Annex 26 - Quality Assurance and Risk Management Plan Report

European Wide Certified Diabetes Educator Course (EU-CDEC) Quality Assurance and Risk Management Plan Report (WP7)

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Quality Assurance and Risk Management Plan

The content of the EU-CDEC project requires that risk analysis be done in a regular, planned and timely manner. The content of this plan will be updated and revised with progress of the project, and according to suggestions from the project participants.

The items of the risk analysis are structured as follows:
- Risk, i.e. a violation of an assumption which must be fulfilled for the successful implementation of the project
- Probability that the risk will occur (high, intermediate or low)
- Impact on project implementation (which outputs, results or objectives are at risk)
- Contingency plan - short description of the risk, and the measures taken against its occurrence

The quality assurance plan should serve for **mapping out weaknesses and strengths** of the project realisation; analysing **partners' contributions and performance; introducing changes to overcome difficulties and avoid possible failures**.

The Quality Assurance and Risk Management Plan are carried out through evaluation questionnaires whose purpose is to measure the projects performance and that of the partners throughout the life of the project. The QA and RA Plan has the following aims:

- Will assess on-going tasks and activities of the project;
- Provides clear and transparent benchmarks for measuring progress;
- Begins at the Kick- Off meeting and continue throughout the life of the project;
- Aims to provide information to maintain the projects key outputs;
- Points out unexpected developments before they have an impact;
- Points out delays.

The formative evaluation will assess whether the project development is being conducted and delivered as planned. Some important questions are:

- Do the tasks match those described in the work package? If not, are the changes in the tasks justified?
- Are the tasks conducted in line with the proposed work package aims and objectives?
- Are we developing collaborative relationships across the partner states?
- Is the quality assurance and risk assessment plan developed and followed?

etc.

The likelihood of internal risks can be influenced by the project design and execution, whereas the external risks occur independently on the project.

The Evaluation Plan provides guidance on how the quality will be ensured throughout the life of the project through the Evaluation Questionnaires. This is the formal evaluation methodology we have employed to undertake the risk assessment. It gives the Project Lead and Partner's a clear understanding of how the quality will be assessed and what documentation they can expect during the life of the project.

Analysis of the internal risks

WP2 - mapping exercise

Risk: **Insufficient response by the potential respondents. Low compliance with the protocol of interviews. Low validity of the answers.**

Probability: medium
Impact: high. The above risks would limit the validity of the collected information
Contingency plan:
a) The number of respondents will be closely and regularly monitored by the WP2 leaders. The taped and transcribed interviews will be sent to the coordinators timely, so that inadequately detailed information collection can be identified and remedied by recruiting more participants.
b) The progress will be monitored by WP7 questionnaires.

Risk: **Insufficient support by patient organizations, by the nurse federation, or by local diabetes organizations.**
Probability: medium
Impact: The clearly expressed support would enable better access to the most relevant stakeholders (policy makers, patient representatives, academic leaders, experienced health care professionals), and would motivate them for better collaboration. Lack of this support would decrease motivation and the likelihood of access to the most relevant professionals and patient representatives.
Contingency plan:
a) The response from the patient organizations and health care professional associations will be monitored by the project leaders.
b) If response is insufficient, the request may be repeated.

Risk: **Wrong identification of the academic accreditation bodies**
Probability: low
Impact: medium
Contingency plan: The systems of accreditation widely differ across Europe. Therefore there is no single recipe to accredit a course like ours. It may be a BA course, as well as a postgraduate course; it may be accredited by the Ministry of Education, or by the professional organizations for nurses or other health care professionals.
a) The participants will identify all possibilities and perform interviews and/or send questionnaires about the possibilities of accreditation at various levels of education.
b) The results of interviews will be monitored by the P5 and P2 leaders in a timely fashion. This should ensure that interviews are repeated if not informative.

