

Response template for the proposed principles on strengthening the involvement of consumers in accreditation - public consultation

February 2024

This response template is the preferred way to submit your feedback to the public consultation on the draft proposed **principles to strengthen the involvement of consumers in accreditation**.

Please provide any feedback in this document, including your responses to the questions in the text boxes on the following pages. The boxes will expand to accommodate your response. You do not need to respond to a question if you have no comment.

Making a submission

Please complete this response template and email to AC_consultation@ahpra.gov.au using the subject line '*Feedback: Public consultation on principles to strengthen the involvement of consumers in accreditation*'. **Consultation closes on 18 April 2024.**

Publication of submissions

We publish submissions at our discretion. We generally publish submissions on our [website](#) to encourage discussion and inform the community and stakeholders about consultation responses. Please let us know below if you do not want your submission published.

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove personally identifying information from submissions, including contact details.

We can accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. A request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Cth), which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission or if you want us to treat all or part of it as confidential.

Published submissions will include the names of the individuals and/or the organisations that made the submission unless confidentiality is expressly requested.

Do you want your responses to be published?

- ☒ Yes – please publish my response with my name
- ☐ Yes – please publish my response but don't publish my name
- ☐ No – I do not want my responses to be published.

Stakeholder details

Please provide your details in the following table:

Name:	Kim Bryant
Organisation name:	Nursing and Midwifery Council of NSW

Your responses to the consultation questions

1. Does any content need to be added to or amended in the draft proposed principles?
<p>Recommend: Definition of “consumer” is reviewed to ensure it is comprehensive and inclusive</p> <ul style="list-style-type: none">• Student – current – new, mid-studies, graduating, newly graduated – reflect the “life cycle” of students <p>Recommend: Involvement of:</p> <ul style="list-style-type: none">• employers (public and private) are included, with a caveat regarding ‘lobbyists’• professional experts – from post-graduate and research schools• patient, family, community representative• First Nations people – focus on cultural safety <p>Note: regarding ‘involvement’</p> <ul style="list-style-type: none">• Current definition of ‘involvement’ lacks principles of co-design (is included in Principle 5: Diversity, page 8)• Need to consider ‘partnership’ principles of:<ul style="list-style-type: none">○ Co-design○ Co-production○ Co-delivery• Consumer/community representatives need to be engaged in all stages of planning, design, delivery, measurement, and evaluation of health practitioner accreditation programs <p>Addressing the unique needs of underserved/marginalised/vulnerable consumers/communities</p> <p>Positive feedback: re: the purpose outline/statement noting it may be enhanced by a shorter statement. For example, Meaningful involvement of consumers in accreditation functions.</p> <p>The shortening of the purpose statement is also useful when preparing for implementation and/or creating measurement achievement frameworks – adopting an outcome framework approach.</p> <p>Comment: Language in ‘outcomes framework’ approaches usually do not include the phrase ‘should’ rather they use very clear and future focused phraseology ‘will’.</p> <p>Comment: What is meant by ‘meaningful’. Recommend: further definition – significant? relevant? serious? important? worthwhile?</p> <p>Comment: for the involvement of consumers to be meaningful they [the consumers] must have the:</p> <ul style="list-style-type: none">• Sufficient skills and understanding• Allowed/encouraged to contribute• Quality interaction (involvement) - participate fully and have a positive experience

2. Are there any implementation issues the Accreditation Committee should be aware of?
<p>Adequate remuneration: Payment for representation cannot be tokenistic</p> <p>Note: One person cannot speak on behalf of all consumers/communities/consumer pools</p> <p>Note: importance of Cultural Safety</p> <p>Note: importance of provision of training for consumers – to empower, language of health and education</p> <p>Implementation includes – initiation, design, implementation, evaluation and feedback</p> <p>Comments:</p>

Find the two definitions very helpful i.e. directly involved consumers and indirectly involved consumers but would argue, although a good way to classify consumer involvement they could also contribute to entrenching silos.

One way to prevent silos would be to ensure consumers are embedded across all the seven principles through measurement – outcome framework approach i.e. the 'shorter purpose' be measured against.

Table 1 Accreditation consumer involvement spectrum (page 5 of 10) offers a very helpful frame to ensure the two definitions of consumer involvement and seven principles avoid becoming siloed

3. Are there any potential, unintended consequences of the draft principles?

Without the shorter purpose, measurement becomes more difficult. Having a purpose is only as good as its fulfilment – in this case meaningful consumer involvement – described as:

- Listened to
- Treated as equals.
- Involved in final decision making.
- Opinions considered and acted upon

The topic of remuneration and reimbursement is relevant across all 7 principles and by placing it only in Principle 4 (Support) could create a 'lip service' approach to achieving fair compensation at all levels of consumer input. This has the potential to cause unintended consequences and silos across all the principles, components, and desire for meaningful consumer involvement.

4. Do you have any general comments or feedback about the draft proposed principles?

P1: Governance structures and processes

- Second dot point – implement strategies **including audits** to avoid repeat invitations to the same consumers/consumer groups that may lead to consumer fatigue, **but also bias**

P2: Recruitment

- Selection process of consumers must be independent and transparent – Expressions of Interests (EOI); candidate pool documented; selection based on merit; diversity including gender – refer principle 5

P3: Communication

- Consumers involved in every stage including feedback

P4: Support

- Dot point 4 – clear description of the consumer roles and terms of appointment
- All consumers need to be remunerated and/or reimbursed

P5: Diversity

- Gender – the imbalance between genders on committees continues to be problematic – gender must be considered always, along with other diversity issues and minority groups

P6: Timing

- Consumers should be involved at EVERY STAGE
- When meetings occur may need to be before/after normal business hours, at weekends to allow

consumers to be involved

- Instead of regular hourly meetings, may need ½ day for full day meetings or workshops

P7: Feedback

- Impact analysis of consumer input into health practitioner education accreditation essential
- Research

Comments:

Who were the members of the independent accreditation committee (established & how 2021). Were they representative of the Direct and Indirect consumers?

Possible unintended consequences of the two definitions Directly and Indirectly could cause silos around the involvement of consumers. By presenting Figure 1 as an ecological diagram rather than a linear one would assist the visual framing of consumer involvement.

The accreditation in the National Scheme summary (page 2 of 10) is presented as being quite narrow – individuals seeking registration to work in the health workforce/ registering and assessing overseas qualified practitioners. The National Law points to 5 functions which represents a broader frame – maybe the description could present the scope along a continuum.

A combined diagram of table of Figure 1: The consumer input at each of the 5 stages for accreditation authority roles and 4 stages national board roles (page 3 of 10) and Table 1: Accreditation consumer involvement spectrum (page 5 of 10) would be useful – again preventing silo thinking/working.

How do these principles and anticipated forms of evidence from meaningful consumer involvement align with jurisdiction, national and international health frameworks (WHO Global Patient Safety Action Plan 2021-2030 was referred to – are there any others like United Nations Sustainable Development Goals?). Alignment to broader frameworks is most important for sustainability.