THE UNIVERSITY OF MELBOURNE

Faculty of Medicine, Dentistry, and Health Sciences

Clinical Education Risk Management Framework

14 April 2023

Version 1.0

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1. Introduction

1.1. Clinical Education Risk Management Framework

The Faculty of Medicine, Dentistry, and Health Sciences (MDHS) at the University of Melbourne (UoM) delivers courses and degrees that include essential training and placement activities to graduate healthcare professionals who can safely provide high-quality healthcare to the Australian community. Students and patients are at the forefront of all decisions the Faculty makes when considering risks and/or incidents. The Clinical Education Risk Management Framework is established to reflect this and ensure student and patient safety whilst students' progress to graduation and beyond. The partnerships and relationships required to maintain these programs are invaluable and so risk to healthcare organisations and placement providers in providing clinical education will also be considered in the risk framework.

Most MDHS graduate programs have a clinical education foundation that encompasses classroom/online-based skills training, practical learning, assessments and clinical placement experiences. Where MDHS (undergraduate and graduate) courses do not specifically provide clinical education, the same reporting, responsibilities, and risk principles may apply (refer to Section 4 for guidance on how to report a risk. Incident reporting should follow this process here).

This Clinical Education Risk Management Framework provides the foundation and organisational arrangements for integrating, designing, implementing, evaluating, and improving risk management across MDHS to ensure that we achieve our objectives for clinical education.

1.2. Policy Statement

Risk management is an essential element of good governance. We are committed to operating a risk management framework that supports decision-makers toward fulfilling our goals of providing quality clinical education while operating within our risk appetite.

Our approach to risk management for clinical education is aligned with UoM, Australian, and International guidance standards: the International Organisation for Standardisation (ISO) 31000: 2018 – Risk management guidelines (UoM Framework, Ver. 2 - 3 Dec 2019).

The MDHS Clinical Education Risk Management Framework is directed by the University's Risk Management Policy (MPF1194) and the University Risk Management Framework.

This framework incorporates the MDHS values of:

- Respect
- Collaboration & Teamwork
- Accountability
- Compassion
- Integrity

In Advancing Health 2030, we committed to ensuring that students are at the heart of our Faculty. Not only is MDHS committed to providing outstanding learning and teaching experiences, we also want to ensure that all our students feel a strong sense of belonging and engagement. The MDHS Clinical Education Risk Management Framework supports this commitment to providing safe and sustainable clinical education for our students.

1.3. Objectives

The objectives of the Clinical Education Risk Management Framework are tactical, operational, and strategic in nature and support the attainment of MDHS priorities for our education programs and courses to ensure:

- Students are well-trained in their relevant fields.
- Students are fit to practice as high-quality professionals in their relevant fields.
- All individuals involved are safe during the students' clinical placements.
- The sustainability and quality of MDHS education courses and programs.
- The Faculty meets all internal and external compliance and reporting requirements.

We do this by:

- Supporting academic and professional staff, students, and stakeholders to identify, report, and mitigate risks within their roles and environments.
- Providing guidance and support on identifying, reporting and monitoring risks.
- Identifying and understanding clinical education risks and challenges and how these are managed and mitigated.
- Embedding risk management in the Faculty's clinical education policies, processes and practices.
- Providing a MDHS clinical education risk matrix that will identify, evaluate and prioritise the risks, threats, and challenges that face our internal and external environments with respect to clinical education.
- Ensuring that risk principles are applied to future strategies for clinical education.

1.4. Scope

This framework has been created by academic and professional staff within MDHS and applies to clinical education settings that are sponsored, arranged, or facilitated by the University of Melbourne under an approved contractual agreement. It applies to all staff, contractors, students, and volunteers involved in clinical education. Due to the partnership arrangements for clinical education activities, this framework should be viewed as complementary to that of the relevant partnering institution or body where education activities are being provided.

1.5. Intended Users

The MDHS Clinical Education Risk Management Framework is designed to support the intended users which includes all academic and professional staff involved in MDHS clinical education, affiliated providers, students, and placement programs (including pre-placement training settings and simulation environments).

Frequent users include:

- Students
- Learning and Teaching Unit – Health Hub and Experiential Learning
- Placement Officers & Coordinators
- Professional Staff, including Team Leads
- Academic Staff Honorary Teachers in Placements
- Heads of Schools / Departments
- Faculty Dean / Associate Deans
- Clinical Deans
- Hospital & Teaching Clinic Staff
- Placement Providers & Supervisors
- Hospital & Teaching Clinic Leads & CEO's
- Faculty Committees:
    - Clinical Education Strategy and Risk Committee (CESAR)
    - Student Placement Advisory Group (SPAG)
    - Teaching and Learning SFEC Committee
    - Faculty Executive Committee

1.6. Definitions

Definitions for this framework are aligned with the definitions in the University Risk Management Framework.

- **Clinical Education:** Education in health care where students learn under the supervision of qualified professionals. Clinical education encompasses simulated and/or live experiences of healthcare consultations, treatments and examinations within clinical placements and/or observational placements, etc.
- **Clinical Education Risk Register:** A detailed record of risks that could impact the ability of MDHS to achieve its strategy/long-term goals for clinical education.
- **Clinical Education Strategy and Risk Committee (CESAR):** The Clinical Education Strategy and Risk Committee comprises senior membership that is designed to identify, respond and monitor risks to, or arising from, student clinical education in MDHS. It reports to the Learning and Teaching Subcommittee of the Faculty Executive Committee.
- **Clinical Placement:** An essential component of MDHS courses and degrees where students are provided with practical learning experiences in a healthcare environment under the supervision of healthcare professionals in accredited organisations. Clinical placements may also encompass Work Integrated Learning, Fieldwork placements, etc.
- **Controls:** The measures that modify the inherent risk level.
- **Critical Incident:** An event that may adversely affect the University and requires an immediate response. It is likely to cause significant personal illness or injury, substantial impact on operations and commercial prospects, a degradation of reputation, or lead to an impact on the wider community.
- **Effect:** An impact, either positive or negative.
- **Enterprise Risk Management System (ERMS):** The University's authoritative source for recording enterprise risks, compliance activity, business continuity, audit management actions, and occupational health and safety.
- **Faculty Executive Committee (FEC):** This executive committee will oversee governance and approvals about clinical education recommendations and risk.
- **Incident:** An event/situation that has already occurred. Incidents generally have a risk impact.
- **Inherent Risk:** The initial evaluation of the risk before consideration or application of any existing controls.
- **Residual Risk:** Evaluation of the risk following consideration and application of existing controls (including assessment of control effectiveness).
- **Risk:** The effect of uncertainty on objectives.
- **Risk Criteria:** Terms of reference used to evaluate the significance or importance of a risk.
- **Risk Management:** The coordinated activities of identifying, assessing, and controlling threats or risks to the University and its activities.
- **Risk Matrix:** A matrix used during risk assessment to define the level of risk by considering the likelihood category against the consequence category.
- **Significant risk:** A risk with a residual risk rating that is high (or higher) as per the clinical education risk matrix.
- **Student Compliance Requirements:** This refers to the student compliance requirements for placements which include (but are not limited to) WWCC, Police Checks, and Immunisations.
- **Target Risk:** The acceptable risk level based on the risk management decision/the University's risk appetite.
- **Treatment Plan:** The measures in place to reduce and/or manage the level of risk to the target risk level by a responsible person within a required timeframe.

