



Faculty of Medicine, Dentistry and Health Sciences

Clinical Education Risk Management Framework

A guide to Clinical Education Risk Management at the University of Melbourne

March 2026

Table of Contents

Message from Faculty	3
1. Introduction	4
1.1 Objectives	4
1.2 Intended users	4
1.3 Scope and authority	5
2. Risk Management Principles	6
3. Faculty-wide Approach.....	7
3.1 Risk Appetite	7
3.2 CESAR risk register	7
4. The Risk Management Process	8
4.1 Context.....	9
4.2 Communication and collaboration.....	9
5. Risk Assessment.....	10
5.1 Risk identification	10
5.2 Risk analysis	10
5.3 Risk evaluation.....	14
6. Risk Treatment	15
7. Risk Monitoring and Review.....	16
7.1 Reporting and responsibilities	16
7.1.1 Accountability	16
7.1.2 Three Lines Model.....	16
7.1.3 First line roles.....	17
7.1.4 Second line roles.....	17
7.1.5 Third line roles	18
7.2 Risk governance reporting structure	19
7.3 Reporting and responsibilities matrix.....	19
8. Related Policies and Resources	22
9. Definitions	23

Message from Faculty

In line with The University of Melbourne [Advancing Students and Education Strategy](#) and Faculty [Advancing Health 2030](#), the Faculty of Medicine, Dentistry and Health Sciences (MDHS) is committed to student experiences being powerful, engaging and tailored to the individual, with a focus on nurturing excellent students from all backgrounds that better reflect our local, regional and global communities.

The MDHS delivers essential training and placement activities to graduate healthcare professionals who can safely provide high-quality healthcare to the Australian community. Students, patients, staff and health care providers are at the forefront of all decisions the Faculty makes when considering risk management.

The Faculty recognises the importance of risk management as an integral part of good governance in mitigating events that could have significant adverse impacts on meeting its strategy and objectives. Embedding effective risk management into our strategic planning cycle, ensures that the Faculty learns from incidents and effectively identifies, reviews, assesses and monitors risks in order to promote continuous improvement, provide quality clinical education experiences and prioritise student and patient safety. It promotes quality student experiences, safeguards staff wellbeing, protects our programs and enhances our reputation as a resilient and responsible institution.

Risk management is embedded across the University and is central to the achievement of objectives and well-informed decision-making. The Clinical Education Risk Management Framework is subject to internal review and, as considered relevant, external review to ensure it remains fit for purpose and reflects best practice.

1. Introduction

The MDHS Clinical Education Risk Management Framework outlines MDHS' approach to risk management in clinical education and the process involved in conducting risk assessments consistent with the [International Organisation for Standardisation \(ISO\) 31000:2018 – Risk Management Guidelines](#). It provides the foundation for integrating, designing, implementing, evaluating and improving clinical education risk management across MDHS to support decision-makers in fulfilling our goals of providing quality clinical education while operating within risk appetite.

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

1.1 Objectives

The objectives of the Framework are to:

- Define a Faculty-wide approach to risk management in executing University and Faculty strategy, driving performance and managing risk/opportunity;
- Describe the methodology for risk identification, analysis and evaluation;
- Describe the ways in which risks are monitored, escalated and treatment plans are designed;
- Describe the ways in which risks are reported and broadly communicated;
- Clarify roles, responsibilities and authorities in relation to risk identification and risk management; and
- Acknowledge and communicate the Faculty's commitment to effective risk management processes.

1.2 Intended users

The Framework is intended to support:

- a) Faculty Committees to oversee the assessment and management of clinical education risks. Faculty Committees include:
 - Clinical Education Strategy and Risk (CESAR) Committee
 - Student Placement Advisory Group (SPAG)
 - Faculty Executive Committee (FEC)
 - Learning and Teaching Subcommittee of FEC (LT SFEC)
 - MDHS Academic Programs Committee
 - MDHS Health and Safety Committee
 - New Education Programs Advisory Committee
- b) The MDHS Deanery, Directorate and School Executive Teams to understand and manage the Faculty's significant risks by ensuring risks owned by the Faculty are monitored, reported and escalated where appropriate;
- c) Staff and placement providers in the ongoing identification, reporting, assessment and management of risks within MDHS;
- d) Students by fostering a risk-aware culture, in which risks can be reported, and providing transparency in Faculty risk management practices; and

- e) The CESAR team by affirming that all staff, students and placement providers have a responsibility to manage risk in accordance with the University's process for risk assessment (identification, analysis and evaluation).

1.3 Scope and authority

This Framework applies to all coursework education within MDHS. This includes clinical education settings that are sponsored, arranged or facilitated by the University of Melbourne under an approved contractual agreement, as well as MDHS educational programs with a Work Integrated Learning (WIL) focus and those that provide pathways to clinical professional award courses. It applies to all members of the Faculty community, including students, staff, consultants, volunteers, and placement providers.

