

Consultation report

August 2016

Guidelines: patient health records

Background

Chinese medicine practitioners must create and maintain clinical records that are in the best interests of patients and that contribute to the safety and continuity of care. An adequate record of every patient consultation is an essential part of competent Chinese medicine practice.

In July 2012 the Chinese Medicine Board of Australia (the Board) published guidelines on patient records to be used by registered Chinese medicine practitioners. A significant consultation question at that time was whether it should be mandatory for patient records to be in English.

There was also substantial support for a staged to approach introducing English language requirements. In the context of 'grandparenting'¹ this approach gave Chinese medicine practitioners an additional, temporary pathway to gain registration even if they did not hold a currently approved qualification.

The initial guidelines reflected specific practitioner needs at that time and enabled practitioners registered under the grandparenting provisions to keep records in a language other than English. This decision was to be revised after three years.

The Board has now revisited this guidance to ensure there is an adequate balance between public safety and the needs of Chinese medicine practitioners.

The review coincides with the end of grandparenting arrangements under the National Law (on 30 June 2015).

To be consistent with other health professions the revised guideline is largely consistent with a template developed by the Australian Health Practitioner Regulation Agency (AHPRA) for adoption by National Boards.

2015 consultation feedback

The public consultation was conducted from 30 July 2015 to 24 September 2015 with over 100 submissions received.

In summary:

- All submissions except one, agreed to allow practitioners, who were granted registration under the grandparenting provisions and who had English language conditions, to keep records in their native language.
- All submissions agreed that all registered Chinese medicine practitioners must keep certain minimum information in English.
- All submissions agreed with the inclusion of the specific guidance about retention of records.
- There were varied views and some disagreement with the Board's proposal to use a National Accreditation Authority for Translators and Interpreter (NAATI)-accredited translator for translation (if needed) of patient health records.
- Approximately 80% of the submissions were template responses which raised the same issues repetitively.

¹ Transitional arrangements from 1 July 2012 to 30 June 2015 for registering existing practitioners under section 303 of the National Law.

- Interestingly, there were objections to matters which were already settled in the existing guideline.

The Board received objections to some existing elements of the guideline which has been operating for more than three years. These issues were:

- to allow the keeping of records in languages other than English was only to apply to those registered under the 'grandparenting provisions', and
- those grandparented (registered) Chinese medicine practitioners who submitted evidence that they met the Board's *English Language Skills Registration Standard* were expected to record their health records in English.

These provisions are not new. The revised guidelines maintain these provisions.

Decisions

1. With very strong support from submissions, it is agreed that certain minimum information must be kept in English by all registered practitioners.
2. With very strong support from submissions, specific guidance about retention of records has been included.
3. In response to various concerns about the mandatory use of NAATI-accredited translators, it has been agreed to emphasise registered practitioner's responsibility to be fully satisfied that any summary or translation is adequately comprehensive and accurately reflects the content of the original record. It has also been made clear that there are a variety of acceptable ways to respond to a request for translated information.
4. For information about records not in English – see next section.

Language of patient health records

The Board fully respects the historical background of Chinese medicine. As for all health professions, the importance of keeping profession-specific terminology is acknowledged.

As part of this review, the Board consulted on whether or not it is acceptable in some circumstances to keep health records in languages other than English. The Board was mindful that it needs to manage the continuation of 'grandparented' practitioners, some with English-language-related conditions on registration, in a fair and reasonable way.

The issue of records not being kept in English is highly relevant to a cohort of about 20% of 'grandparented' practitioners who do not meet the approved English-language registration standard but are able to practise with English-language-related conditions on their registration. This references a specific population as grandparenting is no longer an option for registration since 30 June 2015. The numbers are also reducing over time as registrants apply to have their conditions removed and as new graduates enter the profession.

With very strong support from submissions, the Board has decided that that the emphasis should continue to be on accuracy of patient records in the interest of public safety. The Board has carefully considered:

- patient safety issues
- the purpose of patient records
- the need for records to include profession specific terminology such as syndromes and herbs written in *pin yin*
- the context of grandparenting, and
- that all registered practitioners need to keep certain minimum information in English.

The Board has included in the final guideline that records should be kept in English, the only exception being for grandparented registrants who have English language conditions of registration.

The Board has also recently published *Guidelines for safe Chinese herbal medicine practice*, which addresses the issue of herbal nomenclature in patient health records and on prescriptions and labels.

Conclusion

The Board recognises that guidelines need to be practical in order to achieve compliance. The Board has now revised this guideline to ensure there is an adequate balance between public safety and workforce requirements.

The final guideline is now published on the Board's website at www.chinesemedicineboard.gov.au/Codes-Guidelines.aspx.