Ahpra Board
Accreditation Committee

Consultation draft: Proposed principles for strengthening the involvement of consumers in accreditation

November 2023

1. Introduction

Consumer involvement in the design and delivery of accreditation functions for health education programs in the National Registration and Accreditation Scheme (the National Scheme) provides an important additional perspective to accreditation and enables more responsive, person-focused health practitioner education. Consumer involvement in accreditation:

- aligns accreditation with the needs and priorities of the stakeholders it serves
- builds trust and enduring relationships with the accreditation community and healthcare users
- provides new insights into the design and delivery of accreditation functions, and
- ensures accreditation processes are effective and fit for purpose.[1]

The World Health Organisation's Global Patient Safety Action Plan 2021-2030 highlights the key role patients, families and communities should have with national and subnational regulatory bodies including in standard setting, licensing and accreditation with the aim of improving patient safety[2].

Expectations of consumer involvement and person-centred care in education are already embedded in most professions' accreditation standards.

There is evidence of the value of the consumer voice in the design and delivery of healthcare services, with high levels of diverse consumer involvement in healthcare associated with improved healthcare outcomes. This is also reflected in the context of accreditation where broad and meaningful consumer involvement leads to enhanced processes that are consumer-focused and able to meet the needs of the community.

Accreditation authorities already involve consumers in:

- developing new and revising existing accreditation standards
- non-practitioner governance positions on boards and/or accreditation committees
- accreditation assessment teams, and
- the assessment of overseas qualified health practitioners.

This document outlines draft proposed principles to strengthen the involvement of consumers in accreditation. These principles aim to:

a) enhance meaningful involvement of consumers in accreditation activities in the National Scheme
b) support diversity of input into the performance of accreditation functions, and
c) create responsive and person-centred processes that value and respect the views of consumers.

These principles have been developed by the independently chaired Accreditation Committee (the committee) that was established in 2021, in line with Policy Direction 2020-1 – Independent Accreditation Committee. The committee provides independent and expert advice on accreditation reform and other

[1] Adapted from Monash Partners, Benefits of consumer and community involvement in improving health. Accessed from: https://monashpartners.org.au/education-training-and-events/cci/module-1-benefits-of-consumer-and-community-involvement-in-improving-health/ 1 May 2023.

[2] World Health Organisation, Global Patient Safety Action Plan 2021-2030, Accessed from: https://www.who.int/teams/integrated-health-services/patient-safety/policy/global-patient-safety-action-plan, 3 October 2023.

National Scheme accreditation matters to National Scheme entities (National Boards, accreditation authorities and Ahpra). Other external entities performing accreditation roles as part of the National Scheme, such as specialist colleges and postgraduate medical councils, must also consider the committee's advice, where relevant.

One of the issues referred to the committee by health ministers in response to the recommendations of the 2018 Accreditation Systems Review was strengthening the role of consumers (including employers) as a key stakeholder in accreditation systems. Ministers asked the committee to provide guidance to National Scheme entities on best practice approaches to consumer input in accreditation.

2. Accreditation in the National Scheme

Accreditation is an important part of the National Scheme as it helps ensure individuals seeking registration to work in the health workforce have the knowledge, skills and professional attributes to safely and competently practise their profession in Australia. Accreditation functions within the National Scheme include accrediting programs of study which lead to registration and assessing overseas-qualified practitioners. An accreditation authority performs accreditation functions for each profession in the National Scheme.

Each National Board decides whether the accreditation functions (see below) for the profession it regulates are carried out by an external accreditation body or a committee established by the National Board (the assignment of accreditation functions). The roles of the accreditation authorities and National Boards are illustrated in Figure 1 below.

The National Law defines the accreditation functions as:

a) review and develop accreditation standards and recommend them to the relevant National Board for approval
b) accredit and monitor education providers and programs of study to ensure that graduates are provided with the knowledge, skills and professional attributes to safely practise the profession in Australia
c) assess overseas accrediting authorities
d) assess overseas-qualified practitioners
e) provide advice to National Boards about issues relating to their accreditation functions.

Figure 1: Roles of accreditation authorities and National Boards

3. Defining consumers in the context of these principles

A broad group of stakeholders should be involved in the health care education accreditation system, including education providers and registered health practitioners. These principles focus on the involvement of consumers who are both directly and indirectly involved in accreditation:

Directly involved consumers

- students undertaking education and training from an accredited education provider
- employers who recruit graduates of accredited programs to provide healthcare services
- professionals involved in the education of students, for example, clinical supervisors.