Given the collaborative nature of clinical education partnerships, this Framework should be considered complementary to and aligned with the existing guidelines of partnering institutions or organisations where educational activities take place.

2. Risk Management Principles

In alignment with the [University's Risk Management Framework](#), the Faculty's approach to risk management follows the eight key principles outlined in the ISO 31000:2018 Risk Management Guidelines:

1. **Integrated** – Risk is a part of the Faculty's governance, management responsibilities and an integral part of strategic planning and decision-making.
2. **Structured and comprehensive** – The Framework supports a structured and consistent approach to risk assessments across the Faculty.
3. **Customised** – The Framework recognises the complex environment of clinical education, which is reflected in the use of the University's customised Risk Matrix and the Faculty's risk processes and governance.
4. **Inclusive** – A broad range of stakeholders play an integral role in the risk governance processes. These stakeholders are consulted on risk management approaches and are responsible for identifying, assessing, evaluating and treating risks across the Faculty.
5. **Dynamic** – Risks are influenced by both internal and external factors which change over time, making it necessary to review and update risks regularly in order to be adaptive and responsive to emerging risks.
6. **Based on the best available information** – The Faculty's risk management approach relies on timely and accurate reporting of clinical education incidents and risks, and supporting evidence from other areas of the University and Faculty.
7. **Takes human and cultural factors into account** – We are committed to building a risk-aware culture within the Faculty and promoting the understanding that risks management is everyone's responsibility. It is important to recognise that risks in the context of clinical education are dynamic and influenced by human behaviour and cultural factors.
8. **Facilitates continual improvement of the organisation** – The Faculty's risk management approach will be continually reviewed and enhanced as our risk maturity develops, with an aim to better support risk-informed decision making.

3. Faculty-wide Approach

3.1 Risk Appetite

Risk Management within MDHS is guided by the [University Risk Management Framework](#):

The University Risk Appetite articulates the level of risk the University is willing to accept or retain in relation to executing its strategy and achieving its business objectives.

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.

3.2 CESAR risk register

The CESAR risk register is a detailed record of identified clinical education risks, which could negatively impact the success of MDHS' strategy and objectives. The 5 key success indicators outlined in the University's [Advancing Students and Education Strategy](#) have been embedded into the CESAR risk register as themes, which ensures alignment with the University's overall strategy.

The CESAR risk register undergoes a comprehensive annual review, in addition to continuous monitoring of the current risk environment. Table 1, below, outlines the purpose of each category in the risk register

