

Report on public consultation

Strengthening the involvement of consumers in accreditation

June 2024

Overview of public consultation

Background

Public consultation on the Accreditation Committee's (the committee's) *Proposed principles for strengthening the involvement of consumers in accreditation* commenced on 9 February 2024 and closed on 18 April 2024. The purpose of public consultation was to provide an opportunity for input from all interested stakeholders following preliminary consultation which took place between July and September 2023.

Twenty-eight stakeholders responded to the consultation which asked the following questions:

1. Does any content need to be added or amended in the draft proposed principles?
2. Are there any implementation issues the Accreditation Committee should be aware of?
3. Are there any potential unintended consequences of the draft principles?
4. Do you have any general comments or feedback about the draft proposed principles?

Who we heard from

Stakeholder Group	Number of submissions
Accreditation authorities <i>This includes a combined response from the Health Professions Accreditation Collaborative Forum (HPACF) and five responses from individual accreditation authorities.</i>	6
Jurisdictions	4
Professional associations	6
Education providers	6
Co-regulators	3
Aboriginal and Torres Strait Islander stakeholder group	1
Peak bodies	1
National Health Practitioner Ombudsman	1
Total	28

Summary of feedback received

Comments on the current proposed principles

Respondents were overwhelmingly supportive of the committee's commitment to strengthening the involvement of consumers in accreditation.

The Committee [is commended] on the changes made to the draft proposed principles following preliminary consultation on this topic. The guidance is considered comprehensive, and the layout of the document is very user-friendly, especially with respect to the principles themselves. (Accreditation authority)

Thank you for generating a document in plain English that is fit-for-purpose. The purpose is transparent, the context is clearly defined, and strategies are well articulated. (Accreditation authority)

There were three comments on the definition of consumers from an accreditation authority, education provider and a co-regulator. One stakeholder considered that the distinction between directly and indirectly involved consumers was confusing (although another stakeholder found this helpful); one stakeholder suggested adopting the definition from the Committee's glossary of terms and another commented that the definition should be reviewed to ensure it is comprehensive and inclusive.

[I] find the two definitions very helpful i.e. directly involved consumers and indirectly involved consumers but would argue, although a good way to classify consumer involvement they could also contribute to entrenching silos. (co-regulator)

Table 1 Accreditation consumer involvement spectrum (page 5 of 10) offers a very helpful frame to ensure the two definitions of consumer involvement and seven principles avoid becoming siloed (co-regulator)

Comments about implementation of the principles

Five respondents, including professional associations, accreditation authorities and education providers considered that resourcing and the capacity of staff to increase the involvement of consumers in accreditation would be a significant issue for accreditation authorities and questioned whether National Boards would provide additional funding to support these activities.

Five respondents, including accreditation authorities, education providers, and jurisdictions agreed that strengthening the involvement of consumers could also provide greater opportunities for interprofessional collaboration – for example, this could include sharing good practice, undertaking joint consultations on issues of mutual interest (which would also help to avoid consumer fatigue) and including health practitioners from another profession or staff from other accreditation authorities as consumers.

To develop in graduates the mindset needed for person-centred care, most accreditation standards include inter-professional learning and practice. This necessarily makes one Ahpra-related accreditation council a consumer for all other Ahpra-related accreditation councils. (Accreditation authority)

Three stakeholders, including two accreditation authorities and a jurisdiction suggested that further guidance on the implementation of the principles would be helpful, such as a framework or matrix on how to involve consumers. An accreditation authority also suggested that accreditation authorities should be encouraged to develop their own consumer frameworks.

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. A Framework could then include the strategies identified in Principle 1 and could further increase the intent and purpose of the principle. (Accreditation authority)

[We] believe there would be value in articulating a separate strategy regarding how to undertake this work. [We] believe that there should be concurrent strategies rolled out for accreditation bodies to grow internal capability and capacity with respect to best practice approaches to consumer involvement and engagement. (Jurisdiction)

Comments about potential unintended consequences

Three submissions, including from education providers and a professional association noted that the principles should acknowledge potential biases that may influence the outcomes of consumer involvement. For example, in the recruitment of consumers that may be conflicted or have specific agendas or ensuring that remuneration does not introduce bias in a decision to participate or in the feedback provided. These stakeholders stated that measures to mitigate bias and ensure integrity and impartiality must be in place, such as independent oversight of consumer involvement.

Consumers involved in accreditation activities may have biases or conflicts of interest that influence their perspectives or decision-making. For example, consumers representing specific professions or organisations or interest groups may prioritise their agenda over broader stakeholder interests. (Professional association)

Bias in the recruitment, training and support of consumers would appear to be a risk, especially if there is a dearth of candidates. Independent oversight may ensure that Ahpra... can be confident that accreditation authorities do not have conscious/unconscious bias in the consumer representatives. (Education provider)

Four respondents, including a peak body, Aboriginal and Torres Strait Islander stakeholder group, accreditation authority and a jurisdiction considered an unintended consequence as reinforcing structural power imbalances. Organisational culture, consumer partnerships with diverse groups and the selection of appropriate consumers will be key to ensuring meaningful involvement.

Accreditation structures, processes and policies need to support equity in consumer involvement and recognise power imbalances that can create barriers to participation. (Aboriginal and Torres Strait Islander stakeholder group)

[The document] does not address the inherent power differentials between consumers and accreditation authorities. Consumers, especially those from marginalised groups, may not have the resources, knowledge, or institutional support to effectively influence accreditation processes. Without addressing these structural imbalances, the principles risk reinforcing existing power dynamics rather than empowering consumers. (Jurisdiction)

Suggestions about additions to the principles

Five respondents, including education providers, jurisdictions, accreditation authorities and professional associations suggested that monitoring and reporting on the success of the principles and the increase in consumer involvement in accreditation should be addressed, including how outcomes will be measured. It was recommended that benchmarks for assessing the impact of consumer involvement on accreditation outcomes should be clear and that *"metrics [should] reflect changes in accreditation standards, processes and outcomes [that are] directly attributable to consumer input"* (Jurisdiction)

Three respondents, including an accreditation authority, co-regulator and professional association suggested that the principles should include a statement relating to tokenism, regarding authentic involvement of consumers, and the level of remuneration.

Two submissions, both from professional associations, suggested including a statement on legal and ethical requirements such as confidentiality and consent, including consumers' consent to participate.

Two stakeholders, a jurisdiction and Aboriginal and Torres Strait Islander stakeholder group suggested referencing the National Agreement on Closing the Gap.

There were two suggestions from a professional association and a co-regulator to include recent graduates of accredited programs as an additional directly involved consumer group, and three submissions, including from a co-regulator, professional association and accreditation authority noted an omission to include women as a stakeholder group in principle 5.