Managing Academic Risk

Managing Programme Risks

A Risk Register is a tool which allows us to more effectively manage risks. By managing risks we can lower the likelihood of them becoming issues.

In simple terms:

> a risk is something which has the potential to happen (which would have a negative impact); and

> an issue is something which has already happened (and which requires action to resolve).

Our Programme Risk register has a set of 12 core risk areas which all programmes need to manage, as well as two additional risk areas relating to research and regulatory/professional body requirements.

The Programme-Level Risk Register also provides:

- assurance to Institute leadership that risks are being effectively managed
- a way of escalating risks where they are not able to be managed locally

Risk Areas

Programme Risks are those risks which have the potential to impact on the successful delivery of a programme. Fourteen key risk areas have been identified, each of which provide a particular focus on programme risks:

Programme Targets not met

> Programme targets include, for all students and our priority group students (Māori, Pacific, Under 25, International): Successful course Completion, Qualification Completion, First Year Retention, Progression, Graduates in Employment and/or Further Study

EFTS continue to decline and no improvement in revenue streams

> In simple terms, the number of students enrolled in a programme.

> EFTS=Equivalent Full Time Student = 1 student completing 120 credits/year or equivalent (i.e., 2 students completing 60 credits each/year or 8 students completing 15 credits each/year)

Staff capability and/or capacity does not meet learner needs

> Staff capability refers to the ability of existing staff to deliver the programme. Highly capable staff are well qualified in their industry and are effective teachers/support staff

Staff capacity refers to the number of staff on hand to teach the number of student enrolled across the courses being delivered in the semester/timeframe

Staff culture does not meet the values-based culture of Te Noho Kotahitanga

Relates to staff understanding of Te Noho Kotahitanga and living the values of Te Noho Kotahitanga through the work life

Programme does not have sufficient resources (teaching spaces, consumables) to support delivery

Refers to the physical resources required to teach the courses within the programme. Includes: consumables, physical and online teaching spaces, technical or mechanical infrastructure (e.g., wifi), etc.

Programme design or delivery does not meet the needs of stakeholders

Includes identification of key stakeholders, confirmation that the stakeholders being engaged with are representative of the industry, the existence of a plan for engagement and the evidencing of that engagement and how what was learned is being used to inform design and delivery of the programme.

Evaluation and monitoring of Programme is not effective

Varies by type of programme but includes: degree monitoring, course evaluation and planning, programme evaluation and planning, consistency reviews, graduating/5-year reviews, professional/regulatory body accreditation and monitoring

Academic systems and processes don't support the success of students

Includes the many processes which support students: Variation of Enrolment (VOE), Change of Grades, Affected Performance Considerations, Grade ratification and publication, Completions checking, Graduation, re-enrolment, etc.

Student / Graduate feedback not used to effect positive change

Includes whether feedback is gathered, how representative the feedback is, whether that feedback is being used at course/programme level to identify what's working well and what needs improving, whether those improvements are made, and whether how the feedback has been used is fed back to the provider of the feedback (i.e., students/graduates)

Students are not adequately supported in their learning

Includes pastoral support provided by teaching teams, school support people, centralised support teams, and consideration of the value/impact of the support provided.

Programme delivery does not meet requirements of Programme Approval and Accreditation (and related) Rules (including: course durations, timetabled hours, learning hours, sub-contracted delivery, teaching location approval)

In broad terms, this includes whether the programme is being delivered as it is approved and whether all necessary approvals have been sought

Assessment is not effectively managed/ validated or does not ensure achievement of outcomes

Includes the extent to which internal and external pre and post moderation is managed, including the existence and use of moderation plans. Also includes whether moderation

occurs and validates the assessment tools and assessment decisions used within the programme.

Level 7+ programmes: Quality and quantity of research is insufficient to meet statutory requirements and contribute to student success

Does not apply to level 1-6 programmes. Includes whether the programme team is sufficiently involved in research (is the programme taught by those mainly engaged in research) and whether the links between research and curriculum are clear and effective (links to *Programme delivery does not meet requirements of Programme Approval and Accreditation (and related) Rules…* above)

Equates to "Orange" on the Research Productivity Traffic Light (RPTL) report)

External requirements not met (i.e, Regulatory/ Professional requirements)

Applies to any programmes with a regulatory or professional body. Includes the extent to which the regulatory/professional bodies requirements are met

How does it work?

APMs are expected to actively manage risks to their programmes by considering the various factors which may impact on successful programme delivery, considering the changing likelihood that a risk may eventuate as well as the impact were it to eventuate. They also consider how best to mitigate these risks through the introduction of new initiatives, and other planning to ensure issues are avoided. This is then captured in the risk register. The APM is expected to update their risk registers on a regular basis.

APMs are also expected to provide an update to the PAQC at each meeting. Reporting is expected to be 'by exception' and include key changes as well as the treatment and monitoring of significant risks.

APM's Role:

- APM maintains the Programme-Level Risk Register
- Actively manage risk in their programmes
- Report to PAQC and their HOS on (amongst other things) the management of risks within their programmes

Programme Academic Quality Committees (PAQCs) provide governance oversight for the programmes within their purview. PAQCs are required to ensure that APMs actively manage the risks to their programmes by both monitoring the risk registers for their programmes and by ensuring that effective controls are put in place and outcomes monitored.