2. Risk in Clinical Education

2.1. Why is a Framework Required?

Risk management supports decision-making and provides a structured approach to managing uncertainty. Ongoing risk management enhances strategic thinking by analysing and considering activities that will achieve our Faculty and business goals. Successful risk management is about a culture of all staff working to balance the need for minimising the impact of risk while maximising opportunity and the need for innovation and development. This framework provides a roadmap for how risk management processes will be applied to clinical education risks. It describes a common process for how risks are identified, assessed, treated, reported, monitored, and reviewed.

The risks that occur in clinical education present themselves in many ways and for this framework risks are categorised accordingly:

- Core Business – Operational
- Reputation – Brand Image
- Sustainability
- Workplace Heath and Safety (including but not limited to)
    - Physical Safety – First Aid / Treatment
    - Mental Health & Well-being – Supporting Mental Health
- Legal & Regulatory – Compliance & Obligatory Requirements
- Financial – Cost Impacts

**Detailed information on these categories is demonstrated through the risk matrix located in section 5.2 of this framework*

2.2. Governing Bodies

Several governing bodies for clinical education programs and professional registration ensure a quality clinical education program is delivered. Departments and Schools in MDHS must maintain the most up-to-date information as outlined by these governing bodies in our process documentation, policies, and protocols.

Major regulatory/governing stakeholders include:

- AHPRA – Australian Health Practitioner Regulation Agency
- TEQSA – Tertiary Education Quality and Standards Agency
- Victorian Department of Health
- AMC – Australian Medical Council Ltd
- Higher Education Standards Framework
- Worksafe Victoria
- Fair Work

Departments and Schools in MDHS must be aware of and keep up to date with their regulatory obligations. The Learning and Teaching Unit (LTU) – Experiential Learning (EL) team manages and maintains the frequently used documentation through the Student Placements Information Hub. This is reviewed annually and provides information including:

- The Fair Work Act 2009
- Student Travel and Transport Policy (MPF1209)
- Courses, Subjects, Awards, and Programs Policy (MPF1327)
- Standardised Student Induction Protocol
- Legal Services and Advice
- Agreements
- AHPRA Information
- Governance
- Reporting
- Rural Placements
- Sonia
- Student Pre-Placement Requirements
- Student Fitness to Practice
- Travel Placement-Related Incidents and OHS
- Learning and Teaching Unit Experiential Learning Resources

Changes to any content are updated as a priority by the LTU – EL team and communicated through Microsoft Teams and email.

Local policies and documentation should be reviewed regularly, and any changes or updates should be communicated in writing to all impacted/relevant stakeholders (internal and external). It is recommended that all written communication is followed up by confirming there is an understanding of the process and changes in regulatory requirements. This will ensure MDHS members and affiliates are supported in meeting the requirements asked of them and when making changes.

2.3. Acknowledging Existing Risks

It is important to understand the environment in which risks can develop. When determining risks in the context of clinical education, risks associated with human behaviour can be challenging and unpredictable.

Some known risks in clinical education require ongoing monitoring, assessment and strategy to reduce their impact where permanent mitigation is not achievable. Some existing/known risks in MDHS which will require ongoing risk assessment and management include:

- Physical injury
- Student compliance requirements
- Student behaviour
- Sustainability of programs through placement providers

**Note: this is not an exclusive MDHS Clinical Education Risks list. A detailed list of risks is documented through the risk register process.*

Where there are controls and strategies in place to reduce risk, opportunities to implement these in other risk assessments should be sought; knowledge and guidance should be shared collaboratively as should assessment of the success of the controls and mitigation strategies post-implementation. Student pre-placement and simulation environments, as an example, are an opportunity to implement and assess mitigation strategies pertaining to student professional behaviour and identify any early risks to students' fitness to practice. Low-level concerns that arise in these settings can then be addressed before students engage with our external stakeholders.

2.4. Sexual Misconduct Prevention and Response

As per the UoM policy, Sexual Misconduct will not be tolerated, and has no place in our University community. All disclosures of sexual misconduct must be handled in accordance with the Sexual Misconduct Prevention and Response Policy (MPF1359). Sexual Misconduct involving a child has mandatory reporting requirements and the Child Safety Policy (MPF1337) applies.

Sexual Misconduct often constitutes a criminal offence and the University may investigate a disclosure even when a complaint has not been made. In addition to the Sexual Misconduct Prevention and Response Policy, it is important to report and record disclosures in accordance with the UoM Privacy Policy (MPF1104). Victims of sexual misconduct can gain support through UoM services here.

Risks of this nature should also be reported to CESAR as per section 4 of this framework.

2.5. Importance of Cultural Safety in MDHS Clinical Education

Everyone involved in MDHS Clinical Education should be able to practice their skills, teach or work in a culturally safe space without discrimination or challenges of identity. A culturally safe workplace should include clear, open and respectful communication for everyone involved, trust between workers with all contributions valued, stereotypical barriers recognised and avoided so that everyone can be engaged in a two-way dialogue where knowledge is shared (SafeWork, NSW, 2023).

In addition, MDHS acknowledges the importance of our clinical education programs, our learning settings and our working environments being respectful and culturally safe for all Aboriginal and Torres Strait Islander people. As per Advancing Health 2023 (MDHS Strategy), to meet the challenges of a changing world we must commit to strengthening an inclusive, diverse and equitable culture, grounded in respect for Indigenous knowledge and the traditional owners of the lands on which we work and study. It is everybody's responsibility to reduce risk related to cultural safety and ensure all stakeholders relevant to this framework are aware of the importance of cultural safety.

Cultural safety relevant to our First Nations Peoples include:

- Shared respect, shared meaning and shared knowledge.
- The experience of learning together with dignity and truly listening.
- Strategic and institutional reform to remove barriers to the optimal health, wellbeing and safety of Aboriginal people. This includes addressing unconscious bias, racism and discrimination, and supporting Aboriginal self-determination.
- Individuals, organisations and systems ensuring their cultural values do not negatively impact on Aboriginal peoples, including addressing the potential for unconscious bias, racism and discrimination.
- Individuals, organisations and systems ensuring self-determination for Aboriginal people. This includes sharing power (decision-making and governance) and resources with Aboriginal communities. It's especially relevant for the design, delivery and evaluation of services for Aboriginal people.

(Victorian Department of Health, 2023)

2.6. Risk Appetite at the University of Melbourne

The MDHS Clinical Education Risk Management Framework follows the risk appetite guidelines of the University Risk Management Framework:

The University of Melbourne Risk Appetite articulates the amount of risk the University is willing to accept or retain in relation to executing its strategy and achieving its business objectives and includes the nature and types of the most significant risks. Complementary to the Risk Appetite is the concept of risk tolerance. Risk tolerance refers to specific boundaries or parameters the University will accept in order to achieve a specific objective or manage a category of risk. It represents the practical application of risk appetite (UoM Risk Management Framework, 2019) but will accept increased risk if limited, and heavily outweighed by benefits.

To develop the framing of each strategic initiative and/or business objective the University considers whether it wishes to:

- Preserve Value: protect its current position; or
- Create Value: take a defined level of risk in relation to the business objective/strategic initiative to achieve its strategic objectives (UoM Risk Management Framework, 2019).

The below diagram is the current Risk Appetite and Tolerance Scale from the UoM Risk Management Framework. The Risk Taking Philosophy outlines the University's willingness to accept risk when undertaking activities to achieve our business goals.

When undertaking any risk assessment activities and prior to making any decisions, it is important to refer to Section 3 – Enterprise-wide approach of the UoM Risk Management Framework to ensure there is an understanding of the University's risk appetite.