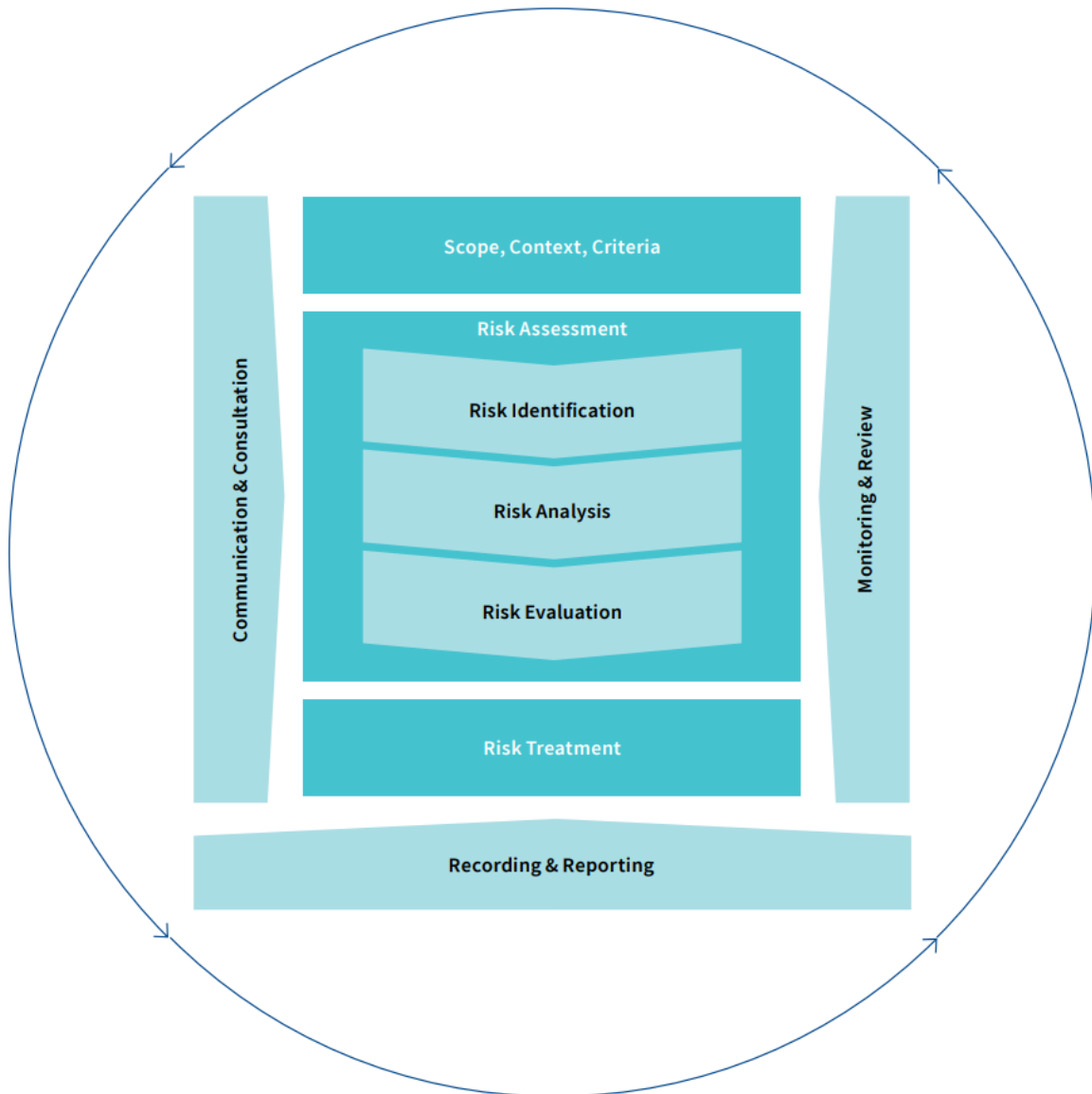
Table 1: CESAR risk register categories

Theme	Categories used to group similar risk types, which align with the UoM Advancing Students and Education Strategy (ASE).
Risk Description	What is the risk? Why is it a risk?
Causes	What are the causes / sources of the risk?
Consequences	What are the potential impacts?
Likelihood	How frequently might this occur?
Inherent Risk	Initial evaluation of the risk, prior to consideration or application of any existing controls.
Controls	What preventative/mitigating measures are already in place?
Control Effectiveness	How effective are the controls in place?
Residual Risk Level	Risk rating following consideration of existing controls and their effectiveness <ul style="list-style-type: none"> • Very High • High • Medium • Low <p><i>*As per the MDHS Risk Matrix (Table 4)</i></p>
Target Risk Level	The acceptable level of risk MDHS aims to achieve, based on the University's risk appetite, after treatments are put in place.
Treatments	Additional measures which will be put in place to reduce and/or manage the level of risk to the target risk level.

4. The Risk Management Process

UoM and MDHS adhere to the Risk Management Process set out by the [ISO 31000:2018 Risk Management Guidelines](#). The process is a structured approach to identifying, analysing, evaluating and treating a risk, while incorporating ongoing monitoring and communication to ensure continuous improvement.

Figure 1: Risk Management Process¹



¹Adapted from AS/NZS ISO 31000:2018 Risk Management Guidelines

4.1 Context

When identifying risks, it is important to consider both the internal and external environments in which we operate. The internal environment may include our organisational structures, systems, processes and governance, culture and the University's risk appetite. While the external environment is influenced by factors outside of the University's control, including the political, economic, sociocultural, technological, environmental and legal environments in the context of the University.

4.2 Communication and collaboration

In order to effectively manage risk, it is essential to incorporate communication and consultation with stakeholders at each stage of the risk management process. As outlined in the [University of Melbourne Risk Management Framework](#), this approach will help to:

- *establish the context;*
- *ensure the interests of stakeholders are understood and considered;*
- *ensure risks are adequately identified;*
- *bring areas of expertise together for analysing risks;*
- *ensure different views are considered when defining risk criteria and in evaluating risks;*
- *secure endorsement and support of a treatment plan;*
- *manage existing controls and treatment plans;*
- *enhance appropriate change management during the risk management process;*
- *develop an appropriate communication and consultation plan; and*
- *develop escalation pathways for activity not completed within the agreed and documented timeframe.*

5. Risk Assessment

The Risk Management Process described in the [ISO 31000:2018 Risk Management Guidelines](#) involves identifying, analysing, evaluating and treating risks in order to safeguard MDHS' strategy and objectives. In order to be effective, the process must be continuous and include ongoing communication and consultation with stakeholders, recording and reporting of emerging risks, and monitoring and review of existing risks and treatment plans.

5.1 Risk identification

Identifying and reporting risks creates awareness of an issue that has the potential to cause harm or impact the objectives of clinical education. It ensures that risks can be analysed and treatments put into place to safeguard MDHS' operations, reputation, financial sustainability, legal and/or regulatory compliance and the physical or mental wellbeing of students, staff and patients. The provision of quality educational experiences is not sustainable when risks are not identified.

