Attending the Health Consumer Forum Workshop (Melbourne 17th March 2017) convened by COAG and the CHF and presented by Prof Michael Woods provided me with a valuable insight into the state of Accreditation Standards within Australia.

As a retired General Nurse/Midwife/Educator and Carer for a daughter with a disability I have a vested interest in knowing that "state of the art" care will be maintained with all health professionals. My experiences with many levels of care have for a long time caused me much concern. Malpractice and poor standards of care particularly in the medical/obstetrical areas have meant that I have had to advocate for patients or my daughter many times. There are too many negative experiences to recall here, the best alternative hopefully was having my say through the appropriate channels to make a difference to improve processes. I have complained in writing many times when care has not met standards with recommendations for follow up practices that ultimately, hopefully mean better outcomes for others.

Therefore knowing that Prof Woods and the Review Team has intentions of streamlining and improving the flow of accreditation systems for health professionals I wanted to know more.

1. In my mind there has to be a huge saving in costs in education for all accreditation authorities and regulators if they were standardised across the nation. Surely consistency would allow easier movement for professionals from state to state? After all we are already observing the NSQHS standards?

2. The choice of professionals for the assessing accreditation teams is extremely important, with regard to conflict of interest, impartiality and recent active clinical experiences. Yes, to having consumers as part of the assessment teams, they will have the ability to add a unique "grass roots" perspective.

3. Funding any accreditation system should not be restricted in such a way that it might limit or affect the quality of education or reduce mentoring of health professionals particularly in the medical arena.

The list goes on and on when it comes to guiding the health education system through “a process that guides the continual quality improvement of programs and curriculum to reflect current and future priorities and best practice.” (P33 Discussion Paper.) Should this be a simple and achievable objective?
4.

As I write today current news is again about the excessive antibiotic prescribing in Australia. I have been a critic of the indiscriminate of antibiotics for a long time. This is an important part of medical training.

**Common illness could be deadly in 'post-antibiotic era', expert warns**

5.

It is also important that the accreditation systems are not reticent to recognize poor practice either to follow up with more education or even realise a failure. My experience as an educator for undergraduate nursing students raised my awareness of the importance of either warning or failing those who had not met the required nursing standards. It was never an easy decision but it was my responsibility to pass students who were not at risk of compromising patient care in the future. Are the medical profession under such scrutiny? Sadly recent reports from one state in particular has indicated not so, no doubt there are other mishaps that are so subtle that they are not reported?

6.

Cultural diversity is a consideration, which may have to be assessed more thoroughly than ever before. My recent experience with some GP’s has not always resulted in a positive even feasible outcome and many times because of inadequate diagnosing has meant more appointments. Here the Health Dept. or Medicare wonders why their costs are escalating? I can see it happening.

Summary:

I strongly believe that the basis of best practice starts with education that is relevant and taught in such a way that it is empowering and able to energise and motivate practitioners’ to want to provide nothing less than best practice.

Education can be made very interesting if presented in a memorable format.