

AEHA GUIDE TO IMPLEMENTING THE AUSTRALIAN CONSENSUS FRAMEWORK FOR ETHICAL COLLABORATION IN THE HEALTHCARE SECTOR

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PREAMBLE

The Australian Ethical Health Alliance was formed in 2019 to promote the implementation of the ACF. More specifically, the Australian Ethical Health Alliance seeks to facilitate ethical behaviour at the organisational level, provide general guidance to organisations, and encourage and monitor reporting of activities directly related to the principles outlined in the ACF.

The Australian healthcare system is of high quality and integrity and is respected globally. This is evident in the exceptional outcomes of the care provided by Australian health services and practitioners, the opportunities for health education, the believed strength of the health work force, the high global standing of Australian health and biomedical research, and the renowned processes that are in place for the regulation and subsidisation of health technologies.

Despite the Australian healthcare system providing excellent outcomes for the community, it is currently facing a number of persisting and newly emerging challenges. These include: significant fragmentation of healthcare delivery due, in part, to complexities involved in working in a federal system of government, funding and delivery of healthcare between the public and private sector, the ongoing inequitable access to healthcare experienced by different communities and populations of patients, the increasing costs of care and increasing out-of-pocket healthcare expenses experienced by patients and their families, ongoing limitations of funding available for research, and increasing personal and professional difficulties faced by health practitioners in delivering healthcare to their patients and to the community more broadly.

As a consequence of these challenges, it is increasingly apparent that there is a growing erosion of trust in the design and delivery of healthcare including the health professions, scientific community, healthcare industries, government and consumer groups. In addition to this, the social values of health sector stakeholders are being questioned due to a perceived lack of leadership, transparency, and accountability, conflicts of interest, regulatory failures and power imbalances.

Continuing to deliver high-quality healthcare is an important social good that people rely on for their survival, security and flourishing. Access to high-quality healthcare is also an important mediator of justice in the community to which all are committed and have a stake. The challenges identified within the health sector thus require social and ethical solutions that are not only the responsibility of individuals, but also of organisations that are required to collaborate for common good and mutual benefit.

Since 2010, the Asia Pacific Economic Cooperation (APEC) has supported the development of statements articulating ethical principles for business and the healthcare sector in order to maximise the interest of patients and consumers, enhance access to safe and effective healthcare and build public trust. In an effort to achieve this within Australia, the *Australian Consensus Framework for Ethical Collaboration in the Healthcare Sector* (ACF) was developed in 2018 and has been endorsed by almost all of the Australian federal, state and territory health ministers. It was developed in collaboration with a host of Australian professional health bodies, industry organisations, hospital and health services associations, regulators, patient and advocacy groups and other related organisations.



AUSTRALIAN CONSENSUS FRAMEWORK FOR ETHICAL COLLABORATION IN THE HEALTHCARE SECTOR

The ACF describes the values and ethical principles that should form the basis of collaboration and interaction among organisations in the health sector. These principles aim to:

- Promote collaboration and interaction among healthcare sector organisations and those who work within them that benefits patients, consumers, communities, populations, healthcare systems and the healthcare sector.
- Encourage dialogue, trust and respect between and amongst organisations in the healthcare sector.
- Enhance the integrity and trustworthiness of organisations in the healthcare sector.
- Promote public confidence and trust in healthcare sector organisations by demonstrating a shared commitment to integrity and ethics.

While the ACF principles are fundamental and integral to the activities of all organisations in the health sector, they may be more or less salient in different contexts, and may be specified and balanced in different ways by different organisations.

Substantive principles

Those working together and/or making collaborative judgements and decisions should give due consideration to:

- Benefit and welfare: Acting in ways that advance the health, wellbeing and interests of patients, consumers, communities, populations, healthcare systems and the healthcare sector, and that avoid or minimise harm.
- **Justice:** Fair distribution of access, opportunities, and privileges, and reduction of socio-political and economic inequity. Justice also refers to fairness in the processes that allocate resources and resolve disputes.
- Respect for patients, consumers, communities, students, educators, colleagues and organisations: All interactions and activities are respectful of the dignity, worth, rights, beliefs, values, preferences, customs and cultural heritage of all involved.
- **Solidarity:** A collective commitment to equitably sharing costs and benefits for the good of a group, community, nation or global population.
- Effectiveness, efficiency, safety, sustainability: Continuous commitment to improving outcomes in healthcare through promotion of responsible innovation, generation and utilisation of evidence, economic cooperation, reduction of waste, and productive utilisation of limited resources.