Risk: **Wrong template for interviews**
Probability: Low
Impact: Low
Contingency plan: The template has been sent to all participants before first applied within the WP2. It should have undergone discussion before being applied. Our interviewers should, however, overcome any minor difficulties with the template, as interviews will be conducted by experienced diabetologists and educators.
a) Wide discussion of the template before application
b) Adequate qualification and experience of the interviewing persons

Risk: Misleading translations
Probability: Low
Impact: High
Contingency plan: The translations will be done or revised by experienced health care professionals, or advanced pregraduate and graduate students. Maximum effort will be made to avoid factual errors. a) Selected critical parts of the interviews are planned for a back-translation and revision by the interviewers.
b) Original voice records will be kept beyond the end of the project.

WP3 - adaptation
Risk: **Lengthy adaptation procedure**
Probability: Low
Impact: Intermediate
Contingency plan: The participants should ensure that only sufficiently important issues will be taken up in the adaptation procedure.
a) The adaptation procedure will be closely monitored with monthly updates e-mailed to all participants

WP4 - piloting
The risk contingency plan is identical to WP2 as listed in 1.1.1

WP5 - accreditation
Risk: **Too heterogeneous accreditation rules**
Probability: Intermediate
Impact: Low
Contingency plan: One of the goals of the process is to provide the participants with clear guidelines for accreditation and a technical framework to describe the EC-CDEC award. However, research may indicate that the national accreditation bodies require too heterogeneous approach, and that a unified guidance cannot be provided. This has a low impact on the overall goal, yet it cannot be remedied by any measures within the project.

Risks across the WPs
Risk: **Disintegration of a team at one or more centres**
Probability: low
Impact: medium
Contingency plan: The teams will be consolidated by regular work meetings and by clear and early distribution of competence. Their members will be motivated financially. The teams may be reinforced by pregraduate and/or postgraduate students. With respect to the past collaboration among the teams within the SWEET project, the disintegration is unlikely.

Risk: **Management failure**
Probability: Low
Impact: Medium
Contingency plan: This risk is interconnected with the risk of disintegration of the team: however, some other risks were also addressed - we checked adequate competence distribution, good definition of needs, involvement of the target group (health care professionals and patients representatives) in defining the objectives of the project, best possible technical competences of the teams, the support by the hospital structure. We therefore consider the likelihood of management failure very low. If such a failure occurs, it will be resolved on standard hierarchy of competence (director - deputy director - head of department - head of diabetes section) within each of our institutions.

External risks that cannot be addressed by the project

1. Political will. The project is put into the context of government acts about the support for education and healthcare. Although unlikely for support of healthcare, a change in political attitudes cannot be ruled out.

2. Force majeure. As the project produces immaterial data and new teaching procedures, the only risk comes from corrupted or lost data records. All participants should ensure that data are stored using an automated backup routine, and that weekly backups are done, preferably using non-rewritable DVD-ROM. These regular backups should be archived in at least two physically separated locations so that in case of a large fire, the latest copy of all data is maximally one week old.

Main controllable outputs

List of expected outputs

Result number	Final deadline	Result	Responsibility
1	30/10/2014	Interim Report	WP1 (Leeds)
2	31/10/2015	Final Report	WP1 (Leeds)
3	30/10/2013	Guidelines for interviews	WP2 (Hannover)
4	31/3/2014	Mapping exercise report	WP2 (Hannover)
5	31/10/2014	EU-CDEC including training materials	WP3 (Hannover)
6	31/5/2015	EU-CDEC and training materials - BOOK	WP4 (Leeds)
7	30/9/2015	Guidelines for the accreditation of EU-CDEC	WP5 (Athens)
8	30/11/2013	Dissemination strategy plan	WP6 (Lisboa)
9	30/9/2015	Exploitation strategy plan	WP6 (Lisboa)
10	30/11/2013	Quality assurance plan	WP6 (Prague)
11	30/9/2014	Interim (internal) evaluation report	WP6 (Prague)
12	30/9/2015	Final (internal) evaluation report	WP6 (Prague)

Monitoring

The major controllable outputs will be closely monitored as to the date of delivery, and quality.

These outputs will be controlled along with other milestones using regular questionnaires sent to all centres at least six times a year. The result of such a survey will be reported to the management of the respective WP, and to the project leader. Furthermore, specific questionnaires will be sent after every project meeting.