The Risk Identification stage involves identifying and describing risks which have the potential to impact the achievement of MDHS' clinical education objectives. Information is gathered from various sources, considering both internal (ie: past incidents, systems, organisational culture) and external (ie: funding sources, regulation changes, market trends) factors.

To clearly describe a risk, which is defined as the effect of uncertainty on objectives, one must consider the:

- **Causes / Sources** (why it might happen)
- **Potential events** (what might happen)
- **Consequences** (what the impact might be)

5.2 Risk analysis

The Risk Analysis stage involves assessing the **likelihood** of the event occurring and the **consequences** (positive and negative) of the event. This helps to understand the risk's priority and level of impact. At this stage, the effectiveness of existing controls (mitigating factors already in place) are also considered.

The **likelihood** definitions in *Table 2* provide guidance on the level of likelihood (probability) that a risk will occur. As per the University of Melbourne [Risk Management Framework](#), the likelihood of an event occurring should be considered over a three-year period with the highest band for that period selected.

Table 2: Likelihood definitions

Likelihood Definitions (Chance of occurring over the next 3 years)	
Very Likely	>90% - Occurs regularly or expected to occur
Likely	60-90% - Has occurred before and will occur in most circumstances
Possible	40-60% - Not uncommon and can reasonably be expected to occur
Unlikely	10%-40% - May occur but not anticipated
Very Unlikely	<10% - Unusual, infrequent or rare

The **consequence** definitions in *Table 4* outline six key categories of impact: core business, reputation, physical safety, mental health & wellbeing, legal & regulatory, and financial. Within each category is a description of each consequence level, which describes the severity of impact a risk event would have if it occurred. This table helps to provide context and clarity when analysing a risk and ensures consistent assessment of risks across the Faculty.

For a scenario with the same likelihood but different severity of consequences, it is advisable to choose the worst-case consequence rating. For instance, consider a risk with the following:

- **Likelihood:** Likely
- **Core Business Consequence:** Minor
- **Reputational Consequence:** Moderate

In this scenario, the overall risk rating should be HIGH based on the “Moderate” reputational consequence, as this is the most severe consequence rating.

Table 3: Consequence categories and definitions

Consequences	Insignificant	Minor	Moderate	Major	Severe
Core Business	Operational impact with low level of disruption and/or cost	Adverse impact on the delivery of a few portfolios' key strategic priorities with minimal impact to the University	Material adverse impact to the achievement of portfolios' strategic objectives and has some flow on effect to the University strategy	Significant adverse impact to the achievement of portfolios' strategic objectives and affects a few major University strategic priorities	Inability to execute portfolios' strategies and has substantial, widespread and/ or sustained impact of the delivery of the University strategy
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	First aid treatment, minor injury, no time off required	Single occurrence of medical treatment, minor injury, no time off required	Multiple medical treatments, non-permanent injury, less than 10 days off required	Extensive injuries requiring medical treatment (e.g. surgery), serious or permanent, injury/illness, greater than 10 days off required	Severe injury/illness requiring life support, actual or potential fatality, greater than 250 days off required
Mental Health & Wellbeing	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 in 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	\$25m to \$150m	Greater than \$150m

Once both the **likelihood** and **consequence** of a risk have been identified, a risk rating is assigned using the MDHS *Risk Matrix* (Table 4) to identify the overall severity of the risk.

Table 4: MDHS Risk Matrix

CONSEQUENCE	Core Business	Operational impact with low level of disruption and/or cost	Adverse impact on the delivery of a few portfolios' key strategic priorities with minimal impact to the University	Material adverse impact to the achievement of portfolios' strategic objectives and has some flow on effect to the University strategy	Significant adverse impact to the achievement of portfolios' strategic objectives and affects a few major University strategic priorities.	Inability to execute portfolios' strategies and has substantial, widespread and/ or sustained impact of the delivery of the University strategy.
	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	First aid treatment, minor injury, no time off required	Single occurrence of medical treatment, minor injury, no time off required	Multiple medical treatments, non-permanent injury, less than 10 days off required	Extensive injuries requiring medical treatment (e.g. surgery), serious or permanent injury/illness, greater than 10 days off required	Severe injury/illness requiring life support, actual or potential fatality, greater than 250 days off required
	Mental Health & Wellbeing	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	\$25m to \$150m	Greater than \$150m
		Insignificant	Minor	Moderate	Major	Severe
	LIKELIHOOD	Very Likely >90% - Occurs regularly or expected to occur	Medium	Medium	High	Very High
Likely 60-90% - Has occurred before and will occur in most circumstances		Medium	Medium	High	Very High	Very High
Possible 40-60% - Not uncommon and can reasonably be expected to occur		Low	Medium	Medium	High	Very High
Unlikely 10-40% - May occur but not anticipated		Low	Low	Medium	High	High
Very Unlikely <10% - Unusual, infrequent or rare		Low	Low	Low	Medium	High

5.3 Risk evaluation

The Risk Evaluation stage involves comparing the outcome of the risk analysis with risk criteria to determine whether a risk can be accepted or must be treated. [The University of Melbourne Risk Management Framework](#) outlines a four-step process to evaluate a risk:

Step 1: Inherent Risk – The level of risk (likelihood and consequence) prior to the consideration of any existing controls (mitigations currently in place).

