Report on the Accreditation Meeting

27 July 2017

Background

Early in 2017, NZRDA became concerned at the 9th loss (or threat of loss) of accreditation for RMO training by a college or MCNZ in 2 years. The causes varied; however, regardless (of cause), the real or potential impact to the DHBs, Resident Doctors and ongoing supply of well qualified vocational registrants into the future is always substantial.

Conversely, maintaining college standards positively affects patient care as well as maintaining the production of an essential well trained workforce. The quality of our doctors and the training programmes that produce them underpin the productivity and quality of health services we provide for NZ. But this can be maintained only if we respect and comply with what is required of us (all) in this space.

As a result of NZRDA's increasing concern, and through conversations with both DHB management and colleges, we identified a number of factors were potentially involved, including:

- Some instances of parties talking past each other,
- A lack of clarity between some parties around roles and responsibilities,
- Failure to provide sufficient warning, and to enough stakeholders, to rectify matters in a timely fashion,
- Lack of proactive activity around maintenance of accreditation,
- A lack of consistency in the approach of different colleges,
- Potential failure to follow proper and fair processes:
    - Lack of timeliness
    - Failure to take into account the work done (and ongoing) to improve matters
    - Limited opportunity during an on-site visit
    - Lack of opportunity to effectively comment on drafts
- Impact of Australian processes in the NZ environment,
- Jurisdiction (behavioural issues),
- Impact of reconsideration within the timeframes for appointment and registrar allocation.

NZRDA respects the college's role in setting standards. We also respect the role of DHBs in meeting those standards; however, we're concerned that the expectations of the colleges and the behaviour of the DHBs has been at odds. Having said that, the commitment we all have to the quality of those we support as part of our current and future workforce is acknowledged.

This brought us to calling a meeting of key stakeholders, comprising DHBs, Colleges, MCNZ (who accredit colleges), ASMS and NZRDA. Chaired by Dr Andrew Simpson, Chief Medical Officer of Health for the Ministry of Health, there was a good attendance from DHBs and colleges including the Council of Medical Colleges, as well as ASMS and NZRDA. What follows is a summary of the key points and actions that arose from the meeting, and "what next?".

Key Points:

- We want to get "ahead" of accreditation loss: factors such as the impact on trainees, other staff, institutions and the public demand we do so. Colleges noted that they appreciate how significant a matter of withdrawal is, and seek to avoid such through warnings and providing support and advice where appropriate.
- Concern expressed over problems not being dealt with in a timely fashion, either before it comes to college attention and then prior to loss of accreditation.
- All parties must maintain good process, natural justice and a credible basis.
- Recognition that college standards are about quality.
- Quantitative issues were felt less likely to be at issue compared to qualitative (e.g. style, quality, interaction and engagement) and similarly technical skills are given more weight than people skills.
- Measurement may be an issue (especially with qualitative); the need for consistent data over time was noted. RMO feedback noted as difficult due to the fear of career retribution, small numbers and negative impact personally of losing accreditation. Different ways of gathering this feedback were noted (IT-based, anonymity, over at least 4 rotations, etc.).
- The importance of poor learned behaviours not making it into the next generation. The need for better connectedness between college processes regarding unprofessional behaviours and DHB disciplinary or culture awareness processes.
- The Australian influence noted (and our need to remain Australasian).
- Accreditation team composition:
    - Trainee rep (or alternative mechanism)
    - Cultural competence
    - NZer (same college but not local)
    - Australian Fellow
- Are the different processes and standards set by different colleges able to be streamlined? Can we learn from others or challenge standards?
    - Accreditation team composition
    - Timing of visits
    - Training for the accreditation team
    - Appeal processes
    - Timeframes
- Resources are required to do this work. Currently uneven distribution at any point in time, but overall felt to "even out" in the long run. Backfilling on a specific day an unresolved issue. DHBs are encouraging of SMOs in their different roles and recognise the benefit of the process, participation and flow on more generally within the professional aspects of our business; allowing time for them to do this can be a challenge.
- The impact a lessening of momentum around departmental credentialing may have, and conversely the loss of benefit credentialing provides. Barrier appears to be that it is seen as an unnecessary (extra) burden on resource-challenged services, but also noted that:
    - When done well, led by the profession with external moderation, it is a good thing.
    - Must fit within organisation's clinical governance regimes.
    - Limited traction if outcomes are not delivered.

A number of potential actions arose from the meeting including:

- ✓ Undertake a high-level view of what alignment between college processes exists, to see if we can we improve, or assist, further?
- ✓ A discussion between colleges regarding where different standards (on the same issue) exist, to see if alignment is possible.
- ✓ In addition to local college-DHB communication, improved liaison between DHBs and Colleges (through the CMC and CMOs).
- ✓ MCNZ to be notified of and/or moniter all "warnings" from college accreditation processes, to collect one source of data, and communicate or assist (directly or indirectly) as the need arises.
- ✓ A link to report to the Professional Behaviours Taskforce will occur.
- ✓ Look to a means by which professional behaviour issues raised in college processes should and can be communicated to the DHB. At which point should/could this occur: past the low-level intervention phase when things are becoming more serious, but before trainees are being withdrawn due to risk?

What Next?

Overall this was a very positive meeting, with all in attendance committed to maintaining college accreditation and training for RMOs. The participants intend to communicate progress on the above by email over the next few months and possibly hold a follow-up meeting as necessary early 2018. Any accreditation issues that arise in the interim will no doubt be the subject of reflection by the participants to ensure we are getting this right.