



## Accreditation team guide

## Accreditation of prevocational medical training

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# 1 Introduction

Under the Health Practitioners Competence Assurance Act 2003 (HPCAA) the Medical Council of New Zealand (the Council) is required to accredit and monitor educational institutions that deliver medical training for doctors and to promote medical education and training in New Zealand under section 118 of the HPCAA.

The purpose of accreditation of training providers for prevocational medical training is to ensure that standards have been met for the provision of education and training for interns. Prevocational medical training spans the two years following graduation from medical school and includes both postgraduate year 1 (PGY1) and postgraduate year 2 (PGY2). Doctors undertaking this training are referred to as interns. Prevocational medical training applies to all graduates of New Zealand and Australian accredited medical schools and doctors who have sat and passed NZREX.

The aim of the intern training programme is to ensure that interns further develop their clinical and professional skills gained at medical school through completing accredited clinical attachments while substantively attaining the learning outcomes in the *New Zealand Curriculum Framework for Prevocational Medical Training* (NZCF). The intern training programme is based on adult learning principles and has at its core a personally developed Professional Development Plan (PDP). Interns record their learning in an e-portfolio (ePort).

The Council will accredit training providers for the purpose of providing prevocational medical education through the delivery of an intern training programme. Accreditation will be granted to those who have:

- structures and systems in place to enable interns to meet the learning outcomes of the *New Zealand Curriculum Framework for Prevocational Medical Training* (NZCF)
- an integrated system of education, support and supervision for interns
- individual clinical attachments to provide a high quality learning experience.

Training providers are accredited for the provision of education and training for interns (prevocational medical training) for a period of 3 years. However, interim reports may be requested during this period.

The process of assessment for the accreditation of a training provider involves:

1. a self-assessment by the training provider
2. an accreditation site visit by an accreditation team.

This process will occur towards the end of each accreditation cycle.

The accreditation team is responsible for the assessment of the training provider's intern training programme against the Council's *Accreditation standards for training providers*.

## 2. The accreditation process

- Initial contact
  - date set for accreditation site visit (at least 6 months prior to the accreditation site visit)
  - accreditation team members appointed.
- Training provider completes self-assessment
  - information and documentation sent to training provider
  - training provider submits self-assessment to Council including a report from the CEO and CMO and a report from the prevocational educational supervisors.
- Interns invited to provide feedback about their educational experience at the training provider.
- Pre-visit meeting of the accreditation team and initial review of training provider's self-assessment.
- The training provider site visit:
  - Meetings with senior management, prevocational educational supervisors, clinical supervisors and interns
  - presentation of preliminary findings to senior management and senior prevocational medical training staff.
- Prepare draft report (input by all accreditation team members).
- Draft report provided to training provider.
- Draft report considered by the Committee and by Council.
- Final report, published on the web.

### 2.1 Initial contact

At least six months before the accreditation visit the Education Coordinator will contact the training provider to determine the date(s) for the visit. Once a date has been agreed the Education Coordinator in consultation with the Education Committee (the Committee) Chair will begin appointing accreditation team members. The names of the accreditation team members are provided to the training provider to ensure there are no conflicts or other concerns with the membership.

### 2.2 Development of the training provider's accreditation self-assessment

The accreditation process begins with a self-assessment by the training provider as part of their application for accreditation.

The training provider should begin preparing the self-assessment well in advance of the accreditation visit. The self-assessment and other required documentation will need to be returned to Council's office **no later than six weeks** prior to the site visit in the format specified.

The Council provides the training provider with its *Information for completing the self-assessment: Accreditation of prevocational medical training* for further information.

The training provider self-assessment asks for specific information to be provided, ordered according to the accreditation standards. Rather than simply describe the policy and procedures, the guide encourages training providers to reflect on their performance and critically analyse themselves against the accreditation standards. Training providers are asked to identify strengths and areas for improvement along with the plan to address the areas identified for improvement.

### **Sample of clinical attachments**

The accreditation team will review a sample of accredited clinical attachments as part of the accreditation assessment. Additionally information will be sought from the training provider relating to specific clinical attachments.

The accreditation team will review:

- the original application for accreditation of the clinical attachment
- relevant feedback from interns
- any other relevant feedback received about the clinical attachment
- aggregated data from ePort.

During the visit the accreditation team may:

- meet the clinical supervisor(s) and discuss any concerns
- assess the extent to which the concerns raised affect the quality of learning for interns in that attachment.

### **Importance to the assessment**

The self-assessment is the basis on which the accreditation proceeds. It should describe the training provider policies, processes and programme and contain a self-assessment of strengths and areas for improvement.

The training provider self-assessment is ordered according to the accreditation standards. The training provider is encouraged to:

- reflect on their performance and critically analyse this against the accreditation standards
- identify strengths, challenges and the processes for addressing the challenges
- include examples, supporting information
- propose actions to make improvements.

## **2.3 Reports**

The following reports will be provided with the self-assessment:

1. A joint report from the CEO and CMO commenting on the intern training programme, identifying any high level strengths and challenges, and reflecting on the period since the last accreditation visit.
2. A joint report from the prevocational educational supervisors reflecting on the period since the last accreditation visit. In particular, focus should be placed on progress over the last 12 months. This report should provide information about:
  - a. how many interns each prevocational educational supervisor is supervising
  - b. the FTE provided to each prevocational educational supervisor to undertake their role
  - c. an estimate of how many hours per week each prevocational educational supervisor is spending undertaking prevocational educational supervisor responsibility.