Step 2: Residual Risk – The level of risk which remains after the consideration of existing controls. Each control is assessed on its effectiveness. Control effectiveness can be assessed for each individual control or as an overall assessment for the set of controls.

Table 5: Control effectiveness level definitions

Control Effectiveness	Definition
Effective	Controls are operating effectively, efficiently and are compliant.
Partially effective	Some of the risk exposure is controlled. However, controls are showing weaknesses/inefficiencies, which are not considered serious
Ineffective	Controls are unacceptable, ineffective or absent.

Step 3: Risk Management Decision – Determine whether the residual risk level is acceptable or unacceptable. It is important to consider the University's risk appetite, which defines the level of risk the University is willing to accept in pursuit of its objectives.

- Residual risk level is unacceptable:
 - Determine the target risk level (acceptable risk level after reducing the likelihood and/or consequence) in line with the University's risk appetite.
 - Create a treatment plan.
- Residual risk level is acceptable:
 - The residual risk level is in line with the University's risk appetite.
 - The risk level is as low as reasonably practicable (cost of mitigation far outweighs benefits).

Step 4: Target Risk – Determine the acceptable level of risk once all treatments have been implemented, in accordance with the University's risk appetite.

6. Risk Treatment

Risk treatment is the process of identifying and actioning measures to manage/reduce the likelihood and/or consequence of a risk. This involves the development of policies, processes, controls and accountability to address the level of risk, prepare for an event and protect against negative impact.

Once implemented, the risk treatment plan is continuously reviewed to:

- **Assess effectiveness:** How effective are the treatments in reducing the risk's likelihood and/or consequence?
- **Update controls:** Should the treatment be moved to an existing control? / Is the treatment now a part of BAU?
- **Identify changes:** Have there been any changes in internal or external factors? / Are any additional treatments required?
- **Monitor risk level:** Is the residual risk level within risk tolerance? / Has the target risk level been achieved?

In accordance with the [University's Risk Management Framework](#), each risk treatment plan should include:

- *Proposed actions*
- *Those who are accountable for approving the actions and those responsible for implementing the actions*
- *Resource requirements, including contingencies*
- *Performance measures and constraints*
- *Reporting and monitoring requirements*
- *Timing and scheduling*

7. Risk Monitoring and Review

Monitoring and review of risks in clinical education in MDHS is undertaken by both individuals and committees through the governance process. Monitoring and review, together with communication and consultation, ensures that clinical education risks are effectively managed by identifying risks and their causes, assessing the effectiveness of controls and treatment plans and supporting informed decision making.

7.1 Reporting and responsibilities

7.1.1 Accountability

Everyone involved in clinical education at the University of Melbourne shares responsibility for identifying and reporting risk. Integrating risk management into all day-to-day activities is essential to maintaining quality environments in which we work, learn and practice.

7.1.2 Three Lines Model

Although everyone involved in clinical education is accountable for identifying and reporting 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.

