<ul style="list-style-type: none"> <li>Registrants fail to engage with proposed process</li> </ul>	External	2x2=M		<ul style="list-style-type: none"> <li>Communication and engagement activity</li> <li>'Pathfinder' groups</li> </ul>	<ul style="list-style-type: none"> <li>OPC and Council oversight of CFtP process</li> </ul>
	<ul style="list-style-type: none"> <li>Profession lacks capacity to implement new proposals</li> </ul>	External	2x2=M		<ul style="list-style-type: none"> <li>Communication and engagement activity</li> <li>'Pathfinder' groups</li> <li>Dialogue with regional groups, OEIs and other bodies</li> </ul>	<ul style="list-style-type: none"> <li>OPC and Council oversight of CFtP process</li> </ul>
	<ul style="list-style-type: none"> <li>Unable to obtain PSA/DH buy-in to proposals</li> </ul>	External	2x2=M		<ul style="list-style-type: none"> <li>Engagement with key organisations</li> <li>Effectiveness of regulation research</li> </ul>	<ul style="list-style-type: none"> <li>OPC and Council oversight of CFtP process</li> </ul>
	<ul style="list-style-type: none"> <li>Inadequate resources available for current and future work</li> </ul>	Internal	2x2=M		<ul style="list-style-type: none"> <li>Use of reserves for set up costs</li> <li>Budget strategy and reserves policy</li> </ul>	<ul style="list-style-type: none"> <li>OPC and Council oversight of CFtP process</li> </ul>

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	<ul style="list-style-type: none"> <li>Need for new legislation</li> </ul>	External	2x2=M		<ul style="list-style-type: none"> <li>Engagement with DH</li> </ul>	<ul style="list-style-type: none"> <li>OPC and Council oversight of CFtP process</li> </ul>
1.5 Fitness to practise	<ul style="list-style-type: none"> <li>Legal challenges to ftp and/or registration processes</li> </ul>	External	3x1=M	✓	<ul style="list-style-type: none"> <li>Quality Assurance process</li> <li>Training for non-execs and staff</li> <li>Regulation and Registration manuals</li> <li>FtP and registration reports to Council</li> <li>Recruitment and training of new Legal Assessors</li> </ul>	<ul style="list-style-type: none"> <li>Council oversight of Regulation and registration reports and dashboard</li> <li>PSA audits</li> </ul>
	<ul style="list-style-type: none"> <li>Complaint progression is not effective or timely</li> </ul>	Internal	2x2=M	✓	<ul style="list-style-type: none"> <li>Quality Assurance process</li> <li>Regulation and registration manuals</li> <li>FtP and Registration reports to Council</li> </ul>	<ul style="list-style-type: none"> <li>Council oversight of Regulation and registration reports and dashboard</li> </ul>
	<ul style="list-style-type: none"> <li>Complaint volumes exceed resource capacity</li> </ul>	External/Internal	2x2=M	✓	<ul style="list-style-type: none"> <li>Financial reserves available to meet any surge</li> <li>Implementation of threshold criteria</li> </ul>	<ul style="list-style-type: none"> <li>Council and Audit Committee oversight</li> </ul>
2.1 Continuing fitness to practise (CPD)	<ul style="list-style-type: none"> <li>Registrants fail to engage with best practice</li> </ul>	External	2x1=L		<ul style="list-style-type: none"> <li>Communication and engagement activity</li> </ul>	<ul style="list-style-type: none"> <li>ERSC/OPC and Council oversight</li> </ul>
	<ul style="list-style-type: none"> <li>Inadequate resources available for current and future work</li> </ul>	Internal	2x1=L		<ul style="list-style-type: none"> <li>Budget strategy and reserves policy</li> </ul>	<ul style="list-style-type: none"> <li>Council and Audit Committee oversight</li> </ul>
2.2 Osteopathic practice standards	<ul style="list-style-type: none"> <li>Registrants fail to engage with standards</li> </ul>	External	2x2=M	✓	<ul style="list-style-type: none"> <li>Communication and engagement activity</li> <li>Provision of learning resources</li> <li>Continuing fitness to practise development</li> <li>Values work</li> </ul>	<ul style="list-style-type: none"> <li>ERSC/OPC and Council oversight</li> </ul>
	<ul style="list-style-type: none"> <li>Inadequate resources available for current and future work</li> </ul>	Internal	2x1=L		<ul style="list-style-type: none"> <li>Budget strategy and reserves policy</li> </ul>	<ul style="list-style-type: none"> <li>Council and Audit Committee oversight</li> </ul>
2.3 Quality and patient care	<ul style="list-style-type: none"> <li>Partners unable to commit to required work or disengage with process</li> </ul>	External	2x1=L		<ul style="list-style-type: none"> <li>Engagement with partners</li> </ul>	<ul style="list-style-type: none"> <li>Council oversight of ODG activity</li> </ul>
	<ul style="list-style-type: none"> <li>Inadequate resources available for current and future work</li> </ul>	External/Internal	1x1=L		<ul style="list-style-type: none"> <li>Budget strategy and reserves policy</li> <li>Engagement with partners</li> </ul>	<ul style="list-style-type: none"> <li>Council oversight of ODG activity</li> </ul>

