

**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 activities 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 self-evaluation tablee 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).

Existing policies, guidelines, codes and processes might be broadly consistent with ACF principles, even if the ACF was not used in their development. The important thing here, is that the principles outlined in the ACF are broadly captured in existing documents and processes.

If any of the activities are not applicable to a particular organisation, this can simply be indicated and explained.

## MONITORING PROGRESS

All member organisations are asked to submit an annual self-evaluation form – via [members@ethicalhealth.org.au](mailto: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

<b>Date:</b> 23 December 2021
<b>Evaluation period (calendar year):</b> 2021
<b>Organisation/company name:</b> Royal Australasian College of Surgeons
<b>Evaluating person’s name:</b> John Biviano
<b>Organisation/company role:</b> Chief Executive Officer
<b>Email:</b> <a href="mailto:mark.morgan@surgeons.org">mark.morgan@surgeons.org</a>
<b>Phone:</b> 08 8239 1000

Category 1:

**We have ensured that ACF principles are incorporated into our processes, policies, guidelines and statements.**

<b>Exemplars from AEHA organisations</b>		
<ul style="list-style-type: none"> <li>• The ACF principles are reflected (explicitly or implicitly) in               <ul style="list-style-type: none"> <li>▪ <b>Over-arching policies, processes, statements</b> e.g., Vision; Mission statement; Strategic plan; Priorities; Code of Conduct; Code of Practice; Constitution; Values statements; Code of Ethics; Privacy policies</li> <li>▪ <b>Specific procedures</b> e.g., Governance Processes; Committee terms of reference; Internal delegations; Recruitment processes; Decision-making processes (including but not limited to explicitly “ethical” decisions); Procurement processes</li> <li>▪ <b>External industry, professional or government policies, processes and statements</b> that the organisation is a signatory to.</li> </ul> </li> <li>• Policies, processes and statements that are not consistent with ACF are identified and amended accordingly</li> <li>• There are standing agenda items related to ACF principles at all meetings</li> <li>• There is a staff member or committee that is explicitly tasked with ensuring that ACF principles (or similar) are reflected in the organisation’s policies, processes and statements</li> </ul>		
<b>Processes currently in place</b>	<b>Developments since last report</b>	<b>Goals for next 12 months</b>
<p>The ACF principles are reflected in RACS' values mission statement and vision, as well as the College's constitution and Fellows' Code of Conduct. These are all made public through the RACS website. The College is willing for these to be shared with other members.</p>	N/A	N/A
<p><b>Do you have any resources relevant to this activity category that you would be willing to share with other AEHA members?</b></p> <p>As highlighted above, the College maintains an <a href="#">existing vision, mission, values and constitution</a>. We also take a transparent approach to reporting on our progress in relation to ethical matters and we publish a number of comprehensive resources which are available through the RACS website, and also sent to our members.</p> <p>These resources include (but are not limited to):</p> <ul style="list-style-type: none"> <li>• RACS Indigenous Health Position Paper</li> <li>• RACS Annual report</li> <li>• The annual Building Respect and Improving Patient Safety Progress Report</li> </ul>		

- Biennial Diversity and Inclusion Plan progress update.

We would be happy for these (and other publicly available materials) to be made available to and shared with AEHA member organisations if this would be of benefit.

## Category 2:

**We have reviewed our organisational culture to identify where culture change is necessary in order to promote alignment with ACF principles (beyond the formal culture-shaping policies and processes described in Activity 1).**

<b>Exemplars from AEHA organisations</b>		
<ul style="list-style-type: none"> <li>• Culture surveys are conducted internally or by an external organisation; findings are presented to and acted on by relevant parties</li> <li>• Initiatives and processes are in place to support positive culture e.g., gender; diversity and inclusion; respect; staff support; cultural competency; discrimination; bullying and harassment</li> <li>• Criteria are in place to ensure that prospective employees, officers and members of the organisation are educated about and express a commitment to professional and ethical behaviours expected of them</li> <li>• Groups or networks are established within the organisation to support a positive culture and initiate cultural change where necessary</li> <li>• Organisation has policies and processes for culture development that reflect ACF principles</li> <li>• There is a staff member or committee that is explicitly tasked with ensuring that the organisation's culture aligns with the ACF</li> </ul>		
<b>Processes currently in place</b>	<b>Developments since last report</b>	<b>Goals for next 12 months</b>
<p>RACS has invested significant time and resources into mandatory training for its members to promote a respectful culture in the practice of surgery.</p> <p>In 2016 RACS created its first Diversity and Inclusion Plan. We made this specific commitment as part of our wider work to build a culture of respect in surgery. The RACS Diversity and Inclusion Plan sets five</p>	<p>1. In 2018, RACS engaged evaluation professionals Thread Consulting to prepare a comprehensive evaluation framework for the <i>Building Respect Improving Patient Safety Initiative</i>. This framework enables RACS to assess the reach and impact of the Building Respect Initiative over the short, medium and long term (at the 3, 5 and 10 year marks). Implementation of Phase 1 of the evaluation framework commenced in November 2018; the final</p>	<p>1. The findings and recommendations of both phases of evaluation (as highlighted in column 2) have been presented to a newly convened Expert Advisory Group 2021, whose task it is to formulate recommendations to RACS Council regarding future college-wide activity under the Building Respect initiative.</p> <p>2. RACS will launch a new anti-racism working group which will meet for the first time in 2022.</p>