Figure 2: IIA's Three Lines Model

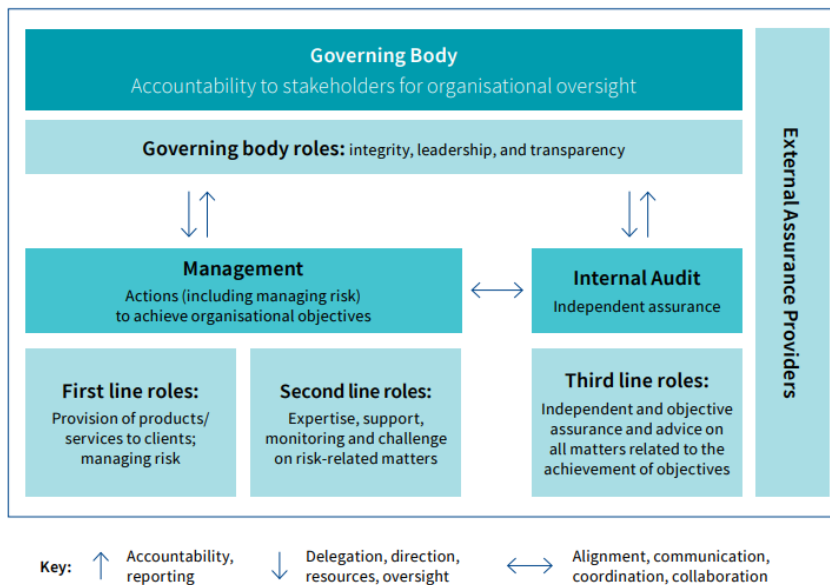
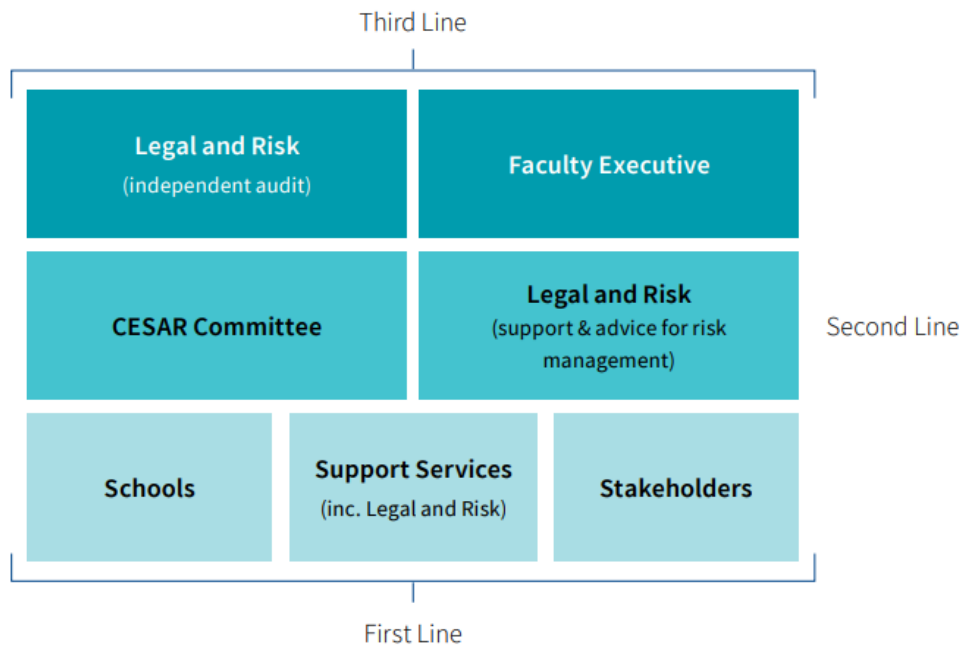


Figure 3: MDHS structure of responsibilities in a three-line model:



7.1.3 First line roles

Stakeholders (front line staff/support), schools, and support services.

First line roles (generally the first point of contact for incidents and best placed to identify 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 controls).
- Ensuring compliance with legal, regulatory, and ethical expectations.

7.1.4 Second line roles

Clinical Education Strategy and Risk (CESAR) Committee

The CESAR Committee is responsible for the strategic development and risk management of clinical education and placement activities in MDHS. The Committee is also responsible for anticipating, monitoring, and responding to strategic and operational risks in clinical education in coursework programs.

The CESAR Committee's responsibilities include:

- Supporting the development and improvement of sector-leading clinical education programs that provide MDHS students a unique combination of skills and experiences that enhance learning and position them strongly for graduate employment in their chosen profession;
- Monitoring the sustainability, quality, and safety of student clinical education delivery across the Faculty, as well as the compliance of the Faculty (including its schools and departments) with relevant laws, contracts, standards, policies and procedures relating to clinical education;

- Establishing and maintaining a register of strategic and operational risks resulting from or impacting upon clinical education in MDHS coursework programs;
- Providing advice to the Faculty Executive and others regarding internal and external factors affecting (or likely to affect) the safety, quality or appropriateness of clinical education delivery;
- Establishing, assigning responsibility for, and monitoring plans to reduce, and maintain at an acceptable level, risks associated with clinical education in line with the University and Faculty's risk appetite;
- Making recommendations for innovation and development of clinical education across the Faculty considering the Faculty's strategic objectives;
- Overseeing incident management in clinical education, including the Students and Education Incident Response Team (SEIRT) and MDHS implementation of the Student Academic Integrity Policy (MPF1310) and Student Fitness to Practice Policy (MPF1345), providing strategic direction for continuous improvement of related processes; and
- Referring and making recommendations to other University committees, policies and processes as appropriate, including but not limited to:
 - For matters related to curriculum design and academic standards, the MDHS Academic Programs Committee
 - For matters related to student or employee health and safety, the MDHS Health and Safety Committee; and
 - For matters related to education strategy, the Learning and Teaching subcommittee and the Faculty Executive Committee

Student Placement Advisory Group (SPAG)

The Student Placement Advisory Group (SPAG) takes a risk-informed approach to discussing current challenges and best practices in student clinical and non-clinical placements across the Faculty. The SPAG reports identified clinical education risks and incidents up to the CESAR Committee with the aim of effectively communicating areas of risk and taking collective action to enhance student placement programs.