Risk Appetite Scale	Risk Taking Philosophy	Tolerance for/willingness to accept Uncertainty
Averse	The University will take all reasonable measures to avoid exposure to risk.	Negligible/Zero tolerance
Cautious	The University's preference is for safe delivery but will accept increased risk if limited, and heavily outweighed by benefits	Low Risk Tolerance
Balanced and Informed	The University is willing to accept and actively seek strongly justified risks but will ensure impacts are appropriately managed.	Moderate Risk Tolerance/Limited acceptance of uncertain outcomes
Aggressive	The University is willing to accept justified risks in order to pursue opportunities and in doing so accepts the possibility of failure as long as it does not result in: 1. Disruption to critical functions, including delivery of teaching & learning, research and key administrative operations, or 2. Exceeding our appetite for other risk categories	High Risk Tolerance/Fully anticipate uncertain outcomes

3. Reporting Responsibilities

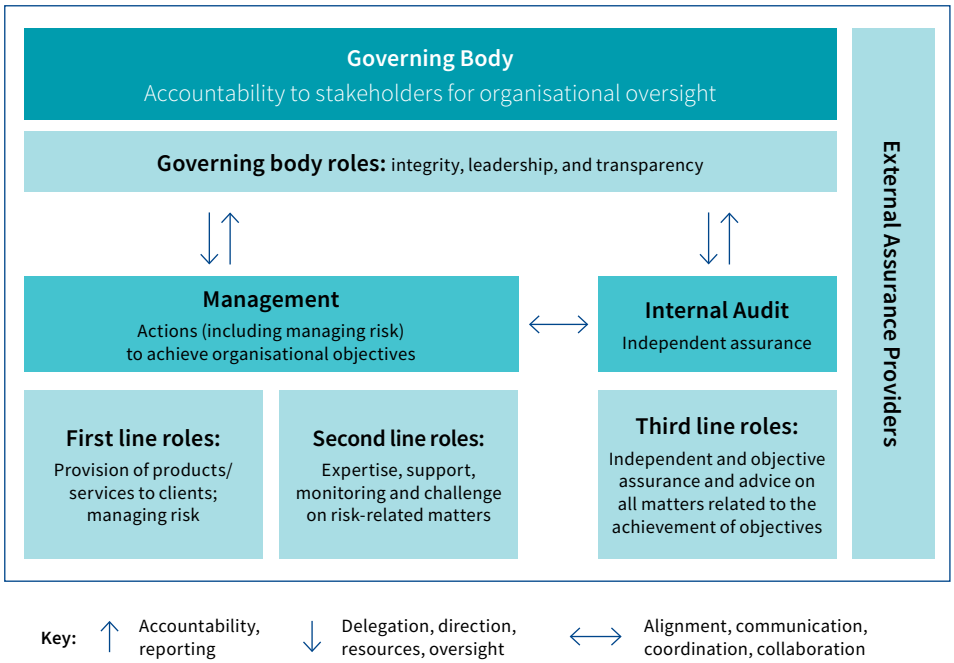
3.1. Accountability

Everyone involved in clinical education at the University of Melbourne is accountable for identifying risk. It is important to include risk management in all day-to-day activities to ensure our environments are safe to work, learn and practice in.

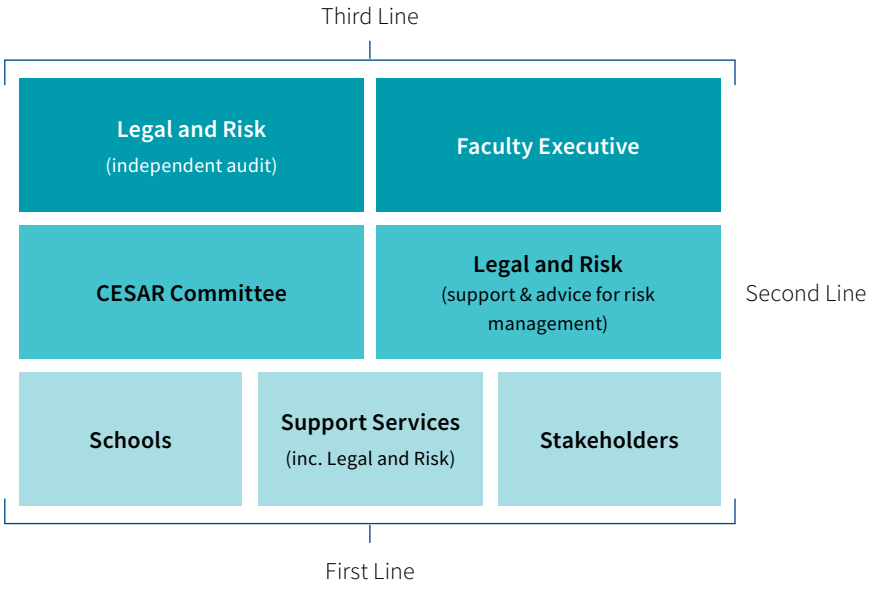
3.2. Risk Reporting Lines

Although everyone involved in clinical education is accountable for reporting and managing risks, further responsibilities described in this Framework adhere to the Three Lines Model published by the Institute of Internal Auditors. This model follows guiding principles and focuses on the importance and contribution of risk management in an organisational structure.

IIA's Three Line Model:



MDHS Structure of Reporting Responsibilities in a three-line model:



3.2.1. First Line of Reporting:

Stakeholders (Front Line Staff/Support), Schools, Support Services (such as occupational health and safety, legal)

Front-line stakeholders (who are generally the first point of contact for incidents and best placed to identify any known risks) are responsible for:

- Owning, leading and directing actions in managing risk;
- Maintaining a continuous dialogue with the governing body and reporting on risk;
- Establishing and maintaining appropriate structures and processes for the management of operations and risk (including internal control); and
- Ensuring compliance with legal, regulatory, and ethical expectations.

3.2.2. Second Line of Reporting:

CESAR Committee

Provides guidance, support, monitoring and challenges related to the management of risk, including:

- The development, implementation, and continuous improvement of risk management practices (including internal controls) at a process, systems, and entity level;
- The achievement of risk management objectives, such as compliance with laws, regulations, and acceptable ethical behaviour; information and technology security; sustainability; and quality assurance;
- Providing analysis and reports on the adequacy and effectiveness of risk management (including internal controls);
- Maintaining primary accountability to the governing bodies (Faculty and University) and independence from the responsibilities of management;
- Supporting the achievement of objectives by promoting and facilitating continuous improvement in clinical education risk practices;
- Integrating clinical education risk into ERMS for university reporting; and
- Reporting impairments to independent governing bodies and implements safeguards as required.

Legal & Risk – Support and Advice for Risk Management

Legal and Risk are consulted in internal processes, risk assessment and risk management and will:

- Provide risk management and compliance and training;
- Share expert advice on emerging risks and risk management best practices;
- Promote alignment with University processes and strategy; and
- Document processes in support of risk management at a university level.

3.2.3. Third Line of Reporting:

Faculty Executive (including Learning & Teaching, and Relevant Sub Committees)

The committees are involved and/or consulted in risk management across the Faculty and are responsible to the Dean. They will:

- Determine Faculty appetite for risk and exercise oversight of risk management;
- Nurture a culture promoting accountability in relation to risk management;
- Delegate responsibility and provide resources to management in the First line for achieving the objectives of clinical education while encompassing risk considerations in decision-making; and
- Maintain oversight of compliance with legal, regulatory, and ethical expectations.

Legal and Risk - Internal Audit

The internal audit function provides independent and objective assurance on the following:

- Effectiveness and efficiency of organisational governance practices, business processes and internal controls; and
- Adherence to relevant policies, procedures, legislations and regulations.

3.2.4. Reporting and Responsibility Chart

Through this Responsibility, Accountability, Consult and Inform (RACI) Chart, responsibilities are outlined for each stage in managing risk within MDHS. Determining the level of a risk to take appropriate action is completed by making a risk assessment through the risk matrix provided in this framework.

