

## **Change Management - Best practice process guidelines.**

### **Over Arching Principles:**

1. Recognise that both RMOs and DHBs want change.
2. That change management will be most effective if there is a high-trust, constructive relationship at a national and local level.
3. There should be effective, honest and timely communication, in the spirit of “with us” not “to us” and communications to Resident Doctors should be flagged as being changes that affect them. Early engagement with the Resident Doctors and the RDA is key to this. Practically this would require an initial conversation with NZRDA officials to explain the change and drivers for the change and any sensitivities.
4. DHBs recognise NZRDA as representing Resident Doctors, and respect the doctors’ right to involve the NZRDA, as they see fit. NZRDA may involve their local delegates.
5. There is a need to develop a safe environment for engagement at a local level.
6. NZRDA will be able to advise as to what factors will be needed to ensure this, as each change management situation will be different in terms of how safe the Resident Doctors feel to engage.
7. Make local meetings accessible to as many of the affected Resident Doctors who wish to attend by ensuring meetings are appropriately scheduled.
8. Every effort should be made to ensure that the change is welcomed including starting from a “why” and fully explaining the opportunity that presents itself.
9. If an alternate solution, an amendment to the original proposal, or a proposition which makes the proposal more attractive is raised, then those must be genuinely considered (following the “with us” not “to us” principle).
10. Speedy, quality resolution of issues.
11. Timely implementation of agreements reached.

### **Process for change:**

- At the outset:
  - The process needs to encourage and support honest effective engagement, be timely and safe for those involved to participate fully. Consideration as to how to achieve this should be given at the outset and reviewed as the process unfolds
  - Brief NZRDA from the outset

- Clearly articulate (preferably in writing) the “why” ahead of meeting in sufficient time to enable all the parties to prepare; including consideration of the issue, discussion amongst those affected and with experience, opportunity to seek advice.
- A timeline for discussion and reaching agreement needs to be in place from the start. Timelines need to allow for genuine consideration of whatever arises during the process.
- Process Elements
  - Use the process of co-design; both DHB and RMOs involved in developing a proposition to address the “why”.
  - Recognising that Resident Doctors are busy with significant clinical demands and hours of work, what administration resourcing will be required to assist the process needs to be considered.
  - Involving the “right” SMO’s to support a safe environment and view change from a new perspective.
  - All relevant information needs to be made available to the parties preferably prior to the meeting. If more information is needed, it should be sourced and provided.
  - All impacted stakeholders (Management, SMOs, RMOs, CNMs etc) as appropriate and affected need to be involved recognising the multidisciplinary team aspects of the work and environment, balanced with the RMOs rights as members of that team.
  - Meetings should be face to face (involve current and initially affected RMOs). From time to time this may not be practicable and if not then email and page/text follow up may need to be used.
  - Sufficient time during the process should be provided to allow genuine consideration and seek advice.
  - Seek consensus decision. If this is not successful escalation and voting processes should be followed (see next section).
- Running into issues?
  - If the parties perceive difficulties arising, escalation should be activated earlier rather than later.
  - Reflect on the principles:
    - Is the environment continuing to be safe?
    - Do we have the right people in the room?
    - Are we rushing or have we experienced unacceptable delay?
    - Has the ball park changed?
    - Has our communication or consideration become suboptimal?
  - Escalation mechanisms include referral to senior management and NZRDA, referral to NREG.
  - If consensus is not achieved, the parties should also consider a trial or pilot of any “best fit” proposal. A pilot would include:
    - Agreed criteria against which pilot success will be measured.
    - Timeline documented from the start including provision to run the pilot for sufficient time to make a genuine assessment.

- Agree pre pilot what to go back to: if pilot not ultimately proceeded with.
- Documentation of the above, purpose and pilot elements circulated to all relevant parties to ensure clarity and shared expectations.
- If voting on the proposed change, a reasonable timeframe balancing opportunity to participate whilst getting to an outcome in a timely manner, should be put in place. NZRDA is available to assist voting processes.
- The 2/3rds majority vote applies to those RMOs who participate in the voting process.