## **2.4 Intern feedback**

As part of each accreditation visit, the Council seeks feedback from interns. A questionnaire is sent to the interns seeking feedback on their educational experience.

## 2.5 Pre-visit accreditation team teleconference

When the training provider has submitted its completed self-assessment and additional documentation the Education Coordinator will collate relevant information and send this out to the accreditation team at least one week prior to the teleconference with an agenda. Each accreditation team member will receive the *Accreditation team review book* prior to the teleconference. This is to enable each accreditation team member to review the self-assessment and make notes under each section. This will inform the preliminary team meeting. The teleconference will be held approximately 4 weeks prior to the visit.

The purpose of this meeting is to review the information provided in the self-assessment, identifying any additional information that may be required. The accreditation team will also review the agenda for the site visit(s), and decide on preliminary feedback that may be discussed at the opening meeting on the first day of the visit.

The accreditation team will review the:

- information provided by the training provider in their self-assessment and supporting documentation
- feedback from the interns
- training provider progress in meeting any previous conditions or requirements in relation to implementation and ongoing management of the intern training programme and individual clinical attachments.

In preparation for this meeting, accreditation team members should read the submission at two levels:

- to form preliminary views on whether the intern training programme (based on the information provided so far) meets the accreditation standards
- to form an opinion on the quality of the training provider's self-assessment and the depth of the analysis itself.

It may be helpful for the accreditation team to consider the following questions:

1. Does the self-assessment show evidence of a useful self-review process?
2. Has the data presented been checked, and if not, how the accreditation team can do this?
3. Does the self-assessment clearly identify strengths?
4. Does the self-assessment identify weaknesses and propose appropriate actions on the weaknesses?
5. Have any accreditation standards not been addressed or satisfied?

At the preliminary meeting, the accreditation team will identify:

- key issues in relation to the training provider and its meeting of the accreditation standards
- if possible, accreditation standards largely satisfied by the accreditation application
- accreditation standards that require further discussion and clarification at the site visit or through further information
- the groups and individuals the team should interview during the visit.

Prior to the pre-visit meeting each member of the accreditation team will use the *Accreditation team review book* to record their initial feedback, based on the information provided in the self-assessment. Each section of the *Accreditation standards for training providers* may be marked as Met, Not met, Substantially met or Further information required under the section 'Initial review – pre-visit'.

### **Importance to the assessment**

The preliminary team meeting has a number of functions:

- It is the first opportunity for the accreditation team to work together as a group.
- The accreditation team can discuss expectations and develop a common understanding of the purpose of accreditation and the team's role.

## **2.6 Final preparation by the accreditation team**

Training providers are asked not to provide new information, unless specifically requested by the accreditation team.

Following the pre-visit meeting, the Education Coordinator will provide the following to the accreditation team:

- a copy of the agreed visit schedule and allocated responsibilities
- the agreed report writing tasks
- a schedule for preparation of the accreditation report.

### **Importance to the accreditation**

The pre-visit meeting should result in a firm grasp of the issues to be explored and addressed. To ensure the accreditation team can explore the issues in a credible and collegial fashion, team members need to be familiar with the training provider self-assessment and other information provided.

A key goal of the accreditation process is to encourage further improvement and development in the training provider intern training programme. The accreditation team should focus on identifying the achievements and strengths of the training provider and its programme, and identifying areas for improvement.

## **2.7 Concerns raised about an intern training programme or training provider outside the accreditation visit schedule**

In circumstances where concerns are raised to Council about an intern training programme or training provider outside of the normal accreditation visit process:

- Council will review information provided.
- If deemed necessary Council will inform the training provider of its concerns and the grounds on which they are based.
- The training provider will be given an opportunity to respond to the statement of concerns.
- If Council continues to have concerns it may propose a further accreditation assessment and site visit to the training provider.

### 3. Accreditation team

The accreditation team will include a minimum of one each of the following:

- Council or Committee medical member
- Council lay member
- prevocational educational supervisor
- senior Council staff member
- Council Education Coordinator.

Whilst the expertise of individual members is of prime importance, the composition of the accreditation team provides a balance of educational knowledge and experience with particular, but not exclusive, emphasis on prevocational medical education. A mix of new and experienced accreditation team members should be appointed to each accreditation team.

The Education Coordinator liaises with the Committee Chair in selecting accreditation team members and appointing the Chair of the accreditation team.

#### 3.1 Accreditation team responsibilities

The accreditation team is responsible for:

- assessing the intern training programme and the training provider against the accreditation standards
- assessing the information provided by the training provider in the self-assessment and through the accreditation site visit
- preparing a draft report that assesses the programme against the accreditation standards and identifies strengths and areas for improvement
- each accreditation team member will be responsible for preparing a section(s) of the report. Each section should be comprehensive and be judged on its own merits. A draft is required within 2 weeks of the visit.