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2.4 Professional standards and values	<ul style="list-style-type: none"> <li>Partners unable to commit to required work or disengage with process</li> </ul>	External	2x1=L		<ul style="list-style-type: none"> <li>Internal Francis programme board and ongoing activities beyond completion of Action Plan</li> <li>Engagement with partners</li> </ul>	<ul style="list-style-type: none"> <li>Council oversight</li> </ul>
	<ul style="list-style-type: none"> <li>Inadequate resources available for current and future work</li> </ul>	External/Internal	1x1=L		<ul style="list-style-type: none"> <li>Budget strategy and reserves policy</li> <li>Engagement with partners</li> </ul>	<ul style="list-style-type: none"> <li>Council oversight</li> </ul>
3.1 Service quality	<ul style="list-style-type: none"> <li>Operational activities subject to legal challenge</li> </ul>	External	3x1=M	✓	<ul style="list-style-type: none"> <li>Quality Assurance process</li> <li>Registration manual</li> </ul>	<ul style="list-style-type: none"> <li>ERSC/OPC and Council oversight</li> <li>PSA audits</li> </ul>
	<ul style="list-style-type: none"> <li>Failure of IT infrastructure</li> </ul>	External	2x3=H	✓	<ul style="list-style-type: none"> <li>SLAs with IT providers and regular review meetings</li> <li>Maintenance and service contracts</li> <li>Business continuity planning</li> </ul>	<ul style="list-style-type: none"> <li>Audit Committee oversight</li> <li>Council oversight</li> </ul>
	<ul style="list-style-type: none"> <li>Business continuity failure (non-IT)</li> </ul>	External	1x3=M	✓	<ul style="list-style-type: none"> <li>Business continuity planning</li> <li>Maintenance and service activities</li> </ul>	<ul style="list-style-type: none"> <li>Council oversight</li> <li>Audit Committee oversight</li> </ul>
	<ul style="list-style-type: none"> <li>Failure to deal effectively with information governance requirements</li> </ul>	Internal	2x2=M	✓	<ul style="list-style-type: none"> <li>Information governance framework</li> <li>Training for staff</li> <li>Non-executive briefings</li> </ul>	<ul style="list-style-type: none"> <li>Audit Committee oversight</li> </ul>
	<ul style="list-style-type: none"> <li>Loss of confidence in quality of service provision</li> </ul>	External	1x3=M	✓	<ul style="list-style-type: none"> <li>Service standards and monitoring</li> <li>User surveys</li> </ul>	<ul style="list-style-type: none"> <li>Council oversight</li> </ul>
3.2 Engagement	<ul style="list-style-type: none"> <li>Stakeholders fail to engage with activity</li> </ul>	External	2x2=M		<ul style="list-style-type: none"> <li>Communication and Engagement Strategy and Annual Report</li> </ul>	<ul style="list-style-type: none"> <li>Council oversight</li> </ul>
	<ul style="list-style-type: none"> <li>Inadequate resources available for current and future work</li> </ul>	Internal	1x1=L		<ul style="list-style-type: none"> <li>Budget strategy and reserves policy</li> </ul>	<ul style="list-style-type: none"> <li>Council oversight</li> </ul>
3.3 Governance	<ul style="list-style-type: none"> <li>Governance processes subject to legal challenge or complaints</li> </ul>	External	2x2=M	✓	<ul style="list-style-type: none"> <li>Governance handbook and policies/review</li> <li>Appointment processes</li> <li>Induction and training</li> <li>Council review of performance</li> </ul>	<ul style="list-style-type: none"> <li>RaAC oversight</li> <li>PSA oversight</li> </ul>
	<ul style="list-style-type: none"> <li>Loss of confidence in work of the GOsC</li> </ul>	External	1x3=M	✓	<ul style="list-style-type: none"> <li>Performance evaluation</li> <li>Engagement with registrants</li> </ul>	<ul style="list-style-type: none"> <li>Council oversight</li> <li>PSA Performance Review</li> </ul>

