

Public consultation report on the proposed initial glossary of accreditation terms

October 2023

About us

The Accreditation Committee (the Committee) was established in 2021, consistent with [Ministerial Council Policy Direction 2020-1-Independent Accreditation Committee](#). The Committee gives independent and expert advice on accreditation reform and other 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.

The Committee agreed to an [Initial Work Plan](#) that included work on a proposed initial glossary of accreditation terms. The purpose of the proposed initial glossary is to establish a shared language and understanding of the terms used in the Committee's advice. The proposed initial glossary builds on terms already defined in the National Law and the [Health Professions Accreditation Collaborative Forum \(HPACF\)'s Glossary of Terms for annual program monitoring reports](#).

Background

In March 2022 the Committee established a joint HPACF-Ahpra working group to develop the proposed initial glossary. The joint working group met seven times across 2022/23 to develop the proposed initial glossary and to consider the feedback received during consultation with stakeholders.

Two periods of consultation were undertaken. First, a confidential preliminary phase of consultation on the proposed initial glossary to seek feedback from the HPACF and other key stakeholders before public consultation. The preliminary consultation phase occurred from 19 January 2023 to 8 March 2023. This was followed by the public consultation on the proposed initial glossary, which opened on 26 April 2023 and closed on 23 June 2023. There was a modest response to the public consultation with 22 stakeholders providing a response.

Respondents were asked to comment on the terms and meanings provided in the proposed initial glossary and to suggest any other terms that may be relevant to the areas of the Committee's advice. Respondents were also asked what they would like to see included in a future tranche of the glossary.

This document reports the feedback collected from the 22 responses received.

How we consulted

The Accreditation Committee invited stakeholders, health practitioners, members of the public, employers and other health system partners to provide feedback on the proposed initial glossary. Ahpra promoted the consultation through targeted emails, a published news item on the Ahpra website, and a social media campaign to raise awareness of the consultation. We accepted submissions via email.

Who we heard from

The 22 submissions received were from:

Stakeholder group	Number of submissions
Accreditation authorities	4

Government departments/agencies	7
Other regulators	2
Professional indemnity insurers	1
National boards	1
Peak bodies	4
Professional associations	3
Total	22

What we heard

Overall, feedback received from stakeholders on the proposed initial glossary was overwhelmingly supportive. Some stakeholders said:

“This is an excellent initiative and one that will provide clarity through shared understanding”

“...would like to compliment the Accreditation Committee on the changes made to the proposed initial glossary of terms following its preliminary consultation on this topic. Contemporisation of a number of terms is especially commended, as this should ensure their longevity...”

Most stakeholders provided detailed feedback on specific terms and meanings within the proposed initial glossary. Comments were received for all terms in the proposed initial glossary.

The following terms received the most feedback from stakeholders:

- Clinical placement (feedback from *nine* stakeholders)
- Clinical supervisor (feedback from *10* stakeholders)

There were no prominent themes that emerged from public consultation feedback across all terms. The majority of feedback consisted of individual comments on particular terms/meanings and usually from a profession-specific perspective. However, some minor themes were identified for a couple of terms, these include updating the term/meaning to reflect a more current source, addition of new sub-terms and re-considering the main term used for some meanings. Stakeholders also made some general comments on the proposed initial glossary, including suggested amendments to wording about the proposed initial glossary and considerations for future versions of the glossary.

Stakeholders suggested several additional terms for inclusion in future versions of the glossary. However, most of these are unlikely to be used in the Committee’s planned work. If these terms are used and defined in the Committee’s work as it evolves, then the relevant terms and meanings could be added to the glossary after consultation.

Next steps

The Committee made changes to the proposed initial glossary terms and meanings based on public consultation feedback. As the feedback was supportive, the Committee has finalised and published the proposed initial glossary.

Terms and meanings will be added to the glossary as the Committee’s work evolves and new terms are defined in its work.