**The accreditation team is not responsible for the final accreditation decision but will inform Council's final decision.**

The accreditation team Chair has overall responsibility for the conduct of the assessment within Council policy. Specifically the team Chair:

- exercises a leadership role, establishing the credibility of the accreditation team and the accreditation process
- ensures that the assessment is conducted with sensitivity and is supportive of those at the training provider
- ensures that new accreditation team members understand the accreditation process and are supported
- liaises with the Education Coordinator in assigning duties to individual accreditation team members in relation to the assessment and preparation of the report
- advises the CEO and CMO of any problems or matters of concern
- presents the preliminary findings report to the training provider
- presents the accreditation report to the Education Committee
- manages the visit schedule and agenda on the day of the visit.



The Education Coordinator will:

- provide advice to the accreditation team if they seek guidance on questions of policy or interpretation of the standards
- develop a visit schedule, appropriate to the training provider's size and intern training programme
- organise the accreditation visit to ensure that the standard process is followed, paying attention to timeframes, travel and accommodation
- support the accreditation team by managing the process, keep records of meetings, circulate documentation and contribute to the accreditation team preliminary findings
- with the accreditation team Chair, collate and edit the accreditation team accreditation report, and manage the process for receiving the comments on drafts from accreditation team members, the training provider and the Committee.

The accreditation team may need to be prepared for a *Mihi Whakatau* (speeches of welcome). Usually the training provider will advise the Education Coordinator ahead of the site visit if this is to take place. If so, each team member will need to prepare a pepeha. Please refer to Appendix 4 for further information. Pepeha are followed by one or two waiata (songs).

### 3.2 Conflicts of interest

The Council recognises that there is extensive interaction and collaboration between training providers of prevocational medical training in New Zealand. This means that there are those who are frequently involved with a number of different training programmes. This does not necessarily pose a conflict, however it is recognised that accreditation team members may experience a conflict of interest between their role(s) with the Council and their other activities. Possible conflicts may be categorised as personal or professional.

Personal conflicts could include animosity, close friendship or kinship between an accreditation team member and one of the senior members at the training provider.

Professional conflicts could occur if the accreditation team member, or their partner or spouse, had been previously employed by the training provider.

Proposed team members are required to declare any relevant personal or professional interest that may be perceived to conflict with their ability to undertake impartially their duties as a team member. The Education Coordinator would discuss this with the Chair of the Committee, before deciding on the membership of the accreditation team.

If a conflict of interest emerges for an accreditation team member during the visit, the team Chair and Education Coordinator will determine an appropriate course of action. The Education Coordinator will report any such conflicts, and the response, to the Committee.

### 3.3 Privacy

In order to discharge its accreditation function, the Council requires considerable information from training providers as part of the self-assessment process and in subsequent progress reports. This may include sensitive information, such as strategic reports, honest assessment of strengths and challenges and commercial in-confidence material.

The Council and Committee requires accreditation team members to keep confidential the material provided by the training provider and to use such information only for the purpose for which it was obtained in conjunction with the Council and Committee assessment process.

Once the Council has published the accreditation report, team members and the Council are responsible for destroying information related to the accreditation.

**The Council expects accreditation team members to destroy:**

- all notes (handwritten and electronic) they have made during or in connection with the accreditation
- emails sent or received by team members in connection with the substance of the accreditation
- the supporting documents to the accreditation application (except documents that are obviously in the public domain, such as annual reports, handbooks or calendars)
- documents in which accreditation team members have made notes.

Accreditation team members who cannot easily dispose of these materials in a secure fashion may seek assistance from Council staff.

**The Council retains the following materials:**

- the training provider accreditation self-assessment
- complete set of supporting material
- feedback in response to the intern questionnaire
- additional documents gathered by the Education Coordinator which contribute to the accreditation team assessment
- copy of final logistics information, including the budget, visit schedule
- official correspondence with accreditation team members
- definitive drafts of the accreditation report, including the copy of the report sent to the training provider for comment, the training provider's response, the copy of the report sent to the Committee and the version of the report endorsed by the Council
- the published accreditation report
- relevant Committee and Council agendas and minutes concerning the accreditation
- correspondence about the assessment with the training provider being accredited
- post assessment feedback.

**The Council securely destroys the following materials:**

- any documents or correspondence that contains accreditation team member's interim ideas or views in relation to the accreditation findings
- other hand-written or electronically stored notes
- aside from official correspondence, any draft information relating to substantive aspects of the assessment
- aside from the definitive drafts, any draft versions of the accreditation report.

## 4. The accreditation visit

The Council has developed model schedules for accreditation visits. These give the accreditation team and the training provider guidance on the groups and meetings that would be an essential component of any accreditation site visit.

The accreditation team will expect to meet with the:

- CEO
- CMO
- Director(s) of clinical training (if applicable)
- prevocational educational supervisors
- clinical supervisors
- interns (PGY1 and PGY2s)
- RMO and medical education unit staff
- Chair of the advisory panel (if not already listed)
- senior management
- any other individuals and groups who have responsibility for training programme management, management of clinical attachments, medical education.

