



**Education and Registration Standards Committee**  
**25 June 2014**  
**Scrutiny/Risk Register**

<b>Classification</b>	Public
<b>Purpose</b>	For consideration
<b>Issue</b>	Council has recommended that the two policy Committees should be familiar with the GOC's high-level Risk Register so that members can consider their responsibilities for scrutinising activities contained within it.
<b>Recommendation</b>	To provide feedback on assurance mechanisms described in the Risk Register at the Annex.
<b>Financial and resourcing implications</b>	None
<b>Equality and diversity implications</b>	None
<b>Communications implications</b>	None
<b>Annex</b>	Risk Register March 2014
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## Background

1. The GOsC's Risk register is kept up to date by the Senior Management Team and reviewed by Council every six months. It is also reviewed by the Audit Committee at each of its meetings.
2. The Risk Register, which is annexed to this paper, has been revised recently and now includes a column describing the assurance mechanisms that exist in respect of each risk. The assurance mechanisms include Council and Committee oversight.

## Discussion

3. At its last meeting Council considered the new Risk Register and recommended that the Education and Registration Standards and Osteopathic Practice Committees should consider the Register in relation to their own roles.
4. The Committee is invited to review the assurance mechanism column in the Risk Register and consider whether in relation to the risks and mitigating actions described, whether the assurance mechanisms are operating appropriately. In doing so, the Committee may wish to consider the following questions:
  - a. Does the Committee have adequate oversight of the mitigating actions described?
  - b. Are there any areas where Council oversight is the assurance mechanism where the Committee might provide additional supportive assurance or advice?
  - c. Are there any areas where the Committee considers it might be desirable to receive additional assurance (within its terms of reference) but where this is currently missing?
5. Feedback from members at this meeting will be used to inform future agenda planning for the Committee and amendments to the Risk Register.

**Recommendation:** to provide feedback on assurance mechanisms described in the Risk Register at the Annex.

Risk register – March 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	<ul style="list-style-type: none"> <li>Quality of initial education and training falls below required standards</li> </ul>	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> </ul>	<ul style="list-style-type: none"> <li>ERSC oversight of QA reports, Annual Reports</li> <li>ESRC Chair appraisal of assessors</li> </ul>
	<ul style="list-style-type: none"> <li>Initial education does not reflect current healthcare practice and expectations</li> </ul>	External	2x2=M		<ul style="list-style-type: none"> <li>Development of new guidance</li> <li>Ongoing engagement with OEIs</li> </ul>	<ul style="list-style-type: none"> <li>ERSC oversight of activity</li> </ul>
	<ul style="list-style-type: none"> <li>OEI graduates do not show exhibit appropriate behaviours and values</li> </ul>	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> </ul>	<ul style="list-style-type: none"> <li>ERSC oversight of activity</li> </ul>
	<ul style="list-style-type: none"> <li>Course or institution ceases to function</li> </ul>	External	3x1=M		<ul style="list-style-type: none"> <li>Ongoing engagement with OEIs</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	<ul style="list-style-type: none"> <li>Registration data is inaccurate or individuals are wrongly registered</li> </ul>	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 oversight of activity</li> <li>Internal audit reports to Audit Committee</li> </ul>
	<ul style="list-style-type: none"> <li>Register is not effectively used by patients or promoted by registrants</li> </ul>	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>
	<ul style="list-style-type: none"> <li>Illegal practice goes unchecked or increases</li> </ul>	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>

## Annex to 3

Business Plan work stream	Risk description	Risk source	Risk rating LxI=R	Risk averse area	Mitigating actions	Assurance mechanisms
	<ul style="list-style-type: none"> <li>Registration assessments do not prevent registration of ineligible applicants</li> </ul>	Internal	1x2=L	✓	<ul style="list-style-type: none"> <li>Training and appraisal of assessors</li> </ul>	<ul style="list-style-type: none"> <li>ESRC Chair appraisal of assessors</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>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>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>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>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>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>Registration manual</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> <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>Registration manual</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>

## Annex to 3

Business Plan work stream	Risk description	Risk source	Risk rating LxI=R	Risk averse area	Mitigating actions	Assurance mechanisms
	<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> </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> </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>
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</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>

## Annex to 3

Business Plan work stream	Risk description	Risk source	Risk rating LxI=R	Risk averse area	Mitigating actions	Assurance mechanisms
3.1 Service quality	• Operational activities subject to legal challenge	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>
	• Failure of IT infrastructure	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>
	• Business continuity failure (non-IT)	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> </ul>
	• Failure to deal effectively with information governance requirements	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>
	• Loss of confidence in quality of service provision	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	• Stakeholders fail to engage with activity	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>
	• Inadequate resources available for current and future work	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	• Governance processes subject to legal challenge or complaints	External	2x2=M	✓	<ul style="list-style-type: none"> <li>Governance handbook and policies</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>
	• Loss of confidence in work of the GOsC	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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Business Plan work stream	Risk description	Risk source	Risk rating LxI=R	Risk averse area	Mitigating actions	Assurance mechanisms
	• Breakdown in internal financial controls	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>
	• Failure to meet Equality Act or employment duties	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>
	• Adverse audit or Performance Review report from PSA	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	• Poor control of costs resulting in fee increases	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>
	• Loss of confidence in financial management	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>
	• PSA levy costs	External	2x2=M		<ul style="list-style-type: none"> <li>Budget strategy and reserves policy</li> <li>Engagement with PSA/Department of Health</li> </ul>	<ul style="list-style-type: none"> <li>Council oversight of budget</li> </ul>
3.5 Legislative reform	• Inadequate resources available for future work	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>
	• Perverse consequences arising from legislation	External	3x2=H		<ul style="list-style-type: none"> <li>Engagement with Law Commission, Department of Health and other regulators</li> </ul>	<ul style="list-style-type: none"> <li>Oversight from Council working group on law reform (creation tbc)</li> </ul>

**Risk ratings**

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

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