



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 These submissions will not be published on the website or elsewhere.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:	Bronwyn Clark
Organisation name:	Australian Pharmacy Council (APC)

Your responses to the consultation questions

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

As the appointed independent accrediting authority for pharmacy education and training in Australia, APC supports the need to strengthen consumer involvement in the review and development of accreditation processes, as consumers are the ultimate “recipients” of the outcomes of accreditation.

1.0 Comments on the draft proposed principles

APC commends the committee on its development of the proposed principles in strengthening consumer involvement in accreditation. The draft principles are comprehensive, clearly communicated and are future focussed. APC provides the following comments on specific areas that may require clarification for the committee’s consideration.

1.1 Definition of a consumer

The widely accepted definition of a consumer broadly defines consumer as a person who has used, currently uses, or will use health care services. This includes the person’s family and carers or other support people and is supported by Ahpra’s 2023 Glossary of Accreditation Terms.^{1,2,3,4}

APC suggests that the committee keeps to this wider definition of consumers. Describing consumers instead as *indirect* or *direct* may create confusion on who the accreditation entities should include as consumers. The broader definition of consumers will better capture the purpose of the accreditation authorities within the National Scheme, which is to set and uphold rigorous standards for health education, training, and assessment. Through these activities, accreditation plays a crucial role in protecting the health and safety of the Australian community.

1.2 Comments on Principle 1: Governance structures and processes

It may be useful to add that accreditation authorities should also strive to develop and implement their own Consumer Engagement Frameworks to support accountability in strengthening consumer involvement across the health professions and at various levels.⁵ A Framework could then include the strategies identified in Principle 1 and could further increase the intent and purpose of the principle.

¹ Australian Health Practitioner Regulation Agency(Ahpra). 2023. Glossary of Accreditation Terms. Accessed 12-Apr-24 at <https://www.ahpra.gov.au/>

² Australian Pharmacy Council (APC). 2023. Consultation paper Performance Outcomes Framework Accreditation Standards for Aged Care and Medication Management Review (MMR) Pharmacist Education Programs. Accessed 12-Apr-24 at <https://www.pharmacycouncil.org.au/resources/consultation-AgedCare-MMR-Pharmacist-education-programs-standards/>

³ Department of Health and Aged Care. 2023. Health Technology Assessment Policy and Methods Review: Glossary. Accessed 12-Apr-24 at <https://www.health.gov.au/>

⁴ National Health and Medical Research Council (NHMRC). 2018. Guidelines for Guidelines: Consumer involvement. Accessed 12-Apr-24 at <https://www.nhmrc.gov.au/guidelinesforguidelines/plan/consumer-involvement#:~:text=%27Consumers%27%20are%20people%20who%20have,otherwise%20use%20health%20care%20services.>

⁵ Chauhan A, Walpola RL, Manias E, Seale H, Walton M, Wilson C, et al. How do health services engage culturally and linguistically diverse consumers? An analysis of consumer engagement frameworks in Australia. *Health expectations: an international journal of public participation in health care and health policy.* 2021;24(5):1747–62.

1.3 Comments on Principle 2: Recruitment

Obtaining valuable and meaningful feedback relies on recruiting the appropriate consumers and APC understands the challenge of reaching consumers and forming a mutually valuable partnership.

While it has been suggested in the principle of recruitment to recruit consumers through existing networks such as consumer groups and networks (e.g. Consumers Health Forum), and through other accreditation stakeholders such as education providers and professional associations, APC suggests that accreditation authorities are also encouraged to come up with innovative ways to foster sustainable partnerships with consumers.

1.3 Comments on Principle 5: Diversity

Australia is a multicultural country with a vast diversity of cultural, religious, and ethnic groups. APC strongly supports increased representation of consumers from diverse backgrounds including Aboriginal and Torres Strait Islander peoples. The purpose of this principle should not only promote diversity but should highlight the importance of inclusivity. For this reason, APC recommends updating the introduction of the diverse groups list from “These include” to, “Including, but not limited to”. The list may appear to be exhaustive, but it may miss marginalised groups or people representing emerging health priority groups or populations, thus result in the unintentional exclusion of some consumers. The Department of Health and Aged Care, encourages staff to promote action on diversity issues through participating in the following networks.⁶ This may be an important activity to suggest to accreditation authorities to amplify understanding and appreciation of diversity in health. This includes the following:

- National Aboriginal and Torres Strait Islander Staff Network, including a Friends of the Network for non-Indigenous staff
- Disability and Carers Network
- Gender Equality Network Health Pride Network
- Culturally and Linguistically Diverse Network.

1.4 Comments on Principle 6: Timing

Consider amending the wording from ‘consumers should be involved **at** an early stage of a project...’ to ‘consumers should be involved **from** an early stage of a project...’ to clarify that the involvement should continue beyond the early stages if appropriate.