### 4.1 The visit programme

The visit programme will normally include (but is not limited to) meetings with:

- **Opening meeting with senior management and senior prevocational medical training staff**  
The CEO, CMO, prevocational educational supervisors, RMO Manager and other senior management for example Director of clinical training and Manager of education unit meet with the accreditation team to discuss:
  - the information provided in the self-assessment
  - the intern training programme.
- **Prevocational educational supervisors**  
The prevocational educational supervisors meet with the accreditation team to discuss:
  - the information provided in the training provider's self-assessment
  - the intern training programme
  - the joint prevocational educational supervisor report
  - feedback from the intern survey
  - to test any inconsistencies and feedback.
- **Interns**  
The meeting with the interns is held in private to allow open and honest feedback from the interns. The accreditation team are careful to ensure any feedback represents a consensus of views, rather than that of an individual. The accreditation team will discuss:
  - the information provided in the training provider self-assessment
  - the intern training programme
  - feedback from the intern questionnaire.
- **Director of Clinical Training and medical education staff (if applicable)**  
The Director of Clinical Training and medical education staff meet with the accreditation team to discuss:
  - the information provided in the training provider self-assessment
  - the intern training programme.

- **Clinical supervisors**  
The clinical supervisors will meet with the accreditation team to discuss:
  - the information provided in the training provider self-assessment
  - the intern training programme
  - their role as clinical supervisors
  - to test any information gathered so far.
- **RMO unit**  
The RMO unit will meet with the accreditation team to discuss:
  - the intern training programme
  - feedback from the RMO unit
  - test out findings from the intern feedback.
- **CEO and CMO**  
A private meeting with the CEO and CMO to discuss the accreditation team's preliminary statement of findings, prior to discussing with all parties.
- **Closing meeting with Senior management and senior prevocational medical training staff**  
The CEO, CMO, prevocational educational supervisors, RMO Manager and other senior management for example Director of clinical training and Manager of education unit meet to receive:
  - the accreditation team's preliminary statement of findings, including the positive work of the training provider and any areas of concern which will be outlined in the accreditation report.

During the visit, the accreditation team:

- assess the training provider's self-assessment against Council's *Accreditation standards for training providers*
- assess the training provider's process of quality assurance
- assess the implementation of the training provider's policies and processes
- explore discrepancies between what is written and what is said
- observe aspects of the accreditation standards to judge their robustness
- seek clarification and confirmation when required
- concentrate on major rather than minor issues or technical points
- distinguish between opinions that fairly represent the group being interviewed as a whole and those which may be views of the few
- participate in a collaborative manner.

#### *Triangulation method – information gathering*

Triangulation is the technique of investigating an issue by considering information about it from different types of sources. For example, the accreditation team might discuss selected policies and procedures and their implementation with senior management, prevocational educational supervisors, RMO unit managers, clinical supervisors and interns to see if the various opinions and experiences of the policy or procedure and its workings are consistent.

If the accreditation team received information from interns in relation to an issue such as handover and feedback, which contradicts the information in the self-assessment this would need to be further explored at various other group meetings. For example with RMO unit staff.

The accreditation team should take advantage of appropriate opportunities to triangulate with the various groups it meets. To this end, few of the accreditation team meetings with groups are likely to be single-purpose meetings.

The accreditation team must determine where inconsistencies are significant, and the reason for such inconsistencies.

Please refer Appendix 2 for further guidance on *Interview and information gathering techniques*.

### **Importance to the assessment**

The interviews during the site visit allow the accreditation team to test claims and preliminary findings. The interviews and the accreditation team's reflections on them are the culmination of the accreditation process through which the team reaches its conclusions.

It is important for the accreditation team to develop good relations with the training provider to establish the credibility of the accreditation team and the accreditation process. While the assessment must be thorough and detailed, it should be conducted with sensitivity and be supportive of the training provider.

## **4.2 Preliminary statement of findings**

There will be accreditation team meetings scheduled into the site visit agenda and the accreditation team Chair will facilitate these sessions. The purpose of these meetings is to discuss their findings and if there are any areas that need clarification.

Accreditation teams will have a final 1 ½ hours scheduled to discuss their findings and draft commendations, recommendations, required actions and conclusions on the accreditation. This will be scheduled before the final meeting with the CEO and CMO.

The preliminary statement of findings follow the structure of the accreditation standards. If the accreditation team decides a set of standards is 'not met' or 'substantially met' then required actions and/or recommendations need to be recorded before the presentation of the preliminary statement of findings.

After the preliminary statement of findings is presented to the training provider no additional recommendations or required actions can be added.

## **4.3 Presentation of preliminary statement of findings**

At the end of the site visit, the accreditation team will meet privately with the CEO and CMO to discuss the accreditation team's findings first. The accreditation team Chair then presents its preliminary findings to the relevant senior staff of the training provider. The Chair of the accreditation team details the training provider's key strengths and major areas requiring improvement under each set of standards.

There should be no surprises or major issues included in the draft accreditation report that have not been discussed at the preliminary meeting.

### **Importance to the assessment**

The training provider receives the first draft of the report (between **4 and 6 weeks** after the accreditation site visit). It is important that the training provider receives an accurate picture of the

strengths and areas for improvement identified by the accreditation team and examples of concerns. If the accreditation team considers there are serious deficiencies that need to be addressed, or critical information to be provided, it is essential that this be made clear to the CEO and CMO and in the preliminary statement of findings. The statement should indicate all the major issues that will be included in the final report.

