Risk register – November 2014

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	✓	• Quality Assurance process • Training and appraisal of assessors • Ongoing engagement with OEIs • Course closure review process	• ERSC oversight of QA reports, Annual Reports, closure plans • ERSC biannual review of QAA process
	• Initial education does not reflect current healthcare practice and expectations	External	2x2=M		• Development of new guidance • Ongoing engagement with OEIs	• ERSC oversight of activity
	• OEI graduates do not exhibit appropriate behaviours and values	External	2x2=M		• Student fitness to practise work • Professionalism work • Ongoing engagement with OEIs • Professional values programme	• ERSC oversight of activity
	• Course or institution ceases to function	External	3x1=M		• Ongoing engagement with OEIs	• ERSC oversight of Annual Reports and relationships with OEIs
1.2 Confidence in the register	• Registration data is inaccurate or individuals are wrongly registered	Internal	2x2=M	✓	• Registration manual • Good character assessment framework • Data quality checks • Improvements to online tools • Review of EU/international registration	• ERSC oversight of activity • Internal audit reports to Audit Committee
	• Register is not effectively used by patients or promoted by registrants	External	2x1=L		• Improvements to register functionality • Promoting your registration campaign	• Council oversight via Communications Annual Report
	• Illegal practice goes unchecked or increases	Internal	1x2=L	✓	• Enforcement policy • Publicity around prosecutions	• Council oversight of Regulation reports and dashboard
	• Registration assessments do not prevent registration of	Internal	1x2=L	✓	• Training and appraisal of assessors • Moderation meetings with GOsC staff	• ERSC Chair appraisal of assessors

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	ineligible applicants					
1.3 Transition into practice	• New graduates are unable to meet ongoing standards for registration	External	2x2=M		• Quality Assurance process • Ongoing engagement with OEIs • Mentoring project	• ERSC oversight of QA reports • Council oversight of ODG activity
	• Lack of support for improved mentoring among registrants	External	2x1=L		• Engagement with OEIs, regional groups and others in profession	• Council oversight of ODG activity
1.4 Continuing fitness to practise (revalidation)	• Registrants fail to engage with proposed process	External	2x2=M		• Communication and engagement activity • 'Pathfinder' groups	• OPC and Council oversight of CFtP process
	• Profession lacks capacity to implement new proposals	External	2x2=M		• Communication and engagement activity • 'Pathfinder' groups • Dialogue with regional groups, OEIs and other bodies	• OPC and Council oversight of CFtP process
	• Unable to obtain PSA/DH buy-in to proposals	External	2x2=M		• Engagement with key organisations • Effectiveness of regulation research	• OPC and Council oversight of CFtP process
	• Inadequate resources available for current and future work	Internal	2x2=M		• Use of reserves for set up costs • Budget strategy and reserves policy	• OPC and Council oversight of CFtP process
1.5 Fitness to practise	• Legal challenges to ftp and/or registration processes	External	3x1=M	✓	• Quality Assurance process • Training for non-execs and staff • Regulation and Registration manuals • FtP and registration reports to Council	• Council oversight of Regulation and registration reports and dashboard • PSA audits
	• Complaint progression is not effective or timely	Internal	2x2=M	✓	• Quality Assurance process • Regulation and registration manuals • FtP and Registration reports to Council	• Council oversight of Regulation and registration reports and dashboard
	• Complaint volumes exceed resource capacity	External/ Internal	2x2=M	✓	• Financial reserves available to meet any surge • Development of threshold criteria	• Council and Audit Committee oversight
2.1 Continuing fitness to	• Registrants fail to engage with best	External	2x1=L		• Communication and engagement activity	• ERSC/OPC and Council oversight

