



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 These submissions will not be published on the website or elsewhere.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:	Professor Donna Waters (on behalf of)
Organisation name:	Sydney Nursing School, The University of Sydney

Your responses to the consultation questions

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

Thank you for the opportunity to comment on the draft principles for strengthening the involvement of consumers in health professional accreditation.

Defining consumers

Broadening the definition of consumers is fully supported, however, the creation of a distinction between those who are 'directly' and 'indirectly' involved is somewhat confusing in the context of strengthening consumer engagement.

For example, the IAP2 spectrum is a useful guide for decisions about empowering consumers as consultants in health education 'processes' but completely ignores the role of health consumers as active educators and partners in the direct delivery of care. Health consumers are central to student education and training in relation to student professional placements, therefore, categorisation of health consumers as being 'indirectly involved' in health care accreditation systems does not appear to reflect the true intent of the Principles.

Dominant language

Given the intent of the Principles is to promote equity in meaningful consumer participation, language such as 'Accreditation authorities *should*....', 'Accreditation authorities *may*....', for example, suggests a somewhat one-sided and dominant approach. Alignment of language and tone to reflect the aims of the Principles could be, for example:

Principle 1: 'Accreditation authorities and consumers *collectively decide* structures, processes and policies that support consumers to be involved at all levels'.

Similarly in Principle 2: Is it not the role of consumers to recommend which groups or groups are appropriate for what is required, *in partnership* with the accreditation authority?

Principle 4: We fully support the intent to appropriately train and compensate consumers for their time and expertise and again suggest:

- a) Greater use of positive language e.g. 'consumers *are given*....', 'staff *are supported to*....'
- b) Remuneration should not only be commensurate with the 'level' of consumer involvement (however that is defined?), but also acknowledge other factors such as inequities in valuing the time of unpaid carers.

Communicating with Consumers: Principles 3 & 6

These Principles importantly respect health consumers by ensuring clarity around the reasons for, and the extent of, their involvement, and what they can expect as outcomes of participation.

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

As there will be variation in how the principles are interpreted, the IAP2 framework is useful in offering examples for how an education provider might demonstrate implementation of the principles.

Decisions on appropriate representation across diverse populations should be led by consumers themselves. What if 'minimum requirements' for diversity are simply not possible to meet? What consequences are there for the education provider in not being able to implement the full suite of Principles?

The training of 'available' consumers has occasionally led to unintended consequences in the representation of marginalized groups. Will the requirement to demonstrate implementation of all Principles lead to seeking 'any' representation rather than appropriate representation?

Principle 7 Feedback: How will Ahpra know whether implementation of the principles has been successful in increasing/strengthening the involvement of consumers in accreditation when consumer involvement is already implemented to various extents across different contexts? What plans are there to evaluate success and measure outcomes?

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

Potential to stifle creativity and reflexivity in consumer engagement by focussing on adherence to the principles rather than consumer-identified needs.

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

Sydney Nursing School welcomes the intent of Ahpra to strengthen the involvement of consumers in accreditation and is excited to discuss ways to ensure implementation of the Principles is truly meaningful for all consumers.