The development of the preliminary statement of findings is a process which allows the accreditation team as a whole to agree on the major issues. It will also assist the accreditation team members when they prepare their contributions for the full accreditation report, by providing a platform for this.

## 5.0 Accreditation report

After the visit:

1. Each accreditation team member drafts their section(s) of the accreditation report.
2. The accreditation team Chair provides the draft accreditation report to the Committee Chair for review.
3. The draft accreditation report is sent to the training provider and the training provider is asked to provide a response.
4. Any factual inaccuracies notified by the training provider will be corrected.
5. The Committee receives the draft accreditation report, the training provider's response and the accreditation team's final report. The Committee will make recommendations to Council.
6. Council considers the recommendations from the Committee and makes a decision about the accreditation of the training provider.
7. The final report and decision is published on Council's website.

Note: If the accreditation team's findings raise significant concerns that could impact on patient safety the report process could be expedited and considered by Council.

### 5.1 The draft accreditation report

Draft accreditation reports are prepared to a deadline. The training provider receives the draft of its accreditation report **within 4 - 6 weeks** of the accreditation site visit. Before the training provider receives the draft report it is first sent to the Committee Chair.

**It is the responsibility of the accreditation team Chair to ensure the draft report is completed on time.**

To meet these deadlines, accreditation team members must submit their final contributions to the accreditation team Chair **within two weeks** of the conclusion of the visit. Accreditation team members will be assigned report writing responsibilities either during the preliminary team meeting or on the site visit. Accreditation team members are encouraged to develop an initial bullet point summary of the strengths and potential areas for improvement of the training provider before the visit.

Please refer to Appendix 3 for the *Guidelines for report writing by Council accreditation teams*.

The accreditation team draft accreditation report addresses the accreditation standards. If the accreditation team considers the training provider may not meet a standard or only substantially meet a standard, draft recommendations or required actions need to be made which indicates the areas in which the training provider needs to improve.

The overall rating of each section of the accreditation report will be one of the following:

1. **Met**  
The training provider has met all of the accreditation standards for training providers.
2. **Substantially met**
  - a. There are areas that are minor in nature, that do not meet the accreditation standards for training providers and it is likely that the training provider will be able to meet the standards within 6 months. **OR**
  - b. Everything is in place but not consistently applied across all aspects of the intern training programme. **OR**
  - c. All processes are in place but are not fully documented.

### 3. **Not met**

The intern training programme has major deficiencies and is substantially below the accreditation standards for training providers.

The accreditation team Chair provides an overall rating for the accreditation which will be considered by the Committee and Council prior to being approved.

The Education Coordinator ensures consistency with the Council report format. The Education Coordinator ensures that the contributions of the accreditation team member are consistent with the agreed preliminary findings, that the report addresses the accreditation standards, and is consistent with the information supplied by the training provider. If an accreditation team member has not addressed all the relevant accreditation standards, the Education Coordinator may ask the accreditation team members to add their commentary for specific sections.

Once the accreditation team Chair is satisfied that the draft accreditation report is complete, the Education Coordinator will review the report again.

The Education Coordinator provides the draft accreditation report to the Committee Chair to be reviewed and provide feedback to the accreditation team.

#### **Importance to the assessment**

The accreditation team accreditation report is the basis on which the Committee and then Council determines the outcome of the accreditation. The report must be sufficiently detailed to allow the Committee and Council, who do not have access to the full documentation presented to the team, to make a decision on accreditation.

The report also provides feedback to the training provider on its strengths and areas for quality improvement.

The final report is a public document which will be published on Council's website.

## 5.2 **Review of the draft accreditation report by the training provider**

The training provider is sent the draft accreditation report. Training providers are given at least three weeks to consider the report. The training provider is asked to provide comments on the draft accreditation report and the proposed recommendations for consideration by the Committee and Council.

The training provider may comment on both the factual accuracy of the report and any conclusions drawn in the report.

The training provider response is provided to the accreditation team. If there are factual inaccuracies within the report, the accreditation team will correct these before the draft accreditation report is provided to the Committee.

## 5.3 **The final accreditation decision**

The Committee considers the accreditation team draft accreditation report and the recommendation for the overall rating for the accreditation, together with any comments made by the training provider. The Committee makes recommendations to Council.



Council considers the Committee's recommendations at its next scheduled meeting and makes the final accreditation decision.

If Council decides the overall accreditation rating is:

1. **Met**  
Council will approve accreditation for a period of 3 years.
2. **Substantially met**  
Council will approve accreditation (for the full period, or for a shorter period) subject to receiving satisfactory interim report(s) within a period specified by Council. Interim reports will outline the developments since the last accreditation visit and will respond specifically to the required actions and recommendations and issues identified by Council in the accreditation report.
3. **Not met**  
Council will either:
  - approve interim accreditation, impose conditions and request interim report within a specified period **and**
  - require a follow-up visit within a specific timeframe **or**
  - decline the application for accreditation.

Council's final accreditation decision together with the reasons for the decision and any conditions or reporting requirements will be sent to the training provider.