MDHS Clinical Education Risk Management Roles and Responsibilities (RACI)

			Students	Placement Providers	LTU Staff	Placement Officers & Coordinators	Program & Academic Team Leads	Academic Staff	HoD & Clinical Deans	Managers LTU	School Manager	Head of School	SPAG	CESAR	L&T Committee	FEC	Legal & Risk
		Activity	Stakeholders		Department					School / Faculty			Committees				UoM
First and Second Stage	Identifying, Evaluating, Reporting and Strategising	Identifying Risk	R	R	R	R	R	R	R	R	R	R	C/I	A	C/I	C/I	R
		Analysing and Evaluating Risk - low, medium, high risk			R	R	R	R	R	R	R	A	C/I	C/I	I	I	C
		Developing local/school solutions and controls - low, medium, high risks			R	R	R	R	R	R	R	A	C/I	C/I	I	I	
		Developing faculty solutions and controls - low, medium, high risk			I	I	C	I	C	R	R	C/I	C / I	A	I	I	
		Implementing and Monitoring solutions and controls - local/ schools			R	R	R	R	R	R	R	A	C/I	C/I	I	I	
		Implementing and Monitoring solutions and controls - Faculty			R	R	R	R	R	R	R	C/I	C/I	A	I	I	
		Reporting Risk (to CESAR)			C	C	C	C	R	R	R	A	C / I	C / I	C / I	C / I	C
		Reporting Risk (to university leadership)										A	C / I	C / I	C / I	R	A
		Monitoring Risks - School			R	R	R	R	R	R	R	A	C/I	C/I	C/I	C/I	C
		Monitoring Risks - Faculty			R	R	R	R	R	R	R	C/I	C / I	A	C / I	C / I	C
Third Stage	Approvals and/or Amendments	Clinical Risk Framework			I	I	I	I	C	C	C	C	C	R	A	C	C
		Policy Amendement			C	C	C	C	C	C	C	C	C	R	A	C	C
		Policy Implementation			C	C	C	C	C	C	C	C	C	R	A	C	C
		Clinical Risk Register			C	C	C	C	C	C	C	C	C	R	A	I	C
Fourth Stage	Governance of Risk Management	Clinical Risk Framework - Fit for Purpose & Auditing			C	C	C	C	C	C	C	C	C	R	A	I	C / I
		Local/School Policies - Fit for Purpose & Auditing			C	C	C	C	A	C	C	C	C	C / I	I	I	C / I
		Faculty Policies - Fit for Purpose & Auditing			C	C	C	C	C	C	C	C	C	R	A	C / I	C / I
		Clinical Risk Register - Reported Risks			I	I	C	C	C	C	C	C	I	R	I	I	C
		Post Implementation Quality of Clinical Risk Framework			C	C	C	C	C	C	C	C	C	R	A	I	C
		Monitors Risk Indicators and Trends			R	R	R	R	R	R	R	A	C / I	R	C / I	C / I	C

RACI:

Responsible	Usually delegated by the accountable party and responsible for the operational management of the risk
Accountable	Usually someone with signature authority or decision-making power. Responsible for the consequences should the risk eventuate
Consulted	Feedback and input should be solicited. These are usually Subject Matter Experts (SME) on the topic and should be consulted before decisions are made
Informed	Needs to be kept in the loop on the risk but not required for making decisions

First Stage: Identifying and Reporting Risk

Identifying risks is not limited to any stakeholder and the responsibility for this lies with all involved in MDHS clinical education. The outcome of a risk assessment identifies the level of accountability for managing the risk as per the RACI chart. Where an individual has been listed as accountable for managing risk, they are responsible for mitigating an outcome or solution in response to a risk assessment. Identified risks are recorded in the Risk Register for which the CESAR committee will have oversight. It is important to consult and inform the required stakeholders as listed in the RACI chart to ensure appropriate action is always taken.

Second Stage: Evaluating and Strategising Risk

Once a risk has been identified, action is required to understand the consequences of the risk and what impact this could have on MDHS and UoM. Ongoing monitoring of a risk that has been reported is a strong focus of risk management to ensure any solutions or controls implemented are successful in working towards a lower risk level in the future. Risk strategy is ongoing to continue to achieve the objectives outlined in this framework.

Third Stage: Approvals and/or Amendments

Through the evaluation and strategy process of risk management, it may be identified that an improvement to a process or policy may reduce the overall risk rating. When aiming to update a policy or change a process, it is recommended that all users be consulted before submitting an amendment for approval. Where someone is accountable, they are responsible for the design, proposal, and submission for approval. Responsibility for approving an amendment lies with the senior governance of the Faculty but may be delegated to the CESAR committee.

Fourth Stage: Governance of Risk Management

To maintain a productive risk management culture, ongoing governance is essential. This is established through assessment of this framework (fit for purpose), monitoring of identified risks, identifying trends, and ongoing collaboration for improvement.

4. Identifying and Reporting a Risk

4.1. Why it is important to identify and record a risk

Identifying and recording a risk creates awareness of an issue that has the potential to cause harm or impact the objectives of clinical education. Identifying risks promptly allows for risk analysis and assessment that can reduce the impact on financial consequences, reputational damage, physical harm or the overarching student experience. Business continuity is not sustainable when risks are not identified.

4.2. How to record a risk

Where a risk is identified it should be reported to the identifier's line manager or local risk manager (where this role/responsibility is applicable). Those who identified the risk should refer to the risk matrix provided in this framework in section 5.3 to establish the severity and risk rating in order to take the appropriate course of action. It is recommended that each Department has provided documented advice for their escalation points of contact. An example template is provided in Appendix 1.

4.3. What happens following the identification of a risk?

Local: It is at a Department and/or School level where immediate action is taken to start reducing the impact of a risk. Solutions and controls should be applied to the current risk as soon as possible to avoid an increase in any consequences. Using the RACI chart, ensure that the required stakeholders are consulted/informed as per the risk rating.

CESAR: When a risk is identified it is added to the Clinical Education Risk Register. For all risks evaluated to be "medium", "high" or "very high", CESAR will further evaluate the risk and provide additional feedback and/or guidance on reducing any negative impacts moving forward.

Refer to Appendix 3 for a flow chart example of what happens when a risk is reported.

4.4. Reporting a risk

Local (Department/School): Risk documents and reports should be recorded and stored in a secure location within a Departments/ School's SharePoint where access can be granted or declined. The current preference is an outlined Local Risk Escalation Management process (see Appendix 1 for an example) and a risk assessment using the risk register template (see section 5.4). Where the risk is evaluated to be "medium", "high" or "very high" these MUST be recorded in the Clinical Education Risk Register. **All such risks should therefore be escalated to CESAR who maintain oversight of the Register by reporting the risk using the CESAR Risk and Incident Reporting Form (link below).**

CESAR: Risk documents should be recorded and stored in a secure location within SharePoint where access can be granted or declined. CESAR will maintain the Clinical Education Risk Register and be responsible for adding new risks in addition to risks that are identified through the reporting of incidents (see the MDHS Managing Incidents in Clinical Education Principles V.01 and Reporting an Incident in Clinical Education Process Guide supporting documents).

