

## Individual responses (R-Z) to the Chinese Medicine Board of Australia public consultation on the proposed revised Guidelines on patient health records

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

### Response from Rey Tiquia

**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?**

Yes
Please give a reason for your answer
This will help integrate Chinese medicine into the broader healthcare environment

**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
The transition period would give practitioners with English language conditions time to adjust to requirements of writing health records in English.

**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?**

Yes
If No, what do you consider to be an appropriate length of time for health records to be translated?

**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?**

Yes
If Yes or Maybe, please explain what other implementation issues the Board should be aware of.
The Board should consider putting together an English manual of Chinese medical technical terminology on the writing of patient health record.

**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?**

No
If Yes, please explain what should be changed.

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.

Health record templates

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?

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

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

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Response from Robin Marchment

**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?**

No
Please give a reason for your answer
Regardless of language proficiency, recording case notes on ones's own language will ALWAYS result in greater accuracy as well as more detail. On the relatively rare occasion that records are sought, and a translation must be produced, the benefits of recording in one's native language outweigh the considerations of ""official translation"".
I find that criticisms of non-native speakers of English generally come from those who do not have a second language. So many criticise English proficiency while not speaking any other language proficiently. That is an unfortunate aspect of white entitlement (make others speak my language) and systemic racism (why can't they speak my language – and lwet us ignore at this moment the fact that at one point, German was spoken as frequently as English – not to mention the language of the indigenous peoples).
Even when we have a high functional level, nothing compares to recording the concepts expressed by one's own native language. - For the record I am proficient and functional in a number of languages European and Asian languages, in addition to my own native English.)

**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?**

No
Please say why or why not
There are many excellent practitioners of many years' experience (and therefore of older years and ess able to accommodate the anglo-centric demand). Their knowledg ad diagnostic discernment generally esceed the younger practitioners who have grown up speaking English .... Why discriminate in this random and perverse way? (NB I am a native speaker of English - this issue does not affect me personally)

**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?**

No
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.
There should be no change - and therefore no transition. A qualified and rregistered practitioner make the best patient history when using their own language

**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?
Unreasonable owing to practical constraints .... 1) finding an aproved interpreter 2) allowing time for that person to provide the interpretaion 3) what about weekends and holidays... and other factors? Completely unacceptable and unreasonable.

**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?**

Yes
If Yes or Maybe, please explain what other implementation issues the Board should be aware of.
There are many practitioners who provide less than acceptable records ... language is the least concern

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

No
If No, please explain why
Not logical. Not reasonable - for reasne explained in earlier responses.

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.
In accordance with my previous responses

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

Yes
If Yes, please explain what they may be.
Not prepared to spend more time on this

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?

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

My responses are recorded in the earlier questions
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Question Twelve: Do you have any other comments on the proposed revised guidelines?

I believe it is unnecessary and biased
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Response from Ruth Baker

**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 would depend on the English fluency of the practitioner in question. It seems likely that for some practitioners, notes recorded in their mother tongue would be more accurate. For that subset of practitioners, these notes could be professionally translated if required. Having learned a foreign language and practiced overseas in that language, I know that my verbal communication was at a higher level than my written communication despite a high level of proficiency.

**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?

Maybe
Please say why or why not
I suggest it would be reasonable to have a grandfather clause excluding those who have been practicing using Chinese note taking for many years. Older practitioners are unlikely to be able to improve their English competency sufficient to comply with new requirements.

**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?

No
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.
Some will need to be excluded from this new requirement.

**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?
Some may require professional translation services

**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?

No
If Yes or Maybe, please explain what other implementation issues the Board should be aware of.

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

No
If No, please explain why
Older practitioners will struggle to adapt to the new requirement

**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.
Provision for grandfather clause

**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.**

None

**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?**

Unknown However the board may wish to consider the potential loss of experienced practitioners who are more likely to work in and service multicultural communities. It would be anticipated that these communities would then be disadvantaged by not having practitioners in their locale and who can speak their native language.
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**Question Eleven: Do you have any comments on the Board’s Statement addressing Patient and Consumer Health and Safety Impact, included as Attachment C?**

No
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**Question Twelve: Do you have any other comments on the proposed revised guidelines?**

Would be best introduced as a prospective change rather than a retrospective requirement.
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Response from Serg

**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?**

Yes
Please give a reason for your answer
need to be for the rest of specilist

**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
same reasons

**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?

Uncertain
If No, what do you consider to be an appropriate length of time for health records to be translated?
week

**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.
system to be the same as other medical records

**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?

No
If Yes, please explain what should be changed.

