

Public consultation on the proposed initial glossary of accreditation terms

By email: accreditation.policy@ahpra.gov.au

28 June 2023

Avant's submission to public consultation on the proposed initial glossary of accreditation terms

Avant is a member-owned doctors' organisation and Australia's largest medical indemnity insurer, committed to supporting a sustainable health system that provides quality care to the Australian community. Avant provides professional indemnity insurance and legal advice and assistance to more than 82,000 healthcare practitioners and students around Australia (more than half of Australia's medical practitioners). Our members are from all medical specialities and career stages and from every state and territory in Australia.

We assist members in civil litigation, professional conduct matters, coronial matters and a range of other matters. We have a Medico-legal Advisory Service that provides support and advice to members and insured medical practices when they encounter medico-legal issues. We aim to promote quality, safety and professionalism in medical practice through advocacy, education and medico-legal education.

Avant welcomes the opportunity to provide feedback on the initial glossary of accreditation terms. We agree with the importance of having shared language to limit confusion and provide clarity for healthcare providers. As such, we consider that that it would be ideal for there to be consistency between this proposed glossary and terms already defined by the Australia Commission of Safety and Quality in health care (ACSQHC). In particular, we consider that use of the term 'patient' is not interchangeable with 'consumer', and should be retained and appropriately defined and/or appropriately recognised in the definition of consumer.

If further information is required in relation to this submission, please contact [REDACTED], General Manager, Advocacy, Education and Research at Avant on [REDACTED]

Yours sincerely



Dr Michael Wright
Chief Medical Officer, Avant

Response template

This response template is the preferred way to provide your response to the public consultation on the draft proposed **initial glossary of accreditation terms**.

Please provide any feedback in this document, including your responses to all or some of 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 send to accreditation.policy@ahpra.gov.au using the subject line '*Feedback – public consultation on glossary of accreditation terms*'. **Submissions are due by COB 23 June 2023.**

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 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:	[REDACTED]
Organisation Name:	Avant Mutual

Your responses to the consultation questions

1. Do you have any comments on the terms and/or meanings in Table 1 of the draft proposed initial glossary?	
Please add your comments to the following table and add a new row for each term you have a comment for.	
Term	Comments or suggested edits
Consumer	<p>The various alternatives listed for the term 'consumer' as it is defined are not interchangeable, particularly the term 'patient'. Patient is a definitive term already widely used, understood and accepted amongst medical professionals and the public. The relationship of doctor-consumer is different to that of doctor-patient and the therapeutic nature of the latter should be recognised and retained in terminology used. Research has shown that 'patient' is the term that is preferred by the vast majority of healthcare recipients ('Patient, client, consumer, survivor or other alternatives? A scoping review of preferred terms for labelling individuals who access healthcare across settings' BMJ Open, 2019, 9(3)).</p> <p>If 'consumer' is retained, we consider that any inclusion and definition of the term 'consumer' is best explained in the same terms as the existing ACSQHC definition. While the proposed meaning and source reference the ACSQHC definition and state that it has been adapted from that definition, it is in fact significantly different. We note that the ACSQHC definition states a consumer is a 'Patient, potential patient, carer or organisation representing consumer interest' and more appropriately captures the patient and consumer concepts.</p>
Person-centred care	<p>We support the concept of patient-centred care and person-centred care. It is important that these concepts are positioned within a patient safety framework. Any meaning should acknowledge that a patient/person-centred approach is to be applied within the limits of appropriate clinical care. We suggest some additional wording be included in the proposed meaning, for example by amending the final sentence to read "...to share decisions and plan care, whilst recognising that patient safety remains paramount." We note that the ACSQHC acknowledges the importance of patient safety within its concept of person-centred care and for consistency, this should be included in the glossary.</p>
Virtual care	<p>There is potential for this term to be confusing and interpreted as referring to care that is not actually provided in real time by a health service provider, rather than care that is provided using technology. We consider that mention of the term 'telehealth' should be included in the proposed meaning. This is consistent with the source document listed and also with the widely used terminology (for example in the Medical Board of Australia's revised 'Guidelines: Telehealth consultations with patients', recently released and effective from 1 September 2023).</p>

Woman-centred practice/care	We recognise that in healthcare settings, woman-centred practice/care is important and appropriate. We note that the sources for this term are the Accreditation Standards for Registered Nurses and Midwives (2019 and 2021 respectively) from the Australian Nursing & Midwifery Accreditation Council and acknowledge there may be some history to separately defining this term. Given the term 'woman-centred practice/care' is included as an alternative term in the glossary for person-centred care', we suggest that this term would benefit from further information regarding its inclusion as a separate term from 'person-centred care'.
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2. Are there any other terms you believe may be relevant to the areas of the committee's advice and that you would like to see included in a future version of the glossary?
As mentioned in section 1 above, we consider that the term 'patient' should be included in the glossary instead of 'consumer' and/or any definition of 'consumer' should be consistent with the existing ACSQHC definition.

3. Do you have any general comments or other feedback about the draft proposed initial glossary?
We agree with the importance of having shared language to limit confusion and provide clarity for healthcare providers. As such, we consider that that it would be ideal for there to be consistency between this proposed glossary and terms already defined by the Australia Commission of Safety and Quality in Health Care (ACSQHC) in the first instance.