CESAR Risk and Incident Reporting Form

5. Risk Management Process

5.1. Risk Identification & Management

UoM and MDHS align the risk management process with ISO 3100 Risk Management Guidelines:

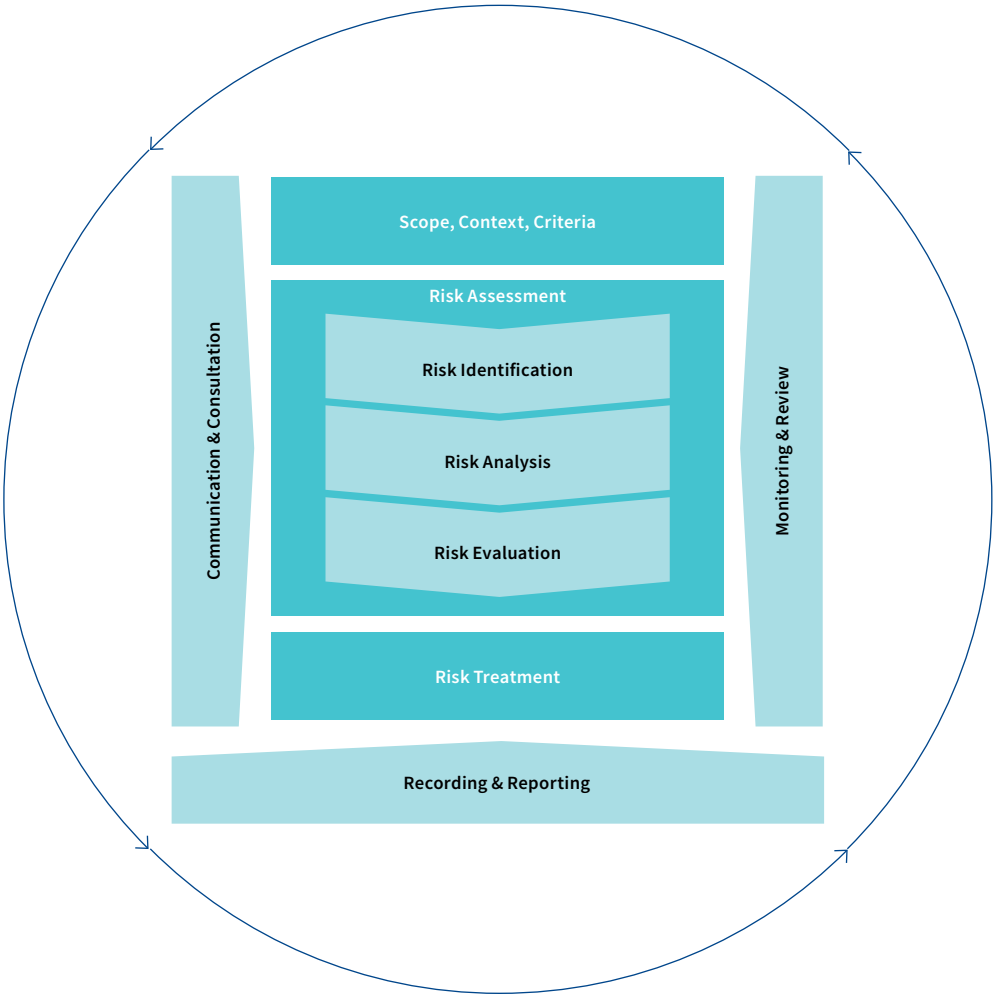
The risk management process involves the systematic application of policies, procedures, and practices to the activities of communicating and consulting, establishing the context, and assessing, treating, monitoring, reviewing, recording, and reporting risk.

Risk identification is the process of recognising and describing risks. A risk is the effect of uncertainty on objectives and is usually expressed in terms of ***risk sources (causes), potential events, and their consequences.*** *These risks will be produced based on events that might prevent, degrade, accelerate or delay the achievement of objectives. Risks associated with not pursuing an opportunity should also be identified* (UoM Risk Management Framework 2019).

It is everyone's responsibility in MDHS to identify risk. Where there is uncertainty if there is indeed a risk, it should be discussed collaboratively to assess if there is a root cause, potential contributory events, any past incidents or if there are any likely consequences. Once these have been identified, then the appropriate reporting process should be followed. If there remains uncertainty it is better to report a risk.

Risk Analysis

Analysis of risk involves consideration of the positive/negative consequences and the likelihood of those consequences occurring as per the definitions in the Risk Matrix (see 6.3). Existing controls and their effectiveness should also be considered. The Risk Matrix details assessment based on the outcomes of risk analysis and identifies which controls or mitigations need treatment and the priority of this treatment implementation. For a scenario with same likelihood but different severity of consequences, it is advisable to choose the worst-case consequence rating.



5.2. MDHS Clinical Education Risk Matrix:

Risk Rating >		Insignificant	Minor	Moderate	Major	Severe
Consequences	**Core Business**	Operational impact with low level of disruption and/or cost	Adverse impact on the delivery of a few key operational elements with minimal impact to the University	Material adverse impact to the achievement of operational objectives and has some flow on effect to the University and sustainability of the programs established	Significant adverse impact to the achievement of operational objectives and affects a few major University strategic priorities. Established programs are less sustainable	Inability to execute the operational requirements and has substantial, widespread and/ or sustained impact on the delivery of the University strategy. Established programs may not be sustainable
	Reputation	Temporary issue resolved with routine management	Short term disrepute with short term adverse publicity	Significant damage to our relationships with one or more stakeholders and / or minimal impact to UoM's brand	Damage to relationship with one or more key stakeholders lasting more than 12 months and/or has a material impact to UoM's brand	Enduring and significant damage to UoM's brand, affecting social licence to operation and relationships with multiple key stakeholder groups
	Physical Safety	Injuries involving first aid or medical treatment	Injuries requiring short term hospitalisation and/ or surgery	Permanent injuries requiring long term treatment, hospitalisation and/ or rehabilitation	Single fatality or serious permanent injuries of up to ten individuals	Multiple fatalities and/ or serious permanent injuries involving more than ten individuals
	Mental Health & Well Being	Minor impact on the student or staff and minimal loss of time and/or productivity	Short term impact on staff and/or student where some guidance and support is required. There is a loss in time and/or productivity	More than one student and/or staff require ongoing treatment to support the impact on their mental health and wellbeing. There is a loss in time and/or productivity	More than one student and/or staff require ongoing treatment to support the impact on their mental health and wellbeing. Significant loss to time and/or productivity	Multiple students/ staff unable to complete their course/ work requirements permanently - resulting in students leaving degrees and staff resigning
	Legal & Regulatory	Minor non-compliance/ breach. Litigation with a low-level estimated liability	Non-compliance/ breach involving investigation, warning and low-level penalty. Litigation with moderate estimated liability	Non-compliance/ breach involving a major investigation or review by a regulator/ authority and material penalty. Litigation with material estimated liability	Significant and/ or multiple non-compliances/ breaches with significant penalties, fines and/ or imprisonment of responsible officer(s). Complex litigation incurring significant estimated liability	Serious and/or multiple non-compliances/ breaches that could result in multiple fines, penalties, imprisonment of officer(s) and/ or the loss of licence or prohibition to operate. Highly complex and protracted litigation with extreme level of estimated liability
	Financial	Less than $500k	$500k to $5m	$5m to $25m	$25 to $150m	Greater than $150m
Occurrence	**Very Likely >80%**	Medium	High	High	Very High	Very High
	Likely 60-80%	Medium	Medium	High	Very High	Very High
	Possible 40-60%	Low	Medium	Medium	High	Very High
	Unlikely 20-40%	Low	Low	Medium	High	High
	Very Unlikely <20%	Low	Low	Low	Medium	High
Monitor		**Yearly**	**Quarterly**	**Bi-Monthly**	**Monthly**	**Weekly**

Likelihood Definitions	
Very Likely	**>80%** - Occurs regularly or expected to occur
Likely	**60-80%** - has occurred before and will occur in most circumstances
Possible	**40-60%** - Not uncommon and can reasonably be expected to occur
Unlikely	**20-40%** - May occur but not anticipated
Unlikely	**<20%** - Unusual, infrequent, or rare

5.3. Risk Register:

The purpose of a risk register is to record identified risks that could damage the success of our business plans and objectives. The risk register is used in governance and ongoing monitoring of a risk by the CESAR committee. The diagram below outlines the purpose of each category in the risk register:

Examples of a documented risk in the Clinical Education Risk Register can be found in Appendix 4.