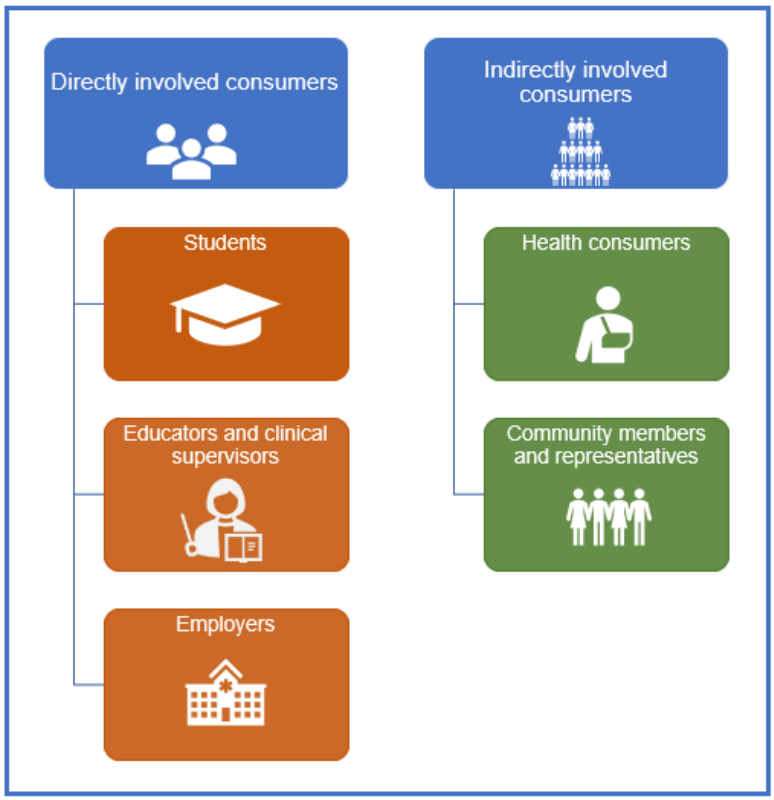
Indirectly involved consumers

- health consumers - people with lived or living experience who receive care from health practitioners either directly or in a secondary capacity as a family member, carer or community
- community members who represent the views and interests of a consumer organisation or community.

This definition is deliberately broader than those often used elsewhere in the health sector and recognises patients as a distinct group of consumers in this context as recipients of the care provided by registered health practitioners and students. The definition also reflects Ministers' specific inclusion of employers as important stakeholders in the accreditation system.

The principles in this document recognise that this list of consumers is not exhaustive and additional groups, organisations or individuals may be involved in different types of activities. The types of consumers involved in accreditation are illustrated in Figure 2.

Figure 2: Types of consumers involved in the accreditation system



4. Principles to strengthen consumer involvement in accreditation

The **purpose** of these principles is to provide guidance to accreditation authorities to enhance meaningful involvement of consumers in accreditation in the National Scheme. The principles aim to ensure diversity of input into the design and delivery of accreditation functions, creating responsive and person-centred processes that value and respect the views of consumers and meet their needs.

Meaningful consumer involvement requires that consumers are listened to, treated as equals, involved in final decision making, and have their opinions considered and acted on. Meaningful consumer involvement is supported by the following components:

- governance structures and processes
- recruitment
- communication
- support (including training and resources and remuneration and reimbursement)
- diversity
- timing
- feedback.

These structural components underpin the principles outlined in this document and support the involvement of health consumers and community members specifically.

Consumers may hold various roles within National Scheme accreditation functions. Accreditation authorities should ensure they recruit and train consumers with relevant attributes for each type of role to gain the most value from their involvement. The number of consumers involved, their attributes and the level of involvement will be specific to each activity. More detail of the levels at which consumers could be involved in accreditation functions/activities is shown in Table 1.

Table 1: Accreditation consumer involvement spectrum

This table is based on the IAP2 spectrum of public participation and may be used to assist with the selection of the level of participation that defines a consumer's role in a public participation process.