1.5 Comments on Principle 7: Feedback

APC agrees that consumers should partake in the evaluation of their engagement activities and assessing of the quality of the partnerships as communicated in Principle 7. It will be important to mention in this principle that consumers should be informed how feedback and their contributions to the activities will be evaluated and used. Consumer feedback should be very clearly articulated, reported, and shared. Accreditation authorities should also ensure that when consumer feedback has not been incorporated, a clear rationale should be shared and agreed upon.

⁶ Department of Health and Aged Care. 2023. Diversity and Inclusion. Accessed 12-Apr-24 at <https://www.health.gov.au/about-us/work-with-us/what-we-offer/diversity-and-inclusion>.

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

2.1 Cost implications for accreditation authorities

Significant investment from accreditation authorities will be necessary to ensure both consumers and service providers are engaged in meaningful and reciprocally beneficial interaction. Establishing and maintaining consultation committees is resource intensive and may be a financial burden, especially on smaller accreditation authorities. National Boards and Ahpra will need to recognise this within funding requests from accreditation authorities.

Additional costs may be minimised by creating a consumer committee that can be shared and accessed across accreditation authorities. For example, the establishment of a consumer committee could be formed within the Health Professions Accreditation Collaborative (HPAC) Forum.

2.2 Inadequate support for full consumer participation

The absence of sufficient support or resources for training, education, funding, and encouragement for consumers to participate fully or competently will impact the value of consumer feedback. Accreditation authorities must ensure participating consumers are provided with appropriate training to ensure participation at the same level as other stakeholders, are fairly remunerated and are supported with any other required resources to ensure full participation.

2.3 Authentic and meaningful public involvement

Engagement with consumers should be meaningful and authentic and avoid becoming a 'tick box' exercise for compliance. It should avoid intentionally excluding certain members or viewpoints which could give power to others, and it should maintain the integrity of the participatory process.⁷

2.4 Guidance on how to engage consumers

Guidance is needed on how to engage consumers and report their contribution. As alluded to in 1.2, a Consumer Engagement Framework will be useful. While there is no national document to refer to, there are several existing resources that will assist the committee with providing guidance on how to implement the principles and enhance consumer engagement, such as the guide on how to engage consumer committees by Safer Care Victoria⁸; The framework for community and consumer engagement of South Australian Health and Medical

⁷ Organizing Engagement. 2024. Spectrum of Public Participation. Accessed 12-Apr-24 at <https://organizingengagement.org/models/spectrum-of-public-participation/#:~:text=At%20its%20most%20harmful%2C%20an,positions%2C%20lose%20faith%20in%20their>

⁸ Safer Care Victoria. 2020. Building your healthy community: A guide for health service community advisory committees. Accessed on 10-Apr-24 at www.safercare.vic.gov.au

Research Institute (SAHMRI)⁹; and the Enhanced Consumer Engagement Process for health technology assessment (HTA) by the Department of Health and Aged Care.¹⁰

The draft principles present the committee and all accreditation authorities the opportunity to further strengthen consumer involvement through the development and implementing of consumer engagement frameworks.

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

3.1 Power imbalance

The selection of appropriate consumers to be involved in accreditation is critical to obtaining meaningful input in accreditation activities. Accreditation authorities need to seek consumer partnerships with broad groups and marginalised consumers, while ensuring consumer representation within the consultation group or committee is also balanced.

There is the potential for the introduction of bias into the consultation feedback. It is important to ensure that consumers recruited represent diversity, and the views of their community or representative groups. Recruitment of consumers who are unsuitable for the organisation's consultation purpose could increase the risk of power imbalance between consumers, thus limiting the consumer voice and their input.

3.2 Other unintended consequences of the draft principles on the consumer

Other unintended consequences may include consumer involvement being tokenistic, causing conflict between consumer and other consultation members, adding emotional burden to the consumer, work overload, personal exposure through the media, and frustrations at the limitations of participation.¹¹

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

Consumers are an integral part of APC's governance structures including our Board and our Accreditation Committee. Consumers are actively involved in forums for the development and/or review of accreditation standards and for making accreditation decisions. APC strives to establish and maintain relationships with a broad range of consumers who work with us from the outset of accreditation projects. Our remuneration and support of consumers is commensurate with other stakeholders we work with.

APC thanks the committee for supporting the strengthening of consumer involvement in accreditation and is committed to fostering better partnerships with our consumers.

⁹ South Australia Health & Medical Research Institute (SHAMRI). 2020. A Consumer and Community Engagement Framework for the South Australian Health and Medical Research Institute – Final Report. Accessed 09-Apr-24 at <https://sahmri.org.au/research/community-engagement-in-research>

¹⁰ Department of Health and Aged Care. 2024. Co-design Project: Enhanced Consumer Engagement Process. Consultation Document. Accessed 10-April-24 at <https://www.health.gov.au/resources/publications/co-design-of-an-enhanced-consumer-engagement-process-consultation-document?language=en>

¹¹ South Australia Health & Medical Research Institute (SHAMRI). 2020. A Consumer and Community Engagement Framework for the South Australian Health and Medical Research Institute – Final Report. Accessed 09-Apr-24 at <https://sahmri.org.au/research/community-engagement-in-research>