Organisation response to the Chinese Medicine Board of Australia public consultation on the proposed revised Guidelines on patient health records

Response from Australian Acupuncture and Chinese Medicine Association

(Note: All responses have been reproduced as provided and have not been edited or otherwise altered.)

Question One: For the benefit of public safety and supporting the threshold requirement as part of the Professional capabilities for Chinese medicine practitioners and as part of the requirements under the shared Code of conduct, the Board is proposing that all patient health records should be made in English. This proposal aims to improve continuity of care for patients and support Chinese medicine practitioners to work effectively as part of the healthcare system, integrating Chinese medical practice into the broader healthcare environment.

Do you agree that making patient health records in English will help achieve these goals?

Maybe
Please give a reason for your answer
It is agreed that this proposal will improve continuity of care for patients. Goal 1- improving continuity of care- potentially achieved. Chinese medicine practitioners work effectively in the private health system and despite registration in 2012, are currently, not recognised and are completely excluded from the Australian healthcare system. Denied inclusion into Medicare's Chronic Disease Management, there is no integration of Chinese Medicine Board of Australia (CMBA) registered acupuncturists or Chinese medicine herbalists in the healthcare environment. So the ""maybe"" answer is: that if getting the approximately 15% of Chinese medicine practitioners with English language conditions to write their patient records in English will achieve integration of Chinese medicine practice into the health care system and broader healthcare environment, the maybe answer will change to a full yes. A point for Ahpra, the National Boards and the Australian Federal, State and Territory Governments to consider is the prejudicial treatment of registered Chinese medicine practitioners in 12 years since registration. Goal 2- integrating Chinese medical practice into the broader healthcare environment- not achieved yet, though if writing patient records in English is what is needed then potentially achieved

Question Two: Do you consider a period of transitional arrangements an effective method of giving Chinese medicine practitioners with English language conditions on their registration time to adjust or alter their practice or put in place arrangements to ensure patient health records are made in English?

Yes
Please say why or why not
With appropriate support, a transitional period of 12months would give enough time for these practitioners to make arrangements for health records to be written in English. 24hours is not a realistic time frame to translate a health record into English. Finding a suitable translator with knowledge of Chinese medicine and western medicine terminology to be able to more accurately translate these records will require more time-7days would be more appropriate.

Question Three: Do you consider 12 months to be a suitable period of time for the transitional arrangements to be in place in order for Chinese medicine practitioners with English language conditions to prepare for making health records in English?

Yes
If No, what do you consider to be an appropriate length of time for transitional arrangements to be in place? Please give a reason for your answer.

Question Four: Do you consider 24 hours to be a suitable window of time for Chinese medicine practitioners with English language conditions to have health records translated to English during the transitional period?

No
If No, what do you consider to be an appropriate length of time for health records to be translated?
24hours is not a realistic time frame to translate a health record into English. Finding a suitable translator with knowledge of Chinese medicine and western medicine terminology to be able to more accurately translate these records will require more time-7days would be more appropriate.

Question Five: Outside of the changing requirements regarding the language in which health records are made, are there any other implementation issues that the Board should be aware of?

Maybe
If Yes or Maybe, please explain what other implementation issues the Board should be aware of.
What oversight will there be? How will the Board know that these English requirements are being met? Will you be relying on practitioner self-identification to meet these requirements? Will there be an auditing process of the known practitioners with English language conditions? What are the consequences if these requirements aren't being met? Will the practitioner be suspended until these requirements are met thus impacting their ability to earn a livelihood?

Question Six: Is the wording and language of the proposed revised guidelines helpful, clear, relevant and workable?

Yes
If No, please explain why

Question Seven: Is there any content that needs to be changed or deleted in the proposed revised guidelines?

Yes
If Yes, please explain what should be changed.
Points 31- 34 in the ""rationale for requiring Chinese medicine practitioners to make health records in English"" It isn't suggested that these points should necessarily be changed but these points are directed at emergency care stating ""other health practitioners can quickly access important information about patients in the event of an emergency or to continue the care of that patient"" (point 31 and the other points are in a similar vein). Chinese medicine practitioners can't diagnose or write in western medicine terminology. It is not within our scope of practice. As Chinese medicine practitioners diagnose and construct a treatment plan according to Chinese medicine theory, writing their diagnosis as, for example, Liver wind and phlegm with Liver yang rising is there any western medicine practitioner who will understand this information as potentially a seizure and gain any insight into the Chinese medicine treatment of acupuncture points used, or Chinese herbal medicine formula prescribed, whether recorded as the channel point number or pinyin? In an emergency, they will not be Googling Chinese medicine terminology. Western medicine practitioners have no understanding of Chinese medicine terminology and would ignore and dismiss this information as valueless in an emergency simply because of their lack of knowledge of Chinese medicine terminology and treatments. It is not within their scope of practice. So, using this as a reason for having records in English is nonsensical because non-Chinese medicine practitioners don't understand the essence or import of Chinese medicine terminology even if written in English.

Question Eight: The Board may consider developing supporting materials should the proposed revised guidelines come into effect. Which of the following, if any, would you like to see the Board develop? You may select multiple options.

FAQs / Health record templates / Other (please specify what other resources you would like the Board to consider developing)
If Chinese is their first and preferred language, any resource must also be accessible in Chinese language form, reducing any chance of the information being ambiguous and potentially improving compliance. A CMBA training webinar for these practitioners to better equip them to comply with this requirement and improve their understanding of why this requirement is being implemented now.

Question Nine: Are there any potential negative or unintended impacts that the proposed revised guidelines may have for Aboriginal and Torres Strait Islander Peoples?

No
If Yes, please explain what they may be.

Question Ten: The Board's Statement of assessment against Ahpra's Procedures for development of registration standards, codes and guidelines, included at Attachment B, identifies potential regulatory impacts from this proposal that the Board will take into account when considering whether to implement the proposed revised guidelines. Are there any additional potential regulatory impacts that the Board should also take into account?

Regulating these English language requirements will only ensure continuity of care for the patient if they change Chinese medicine practitioners who will be able to understand the specific terminology but not necessarily if they are being treated by non- Chinese medicine practitioners.

Question Eleven: Do you have any comments on the Board’s Statement addressing Patient and Consumer Health and Safety Impact, included as Attachment C?

In Attachment C, the statement ""In doing so, the Board considered the National Scheme’s key objective of protecting the public by ensuring only practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered. The proposed revised guidelines supports that objective by ensuring that all records made by a Chinese medicine practitioner are in a form that can be understood by other health practitioners, guaranteeing continuity of care.""

It is self-evident that a Chinese medicine practitioner registered by the CMBA to practise is suitably trained and qualified to practise in a competent and ethical manner.
Writing records in English doesn't alter these criteria of training and qualifications to practise competently and ethically.
Writing records in English can assist with continuity of care at best, if the other health practitioners who read these records, understood the terminology of Chinese medicine regardless of the written language. That is something that can't be guaranteed.

Question Twelve: Do you have any other comments on the proposed revised guidelines?

No