INCREASING IMPACT ON THE DECISION

	Inform	Consult	Involve	Collaborate	Empower
Consumer **involvement goal**	Accreditation authorities will provide consumers with information to assist them to understand issues, opportunities and solutions.	Accreditation authorities will seek feedback on analysis, proposals and/or decisions.	Accreditation authorities will work directly with consumers throughout the process to ensure their concerns are understood and considered.	Accreditation authorities will partner with consumers at each stage of the decision, including the development of alternatives and the identification of the preferred solution.	Accreditation authorities will ensure consumers are involved in final decision making.
Consumer involvement activities	Consumers are provided with newsletters, training sessions and electronic/print resources.	Consumers are offered opportunities to provide written submissions, complete surveys and attend focus groups, workshops and public meetings.	Consumers may attend workshops, working groups and be members of accreditation assessment teams.	Consumers are integral members of boards of directors, accreditation committees, sub-committees and working groups.	Consumers are involved in setting policy and strategic objectives.
Example Accreditation Functions/Activities	Updates to standards/processes, information about projects.	Development of accreditation standards.	Accreditation assessment teams, assessment of overseas qualified health practitioners.	Development of accreditation standards.	Advice to National Boards relating to accreditation standards – appointment of consumers to Board of Directors/Accreditation Committee.

Principle 1: Governance structures and processes

Accreditation authorities should have appropriate structures processes and policies in place to support consumer involvement across all areas of their work.

Accreditation authorities should:

- carefully consider which consumers are most suited to specific projects or activities and how and when they will be involved to ensure they can contribute in a meaningful way, and
- implement strategies to avoid repeat invitations to the same consumers, or consumer groups that may lead to consumer fatigue.

Principle 2: Recruitment

How consumers are identified and recruited will depend on the type of consumer that is required.

- When recruiting consumers, accreditation authorities should clarify:
  - the specific role being recruited for
  - the expectations, criteria and skills needed of consumers
  - the experiences of consumers
- Accreditation authorities may be able to recruit consumers by contacting:
  - consumer groups and networks (e.g. Consumers Health Forum)
  - education providers with accredited programs of study
  - professional associations
- To ensure broad health consumer involvement, roles should be advertised through a range of media to reach diverse consumer and community groups and in regional publications and websites.
- Accreditation authorities should proactively seek and involve consumers from marginalised groups.

Principle 3: Communication

Communication is key and staged approaches are helpful to develop meaningful engagement with consumers.

Accreditation authorities should:

- be respectful, empathetic and culturally and psychologically safe in every interaction with consumers
- ensure communication between consumers and accreditation authorities is fair, transparent and respectful
- communicate information in a way that is accessible and easily understood by all consumers
- provide consumers with appropriate information and resources to enable them to determine their suitability for the role, and to gain an understanding of the purpose of their involvement, and
- ensure consumers are involved in what happens to their input, including how and where it is published.

Principle 4: Support

Consumers should be given the training, resources and appropriate payment to the level of their involvement.

Training and resources

Accreditation authorities should:

- support their staff to seek consumer involvement and provide relevant training to enable culturally and psychologically safe and meaningful engagement
- provide strategies for their staff to manage conflicting views and priorities and ensure the input of all consumers is recognised and valued
- provide guidance to other members of accreditation teams, committees and boards on the role of the health consumer or community member
- give a clear description of the consumer role/s being recruited for and include the expectations, criteria, skills and experiences of consumers, and
- provide resources for consumers to clarify their role and give background information relevant to their specific project. This should include tailored training, in varying formats to ensure that every consumer is supported to build their capacity for meaningful involvement, and mechanisms for consumers to debrief when required.

Remuneration and reimbursement

Consumers should be compensated for their expenses and time. Remuneration should be commensurate with the level of consumer involvement, the remuneration of other members/participants and subject to any relevant restrictions on their payment (e.g. employer representatives may be unable to accept payment).

Accreditation authorities should ensure that the payment process is accessible and easy to complete and payment is timely.

Principle 5: Diversity

A diverse range of consumers should be involved in accreditation to ensure person-centred processes accommodate the needs of different populations.

Accreditation authorities should involve a broad range of consumers t**o** facilitate diversity of input into the design and delivery of accreditation functions. These include:

- Aboriginal and Torres Strait Islander Peoples
- people living in rural or regi**o**nal areas of Australia
- people who are culturally and racially marginalised
- people with a disability
- older people
- young people
- lesbian, gay, bisexual, transgender, intersex**,** queer**,** asexual and other sexually or gender diverse (LGBTIQA+) people, and
- people with lived experience

Accreditation authorities should establish minimum requirements to ensure they involve health consumers as a consumer group.

The particular consumers involved may vary for different pieces of work. For example, governance committees may only involve one or two consumers, whereas standards development processes may seek to involve more consumers and from a range of backgrounds. Where health consumers or community representatives are involved at least two individuals should be included.

