

## 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](mailto: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 These submissions will not be published on the website or elsewhere.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:

<b>Name:</b>	Dr Zena Burgess (CEO)
<b>Organisation name:</b>	Australian Psychological Society (APS)

## Your responses to the consultation questions

### 1. Does any content need to be added to or amended in the draft proposed principles?

Overall, the Australian Psychological Society (APS) agrees with the principles and how they are conceptualised, however we have identified another two principles which would be beneficial to include:

- a) **Consumer involvement should be authentic and not tokenistic** – if there is a genuine commitment to involving consumers in the design and implementation of accreditation activities, there must be a commitment to a co-production approach<sup>7</sup>. It cannot be seen as a ‘tick-in-the-box’ exercise. Furthermore, Ahpra should commit to regular reporting regarding consumer involvement in accreditation processes to ensure this commitment remains a priority.
- b) **Consumer involvement in accreditation should be respectful, empathetic, and culturally and psychologically safe** – as currently included as a subpoint in Principle 3, we advocate for the elevation of this aspect to be a standalone principle.

### 2. Are there any implementation issues the Accreditation Committee should be aware of?

Although training and providing strategies for existing staff to manage conflicting views and ensure all input is recognised and valued is mentioned in the Consultation Draft (page 7), we would like to emphasise the importance of this component. For consultation to be genuine, consumer involvement must be considered and valued. For some areas, this will constitute a significant cultural shift which must be given due attention in the implementation.

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

The APS cannot foresee any unintended consequences of the draft principles but emphasises the importance of robust feedback and evaluation mechanisms to ensure that the desired aims are being realised. If they are not, accreditation processes should be sufficiently adaptable to incorporate feedback in a timely manner.

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

The APS is pleased to provide input into the consultation process to develop principles for strengthening the involvement of consumers<sup>a</sup> in accreditation. We are aware of the benefits of embedding both direct and indirect consumer voices into the design, development, delivery, and evaluation of healthcare services and naturally support this being extended into accreditation activities. Given this, we commend the Accreditation Committee for undertaking this important work.

The APS is the peak professional body for psychologists in Australia. We advocate on behalf of our members and the community for the implementation of evidence-informed prevention, intervention and systemic reform approaches that deliver health and wellbeing for all Australians. Our work is informed by the United Nations international human rights conventions<sup>1</sup> and the Sustainable Development Goals<sup>2</sup> which champion health and wellbeing as a human right for all.

<sup>a</sup> As defined in the *Consultation draft: Proposed principles for strengthening the involvement of consumers in accreditation* (the *Consultation Draft*)



The APS is a strong advocate for consumer perspectives to be embedded throughout all activities of the health ecosystem. Research suggests that authentic co-production of service-design based on a diversity of perspective can result in robust decision making and improved healthcare quality<sup>3-5</sup>.

In this way, we suggest a diversity of perspective, including those from consumers and health professionals will result in more considered and balanced accreditation processes.

It is important to note that lived experience representative organisations such as Lived Experience Australia have a comprehensive understanding of the mental health needs of the people they represent. In this way, they present a holistic view of many people with a lived or living experience and may be able to provide integrated input into the design and delivery of accreditation functions. In the future, the two new national mental health lived experience peak bodies<sup>6</sup> for consumers and their carers, family and kin will also be important stakeholders to ensure the voices of consumers are involved in accreditation processes.

Apart from the feedback mentioned above, we would like to commend the inclusion of the following aspects. In doing so, we would highlight their importance in the next stages of implementation:

- **Embedding the consumer voice into all levels of governance structures** (Principle 1) – for consumer voices to be given sufficient weight, they must also be included in decision making.
- **Proactively seeking representation from marginalised groups** (Principle 5) – unfortunately, there are additional barriers for individuals from marginalised groups participating in healthcare co-production. In addition to proactively seeking representation, additional support (and possibly incentives) may be required to overcome barriers to participation.
- **Flexibility in the strategies to enable the involvement of consumers** (Principle 5) – characteristics such as disability, neurodiversity, cultural factors (including language), or geographic location may require flexibility in the approaches to receiving consumer input. This will take time, effort, and resources to be undertaken appropriately.

Thank you for your consideration of our response and if any further information is required from the APS, I would be happy to be contacted through the National Office on (03) 8662 3300 or by email at [REDACTED]

## References

1. United Nations Office of the High Commissioner. (2023). *The core international human rights instruments and their monitoring bodies*. <https://www.ohchr.org/en/core-international-human-rights-instruments-and-their-monitoring-bodies>
2. United Nations, Department of Economic and Social Affairs. (2023). *Sustainable development goals*. <https://sdgs.un.org/goals>
3. Carlini, J., Muir, R., McLaren-Kennedy, A., & Grealish, L. (2023). Researcher Perceptions of Involving Consumers in Health Research in Australia: A Qualitative Study. *International Journal of Environmental Research and Public Health*, 20(10), 5758. <https://doi.org/10.3390/ijerph20105758>
4. Swartz, T. H., Palermo, A.-G. S., Masur, S. K., & Aberg, J. A. (2019). The Science and Value of Diversity: Closing the Gaps in Our Understanding of Inclusion and Diversity. *The Journal of Infectious Diseases*, 220(Suppl 2), S33–S41. <https://doi.org/10.1093/infdis/jiz174>
5. Hall, A. E., Bryant, J., Sanson-Fisher, R. W., Fradgley, E. A., Proietto, A. M., & Roos, I. (2018). Consumer input into health care: Time for a new active and comprehensive model of consumer involvement. *Health Expectations: An International Journal of Public Participation in Health Care and Health Policy*, 21(4), 707–713. <https://doi.org/10.1111/hex.12665>

6. Australian Government Department of Health and Aged Care. (2024, March 20). *National mental health lived experience peak bodies* [Text]. Australian Government Department of Health and Aged Care; Australian Government Department of Health and Aged Care.  
<https://www.health.gov.au/topics/mental-health-and-suicide-prevention/what-were-doing-about-mental-health/national-mental-health-lived-experience-peak-bodies>
7. Roper, C., Grey, F., & Cadogan, E. (2018). *Co-production—Putting principles into practice in mental health contexts*. University of Melbourne.