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practise (CPD)	practice					
	• Inadequate resources available for current and future work	Internal	2x1=L		• Budget strategy and reserves policy	• Council and Audit Committee oversight
2.2 Osteopathic practice standards	• Registrants fail to engage with standards	External	2x2=M	✓	• Communication and engagement activity • Provision of learning resources • Continuing fitness to practise development	• ERSC/OPC and Council oversight
	• Inadequate resources available for current and future work	Internal	2x1=L		• Budget strategy and reserves policy	• Council and Audit Committee oversight
2.3 Quality and patient care	• Partners unable to commit to required work or disengage with process	External	2x1=L		• Engagement with partners	• Council oversight of ODG activity
	• Inadequate resources available for current and future work	External/ Internal	1x1=L		• Budget strategy and reserves policy Engagement with partners	• Council oversight of ODG activity
2.4 Professional standards and values	• Partners unable to commit to required work or disengage with process	External	2x1=L		• Internal Francis programme board • Engagement with partners	• Council oversight
	• Inadequate resources available for current and future work	External/ Internal	1x1=L		• Budget strategy and reserves policy Engagement with partners	• Council oversight
3.1 Service quality	• Operational activities subject to legal challenge	External	3x1=M	✓	• Quality Assurance process • Registration manual	• ERSC/OPC and Council oversight • PSA audits
	• Failure of IT infrastructure	External	2x3=H	✓	• SLAs with IT providers and regular review meetings • Maintenance and service contracts • Business continuity planning	• Audit Committee oversight • Council oversight

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	• Business continuity failure (non-IT)	External	1x3=M	✓	• Business continuity planning • Maintenance and service activities	• Council oversight • Audit Committee oversight
	• Failure to deal effectively with information governance requirements	Internal	2x2=M	✓	• Information governance framework • Training for staff • Non-executive briefings	• Audit Committee oversight
	• Loss of confidence in quality of service provision	External	1x3=M	✓	• Service standards and monitoring • User surveys	• Council oversight
3.2 Engagement	• Stakeholders fail to engage with activity	External	2x2=M		• Communication and Engagement Strategy and Annual Report	• Council oversight
	• Inadequate resources available for current and future work	Internal	1x1=L		• Budget strategy and reserves policy	• Council oversight
3.3 Governance	• Governance processes subject to legal challenge or complaints	External	2x2=M	✓	• Governance handbook and policies • Appointment processes • Induction and training • Council review of performance	• RaAC oversight • PSA oversight
	• Loss of confidence in work of the GOsC	External	1x3=M	✓	• Performance evaluation • Engagement with registrants	• Council oversight • PSA Performance Review
	• Breakdown in internal financial controls	Internal	1x2=L	✓	• Internal financial controls • Information governance framework	• External annual audit/Key Issues Memorandum • Audit Committee oversight
	• Failure to meet Equality Act or employment duties	Internal	1x2=L	✓	• Equality and diversity policy and plan • Dedicated HR resource and staff handbook	• Council oversight of equality and diversity policy • RaAC oversight of HR policies
	• Adverse audit or Performance Review report from PSA	External	1x3=M	✓	• Established internal Performance Review processes • Internal audits of fitness to practise	• Council oversight of reports/ action plans
3.4 Value for money	• Poor control of costs resulting in fee	Internal	1x3=M	✓	• Procurement rules and monitoring processes	• Audit Committee • Publication of contract data

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	increases				• Quarterly financial updates	(new requirement in 2014 from ICO)
	• Loss of confidence in financial management	Internal	1x2=L	✓	• Internal financial controls • Quarterly financial updates • Audit process	• External annual audit/Key Issues Memorandum • Audit Committee
	• PSA levy costs	External	3x1=M		• Budget strategy and reserves policy Engagement with PSA/Department of Health	• Council oversight of budget
3.5 Legislative reform	• Inadequate resources available for future work	Internal	2x2=M		• Use of reserves for legal support if necessary	• Council oversight of budget
	• Inability to improve processes due to lack of new legislation	External	3x2=H		• Engagement with, Department of Health and other regulators	• Council oversight

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