Code of Good Practice
For Consultation of Stakeholders
Code of Good Practice for Consultation of Stakeholders
## INTRODUCTION

- Purpose of the Code ........................................................................................................... 5
- Status of the Code .................................................................................................................. 5
- Scope of the Code .................................................................................................................... 6
- Consultation at European level ................................................................................................. 6

## PRINCIPLES OF THE CODE

- Effective .................................................................................................................................. 7
- Transparent ................................................................................................................................. 7
- Proportional ............................................................................................................................... 7
- Inclusive ..................................................................................................................................... 8
- Accountable ............................................................................................................................... 8
- Coherent .................................................................................................................................... 8

## CONSULTATION STANDARDS

- .................................................................................................................................................. 9

## DEFINITIONS

- ................................................................................................................................................. 10

## CONSULTATION PROCESS

- Planning ...................................................................................................................................... 11
- Consultation period .................................................................................................................... 11
- Consultation activity .................................................................................................................... 12
- Involvement of stakeholders ....................................................................................................... 12
- Analysis ...................................................................................................................................... 12
- Feedback ..................................................................................................................................... 13
- Communication .......................................................................................................................... 13
- Evaluation .................................................................................................................................... 13
Introduction

Effective consultation can bring valuable information to help design successful policy solutions and make informed decisions. The ultimate results of good consultations are good policy outcomes which deliver on priorities.

This document sets out Directorate General Health and Consumers’ commitment on stakeholder consultation and engagement, of the practices we apply or intend to apply to ensure that the consultations undertaken are as effective, consistent and predictable as possible.

Purpose of the Code

The Code sets out a common approach to consultation. It is based on good practice guidance from the Stakeholder Dialogue Group, experience gained with the policy-related consultative groups and from past consultations of DG Health and Consumers.

It places consultation and engagement in a broader, more strategic and transparent framework.

The purpose of the Code is to:

1. Improve how DG Health and Consumers consults stakeholders;
2. Standardise practice and ensure coherence across the Directorate General;
3. Outline the principles that underpin consultation as well as the objectives and standards for staff when consulting;
4. Explain the use of the information collected - i.e. to inform the development of policies - and the feedback provided to contributors;
5. Establish transparent standards for consultation, clear to staff and stakeholders;
6. Set out our expectations of stakeholders;
7. Develop a reference tool for those involved in consultation and for stakeholders that respond to a consultation for the first time.

Status of the Code

The Code is a good practice guide.

DG Health and Consumers will apply the Code to the consultations which we decide to launch, according to the specific circumstances of each case.

If it is necessary to deviate from the Code, DG Health and Consumers will be open about such deviations, stating the reasons for them and the measures used to make the exercise as effective as possible in the given circumstances.

The Code does not have legal force and does not prevail over statutory or mandatory requirements.
**Scope of the Code**

This Code applies across DG Health and Consumers to formal public and targeted consultations except where specific rules apply.

The consistent set of standards will promote more effective and efficient consultation. It also provides a reference for stakeholders from civil society, the private and public sectors, as well as the general public.

This Code does not replace the Commission’s Minimum standards for consultation, but customises them to this Directorate General’s specificities.

**Consultation at European level**

The requirement for the Commission to consult with the public, civil society, industry and businesses in a meaningful and effective way is an indispensable plank in EU-level policy-making. This was emphasised in the 2001 White Paper on Governance.

The Commission’s Minimum standards for consultation are voluntary and non-binding. This leaves space for a wide variation of formulas for engagement with stakeholders.

The Commission Communication on smart regulation of October 2010 stressed that the views of those most affected by regulation have a key role in smart regulation.

---

1 With regard to relations with the tobacco industry, this Code shall be interpreted in light of Article 5(3) of the WHO Framework Convention on Tobacco Control on the protection of health policy from commercial and vested interest from the tobacco industry.


Principles of the Code

**Effective**

- Consultation shall be undertaken at the earliest possible stage in the decision-making process, when there is scope to influence the policy outcome. The link to decision-making on a specific policy or implementing measure will be made clear.

- The consultation shall make clear its purpose, context and the process that will ensue after it closes.

- Contributors to consultations should be informed of any limitations that the Commission faces.

- Consultation should be targeted to make sure that the relevant stakeholders are involved.

- The method of consultation should be appropriate, and staff should have the necessary competence.

**Transparent**

- Consultations should be transparent about their scope.

- Consultation exercises should be clear on what has taken place in the development of the policy prior to the consultation, how the consultation will be run and, as far as is possible, what can be expected after the consultation has formally closed.