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	<ul style="list-style-type: none"> <li>Breakdown in internal financial controls</li> </ul>	Internal	1x2=L	✓	<ul style="list-style-type: none"> <li>Internal financial controls</li> <li>Information governance framework</li> </ul>	<ul style="list-style-type: none"> <li>External annual audit/Key Issues Memorandum</li> <li>Audit Committee oversight</li> </ul>
	<ul style="list-style-type: none"> <li>Failure to meet Equality Act or employment duties</li> </ul>	Internal	1x2=L	✓	<ul style="list-style-type: none"> <li>Equality and diversity policy and plan</li> <li>Dedicated HR resource and staff handbook</li> </ul>	<ul style="list-style-type: none"> <li>Council oversight of equality and diversity policy</li> <li>RaAC oversight of HR policies</li> </ul>
	<ul style="list-style-type: none"> <li>Adverse audit or Performance Review report from PSA</li> </ul>	External	1x3=M	✓	<ul style="list-style-type: none"> <li>Established internal Performance Review processes</li> <li>Internal audits of fitness to practise</li> </ul>	<ul style="list-style-type: none"> <li>Council oversight of reports/action plans</li> </ul>
3.4 Value for money	<ul style="list-style-type: none"> <li>Poor control of costs resulting in fee increases</li> </ul>	Internal	1x3=M	✓	<ul style="list-style-type: none"> <li>Procurement rules and monitoring processes</li> <li>Quarterly financial updates</li> </ul>	<ul style="list-style-type: none"> <li>Audit Committee</li> <li>Publication of contract data (new requirement in 2014 from ICO)</li> </ul>
	<ul style="list-style-type: none"> <li>Loss of confidence in financial management</li> </ul>	Internal	1x2=L	✓	<ul style="list-style-type: none"> <li>Internal financial controls</li> <li>Quarterly financial updates</li> <li>Audit process</li> </ul>	<ul style="list-style-type: none"> <li>External annual audit/Key Issues Memorandum</li> <li>Audit Committee</li> </ul>
3.5 Legislative reform	<ul style="list-style-type: none"> <li>Inadequate resources available for future work</li> </ul>	Internal	2x2=M		<ul style="list-style-type: none"> <li>Use of reserves for legal support if necessary</li> </ul>	<ul style="list-style-type: none"> <li>Council oversight of budget</li> </ul>
	<ul style="list-style-type: none"> <li>Inability to improve processes due to lack of new legislation</li> </ul>	External	3x2=H		<ul style="list-style-type: none"> <li>Engagement with, Department of Health and other regulators</li> </ul>	<ul style="list-style-type: none"> <li>Council oversight</li> </ul>

## Risk ratings

Likelihood		Impact	
1	Less likely than not to occur or not expected to occur	1	Single area of business subject to disruption
2	May or may not occur	2	Disruption to whole business or single area unable to function effectively
3	Expected to occur or more likely than not to occur	3	Whole business unable to function effectively

Risk level score (Likelihood x Impact)	Overall risk rating
1-2	Low
3-4	Medium
6-9	High