Education and Registration Standards Committee
18 June 2015
Risk Register

Classification	Public
Purpose	For consideration
Issue	The two policy committees are asked by Council and to consider the GOsC's high-level Risk Register at least once a year so that members can judge their effectiveness of scrutiny of the activities contained within it.
Recommendation	To provide feedback on assurance mechanisms described in the Risk Register at the Annex.
Financial and resourcing implications	None
Equality and diversity implications	None
Communications implications	None
Annex	Risk Register March 2015
Author	Tim Walker

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. In 2014 Council recommended that the Education and Registration Standards and Osteopathic Practice Committees should consider the Register in relation to their own roles at least annually.

Discussion

3. 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?

4. 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 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	✓	• 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		• Guidance for Osteopathic Pre-registration Education • Professionalism Working Group looking at supplementary 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 to alert us to possibility and to put in place plans to move students if necessary	• 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 and Council 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

Business Plan work stream	Risk description	Risk source	Risk rating LxI=R	Risk averse area	Mitigating actions	Assurance mechanisms
	• Registration assessments do not prevent registration of ineligible applicants	Internal	1x2=L	✓	• Training and appraisal of assessors • Moderation meetings with GOsC staff • Registration review	• ERSC Chair/member appraisal of assessors • Oversight of registration review by ERSC
	• Clinical responsibility clarity required in international registration assessments	External	3x2=H	✓	• Priority action in current registration review	• ERSC oversight
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
	• Newly registered international applicants are unable to meet ongoing standards for registration	External	2x2=M	✓	• Transition into practice support work	• ERSC oversight of policy development and implementation
	• 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

Business Plan work stream	Risk description	Risk source	Risk rating LxI=R	Risk averse area	Mitigating actions	Assurance mechanisms
	• 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
	• Need for new legislation	External	2x2=M		• Engagement with DH	• 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 • Recruitment and training of new Legal Assessors	• 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 • Implementation of threshold criteria	• Council and Audit Committee oversight
2.1 Continuing fitness to practise (CPD)	• Registrants fail to engage with best practice	External	2x1=L		• Communication and engagement activity	• 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
2.2 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 • Values work	• 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

Business Plan work stream	Risk description	Risk source	Risk rating LxI=R	Risk averse area	Mitigating actions	Assurance mechanisms
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 and ongoing activities beyond completion of Action Plan • 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
	• 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

Business Plan work stream	Risk description	Risk source	Risk rating LxI=R	Risk averse area	Mitigating actions	Assurance mechanisms
	• 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/review • 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 increases	Internal	1x3=M	✓	• Procurement rules and monitoring processes • Quarterly financial updates	• Audit Committee • Publication of contract data (new requirement in 2014 from ICO)
	• Loss of confidence in financial management	Internal	1x2=L	✓	• Internal financial controls • Quarterly financial updates	• External annual audit/Key Issues Memorandum

Business Plan work stream	Risk description	Risk source	Risk rating LxI=R	Risk averse area	Mitigating actions	Assurance mechanisms
			 		• Audit process	• Audit Committee
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