

Consultation report

1 July 2025

Guidelines on patient health records

The Chinese Medicine Board of Australia

The role of the Chinese Medicine Board of Australia (the Board) is to work with the Australian Health Practitioner Regulation Agency (Ahpra) to ensure that Australia's registered Chinese medicine practitioners are suitably trained, qualified and safe to practice. Public safety is our priority. The Board develops registration standards, codes and guidelines which:

- set out the requirements for registration
- establish obligations for professional practice, and
- can be used as evidence in disciplinary proceedings of what constitutes appropriate professional conduct or practice for the profession.

The Board regularly reviews its registration standards, codes, guidelines and other policies to ensure they remain relevant and effective.

Background

The *Guidelines on patient health records* (the guidelines) were first published in 2012 when the profession of Chinese medicine was first regulated under the National Registration and Accreditation Scheme (the National Scheme). They were last reviewed in 2016.

Practitioners are expected to use their professional judgement when making and maintaining records. They must make and maintain their records in accordance with approved standards, codes and guidelines and the requirements outlined in the [shared Code of conduct](#). The guidelines set out the Board's expected minimum standard for record making.

The guidelines are unique in the National Scheme as they are the only guidelines that permit some practitioners to make health records in a language other than English. This exemption was allowed for practitioners with English language requirements, who were registered under grandparenting arrangements from 1 July 2012 to 30 June 2015 under section 303 of the National Law.

How we consulted

The proposed revised *Guidelines on patient health records* (the proposed revised guidelines) were initially shared with key stakeholders for preliminary consultation in August to October 2023.

The feedback from this phase of the consultation, which was largely positive, allowed the Board to test and refine its proposals and improve the clarity and reasoning of the public consultation document.

Public consultation was carried out between April and June 2024.

Proposed changes to the current guidelines

The major change in the proposed revised guidelines was that all practitioners would be required to make health records entirely in English. The Board proposed removing the exemption for practitioners with English language conditions for the following reasons:

- Regulatory alignment
 - The exception for Chinese medicine practitioners with English language conditions does not align with a practitioner's responsibility under the shared *Code of conduct* and [Professional capabilities for Chinese medicine practitioners](#) to make health records in a form that can be understood by other health practitioners and to maintain records that facilitate continuity of care.

- Continuity of care
 - By making records in English, health practitioners ensure that other health practitioners can quickly access important information about patients in the event of an emergency or to continue the care of that patient.
- Public safety
 - For the safety of the public, it is imperative that health records are available to other health practitioners in English. In a situation where a non-English-speaking patient who has received Chinese medicine services presents to an emergency department, there is no guarantee that translation services will be immediately available. It is therefore vital that staff present can access and read the patient's health record quickly to understand the patient's medical history and what actions are necessary. The responsibility of translating the health record does not lie with the patient or other health practitioners.

Other changes in the proposed revised guidelines included adding wording on virtual care appointments, updating references and footnotes, changing the title of the guidelines and updating language and minor editorial changes to improve clarity.

Who we heard from

We received 12 responses to the preliminary consultation; five from governmental and jurisdictional bodies, three from professional associations, two from patient bodies and two from co-regulators.

We received 92 responses to the public consultation: 84 from individuals, four from professional associations, three from co-regulators and one from government.

What we heard

Generally, governmental and regulatory stakeholders, as well as some individuals, were strongly in favour of the proposed revised guidelines. Individuals, mostly practitioners that may be affected by the proposed changes, generally opposed the Board's proposals. There was a mixed response from professional associations.

The feedback received was broad and included:

- Learning English can be challenging, particularly within the 12 months of transitional arrangements.
- The proposed revisions will improve continuity of care for patients.
- Practitioners may be forced to practice less/not renew registration.
- The proposed revisions will help integrate Chinese medicine into the broader healthcare environment.
- Too many practical issues (including cost of translation).
- Western medicine has no interest in integrating with the Chinese medicine profession.

How we are responding

A balanced option

The Board's position remains that making patient health records in English will reduce risk of harm to the public, and that the 2016 version of the guidelines, which only require practitioners with English language conditions to make patient identifiers and contact details in English, do not meet the expectations of the public.

The Board has decided to implement a balanced option, which will require practitioners with English language conditions to make more elements of the patient health record in English than is currently the case.

A position statement from the Board

The Board has published the *Position statement on the future of the guidelines on patient health records*. This statement informs stakeholders, practitioners and the public that, when the guidelines are next reviewed, it will be the Board's preferred option that the guidelines introduce a requirement that all Chinese medicine practitioners must make full patient health records in English.

The statement encourages all practitioners with English language conditions to use the intervening time to prepare their practice to make full records in English. The Board's rationale for implementing the change remains the same, along with additional considerations raised at public consultation such as alignment with private insurance documentation and reimbursement.

Transition period

The proposed revised guidelines included a 12-month period of transitional arrangements for practitioners with English language conditions. The arrangements permitted this cohort of practitioners to make their records in a language other than English at the time of consultation, however the records would need to be translated to English within 24 hours. As the requirement to make patient health records in full has now been lessened in the new revised guidelines, the transitional arrangements have been removed.

Other changes

Other changes that the Board has made to the new revised guidelines based on the feedback received at public consultation include directing users to artificial intelligence (AI) guidance, making reference to checking available electronic records (if practitioners have access to them) and reiterating that practitioners are responsible for ensuring that their patient health records are accurate.

The Board received several queries on how it monitors practitioner compliance with the guidelines, and what the consequences are for practitioners who did not comply with them. The guidelines state that they 'will be used as evidence of what constitutes appropriate professional conduct and practice for Chinese medicine during an investigation or other proceedings about a registered Chinese medicine practitioner.' If practitioners are found to not be complying with the guidelines, this may lead to findings of inappropriate professional conduct.

Feedback was also received on the use of AI software or online tools to translate words and Chinese medicine terminology for patient health records. The Board cannot endorse any translation software or online tools, however it recognises that some practitioners may use such technology. In such cases, practitioners should be aware that it is their responsibility to ensure that the translation is comprehensive and accurate. Any use of AI should be undertaken in accordance with the Ahpra guidance [Meeting your professional obligations when using Artificial Intelligence in healthcare](#).

Pre-publication review

As the updated revised guidelines differed from the revised guidelines that were the subject of the preliminary and public consultations, the Board chose to share them with key stakeholders in March 2025 for feedback specifically relating to implementation issues that the Board may not have considered. The Board took all feedback into consideration and approved the publication of the updated revised guidelines for 1 July 2025.

What we do next

The Board is grateful to all stakeholders and individuals that responded to the consultation on the *Guidelines on patient health records*. These contributions have helped improve the quality of the revised guidelines and will help ensure public safety. The revised guidelines will next be reviewed within three to five years of 1 January 2026.