Risk Description	What is the risk? Why is it a risk?
Cause	What is the cause?
Consequences	What will be the impact or was the impact?
Likelihood	How frequently may this occur?
Mitigation and/or Controls	What preventative measures are already existing?
Residual Risk Level	• Very High • High • Medium • Low **As per the matrix*
Risk Acceptance	• Not acceptable • Generally NOT acceptable • Generally acceptable • Acceptable
Target Risk Level	The target should always be lower than the residual risk
Additional Treatments	What changes can be implemented to reduce the likelihood or impact of a risk occurring?

The University's suggested risk tolerance at a high level

Risk ratings	Suggested tolerance and action
Very High	**Not acceptable** - Cease activity or isolate. Implement further measures to decrease the risk to an acceptable level and continue monitoring, reviewing and documenting the risk.
High	**Generally (in most circumstances) NOT acceptable** - Implement controls to reduce the risk to a level of high. Continue monitoring, reviewing and documenting the risk.
Medium	**Generally acceptable** - Implement controls to reduce the risk to a level of medium. Continue monitoring, reviewing and documenting the risk.
Low	**Acceptable** - Risk has been accepted as tolerable. Monitor and review the risk for any changes and document as needed.

6. Governance: Monitoring and Review

Monitoring and review of risks in Clinical Education in MDHS are undertaken by both individuals and committees through the governance process. Monitoring and review, together with communication and consultation, will ensure continuous improvement and assist with the detection of root causes through analysis and evaluation of the process, thereby enabling improvement and ensuring risks are mitigated.

6.1. Governing Committees

6.1.1. Clinical Education Strategy and Risk Committee (CESAR)

The Clinical Education Strategy and Risk Committee was established in Q3 2022. It is constituted so that it can identify, respond and monitor risks to, or arising from, student clinical education in MDHS. It reports to the Learning and Teaching Subcommittee and the Dean via governance committees such as the Faculty Executive Committee.

Chair: Academic Director, Clinical Education Strategy and Risk (Sarath Ranganathan)
Executive support: Clinical Education Strategy and Risk Project Officer (Kylie Erben)

6.1.2. Student Placement Advisory Group (SPAG)

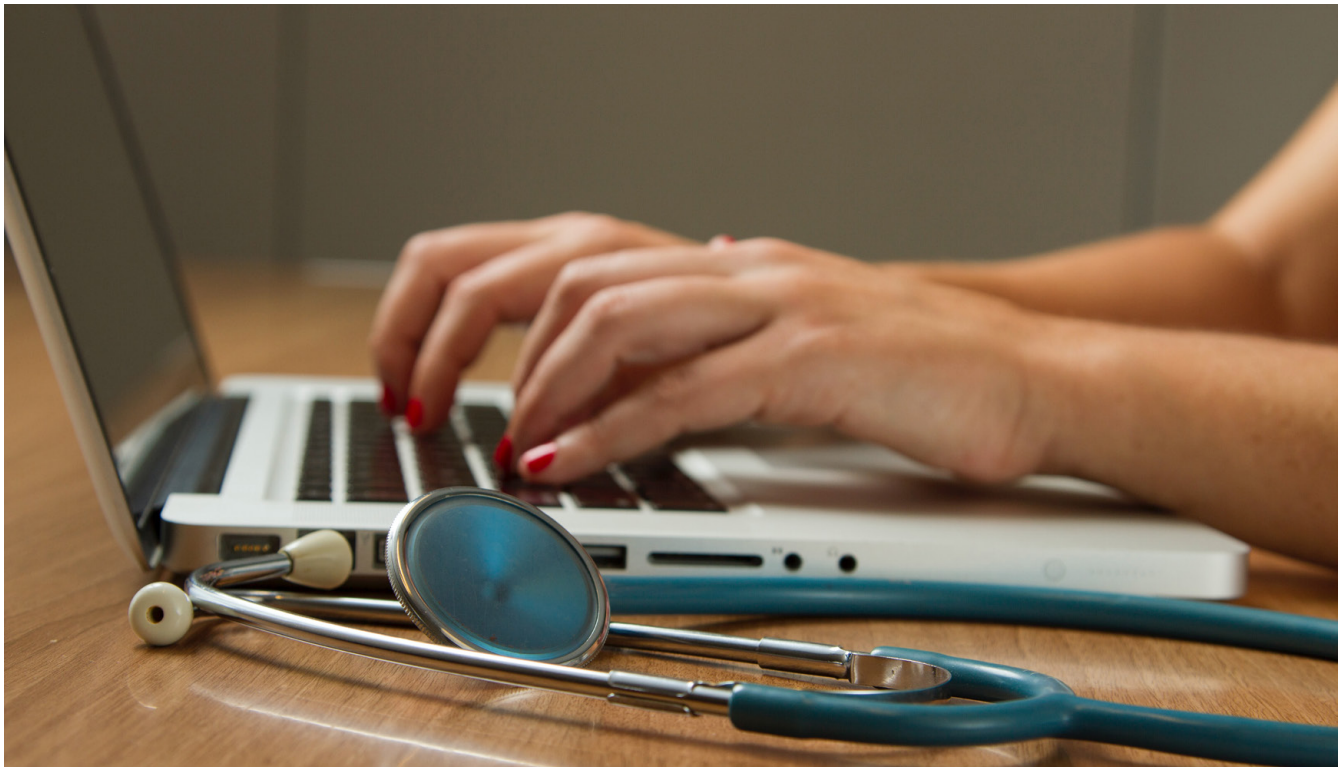
The Student Placement Advisory Group exists to discuss current challenges and best practices in student clinical and non-clinical placements across the Faculty and may refer matters and/or provide advice to other committees (such as the Clinical Education Strategy and Risk Committee).

Chair: Associate Professor Anthea Cochrane
Executive support: MDHS Learning and Teaching Unit (Chantal Hildyard)

6.2. Ongoing Governance

The CESAR Committee will meet (at minimum) four times a year to discuss progress in areas and identify improvements and strategies for the reduction of risk. It is the responsibility of the CESAR Committee to report to the L&T Committee and/or FEC a summary of progress and higher-graded risks and ensure there is an open level of communication regarding issues that may arise in the interim.

To ensure the ongoing relevance of the Clinical Education Risk Management framework, the framework will be subject to annual reviews. An annual report will be provided to the T&L Committee and FEC Committee.



7. Relevant Frameworks, Policies, and Resources

University of Melbourne Policies:

Student Conduct Policy
Owner: UoM

Sexual Misconduct Prevention and Response Policy
Owner: UoM

Responding to Student Traumatic Event Policy
Owner: UoM

Student Fitness to Study Policy
Owner: UoM

Student Fitness to Practice Policy
Owner: UoM

University of Melbourne Resources:

University of Melbourne Risk Management Framework – A guide to Risk Management at the University of Melbourne
Owner: Risk and Legal

Clinical Placements in Primary Care – Quality Assurance Guide
Owner: SPAG

Advancing Health 2030
Owner: Faculty of Medicine, Dentistry and Health Sciences

External Resources:

ISO 31000:2018 Risk Management – Guidelines
Owner: International Organization for Standardization

The IIA's Three Lines Model – An update of the Three Lines of Defense
Owner: The Institute of Internal Auditors

National Student Safety Survey
Owner: NAFEA – National Association of Field Experience Administrators

Note: Some resources and references may only be available to University of Melbourne staff accessible behind a single sign on login.