Procedural principles

Collaborations and interactions should be characterised by:

- **Honesty:** Those engaged in collaborations are truthful in all their interactions.
- **Integrity:** Those engaged in collaborations are alert to competing and conflicting personal, professional and organisational interests and to the management of bias.
- Reflexivity: There is ongoing critical reflection on the values, principles and evidence underpinning collaborative judgments and actions.
- **Transparency:** The processes of collaboration, and the values, principles and evidence upon which decisions are made, are open to scrutiny.
- **Inclusiveness and shared understanding**: All relevant stakeholders should participate in collaborations in order to learn from one another and work together respectfully to generate mutually agreed outcomes.
- Responsibility and accountability: Those involved in collaborative processes take responsibility for, are able to explain, and are accountable for, their actions and decisions.
- **Reasonableness:** Those involved in collaborations act, and make decisions, on the basis of rationales that are widely accepted as relevant and fair.
- **Testability:** The judgments and decisions made by those engaging in collaboration are open to independent verification and revision.
- **Revisability**: There are procedures in place for appeals and for revising collaborative judgments and decisions in the light of challenges to them.
- **Oversight:** There are mechanisms in place to ensure that the principles described above are given due consideration.



SUGGESTED ACTIVITIES FOR IMPLEMENTATION OF THE ACF PRINCIPLES

The principles outlined in the ACF can be translated into a wide variety of practical activites that can be used by member organisations to guide both their own internal processes and their outward-facing activities.

Different activities will be more or less useful to different organisations depending upon their membership, structure and remit. The following activities provide some suggestions as to how organisations might align their practices and policies with the ACF principles. They are suggestions only and, therefore, member organisations may wish to tailor some or all of the implementation activities to their own needs. Member organisations are encouraged to implement as many of the activities as possible, and to generate their own implementation activities (which can be shared with other member organisations).

Activity 1

 Ensure that ACF principles are reflected in the organisation's strategy, for example: values, mission statements and vision.

Activity 2

 Identify existing organisational policies and processes that are not consistent with ACF principles and amend accordingly.

Activity 3

 Review organisational culture (by, for example, specific audit of staff morale and relationships) and identify where culture change is necessary in order to promote alignment with ACF principles; develop or revise a code of conduct and/or culture-change program that is consistent with the ACF principles.

Activity 4

Establish standing meeting agenda items related to ACF principles.

Activity 5

o Integrate the ACF principles into all internal communications, including new stakeholder/employee inductions and training courses.

Activity 6

 Facilitate education relevant to ACF principles and support staff attendance at relevant events (such as the Alliance's annual workshop, governance conferences etc).

Activity 7

 Ensure that public communications (e.g. publications, speeches and presentations) are consistent with the ACF principles.



Activity 8

 Initiate and sustain reflective discourse about ACF principles at board and staff level.

Activity 9

Use the ACF principles when engaging with other organisations.

Activity 10

 Establish mechanisms to support and monitor the ongoing implementation of the ACF principles and to enable continuous practice improvement.

Activity 11

 Complete the Annual Australian Ethical Health Alliance Self-Evaluation Form (below).

Activity 12

 Provide guidance to constituents/members about the ACF principles and how they might implement them in their own policies and activities.



MONITORING PROGRESS

All member organisations are asked to submit an annual self-evaluation form – via members@ethicalhealth.org.au – to be shared amongst member organisations.

In addition to these annual self-evaluations, member organisations may wish to outline their progress or describe their plans at regular checkpoints throughout a year.

Each annual submission should be an extension of the previous submission – ie member organisations are asked to add comments in the 'Progress to date' column following their previous year's submission (not overriding) so that developments can be tracked from year to year.

An AEHA completion certificate will be provided following successful completion of the *Self-Evaluation Form*.

ANNUAL AUSTRALIAN ETHICAL HEALTH ALLIANCE SELF-EVALUATION FORM

Date
Evaluation period (calendar year)
Organisation/company name:
Evaluating person's name:
Organisation/company role:
Email:
Phone:

IMPLEMENTATION ACTIVITY	PROGRESS TO DATE
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Activity 2 Identify existing organisational policies and processes that are not consistent with ACF principles and amend accordingly.	



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Activity 8 Initiate reflective discourse about ACF principles at board and staff level.	
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Activity 11 Complete the Annual Australian Ethical Health Alliance Self-Evaluation Form.	



Activity 12 Provide guidance to constituents/members about the ACF principles and how they might	
implement them in their own policies and activities.	
Other	
Where has the most progress been made	in implementing the ACF principles?
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What areas of your organisation/company	need further improvement?