PAQCs must also highlight through their regular reporting to QAB how well risks are being managed and highlight any causes of concern where risks are not being managed effectively. Where the PAQC has concerns they are required to report these through to QAB.

PAQC's Role:

- Be a 'critical friend' to the APM by providing support, recommending or requiring actions to address risks
- Challenge and guide APMs actions
- Hold the APM to account for managing programme risks (with HoS), including requiring additional controls and/or monitoring
- Report to QAB quarterly on the management of risks (amongst other things) consider if the risks are being effectively managed, are rated correctly and whether further action is required

The Quality Alignment Board's (QAB's) role is to monitor risk at an institutional level as well as to hold PAQCs to account for effectively managing risks to their own programmes.

This is achieved through the regular review of programme level risks, the identification of trends, and the review of PAQC operations to support risk management. In addition, QAB will ensure that, where required, appropriate action is taken and implemented.

QAB will report regularly to Academic Board on its findings and any resultant actions.

QAB will also report back to PAQCs on relevant matters.

QAB's role is to:

- Assure itself that risks are being effectively governed at PAQC level
- Identify any institutional themes in the identification and management of risks
- Monitor PAQC risk management practice, including controls and treatments and to ensure good practice is shared
- Report to Academic Board on the extent of the assurance provided, escalating issues where necessary
- Keep PAQCs informed of relevant matters relating to academic risk management

Academic Board has responsibility, alongside Executive Leadership, for ensuring the effective management of (academic) risk across the institute. Academic Board relies on QAB's careful management of academic risk to provide assurance that risks are being managed and that mitigations or interventions are appropriate and effective.

Academic Board's role is:

- to ensure that there is an effective and efficient risk management process in place which provides assurance that risks are being effectively managed
- to ensure that controls are effective, or that these are being put in place and adequate process is being made
- that any treatment plans are effective

Using the Risk Register

Determining an Inherent Risk Rating

Initially, a risk exists. This is called the inherent risk rating. To determine an inherent risk rating the likelihood of the risk occurring and the consequences if the risk were to eventuate are considered. The rubric below provides a consistent method of assigning risk ratings. Five levels of Likelihood and five levels of Consequence are used to determine risk ratings: Low, Medium, High, or Extreme

Likelihood					
Almost certain (L5)	Medium (5)	Medium (10)	High (15)	Extreme (20)	Extreme (25)
Likely (L4)	Low (4)	Medium (8)	High (12)	High (16)	Extreme (20)
Possible (L3)	Low (3)	Medium (6)	Medium (9)	High (12)	High (15)
Unlikely (L2)	Low (2)	Low (4)	Medium (6)	Medium (8)	High (10)
Rare (L1)	Low (1)	Low (2)	Low (3)	Medium (4)	Medium (5)

Consequence	Insignificant (C1)	Minor (C2)	Moderate (C3)	Major (C4)	Catastrophic (C5)

Controls

Once a risk is identified and an Inherent Risk Rating determined consideration is given to what controls can be put in place to mitigate the risk, to lower the likelihood of the risk occurring, or the impact, were the risk to occur. A crucial step in managing risk is considering how effective the controls that have been put in place, actually are.

Controls are given one of four statuses:

Strong	Significant controls exist supported by an active on-going monitoring system.
Moderate	Controls in place provide a reasonable certainty of mitigating the risk although do not fully address the management of the risk.
Weak	Controls in place are insufficient to prevent or mitigate the risk.
Uncontrolled	Outside the control of the organisation in respect of likelihood, although there may be the ability to manage the consequences.

With the status of the controls for each risk given, the Residual Risk Rating can be determined. The Residual Risk Rating can be considered as the risk "now"; that is, the likelihood and consequence ratings (and hence the risk rating) are considered to be a true reflection of the reality of the risk.

A final risk rating, known as the Target Residual Risk rating, is the desired rating for any particular risk. Having a Target Residual Risk Rating acknowledges that risks cannot be avoided. It also allows management of the end-state of the risk to the maximum extent possible.

To manage a risk (by reducing the likelihood of it occurring), action is taken to treat the risk. The Treatment Plan are those specific things that are being done to further mitigate a risk, beyond the 'standard' controls in place.

Monitoring the risk

Monitoring of a risk is crucial for ensuring that the Treatment Plans are effective and the controls are operating as intended. Embedded monitoring provides assurance that the risk is being actively considered.

Identifying any early warning indicators and actively monitoring these can help to manage the risk and to take any additional actions (further controls or escalation) before a risk becomes an issue.

Who does what?

Risk owner

Every risk has a Risk Owner. This is the person accountable for effectively managing and monitoring the risk and ensuring the controls are sufficient and the treatment plan effective. At programme level the risk owner is the APM

Treatment owner

The Treatment Owner is the person responsible for ensuring the treatment plan is on track.

Progress to Target Date

This gives a quick indication of whether progress toward the Target Residual Risk Rating is positive, neutral or negative and is judged by determining the difference between the Residual Risk Rating, the Target Residual Risk Rating and the Target Completion Date.