A training provider may seek formal reconsideration of the accreditation report and/or Council's decision regarding the accreditation report. The training provider must identify the areas of concern, and a full explanation of the grounds for reconsideration together with any additional material considered relevant within 30 days of receiving Council's decision. If formal consideration of the accreditation report and/or Council's decision is requested, then the accreditation report will not be published until 30 days after the process has been completed and a final decision has been notified to the training provider.

The final complete report is published on Council's website 30 days after notifying the training provider of Council's decision.

## 6.0 Accreditation outcomes

### 6.1 Substantially met

If the overall rating of the accreditation report is 'substantially met' Council may grant accreditation subject to receiving satisfactory interim report(s) within a specified period. Interim reports will outline the developments since the last accreditation visit and will respond specifically to the required actions and recommendations identified in the accreditation report.

Interim reports received from the training provider will be considered by the Committee at the next available meeting, in conjunction with Council's accreditation report from the last visit, and the original response from the training provider. The Committee will make recommendations to Council about the ongoing accreditation of the training provider, and the need for any further interim reports.

The Committee's recommendation will be considered by Council at its next available meeting. The training provider will be advised of the Council decision. Council's decision will then be published on the Council's website alongside the last accreditation report.

### 6.2 Not met

If the overall rating of the accreditation report is 'not met' (the intern training programme have major deficiencies and is substantially below the accreditation standards for training providers) Council's options include:

- accredit for a limited (shorter) time period and/or
- impose conditions on the accreditation and/or
- give notice that the accreditation will not be approved past a specific date unless certain required actions are met and/or
- require a further accreditation assessment and site visit.

A training provider that has been accredited for a limited (shorter) time will need to address any required actions within this period. If further assessment and site visit occurs and the required actions have not been satisfactorily addressed, accreditation may be withdrawn such time that Council is satisfied that the required actions have been met.

If the training provider requires a follow up assessment and site visit, the accreditation team is likely to comprise at least one member from the original accreditation team and at least one new member.

## Appendix 1 ~ Key steps and responsibilities

Key steps and responsibilities in a Council accreditation assessment in chronological order.  
Timeframes provided are approximate.

Process	Task and person(s) responsible
Initial contact (at least 6 months prior to site visit)	<p>Education Coordinator</p> <ul style="list-style-type: none"> <li>contacts the training provider to determine date(s) for the accreditation site visit</li> <li>liaises with the Committee Chair in selecting accreditation team members and appointing accreditation team Chair</li> <li>invites accreditation team members</li> <li>once date of visit confirmed, send out documentation with proposed accreditation team members and agenda to training provider</li> <li>confirm site visit with accreditation team members.</li> </ul> <p>Training provider:</p> <ul style="list-style-type: none"> <li>confirms date of accreditation site visit</li> <li>receives documentation, provides comments on proposed accreditation team and agenda</li> <li>begins work on self-assessment and reports.</li> </ul>
3 – 6 months prior to the site visit	<p>Education Coordinator</p> <ul style="list-style-type: none"> <li>books travel/accommodation for accreditation team</li> <li>confirms details for preliminary accreditation team teleconference</li> <li>collates information regarding clinical attachments.</li> </ul>
9 weeks prior to site visit	<p>Education Coordinator</p> <ul style="list-style-type: none"> <li>sends interns training provider accreditation intern questionnaire</li> <li>finalises travel details for accreditation team.</li> </ul> <p>Training provider:</p> <ul style="list-style-type: none"> <li>encourages interns to complete the training intern questionnaire</li> <li>has 3 weeks to complete the self-assessment and reports required.</li> </ul>
6 weeks prior to site visit	<p>Training provider:</p> <ul style="list-style-type: none"> <li>returns completed self-assessment.</li> </ul> <p>Education Coordinator:</p> <ul style="list-style-type: none"> <li>collates training provider self-assessment with other documentation for the accreditation team</li> <li>sends accreditation team the accreditation documentation</li> <li>accreditation team to read and make initial comments on the training provider self-assessment.</li> </ul> <p>Accreditation team members:</p> <ul style="list-style-type: none"> <li>read the visit book</li> <li>work through the initial review of the self-assessment</li> <li>identify key issues and further information required.</li> </ul>