8. Appendices

Appendix 1: Local Risk Escalation Management

Clinical Education Risk Management

Department:

School:

Faculty: Medicine, Dentistry & Health Sciences

Local process documents are stored <insert link here>

Risk Reporting:

Low Level Risk

<Insert local risk process here>

Report to:

Medium Level Risk

<Insert local risk process here>

Report to:

CC:

High-Level Risk

<Insert local risk process here>

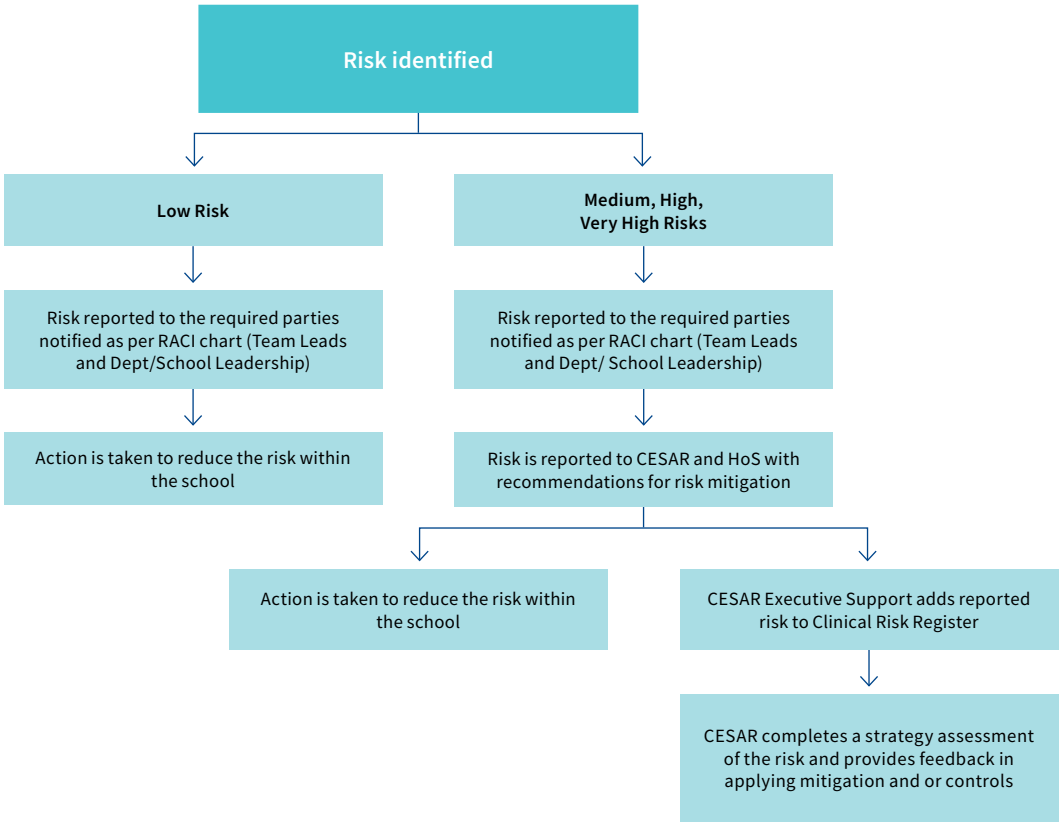
Report to:

CC:

Appendix 2: CESAR Committee

Name	Department/School	Role
Sarath Ranganathan	Academic Director, Clinical Education Strategy and Risk	Chair
Kylie Erben	Learning & Teaching Unit - Experiential Learning	Executive Support
Alice Reid	Learning & Teaching Unit - Student Experience	Member
Anthea Cochrane	Student Placement Advisory Group (SPAG) - Chair	Member
Elysia Corallo	Learning & Teaching Unit - Experiential Learning	Member
Eva Avera	Student	Member
Kerryn Bolte	Rural Health	Member
Lisa Cheshire	Melbourne Medical School	Member
Lisa Phillips	Melbourne School of Psychological Sciences	Member
Marie Gertz	Melbourne School of Health Sciences (Nursing)	Member
Raelynn Tong	Student	Member
Rebecca Wong	Melbourne Dental School	Member
Tony McLaughlan	Melbourne Teaching Health Clinics	Member