- Interest representation and the influencing of policy-making must be carried out ethically and transparently. The joint Commission and Parliament Transparency Register was set up to ensure that contacts between the Commission services with interest representatives meet public expectations of integrity.

- We expect stakeholders to identify themselves and who they represent when taking part in public consultations, and in informal contacts with the services of DG Health and Consumers.

**Proportional**

- The type of consultation should be proportionate to the scale and impact of the respective legislative initiative. For example, a large-scale initiative with a broad impact will require input from a wider range of stakeholders. A more technical policy measure will merit a different - targeted - approach.

- The time and resources spent on consultation should be in line with the scale and impact of the policy initiative.
Inclusive

- Efforts should be made to involve a representative cross-section of stakeholders in policy development, since different sections or groups of stakeholders across the EU have different needs and views.

- Ways of engaging stakeholders who are ‘hard-to-reach’ or are seldom heard will be actively sought, including using the voluntary and NGO sectors to channel consultations to hard-to-reach groups.

Accountable

- Constructive, timely feedback to stakeholders improves the transparency and accountability of the overall policy development process, and helps make the connections between stakeholders’ input and the final result.

Coherent

- The responsibility for respecting the good practice in this Code will be on both DG Health & Consumers and the stakeholders that take part in our consultations.

- We shall seek to work with other Directorates General on overlapping or cross-cutting policy initiatives to ensure that consultation is cost-effective, and is not repetitious and confusing.

- Consultation documents including the feedback report, should be presented in a common format and satisfy clear quality criteria.
The 10 standards below provide a benchmark for the quality and effectiveness of our consultations. We shall:

1. **Plan** our consultations early in the policy-development process and publish a consultation planner of our major consultations.

2. **Explain** why we are consulting and how we are going to take stakeholders’ views into account.

3. **Involve** the widest spectrum of stakeholders in our consultations, including under-represented and hard-to-reach groups.

4. **Organise** consultations in ways which are convenient and accessible to the people whose views we are seeking.

5. **Analyse** the input and data received from consultations and distinguish between evidence and opinions. Assess if respondents were representative.

6. **Give feedback** to stakeholders that participated in the consultation in a way that clarifies how the decisional outcome was reached.

7. **Report** back on the next steps in the policy-making process and their timeline, even if provisional.

8. **Communicate** the consultations and their results clearly and directly, with a focus on relevance and using plain language.

9. **Act** on the findings to improve policies and programmes.

10. **Evaluate** our consultations and review our process to inform future consultations and feed into good practice standards.
Definitions

Consultation

“Consultation” means all activities where DG Health and Consumers has formal contact with individuals and organisations in order to find out their views about draft legislative proposals, and in particular formal public or targeted consultations whether written, through workshops or public meetings.

Stakeholders

“Stakeholders” have one or several of the essential characteristics below:

- a. One who is affected by or affects a particular problem or issue, and/or
- b. Is responsible for problems or issues, and/or
- c. Has perspectives or knowledge needed to develop good solutions or strategies, and/or
- d. Has the power and resources to block or implement solutions.

Stakeholder contribution

A stakeholder contribution is a document expressing the considered position or opinion of an organisation or an individual on a given policy issue, its impacts, problem-definition, causes, supporting data and evidence and any other aspect, submitted to DG Health and Consumers in response to a consultation.

Stakeholder dialogue

Stakeholder dialogue is a facilitated process where DG Health and Consumers sustains dialogue with those organisations that have a stake in its activities. Informal dialogue with stakeholders prior to a formal consultation is often necessary to gain an understanding of the various issues, views and perspectives to be raised in the consultation.

Stakeholder engagement

Consultation is part of a wider process of stakeholder engagement. Stakeholder engagement is a means of describing a broader, more inclusive, and continuous process between DG Health and Consumers and stakeholders. While consultations are often one-off exercises, stakeholder engagement encompasses a range of activities and approaches, and spans the long-term rather than the short-term.

Prof. M. Welp
Multi-stakeholder consultation and engagement in European-level policy-making is now an important evidence-gathering tool for EU policy-makers. Building a sound understanding of stakeholders’ needs and a robust evidence base will improve delivery of strategic priorities and meeting the needs of citizens.

DG Health and Consumers puts particular emphasis on the need for wide-ranging multi-stakeholder consultation in order to arrive at quality policy solutions. Whether consulting with technical experts or broader stakeholder groups, it is important that all consultation and involvement conforms to the principles of this Code, and follows a clear process.

Planning

- Consultation will be planned as early as possible in the decision-making process to allow the necessary organisation, administration etc. to be put in place, and to give sufficient notice and time to those being consulted to respond.

