

Appendix A: Response template for draft principles for the use of outcome-based approaches to accreditation – Preliminary consultation

March 2025

This response template is the preferred way to submit your feedback to the preliminary consultation on the draft **principles for the use of outcome-based approaches to accreditation**.

Please provide any feedback, 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: Preliminary consultation on principles for the use of outcome-based approaches to accreditation'.

Consultation closes on 7 May 2025

Publication of submissions

The preliminary consultation period is confidential, and submissions will not be published.

Initial questions
<i>To help us better understand your situation and the context of your feedback please provide us with some details about you. These details will not be published in any summary of the collated feedback from this consultation.</i>
Question A
Are you completing this submission on behalf of an organisation or as an individual?
Your answer: <input checked="" type="checkbox"/> Organisation Name of organisation: Australian and New Zealand College of Anaesthetists (ANZCA) Contact email: Dr Leona Wilson FANZCA, Executive Director, Professional Affairs: lwilson@anzca.org.nz <input type="checkbox"/> Myself Name: <u>Click or tap here to enter text.</u> Contact email: <u>Click or tap here to enter text.</u>
Question B

If you are completing this submission as an individual, are you:

☐ A registered health practitioner?

Profession: [Click or tap here to enter text.](#)

☐ Other: [Click or tap here to enter text.](#)

Your responses to the consultation questions

Principles for the use of outcome-based approaches to accreditation

Question 1: Does any content need to be added or amended in the draft principles for the use of outcome-based approaches to accreditation?

Two areas of content should be explicit – one patient centred and culturally safe care, the other is equitable care. Currently there is nothing that reflects relationships at a health practitioner-patient level, though they are potentially implied within the term ‘high quality healthcare’. This may be included in Figure 1 and the preceding dot points. Minority groups, marginalised communities, first nations people should be part of the consultation alluded to in Principle 1.

One suggestion is adding to the principle ‘contributing to the provision of high-quality health care’ *that is patient centred, culturally safe and equitable*.

Question 2: Are the case studies helpful in illustrating the principles? Are there additional case studies that it would be beneficial to include?

The illustrative case study for principle 1 doesn’t seem as helpful as it could be. Perhaps a case study that more explicitly explains the ‘risk-based approach to assessment’ may be useful (this needs some explanation)

Question 3: Are there any implementation issues the Accreditation Committee should be aware of?

Question 4: Are there any potential unintended consequences of the draft principles?

Ensuring that professional capabilities in accreditation are specific and measurable (principle 1) could have unintended consequences, e.g. some important professional capabilities may be hard to measure so there will be a focus on more mundane or technical capabilities that can be counted and the essential elements of an ideal practitioner are missed out.

Question 5: Do you have any general comments or feedback about the draft proposed principles?

- ANZCA is generally supportive of the principles and considers they are heading in a good direction.
- Figure 1 is a useful model, especially if adding in the patient as above. Perhaps include more succinct and consistent language re ‘to apply to register for’, this could be ‘Graduating students with the knowledge, skills and attributes for registration for practice’, or ‘the necessary knowledge, skills and attributes’. This could also be mirrored in the dot points preceding Figure 1.

- Middle of page 4: change principle to principal.
- Consistent language would be helpful - i.e. professional attributes v professional capabilities are used interchangeably in parts. For example, their capabilities in regard to knowledge, skills and professional attributes.
- The following is definitely true: "There are some circumstances where an outcomes-based approach may not be appropriate as a standalone approach. Indicators of outcomes may not be well established, or difficult to measure". There isn't a good measure of 'the good doctor' and rely almost entirely on process measures (e.g. assessments, training processes, compliance etc.) and absence of bad events. This is extremely problematic and maybe difficult to articulate and agree.