**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.

Health record templates / Other (please specify what other resources you would like the Board to consider developing)
who records

**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?**

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

no
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**Question Twelve: Do you have any other comments on the proposed revised guidelines?**

not yet
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Response from Shao-chen, Lu

**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?**

No
Please give a reason for your answer
<p>There are theoretical and philosophical differences between Chinese medicine (CM) and other healthcare systems. Recording patient has ""damp heat retention"" wouldn't make other healthcare professional understand what it means. Hence a CM interpreter is still required to interpret its meaning. Secondly, this revision is aiming at those CM practitioners who has English condition imposed on them. Such criteria doesn't ""support"" these practitioners to work effectively as part of the the healthcare system. Instead, it creates a barrier to them from continuing their daily work. Furthermore, it is difficult for these them (generally they tend to be older practitioners)to learn English well, especially the medical terms. For patient's continuity of care, patient's health condition may change over time, hence the CM practitioners need to know how to adjust their treatment to meet patient's requirement rather than copying the previous treatment as CM and other healthcare professionals understand health condition differently. It will be more meaningful for all the healthcare providers in Australia to learn ""how to modify"" their treatment so the treatment works. Such ""how to modify"" will include various aspect of the treatment as well as patient's cooperation in lifestyle changes, which is missing in a lot of healthcare professions. A simple diet change such as avoiding cold and raw food or cold drinks is not understood in other healthcare professions but is important in patient's health.</p> <p>In the case of emergency, following the emergency procedure. Patient record access is crucial if they can be accessed electronically in emergency situation. For CM practitioners who have English restrictions, would they be employed in hospital to record the patient cases? Besides, the patients themselves may purchase the herbs over the counter. Does the board require all the patients to read/write/speak/listen well in English during emergency situation to provide these crucial information?</p>

**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?**

No
Please say why or why not
<p>As described before, it is very difficult to teach seniors English and demand their English to be up to the academic level.</p>

**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?**

No
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.
<p>Eternity maybe. When a person gets older. Their learning ability declines. They have difficulty to learn another language as a teenager. Just like it is very difficult for local seniors to learn Mandarin and expect their Mandarin will be up to the academic level.</p> <p>To expect the CM practitioner to pay for all case records translated into English is a costly requirement. And can be considered as a case of bullying.</p>

**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?
<p>Eternity. In my personal opinion, it is going to cause distress to all the CM practitioners, who cannot speak/listen/read/write well in English, to translate all the patient records into English.</p>

**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?**

Yes
If Yes or Maybe, please explain what other implementation issues the Board should be aware of.
<p>Australia is a multi cultural country. Everybody should be respected irrespective of their language preference. CM practitioner's preference of language use should be respected, too. The board's focus should not be on causing distress to the practitioners.</p>

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

No
If No, please explain why
The wording is clear. But not relevant, helpful or workable. As described before, it is difficult to expect seniors to learn English and expect their English to be up to the academic standard. And in situations where the vulnerable patients do not speak English but shares the same language as the CM practitioner who has English language condition, it is more helpful for such practitioner to record in language shared with the patient instead of English as English cannot fully express their feelings.

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.
Keep the language requirement as before and not make changes to it at this stage.

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.

Other (please specify what other resources you would like the Board to consider developing)
Board needs to also find out the needs of CM practitioners who has English restriction in place in order to identify the resources they need.

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?

It costs the board money to investigate the practitioners. Such investigation may not lead to general public protection but resources and man power wastage.
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Question Eleven: Do you have any comments on the Board’s Statement addressing Patient and Consumer Health and Safety Impact, included as Attachment C?

As described before, vulnerable patients who do not speak English but share the same language with the CM practitioner who has English language condition imposed on them. They may be negatively impacted by such guideline as English language may not fully express their feelings.
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Question Twelve: Do you have any other comments on the proposed revised guidelines?

I prefer Option 1 – Status quo (continue with the guidelines currently in effect.
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Response from Shuxia Wu

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?

No
Please give a reason for your answer
The public safety is not related the language of patient health records. Patient health records in Chinese are more professional.

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?

No
Please say why or why not

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?

No
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.
Second language is not the best recording to TCM

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?
1 week

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?

No
If Yes or Maybe, please explain what other implementation issues the Board should be aware of.

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?

No
If Yes, please explain what should be changed.

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
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**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?**

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

N/A
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**Question Twelve: Do you have any other comments on the proposed revised guidelines?**

N/A
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Response from Sonia Ball

(Questions one to three redacted)

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?
They are busy oriole with full lives and patients, 24 hours is not viable or fair. One week or more would be more reasonable to fit in with their work and life schedules.

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?

Yes
If Yes or Maybe, please explain what other implementation issues the Board should be aware of.
The fact that many valuable and skilled Chinese practitioners are advanced in age and already doing their best with language. This would place unfair time pressure and stress onto them which is unnecessary. Patients are already able to communicate the benefits and treatments from their Chinese medicine practitioners with their other health providers.

