



## 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 These submissions will not be published on the website or elsewhere.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>	Malia Ho (Chairperson) and Sean Lanting (Vice Chairperson)
<b>Organisation name:</b>	Australasian Council of Podiatry Deans

Representation: Charles Sturt University, Central Queensland University, Charles Darwin University, La Trobe University, Monash University, University of Newcastle, Queensland University of Technology, Western Sydney University, University of South Australia, University of Western Australia, Australasian Council of Podiatric Surgeons.

## Your responses to the consultation questions

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

Section 3. Defining consumers in the context of these principles

Indirectly involved consumers – It is good to see a broad range of consumers included. With the emphasis on collaborative care, the inclusion of health professionals from another profession that may work collaboratively as part of a healthcare team, could be considered.

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

Section 4. Principles to strengthen consumer involvement in accreditation

Principle 2: Recruitment – This is well articulated. The Accreditation Committee should be aware of possible implementation issues regarding ensuring all consumers are identified and afforded invitation to be involved. For example, are effective strategies in place to ensure involvement of students, consumers from marginalised groups, and other consumers of Health? The ability to identify suitable candidates from these consumer groups will require an effective strategy.

Similarly, where stakeholders have a unified voice or capacity to present a unified voice, the ability to engage in a way that reflects those groups is considerably straightforward. Where consumer groups are less-unified and significant diversity in opinion and lived experience exists, strategies should be employed to ensure this diversity of opinion is reflected.

Whilst the accreditation authorities seek to clarify expectations, criteria and skills of the consumer, the authorities must be prepared to respond to a potential consumer who may NOT meet the expectation, skills and experience and therefore needs to be excluded. Whilst the aim is to be as inclusive as possible, it should be made clear who assesses the eligibility especially if the consumer self-assesses themselves to be eligible/ suitable. Careful consideration needs to be taken regarding how this is communicated to the consumer/ consumer group.

Principle 4: Support

Remuneration and reimbursement

Whilst it is good that consumers are remunerated for their time, care should be taken that remuneration is fair and will not introduce bias into their decision to participate, or in the feedback provided.

Principle 6: Timing

Whilst it is good to involve consumers at an early stage and throughout the project. it is likely that there may be a high attrition rate depending on the continuous availability of the consumer and the length of the project and consultation. Contingency plans could be put in place to mitigate this at an early stage.

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

Section 4. Principles to strengthen consumer involvement in accreditation

Principle 5: Diversity – *‘Where health consumers or community representatives are involved at least two individuals should be included’.*

This principle elaborates mechanisms to ensure consumer involvement, such as co-design, use of interpreters, and considering time-of-day consultation. There may be possible unintended consequence of under-representing particular consumer groups’ voices. Methods of pooling contributions from larger number of a particular consumer group could be considered, where appropriate. The consideration for example of focus groups and Yarning may be useful in certain circumstances.

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

The draft proposed principles are clear and the objective to include consumer feedback in the accreditation process is commendable.