<p>objectives that the College is working towards:</p> <ul style="list-style-type: none"> <li>• inclusive culture and leadership excellence</li> <li>• gender equity</li> <li>• inclusion of diversity groups</li> <li>• diverse representation on Boards and in leadership roles</li> <li>• benchmarking and reporting.</li> </ul> <p>While the College has always recognised that cultural change takes time, a review of the Diversity and Inclusion Plan recently highlighted that RACS has made significant progress against these metrics.</p>	<p>report was delivered to RACS Council in June 2019.</p> <p>Phase 2 evaluation commenced in February 2021 and all activities envisaged as part of this process have been completed. In addition, the process was augmented with a series of key external stakeholder interviews.</p> <p>The evaluation process has now concluded, with the delivery of a final report and recommendations available on the <a href="#">RACS website</a>.</p> <p>2. RACS now has a dedicated Health Policy and Advocacy Committee. All issues related to the AEHA fall under the auspices of this committee, and regular reports and updates are provided by a staff member who is assigned with responsibility for overseeing ethical healthcare.</p>	
<p><b>Do you have any resources relevant to this activity category that you would be willing to share with other AEHA members?</b> Please see the <a href="#">About Respect</a> page on the RACS website.</p>		

Category 3:

**We have explicitly integrated the ACF principles into our internal and external (including member and public) communications.**

<b>Exemplars from AEHA organisations</b>		
<ul style="list-style-type: none"> <li>• ACF principles are made explicit on organisation intranet and website</li> <li>• Commitment to ACF principles is articulated on intranet and website</li> <li>• ACF principles is mentioned in internal and external communications</li> <li>• Published guidelines, media releases, policy submissions, position statements, presentations, speeches, social media posts (etc) reflect ACF principles</li> <li>• Protocol is in place for acknowledging traditional land owners at meetings and presentations</li> <li>• Internal and external communications are checked for consistency with ACF principles</li> <li>• Organisation has policies and processes for media and communications that reflect ACF principles</li> <li>• There is a staff member or committee that is explicitly tasked with ensuring that ACF principles (or similar) are reflected in the organisation's communications</li> </ul>		
<b>Processes currently in place</b>	<b>Developments since last report</b>	<b>Goals for next 12 months</b>
<p>RACS is committed to promoting the ACF principles to our membership and stakeholders. We have a specific advocacy newsletter titled '<i>Advocacy in Brief</i>' which regularly features a dedicated news section on AEHA and other ethical issues. This includes regularly informing the readership about the work of the AEHA and how they can find out more information about the ACF principles.</p>	<p>In the past twelve months we have also begun featuring regular updates on ethical health and the AEHA in our magazine <i>Surgical News</i>.</p>	<p>Continue to promote ethical healthcare and the AEHA through our various communications channels.</p>
<p><b>Do you have any resources relevant to this activity category that you would be willing to share with other AEHA members?</b></p> <p>All our regular publications are available on the website. AEHA members are welcome to be added to the <i>Advocacy in Brief</i> distribution list by emailing <a href="#">RACS Advocacy</a>.</p>		

Category 4:

**We provide education or access to education for staff and members about ethics and about the ACF principles**

<b>Exemplars from AEHA organisations</b>		
<ul style="list-style-type: none"> <li>• ACF principles are included or reflected in induction and training of staff, officers and members</li> <li>• Staff, officers and members are informed about and supported to attend AEHA events and other events that are relevant to ACF principles</li> <li>• Ethics sessions are included in meetings, educational sessions and other organisational activities (including but not limited to sessions specifically on ACF principles)</li> <li>• Training modules on the ACF principles and/or on other ethical or cultural codes, frameworks or issues are available</li> <li>• Articles and weblinks relating to the ACF principles are included in regular communications</li> <li>• Staff, officers and members are given opportunity to identify their ongoing ethical/cultural training and development needs</li> <li>• Coaching and development opportunities are provided to leaders to ensure they model and promote appropriate ethical and cultural behaviour.</li> <li>• Codes of Conduct, Codes of Ethics, Vision statements (etc) are communicated to staff, officers and members</li> <li>• Organisation has policies and processes for education that reflect ACF principles</li> <li>• There is a staff member or committee that is explicitly tasked with ethical/cultural education</li> </ul>		
<b>Processes currently in place</b>	<b>Developments since last report</b>	<b>Goals for next 12 months</b>
<p>Please see category three for information of promotion of ACF principles.</p> <p>In addition to this, RACS staff engage in twice-yearly development discussions. As part of this process staff are encouraged to identify any development opportunities for the next six months in consultation with their immediate line manager. This includes both external training</p>	<p>The College has regular all staff meetings with a focus on staff development and ethical behaviours.</p>	<p>Continue to promote values and ethics to staff.</p>

opportunities, as well as internal opportunities through the College's online learning platform 'Thrive'.		
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<b>Do you have any resources relevant to this activity category that you would be willing to share with other AEHA members?</b>
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N/A
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Category 5:

**We make reference to, and/or incorporate the ACF principles into our interactions with other organisations.**

<b>Exemplars from AEHA organisations</b>		
<ul style="list-style-type: none"> <li>• ACF principles are articulated and applied when engaging with external parties such as sponsors, partners, collaborators, suppliers, etc</li> <li>• Feedback is sought from other organisations on use of ACF principles</li> <li>• Organisation prioritises engagement with other organisations that act in a manner consistent with ACF principles</li> <li>• When entering into transactions with other organisations, the organisation has signed agreements (e.g., memoranda of understanding or letters of intent) – that commit both agencies to modes of collaboration that are consistent with the ACF</li> <li>• Organisation has policies and processes for external engagement that reflect ACF principles</li> <li>• There is a staff member or committee that is explicitly tasked with ensuring that ACF principles are reflected in the organisation’s external engagements</li> </ul>		
<b>Processes currently in place</b>	<b>Developments since last report</b>	<b>Goals for next 12 months</b>
<p>RACS Partnership Engagement Policy outlines the values and practices that RACS adheres to and promotes in working with partners. Overarching principles of collaboration, integrity, a spirit of service, respect and compassion guide the development and sustainment of partnerships.</p> <p>In addition to this, the RACS Action Plan: Building Respect, Improving Patient Safety, commits the College to working with others in the health sector to deal more effectively with discrimination, bullying and sexual harassment.</p> <p>RACS works closely with multiple partners across Australia and Aoteroa New Zealand on this important</p>	<p>Continued to work towards the actions outlined in the the RACS Action Plan: Building Respect, Improving Patient Safety (Please see Category 2).</p>	<p>Will continue working towards the RACS Action Plan: Building Respect, Improving Patient Safety.</p>

work. Our partners include medical colleges, university medical schools, health jurisdictions (including district health boards, state governments and metropolitan health services) and a selection of public and private hospitals.

We have signed agreements - sometimes memoranda of understanding and sometimes letters of intent – that commit both agencies to collaborating on issues that can include surgical education,

**Do you have any resources relevant to this activity category that you would be willing to share with other AEHA members?**

Please see: [Collaborating for change | RACS \(surgeons.org\)](#)

Category 6:

**We have established mechanisms to support and monitor the ongoing implementation of the ACF principles and to enable continuous practice improvement.**

<b>Exemplars from AEHA organisations</b>		
<ul style="list-style-type: none"> <li>• Commitment to ACF principles are explicitly expected as a condition of employment, office holding or organisational membership</li> <li>• Organisation monitors compliance with ethics/culture training of employees, office holders and members</li> <li>• Adherence to ACF principles is included in performance reviews and key performance indicators</li> <li>• Organisation has systems in place for tracking activities against ACF principles (including completing and reflecting on AEHA self-evaluation form)</li> <li>• Processes are in place to manage non-adherence to ACF principles by employees, office holders and members</li> <li>• Organisational leaders ensure that ethical practices are prioritised as an important feature of organisational culture and behaviour</li> <li>• Reports of ethics-related activities are prepared and disseminated within and outside the organisation</li> <li>• Organisation has policies and processes in place for: complaints/grievance handling; whistleblowing; registering and declaring interests</li> <li>• There is a staff member or committee that is explicitly responsible for ensuring compliance with ACF principles</li> </ul>		
<b>Processes currently in place</b>	<b>Developments since last report</b>	<b>Goals for next 12 months</b>
<p>As highlighted above RACS already has a number of existing processes and programs in this area.</p> <p>In addition to this, In 2020, we commissioned an external expert to review our updated complaints approach. Areas specifically reviewed were the visibility, accessibility, responsiveness, restorative approach, independence, confidentiality, accountability, monitoring with a centralised, anonymous data</p>	<p>Promoted our updated approach to feedback and complaints to the membership.</p>	<p>Ongoing promotion and monitoring.</p>

collection with an analysis process, protection for those who make the complaint and prevention of victimisation.		
<b>[Add further rows as needed]</b>		
Do you have any resources relevant to this activity category that you would be willing to share with other AEHA members? Please see <a href="#">Feedback and Complaints</a>		