***Expression of Interest Form: International eDelphi expert panel***

* Yes, I would be interested in being a member of the international eDelphi expert panel for the following study: **Refining a capability framework for successful partnerships in quality improvement: expert international consensus through an eDelphi survey**
* I understand that I would be required to participate in two eDelphi rounds which will be conducted on SurveyMonkey. Each round will take approximately 30 minutes to complete.

**Your name:**

**Your contact email:**

We want to make sure that only people with real-life experience in healthcare quality improvement partnerships complete the eDelphi survey and so we are conducting an expression of interest (EOI) process.

Please provide the following information below to assist us to review your expression of interest information. Ruth Cox, the principal investigator will be in contact regarding the outcomes of this expression of interest process and is available to answer any questions you may have. Email is the best point of initial contact ruth.cox@health.qld.gov.au

Feel free to print out and write on this form and then scan it, or type on the form and include an electronic signature.

1. Which of the following best describes your gender identity (select/highlight all that apply to you)
	* Female
	* Male
	* X – intersex, transgender, indeterminate, gender diverse
	* Prefer not to say

1. Please indicate below any groups which you are comfortable to identify as being part of (select/highlight all that apply to you)
	* Non-European/Non-Caucasian/Culturally diverse background (please specify the culture)

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* + From a non-English speaking background (please specify the language)

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* + Living with a disability
	+ Caring for a person living with a disability
	+ Older person (>65 years)
	+ Carer or family member of an older person (>65 years)
	+ Living with a chronic condition
	+ Living in a rural or remote location
	+ LGBTIQ+
	+ Other diverse background not covered above (please specify)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + Prefer not to say

1. What is your age? \_\_\_\_\_ (if you’d prefer not to say, mark the line with an X)
2. Aboriginal people and Torres Strait Islander people are the First People of Australia. Do you identify as a First Nations person? (select/highlight all that apply to you)
	* Yes – I am an Aboriginal person
	* Yes – I am a Torres Strait Islander person
	* Yes – I am an Aboriginal person and a Torres Strait Islander person
	* Yes – I am a First Nations person from a country outside Australia (please specify)

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* + No -- I am not a First Nations person
	+ Prefer not to say
1. My most relevant role with respect to this research is (please select/highlight all that are relevant):
	* Patient
	* Carer or family member or friend of a patient(s)
	* Healthcare professional or healthcare staff member (please specify job title, profession/role and organisation)

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* + Researcher or academic (please specify job title, profession/role and organisation)

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* + Health consumer organisation representative (please specify job title, role and organisation)

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* + Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Please indicate the healthcare context in which you have the most experience in quality improvement partnerships (please select/highlight just tick one):
	* Primary health care – includes general practice, community health, private practice
	* Hospital
	* More than one
	* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Please indicate the clinical area of the health service in which you have the most experience in quality improvement partnerships (please select/highlight just tick one):
* Generalist (no specific health condition)
* Cancer care
* Chronic disease
* Mental health
* Older persons
* Paediatrics, young people and youth
* Rehabilitation or disability
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. To be eligible for the ***international eDelphi expert panel*** for this study we are asking for people who have a high level of experience in partnering for healthcare quality improvement. **We use the term “consumer partnerships” which includes patient, family member, consumer organisation, community and public engagement.** Please indicate your eligibility by circling or highlighting yes or no below (one or more of the criteria below may apply to you):
2. Membership on a healthcare committee(s) with a quality improvement focus and which includes consumer partnerships for at least one year in total.**Yes / No**
3. Active participation in quality improvement projects which include consumer partnerships or consumer partnering topics for at least one year in total. **Yes / No**
4. Authorship of a peer reviewed publication(s) regarding partnerships in healthcare quality improvement. **Yes / No**
5. Recognised consumer advisory role regarding consumer partnerships in quality improvement such as through a consumer-led organisation which supports health services.**Yes / No**

*By signing below, I am indicating that I am available and interested in joining the* ***international eDelphi expert panel*** *as described above. I also agree for my de-identified information from this form to be included in the study findings, even if I do not formally join the panel.*

**Signature: Date:**

Please return the form by 18th June, 2021 to Ruth Cox: email ruth.cox@health.qld.gov.au