Appendix 3: What happens with the report of a risk

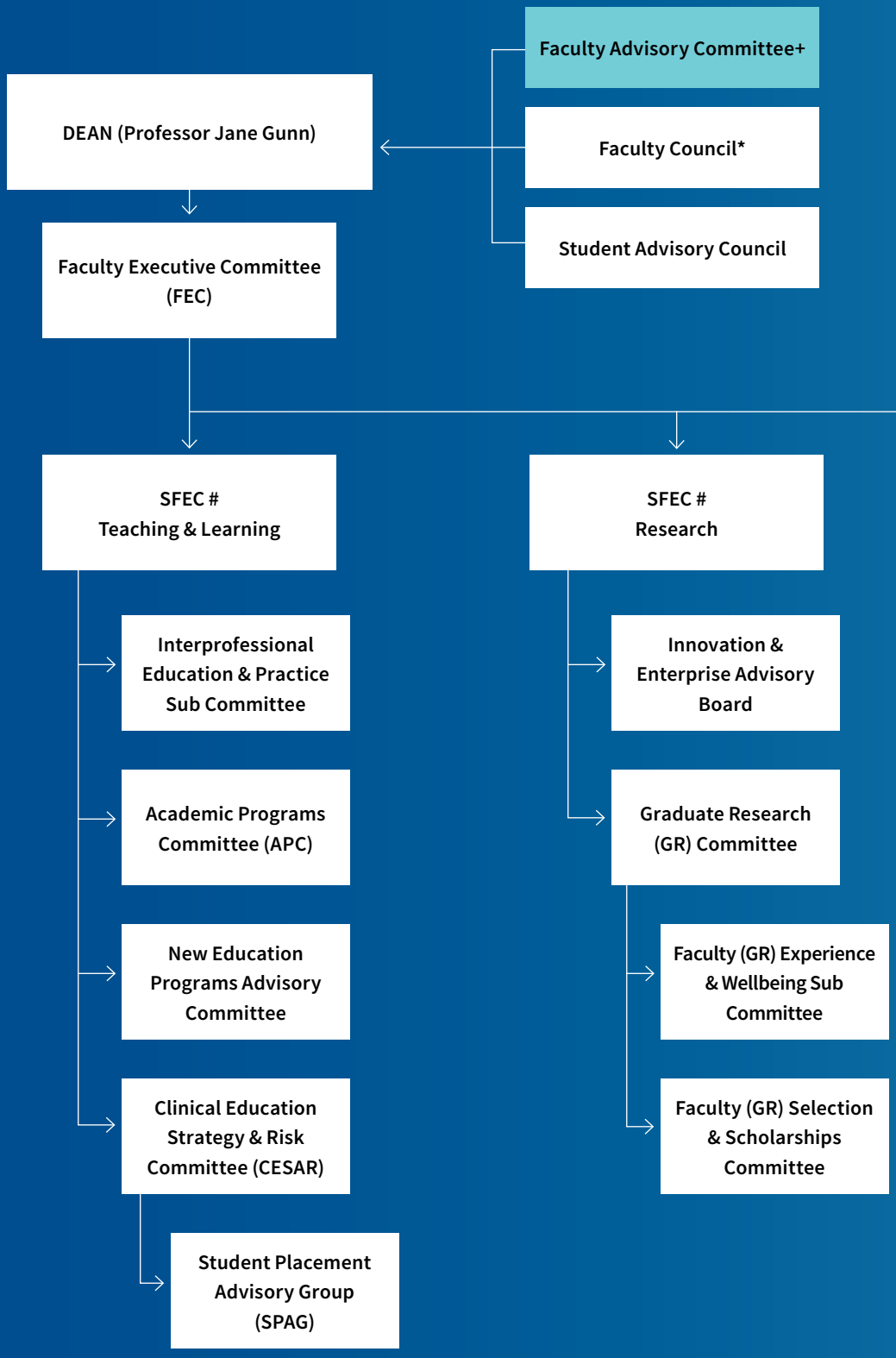


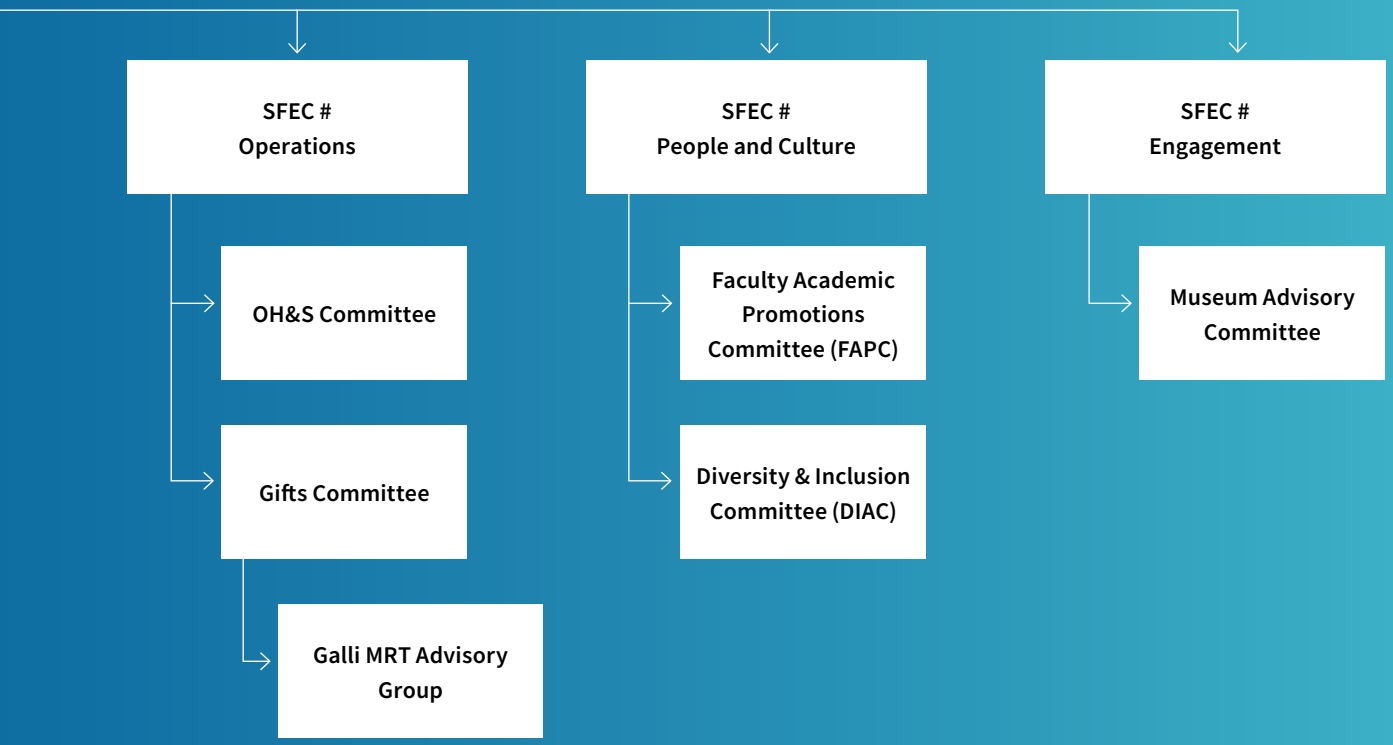
Appendix 4: Risk Register Examples

Risk Description	Cause	Consequences	Likelihood
Needle stick injury	• Lack of appropriate handling method	• Blood test to ensure no diseases carried to the student • Minor first aid (bandaid)	Possible
Student placement providers/ venues aren't suitable/fit for students as they do not provide sufficient opportunities for training	• Resourcing is inadequate to properly screen student placement providers • The providers/hosts are not provided training on expectations from the university • Lack of hosts creates desperation to achieve placement targets	• Students are poorly trained leading to a higher chance of mistakes/errors in student work • Quality of students' ability to perform in their field is lower as they have not been provided sufficient experience opportunities • Negative impact on student engagement/ experience	Likely
Unclear escalation and reporting process of risk and incidents for anyone who is affiliated with a MDHS program	• Lack of training • Poorly designed record and reporting of incidents • Minimal instructional documentation	• Risks are not identified and incidents are not reported • Reputation of University and/or host is impacted • Fines and legal consequences of incidents/risks increasing in damage	Very Likely

Mitigation and/or Controls	Residual Risk Level	Risk Acceptance	Target Risk Level	Additional Treatments
• Health and Safety e-learns	Low	Acceptable - Risk has been accepted as tolerable. Monitor and review the risk for any changes and document as needed (as per the tolerance matrix below Low = Acceptable)	Low	1. Arm safety guards
• Prioritise existing hosts and agreements for placements over new hosts (trust has already been built) • Ongoing communication between Schools in the LTU (Learning and Teaching Unit) and placement hosts • Feedback from placement hosts • Feedback from students • Initial research on the host and reputation/complaints/reviews	Medium	Generally acceptable - Can be considered acceptable however continue to implement controls to reduce the risk to a risk rating of low. Continue monitoring, reviewing, and documenting the risk.	Low	1. All schools to introduce a screening/ assessment process for hosts/ placement locations 2. All schools to introduce a student feedback process for hosts/placement locations 3. Reward and recognition for high-quality hosts (retention) 4. All schools to provide training for hosts/ placement locations 5. Sharing best practices for students to provide feedback on the quality of their training towards the required standards across all schools
• Local documentation of escalation • UoM e-learns on reporting risk • CESAR Committee	High	**Generally (in most circumstances) NOT acceptable** - Implement controls to reduce the risk to a risk rating of medium. Continue monitoring, reviewing and documenting the risk.	Low	1. Clinical Education Risk Framework that addresses clear reporting protocols for risks 2. Clear Incident Reporting process

Appendix 5: MDHS – Governance (Committees)





External Advisory

* Under review

\# Sub Committee of FEC

\+ To be established

Version Control:

Version	Author	Date	Approved By	Changes
Draft V 0.1	Kylie Erben & CESAR Committee	09.12.2022	CESAR Committee EL Mgr	First circulated version of the draft
Draft V 0.2	Sarath Ranganathan	12.12.2022	Endorsed by FEC Committee	Updated language and definitions
Draft V 0.3	Legal, Sarath Ranganathan	24.01.2023	Sarath Ranganathan	Updated language and definitions
Draft v 0.4	Kylie Erben	17.02.2023	Sarath Ranganathan	Increased presence of Sexual Misconduct Prevention and Response Policy
Draft V 0.5	Kylie Erben	14.04.2023	Sarath Ranganathan	Inclusion of Cultural Safety
Version 1.0	Kylie Erben	14.04.2023	Sarath Ranganathan	Version 1.0 approved

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