<p>Preliminary accreditation team meeting (4 weeks prior to site visit)</p>	<p>Education Coordinator:</p> <ul style="list-style-type: none"> <li>• sends out agenda and teleconference details a week before the meeting</li> <li>• takes notes during the meeting</li> <li>• requests additional information from the training provider.</li> </ul> <p>Accreditation team Chair:</p> <ul style="list-style-type: none"> <li>• facilitates discussion</li> <li>• provides induction for new members</li> <li>• allocates areas for team members to report on</li> <li>• takes note of areas of concern, areas that require further information and areas that the accreditation team have a consensus view on.</li> </ul> <p>Accreditation team members:</p> <ul style="list-style-type: none"> <li>• contribute to the meeting</li> <li>• participates in the meeting.</li> </ul>
<p>Accreditation site visit</p>	<p>Accreditation team Chair:</p> <ul style="list-style-type: none"> <li>• leads the accreditation team</li> <li>• manages the agenda and time on the visit</li> <li>• leads the opening and closing feedback sessions</li> <li>• leads development of the teams preliminary findings</li> <li>• presents the teams preliminary findings, firstly to the CEO and CMO and then to relevant senior management.</li> </ul> <p>Accreditation team members:</p> <ul style="list-style-type: none"> <li>• contribute to meetings and discussions</li> <li>• keep notes on relevant issues</li> <li>• lead any sections of the agenda allocated to them</li> <li>• draft sections of the report allocated to them.</li> </ul>
<p>Draft report</p>	<p>Accreditation team Chair:</p> <ul style="list-style-type: none"> <li>• is responsible for ensuring the draft report is completed</li> <li>• reviews all of the completed sections from team members</li> <li>• drafts the executive summary.</li> </ul> <p>Accreditation team members:</p> <ul style="list-style-type: none"> <li>• draft assigned sections of the draft report</li> <li>• review the final report.</li> </ul> <p>Education Coordinator:</p> <ul style="list-style-type: none"> <li>• reviews and ensures consistency with other reports</li> <li>• sends draft report to the training provider after the Education Committee Chair reviews draft report.</li> </ul> <p>Education Committee Chair</p> <ul style="list-style-type: none"> <li>• reviews draft report prior to it being sent to the training provider</li> <li>• provides feedback to the accreditation team Chair.</li> </ul> <p>Training provider:</p>

	<ul style="list-style-type: none"> <li>• reviews draft report</li> <li>• provides Council with a letter of response.</li> </ul>
Final accreditation decision	<p>Education Coordinator:</p> <ul style="list-style-type: none"> <li>• provides a paper to the Education Committee, attaching the accreditation report and the response from the training provider</li> <li>• uploads final accreditation report and decision to Council's website, 30 days after notifying the training provider of Council's decision.</li> </ul> <p>Education Committee:</p> <ul style="list-style-type: none"> <li>• reviews draft accreditation report and the training provider's response</li> <li>• makes recommendations to Council.</li> </ul> <p>Council:</p> <ul style="list-style-type: none"> <li>• reviews draft accreditation report and the training provider's response</li> <li>• considers the Education Committee's recommendations</li> <li>• provides the decision on accreditation.</li> </ul> <p>Training provider:</p> <ul style="list-style-type: none"> <li>• receives Council's decision on accreditation.</li> </ul>

## Appendix 2 ~ Interview and information gathering techniques

### Interview and information gathering techniques

Creating an atmosphere for real discussion is an important part of the accreditation process. Accreditation team members should act as colleagues and peers of the interviewees, rather than inspectors.

### Contributing to a professional assessment

- ensure that you have reviewed the self-assessment prior to the preliminary team meeting
- adhere to the team's agreed key issues, but be flexible. Training providers should have opportunities to tell their story
- adhere to the agenda
- take structured notes, especially in areas for which you have report writing responsibility.

### Styles of questioning

A variety of questioning styles are used to gather the information required. To pursue a particular issue, the accreditation team might begin by seeking information through an open-ended question, and then investigate the issue further, probing it through asking other questions based on the answer to the first question. This often leads to the use of closed questions (requiring a yes or a no answer), and finally checking to confirm the impression obtained.

Accreditation team members are encouraged to plan and focus their questions, so that time is used well. In general, team members should not:

- ask multiple questions
- try to provoke a response
- tell anecdotes or make speeches
- compare the local situation with their own
- offer advice, unless requested
- ask questions that imply a judgment has already been made.

Some questions should make explicit reference to the self-assessment. It is important the team demonstrates that it has read it.

The questioning and discussion must be fair and polite. It must also be rigorous and incisive: the self-assessment should reflect the training provider as it is, both achievements and weaknesses. The evidence-gathering process must be thorough.

There may be sections of the self-assessment that do not require discussion during the site visits because the information provided is comprehensive. In these circumstances, accreditation team members may indicate why they are not focusing on those sections.

In encouraging interviewees to be open with the accreditation team, team members should emphasise that a goal of the accreditation process is to encourage further improvements and developments in the training provider's intern training programme.

### Information-gathering techniques

When undertaking the accreditation, accreditation teams consider quantitative and qualitative data, looking for specific strengths or weaknesses, and highlighting examples of good practice and areas for improvement. A number of techniques can be used in this process. One method is triangulation.

### *Triangulation*

Triangulation is the technique of investigating an issue by considering information about it from different types of sources. For example, the accreditation team might discuss selected policies and procedures and their implementation with senior management, prevocational educational supervisors, RMO unit managers, clinical supervisors and interns to see if the various opinions and experiences of the policy or procedure and its workings are consistent.

If the accreditation team received information from interns in relation to handover and feedback, which contradicts the information in the self-assessment this would need to be further explored at various other group meetings.

The accreditation team should take advantage of appropriate opportunities to triangulate with the various groups it meets. To this end, few of the accreditation team meetings with groups are likely to be single-purpose meetings.

The accreditation team must determine where inconsistencies are significant, and the reason for such inconsistencies.

## Appendix 3 ~ Guidelines for Accreditation report writing

### **Guidelines for accreditation report writing by accreditation team members.**

All accreditation team members contribute to the preparation of the draft accreditation report. Accreditation team member's contributions are required **within 2 weeks of the site visit**.