- A publicly available annual consultation planner will give a forward look on our forthcoming public consultations corresponding to the Commission’s Work Programme, to enable stakeholders to better plan their work and respond appropriately.

- When planning a consultation, we shall take steps to raise awareness of the exercise among stakeholders and individuals that are likely to be interested. In particular, we shall seek means to publicise consultations at the time of, or even before the launch-date so that organisations and individuals can take advantage of the full consultation period to prepare considered responses.

Consultation period

- 12 weeks should be allowed for replies in order to accommodate the work cycles of associations working with member organisations and those having to reach the local level.

- Where a 12-week period is not possible, 8 weeks for replies will be the minimum.

- The consultation period may be shortened when necessary (e.g. emergency measures, international, legally-binding deadlines or when the consultation needs to fit into fixed timetables).

- The consultation document should make clear the reasons for shortened consultation periods.

- For consultations with narrowly targeted or specialist groups, or where other consultation methods are used, for example meetings or working groups, shorter consultation periods may suffice, depending on the subject matter and the scale of the exercise.

- Allowance should be made for official holidays and other potential timing difficulties when organisations are generally understaffed and, in the case of platforms or associations, members are unavailable.

*The Commission Communication on Smart Regulation suggests extending the EC’s consultation period from 8 to 12 weeks as of 2012.*
Consultation activity

- The scope of the consultation should be clearly delineated, set out where there is room to influence policy development and clarify where no influence is possible.

- The subject matter, any assumptions the Commission has already made, and the questions in the consultation should be clear. A mixture of open and closed questions gives stakeholders the opportunity to express views on related issues not specifically addressed in the questions.

- The draft consultation document may be submitted to a number of representatives of the target audience to test its clarity and substance, before release for the broad consultation.

- Consultations should make reference to all relevant background information.

- Consultation documents are generally written in English. Where policy initiatives have a broad EU impact, notably at regional level, the possibility to translate some or all the consultation documents might be considered.

- An approved external company may be used to undertake consultation where necessary.

Involvement of stakeholders

- We shall map our stakeholders to effectively involve the core of the primary stakeholders we should be speaking to in each consultation, as well as reach out to the broadest spectrum of organised interests. To do this, we shall scope the different stakeholder groups, and identify which stakeholders need to be present for particular stages of the process.

- We expect all European-level organisations, platforms and associations that take part in our consultations to be explicit about whom they represent by registering in the Transparency Register of the Commission and European Parliament.

- To identify the right stakeholders beyond the most obvious ones, we shall peer-review our stakeholder list by asking representatives of stakeholder organisations to review it.

Analysis

- We shall formulate clear and simple questions to facilitate effective responses. Our consultation questionnaires will provide space for additional, open comments.

- The results of consultations should be carefully analysed and views adequately weighed. Particular attention should be paid to the views of representative bodies and those most affected by the proposals.

- Decision-makers will be made aware of any limitations of a consultation, in particular how representative the respondents were.

- We shall represent the results appropriately and articulate how they feed into decision-making. Once the data is collated and reviewed, we shall summarise the input, identifying the positions of the various stakeholder groups. This should be captured in the final report.

- We shall analyse and summarise results in a report, putting the data into the policy context for readers.
**Feedback**

- The consultation document will explain how and when the respondents’ views will be considered in the policy process, e.g. by including an outline of the process that the initiative will follow after the consultation closes.

- Feedback to stakeholders after the consultation closes will be promptly structured into a report once the contributions have been analysed.

- The report will contain statistical information on the number of respondents, their type, category and geographical distribution.

- The report will contain an analysis of the substance of the contributions and, where possible, give a summary of the views expressed with an indication of the level of support for the various options canvassed.

- Contributions to consultations will be made public on the DG Health and Consumers’ website, together with other information collected from the consultation exercise (unless confidential).

- A common template will be developed for providing good feedback.

**Communication**

- Consultation documents will be concise and clear, written in plain language that can be understood by the intended audience, avoiding technocratic jargon and details of internal procedures.

- For consultations with a broad socio-economic impact and a pronounced cross-European dimension, consideration may be given to innovative ways of publicising them.

**Evaluation**

- Evaluating the effectiveness of a consultation should be included in the initial planning.

- Feedback on the consultation process from the organisations involved should be sought. This includes identifying success and failure criteria and how they are going to be measured.

- We shall conduct a process review after a consultation closes focusing on the consultation process to determine whether it conformed to good practice.

- The results of evaluation will help further improve the consultation process.
Find out more about consultations launched by Directorate General Health and Consumers:

Website
http://ec.europa.eu/dgs/health_consumer/dgs_consultations/index_en.htm