Legal & Risk – Support and Advice for Risk Management

The Legal and Risk team provide expert advice on emerging risks, risk assessments and risk management best practices. They also provide risk management training and promote alignment with University processes and strategy.

7.1.5 Third line roles

Faculty Executive Committee (FEC)

The Faculty Executive Committee (FEC), through the CESAR Committee exercises oversight of risk management activities across the Faculty by nurturing a culture that promotes risk management accountability. FEC makes risk-informed decisions to delegate responsibility and provide resources to achieve the Faculty's objectives.

Learning and Teaching Sub-committee of the Faculty Executive Committee (LT SFEC)

The Learning and Teaching Sub-committee (LT SFEC) provides oversight on matters related to clinical education strategy and provides teaching and learning expertise to inform risk identification and assessment.

Legal and Risk - Internal Audit

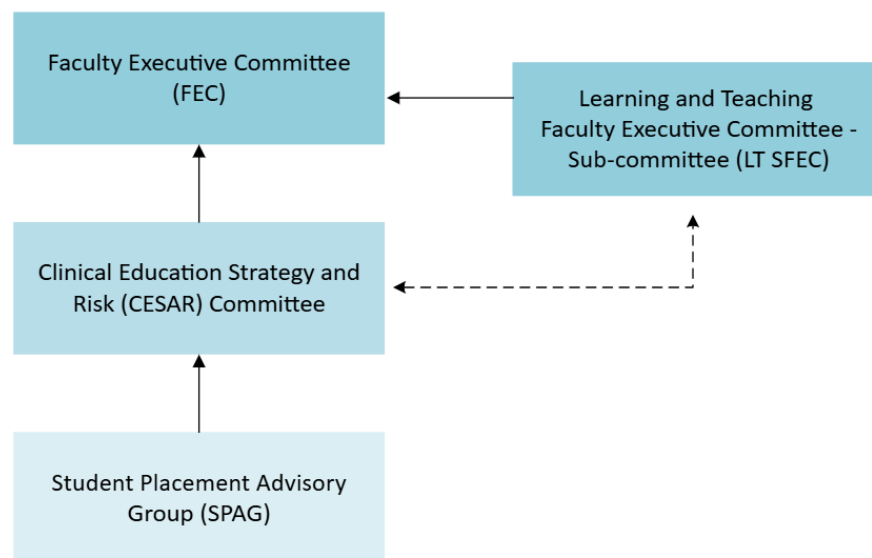
The internal audit function provides independent and objective assurance on the following:

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

7.2 Risk governance reporting structure

The risk governance reporting structure (represented in **Figure 4**) comprises the committees which hold second and third line roles as described in sections 7.1.4 and 7.1.5. These committees provide accountability to ensure that risks are proactively identified, assessed, managed and communicated enabling the Faculty to make risk-informed decisions and foster a risk-aware culture.

Figure 4: Risk governance structure



7.3 Reporting and responsibilities matrix

The Responsibilities, Accountability, Support, Consult and Inform (RASCI) Chart below outlines the responsibilities and reporting undertaken for the management of clinical education risks within MDHS.

Risks in MDHS are monitored and reviewed at both a Faculty and a Local/Operational level. Risks at the Faculty level are broad areas of risk embedded into the CESAR Risk Register (Section 3.2). They are categorised as themes aligned with the UoM Advancing Students and Education Strategy. On the other hand, risks at the Local / Operational level are specific instances of risks within local areas such as a specific school, team or business unit.

Table 6: MDHS Clinical Education Risk Management Roles and Responsibilities (RASCI)

	Activity	Responsible	Accountable	Support	Consult	Inform	Timeframe
Clinical Education Risk Management Process	Risk Identification	Everyone involved in clinical education, including students and placement providers	CESAR Team	n/a	CESAR Committee SPAG	CESAR Committee SPAG	Ongoing
	Risk Analysis	CESAR Team	CESAR Team	Subject matter experts	Risk Assessment Working Groups Subject matter experts Risk owners CESAR Committee Heads of Schools School Managers Academic and Professional staff	CESAR Committee SPAG	Ongoing
	Risk Evaluation	CESAR Team	CESAR Team	Subject Matter Experts	Risk Assessment Working Groups CESAR Committee	CESAR Committee SPAG	Ongoing
	Establishment of Risk Treatment Plan / Project	Risk owners CESAR Team	Faculty	Legal & Risk Subject matter experts	Risk Assessment Working Groups Head of School or delegate	CESAR Committee	Ongoing
	Implementation and actioning of Risk Treatment Plan / Project	Treatment owners	Risk owners	Subject matter experts	CESAR Team Head of School School Manager	CESAR Committee	Ongoing
Monitoring and Review of Clinical Education Risks at a Faculty level	Monitoring and review of the CESAR risk register	CESAR Team CESAR Committee	CESAR Team	Legal & Risk	CESAR Committee SPAG	CESAR Committee FEC LT SFEC SPAG	Annually
	Monitoring and review of clinical education risk treatment plans / risk	Treatment owners	Risk owners	CESAR Team	CESAR Committee SPAG	CESAR Committee FEC LT SFEC	As established in the risk