The Education Coordinator contributes to the development of the draft accreditation report, by collating and editing documents and advising members on whether or not recommendations and required actions fit Council policy.

The Education Coordinator will have a laptop to take notes on during the site visit. Members may find it helpful to bring their own laptop or electronic device to record their own notes. Report templates will be circulated to members prior to the site visit.

### **Preliminary statement of findings**

Throughout the visit the accreditation team will have time scheduled to reflect on the visit and to draft the preliminary statement of findings. This concentrates on the accreditation team's findings concerning the training provider's strengths and areas for improvement.

The preliminary statement of findings needs to include all recommendations and required actions as these cannot be added after the visit. The preliminary statement of findings needs to be clear and concise.

This is presented by the accreditation team Chair, firstly to the CEO and CMO and then to the senior management group at the end of the site visit.

### **Writing the draft accreditation report**

Once you have been allocated which areas you will be responsible for you may wish to start bullet pointing your initial thoughts.

The accreditation report should provide a summary of significant policies and practices as well as the team's analysis of these. The Committee and Council will read the accreditation report and will not have access to the training provider's self-assessment.

The accreditation reports follow a standard format. A report template will be provided to accreditation team members.

The Education Coordinator is available to assist accreditation team members draft the report, and in consultation with the visit Chair, is responsible for collating the report together.

### **Important information to note for the accreditation report writing**

It is important that the standards in each section are addressed. To do this you may need to refer to the training provider's self-assessment and additional documentation not just what was discussed or learned on the site visit. Any information taken from the self-assessment needs to be written into the report, not just copied directly.

Any recommendations or required actions need to be explained in the comments section.

There are very few acronyms that are used in the accreditation reports. 'DHB' and 'RMO' are the only two that are used.



Please note, in the accreditation reports the accreditation team is 'Accreditation Team'.

**Reports DO:**

- Commend strengths as well as identifying weaknesses.
- Encourage improvement.
- Reflect the *Standards for accreditation of training providers*.
- Reflect the consensus view of the accreditation team.
- Undergo editing for style and are checked by the Education Coordinator against the training provider's accreditation self-assessment to minimise factual error.

**To identify areas for improvement:**

- 'The training provider has spent considerable attention to improving... but acknowledges that more work is required. Specifically...'
- 'The accreditation team noted with concern that...'
- 'There was still considerable confusion about...'
- 'The training provider should consider.... '
- 'The accreditation team encourages the training provider to...'

**Reports do NOT:**

- Single out particular individuals from the training provider for criticism.
- Make comparison with practices in other training providers.
- Recommend that the training provider take particular actions to address problems identified. It may draw attention to a weakness, suggest possible approaches, but reports recognise that the training provider will choose its own solution, taking account of its particular circumstances.

**Format**

Please format the report as outlined below:

- calibri font, size 11
- 1.0 spacing
- left aligned
- any bullet points should be like this (main list)
  - second-level bullet (sub-list).

## Appendix 4 ~ Mihi Whakatau

Please follow the format below when preparing your pepeha.

Pepeha	(example)
Ko (name) ahau	Ko Krystiarna ahau.
Ko (name of your mountain) te maunga	Ko Pirongia toku maunga.
Ko (name of your river) te awa	Ko Waikato te awa.
Nō (place you are from) ahau	Nō Kirikiriroa ahau.

### Sample Pepeha:

Tēnā Koutou

Ko Krystiarna ahau.

Ko Pirongia toku maunga.

Ko Waikato te awa.

Nō Kirikiriroa ahau.

Nā reira tēnā koutou, tēnā koutou, tēnā tātou katoa.

Go to: <http://www.korero.maori.nz/resources/map.html> to view a detailed map of New Zealand showing Māori place names and to hear demonstrated pronunciation.

### Nga Waiata

Please make sure you are familiar with these. You can find samples of these songs online.

#### Tutira mai nga iwi

Tūtira mai ngā iwi,

tātou tātou e

Tūtira mai ngā iwi,

tātou tātou e

Whai-a te marama-tanga,

me te aroha - e ngā iwi!

Ki-a ko tapa tahi,

Ki-a ko-tahi rā

Tātou tātou e

(Repeat)

Tā-tou tā-tou e E!!

Line up together, people

All of us, all of us

Stand in rows, people

All of us, all of us

Seek after knowledge

And love of others - everybody

Think as one

Act as one

All of us, all of us

(<https://www.youtube.com/watch?v=q-lyBQUbNZc>)

**Te aroha**

Te aroha	Love
Te whakapono	Faith
Me te rangimarie	and peace
Tatou tatou e	be amongst us all

Te aroha  
Te whakapono  
Me te rangimarie  
Tatou tatou e

(<https://www.youtube.com/watch?v=nxQ66-7sRP4>)

**E toru ngā mea (someone leads and the rest repeat)**

E toru ngā mea	There are three things
Ngā mea nunui	very important things
E ki ana	as stated in
Te Paipera	the Bible
Whakapono	Hope
Tūmanako	Faith
Ko te mea nui	and the greatest thing
Ko te aroha	Charity

(<https://www.youtube.com/watch?v=Jwr5UEIaRo4>)