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?

No
If Yes, please explain what should be changed.

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
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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?

No
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Question Eleven: Do you have any comments on the Board’s Statement addressing Patient and Consumer Health and Safety Impact, included as Attachment C?

No
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Question Twelve: Do you have any other comments on the proposed revised guidelines?

They’re unnecessary and could create undue stress on our valuable Chinese health practitioners.
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Response from XiaoHua Wu

**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?**

No
Please give a reason for your answer
Because many Chinese medicine terms are difficult to accurately translate into English, and many veteran Chinese medicine practitioners are not proficient in English, translating Chinese medical records and other documents into English is very challenging. This would significantly increase the workload and financial burden on Chinese medicine practitioners, affecting their normal work.

**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?**

No
Please say why or why not
Learning English cannot be achieved in a short period of time; even basic conversational English is difficult to master quickly, let alone professional medical English. Therefore, implementing a transition period is impractical. It would be best not to require English, allowing Chinese medicine practitioners to use Chinese for their records.

**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?**

No
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.
My response is that English records should not be required, as only Chinese can fully and accurately reflect the true situation of Chinese medicine. This is a responsible approach for both patients and doctors.

**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?
My response is that English records should not be required, as only Chinese can fully and accurately reflect the true situation of Chinese medicine. This is a responsible approach for both patients and doctors.

**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?**

Yes
If Yes or Maybe, please explain what other implementation issues the Board should be aware of.
It is important to consider the actual situation of many elderly Chinese medicine practitioners who are not proficient in English. Learning English cannot be accomplished in a short period of time, and many veteran practitioners are already working hard with limited time and energy to learn English. Therefore, it is necessary to allow the use of Chinese.

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

No
If No, please explain why
It is important to consider the actual situation of many elderly Chinese medicine practitioners who are not proficient in English. Learning English cannot be accomplished in a short period of time, and many veteran practitioners are already working hard with limited time and energy to learn English. Therefore, it is necessary to allow the use of Chinese.



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.
It is important to consider the actual situation of many elderly Chinese medicine practitioners who are not proficient in English. Learning English cannot be accomplished in a short period of time, and many veteran practitioners are already working hard with limited time and energy to learn English. Therefore, it is necessary to allow the use of Chinese for record-keeping.

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)
It is important to consider the actual situation of many elderly Chinese medicine practitioners who are not proficient in English. Learning English cannot be accomplished in a short period of time, and many veteran practitioners are already working hard with limited time and energy to learn English. Therefore, it is necessary to allow the use of Chinese for record-keeping, potentially with the aid of automatic translation systems or software.

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

Yes
If Yes, please explain what they may be.
It is important to consider the actual situation of many elderly Chinese medicine practitioners who are not proficient in English. Learning English cannot be accomplished in a short period of time, and many veteran practitioners are already working hard with limited time and energy to learn English. Therefore, it is necessary to allow the use of Chinese for record-keeping, as requiring English would impact the work of many elderly practitioners and, consequently, affect indigenous people seeking Chinese medicine treatments.

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?

It is important to consider the actual situation of many elderly Chinese medicine practitioners who are not proficient in English. Learning English cannot be accomplished in a short period of time, and many veteran practitioners are already working hard with limited time and energy to learn English. Therefore, it is necessary to allow the use of Chinese for record-keeping.
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Question Eleven: Do you have any comments on the Board’s Statement addressing Patient and Consumer Health and Safety Impact, included as Attachment C?

It is important to consider the actual situation of many elderly Chinese medicine practitioners who are not proficient in English. Learning English cannot be accomplished in a short period of time, and many veteran practitioners are already working hard with limited time and energy to learn English. Therefore, it is necessary to allow the use of Chinese for record-keeping.
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Question Twelve: Do you have any other comments on the proposed revised guidelines?

It is important to consider the actual situation of many elderly Chinese medicine practitioners who are not proficient in English. Learning English cannot be accomplished in a short period of time, and many veteran practitioners are already working hard with limited time and energy to learn English. Therefore, it is necessary to allow the use of Chinese for record-keeping. Requiring English would impact the work of many elderly practitioners and, consequently, affect indigenous people seeking Chinese medicine treatments. I hope this policy will not be implemented.
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Response from: Xuqiong FU

**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?**

No
Please give a reason for your answer
It is not possible and practicable to have all health records made in English for group of TCM practitioners. It is very difficult to improve their English language to a professional level with many medical terms at this stage of their age. So it won't improve continuity of care for patients but make it more difficult for them to care for their patients with their skills and knowledge in TCM.