	management projects (Faculty level)					SPAG	treatment plan
Monitoring and Review of Clinical Education Risks at a Local / Operational Level	Monitoring and review of the risk log (local / operational level)	CESAR Team	CESAR Team	n/a	CESAR Committee	CESAR Committee	Ongoing
	Monitoring and review of treatment plans (local / operational level)	Treatment owner	Risk owner	CESAR Team	CESAR Committee CESAR Team	CESAR Committee CESAR Team	As established in the risk treatment plan
Clinical Education Risk Management	Clinical Education Risk Management Framework	CESAR Team	AD CESAR	n/a	CESAR Committee	FEC LT SFEC SPAG	Annually
	(FEC) Risk Reporting	CESAR Team	AD CESAR	n/a	CESAR Committee	CESAR Committee LT SFEC SPAG	Biannually
	Environmental scan	CESAR Team	CESAR Team	Faculty and University	CESAR Committee	CESAR Committee	Biannually
	Risk management training	CESAR Team	CESAR Team	n/a	CESAR Committee SPAG	CESAR Committee FEC LT SFEC SPAG	Ongoing

8. Related Policies and Resources

University of Melbourne Policies:

[Melbourne Policy Library](#) (Owner: UoM)

Relevant policies include:

- Student Conduct Policy (MPF1324)
- Student Academic Integrity Policy (MPF1310)
- Sexual Misconduct Prevention and Response Policy (MPF1359)
- Responding to Student Traumatic Event Policy (MPF1357)
- Student Fitness to Study Policy (MPF1349)
- Student Fitness to Practice Policy (MPF1345)
- Risk Management Policy (MPF1194)

University of Melbourne Resources:

[University of Melbourne Risk Management Framework](#)

Owner: Risk and Legal

University and Faculty of Medicine, Dentistry and Health Sciences Resources:

[Advancing Student and Education Strategy: 2023 - 2030](#)

Owner:

[Strategy 2030](#)

Owner: University of Melbourne

[Advancing Health 2030](#)

Owner: Faculty of Medicine, Dentistry and Health Sciences

[MDHS Student Placements Lifecycle – Quality Assurance Guide](#)

Owner: Student Placement Advisory Group (SPAG)

[MDHS Fitness to Practice Rules](#)

Owner: Faculty of Medicine, Dentistry and Health Sciences

[MDHS Managing Incidents in Clinical Education Principles](#)

Owner: Faculty of Medicine, Dentistry and Health Sciences

[Reporting an Incident in Clinical Education Procedure](#)

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

9. Definitions

CESAR Risk Register: A detailed record of risks that could impact the ability of MDHS to achieve its strategy/long-term goals for clinical education. The CESAR risk register includes information such as a description of each risk; the inherent, residual and target risk ratings; the controls in place and their effectiveness; and the risk treatment plans to reduce the overall risk rating.

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 Strategy and Risk (CESAR) Committee: The Clinical Education Strategy and Risk Committee is designed to identify, respond and monitor risks to, or arising from, student clinical education in MDHS. The Committee reports to the Faculty Executive Committee and the Learning and Teaching Subcommittee.

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 inherent risk level.

Effect: An impact, either positive or negative.

Incident: An event/situation that has already occurred. Incidents generally have a risk impact.

Inherent Risk: The initial evaluation of the risk, prior to 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 Appetite: The amount of risk the University is willing to accept in pursuit of its strategic 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. Available in Table 5 of the Clinical Education Risk Management Framework.

Risk Owner: The person or group accountable for the effective management of a risk.

Significant Risk: A risk with a residual risk rating that is 'High' or 'Very High' as per the Risk Matrix.

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.

Treatment Owner: The person responsible for actioning measures to reduce and/or manage the level of risk to the Target level within a required timeframe.

Uncertainty: Unpredictability surrounding an event, including its likelihood and/or consequence.

FRAMEWORK APPROVER

Academic Director, Clinical Education Strategy and Risk

REVIEW

The Clinical Education Risk Management Framework is to be reviewed annually

VERSION HISTORY

Version 3 – March 2026

CONTACT

mdhs-cesar@unimelb.edu.au