Appropriate strategies should be used to enable the involvement of all consumers, with genuine attempts made to hear the views to those hardest to reach. Strategies may include the use of videoconferencing, providing cultural and psychological safety training to staff working with consumers, making resources more accessible by providing translated and easy English information and using interpreters if required. Activities involving consumers should also be scheduled at times of the day that all consumers are able to attend, which could be outside of regular working hours.

Accreditation authorities should ensure the strategies they use to enable the involvement of Aboriginal and Torres Strait Islander Peoples are codesigned, based on self-determination and Indigenous led. This will support Aboriginal and Torres Strait Islander Peoples to:

- work in partnership with accreditation authorities to define problems and develop solutions[3]
- participate in decisions that affect their lives, including a formal recognition of their community identities
- have control over their lives and future including economic, social and cultural development[4].

[3] Adapted from NSW Government, Agency for Clinical Innovation, Accessed from https://aci.health.nsw.gov.au/projects/co-design, 3 October 2023.

[4] Adapted from Australian Human Rights Commission, Aboriginal and Torres Strait Islander Social Justice, accessed from https://humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/self-determination#:~:text=At%20its%20core%2C%20self%2Ddetermination,our%20own%20values%20and%20beliefs, 18 September 2023.

Case Study

Between 2020 and 2023 the Australian Medical Council (AMC) reviewed the *Standards for Assessment and Accreditation of Primary Medical Programs 2012.* These revised standards have been approved by the Medical Board of Australia and endorsed by the Medical Council of New Zealand. They will come into effect from 1 January 2024.

The review was informed by broad consultation with stakeholders to ensure proposed revisions were inclusive of a wide range of views. The stakeholders the AMC consulted with included education providers, learners, patient safety bodies, health services, the medical profession, education regulatory bodies, governments, health consumers the community, and other health professions.

The consultation process reflects the AMC's commitment, as highlighted in their Strategic Plan 2022-2028, to partnering with consumers, drawing on their expertise and lived experience to inform strategic projects and core business to be able to meet changing consumer expectations, and improving health experiences, outcomes and access. The AMC also strives to develop strong and mutually beneficial relationships and partnerships with Aboriginal, Torres Strait Islander and Māori partners, stakeholders and communities.

The AMC undertook a broad and deep consultation process, involving over 100 stakeholders and held multiple stakeholder meetings and focus groups. There were three rounds of written consultation; a focused First Nations only consultation and two open consultations, which each received at least 50 responses. The consultation approach was iterative and responsive to the feedback received.

The AMC worked with a consumer engagement peak body to hold six community focus groups that focused on the expectations of the standards. The AMC found that it was valuable to:

- engage with consumers early in the review and to work with experts in consumer engagement
- provide support for consumers to participate in the review process, including training, additional resources (including in different languages) and payment for their participation (gift cards)
- take time to build consumer relationships
- have flexibility in the way feedback is received to meet the needs of different consumers, for example through Yarning Circles for Aboriginal and Torres Strait Islander Peoples, by face-to-face and video meetings, and by phone, as well as through written submissions.

Engagement with Aboriginal and Torres Strait Islander Peoples was a particular strength of the AMC's approach. The AMC developed a shared sovereignty process with Aboriginal and Torres Strait Islander and Māori Peoples. This process was overseen by the AMC's Aboriginal and Torres Strait Islander and Māori Committee and involved a sub-group of this committee conducting culturally safe engagement. For example, the sub-group sought input from Aboriginal, Torres Strait Islander and Māori staff in medical schools through Aboriginal and Torres Strait Islander and Māori only Yarning Circles and from Aboriginal, Torres Strait Islander and Māori health peak bodies through targeted consultation. This resulted in standards that better reflect the needs of consumers and ensure culturally safe practice to improve health outcomes.

Principle 6: Timing

Consumers should be involved at an early stage of a project and communication should be maintained throughout the project.

Consumer involvement should be planned before a project starts to ensure consumers are involved when their contribution will be most meaningful. Involving consumers early will facilitate a clear understanding of the work being undertaken. Ensuring continuous involvement throughout a project will foster better relationships between consumers and accreditation authority staff.

Principle 7: Feedback

Feedback should be provided to consumers about the impact of their involvement.

The impact of consumer input should be shared both with those directly involved and the broader accreditation community, including evidence of how their input benefited the project. This will help foster relationships with consumers and build willingness to be involved in future projects.

Consumer involvement should also be evaluated to facilitate process improvements and ensure processes are aligned with these principles.