**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?**

No
Please say why or why not
Because this is not a change of methodology but ability for their practice. The transition period is not enough for practitioners to improve their English language to write patient record in English. Practitioners do not have enough English to make sure that records are translated accurately. Their writing in English for their patient records would be inaccurate and hence would affect directly the treatment results and patients' health. Please note TCM is related closely to Chinese language.

**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?**

No
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.
I don't think 12 months would be enough time to improve their English to such a level to write patient records in English. It may need to take many years.

**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?
This will be stressful and will affect the health of the practitioner. They may work hard to translate it to English. But, as I said above, the resulted record could be inaccurate, and when reviewed the patient's history from these records, it may mislead practitioners to a wrong treatment.

**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?**

Yes
If Yes or Maybe, please explain what other implementation issues the Board should be aware of.
Check with non-English speaking practitioners to know what they need and how to make the change. Make the change more practicable and acceptable.

**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 / No
If Yes, please explain what should be changed.
Practitioners who are not able to write in English will not be able to comment.



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

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?

The board may need to check if practitioners have made the change. There will be a running cost of doing so.

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

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

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Response from Zhi Wu Chen

**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?**

No
Please give a reason for your answer
I don't think making patient health records in English will be beneficial for the small group of practitioners. The reasons are: 1. The practitioner may find it difficult and have to give up the practice. 2. English is difficult for some practitioners, especially medical terms. 3. It will affect business related to Chinese medicine. 4. Patients report that western medical doctors are not interested in any Chinese treatment/medicine that the patients have taken. 5. Western doctors do not understand how Chinese medicine is practiced.

**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?**

No
Please say why or why not
1. Transition period is too short for practitioners to learn and write in English effectively. 2. Practitioners kept records not in English are only 15% of all practitioners. 3. Practitioners do not know enough English to ensure records are translated accurately 4. Practitioners do not have the salary to pay for the translation.

**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?**

No
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.
12 months period is too short to learn English. It takes many years to learn especially medical terms.

**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?
1. Practitioners who can not speak English certainly can not translate. 2. It will increase the workload and cause stress, thus affect the health of practitioners.

**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?**

Yes
If Yes or Maybe, please explain what other implementation issues the Board should be aware of.
1. What actions will the Board take if a practitioner is not able to make the change after 12 months? 2. Has the Board meet with any non-English speaking practitioners to know what they really need and how to make the change?

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

No
If No, please explain why
Practitioners who don't have english background will not understand the new guideline.

**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.
Not applicable. I prefer no change to be applied. Practitioners who do not speak English can not comment.

**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.

None

**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?

The Board will have to take action or investigate practitioners who have not made the change, and cost time and money to investigate.

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

No.

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

I prefer to not make any change.

Response from Zong Lin pan

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?

Yes
Please give a reason for your answer
Easy to communicate

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
No

Question three redacted

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?

Yes
If No, what do you consider to be an appropriate length of time for health records to be translated?

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?

No
If Yes or Maybe, please explain what other implementation issues the Board should be aware of.

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?

No
If Yes, please explain what should be changed.

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.

None
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**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?**

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

N/A
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**Question Twelve: Do you have any other comments on the proposed revised guidelines?**

N/A
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Respondent name redacted

**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?**

No
Please give a reason for your answer
The practitioners with English conditions are with inefficient English. They can not expect to write English efficiently. If they are forced to write the patients's history with English, It might produce serious mistakes in the patients's history. The wrong written record will lead the wrong way for themselves and the others. Thus it will put the public safety in the unblieveable risk.

**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?**

No
Please say why or why not
Language is a special talent with the age. When the people are till to some age , it loses the talent to improve themselves efficiently.

**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?**

No
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.
Not available.

**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?
Not available

**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?**

No
If Yes or Maybe, please explain what other implementation issues the Board should be aware of.

**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.
The practitioner with English conditions cannot read the documents with English language efficiently, how can they read, understand and fitful the consultation? The Board should have a few language translations for Chinese, Vietnamese, Japanese etc.

**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.

Frequently asked questions / Health record templates / Other resource
The translation languages for the practitioners apart of English.

**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?

Don’t know yet
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**Question Eleven:** Do you have any comments on the Board’s Statement addressing Patient and Consumer Health and Safety Impact, included as Attachment C?

It may affect the practitioners to continue their career.
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**Question Twelve:** Do you have any other comments on the proposed revised guidelines?

Keep the current policy to allow the special practitioners to work.
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Respondent name redacted

**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
Clearer communication between everyone would be achieved if there was a way to understand records. It Will also promote the benefits of Chinese medicine in Australia if written in English. Practitioners can record in Chinese but surely there is a translation application to allow the industry records to be understood. If Chinese records are translated perhaps the interpretation could be mistaken and misleading. That would be the only concern. Generationally I feel the newer practitioners will be bilingual and able to transition to written English records. It is important to maintain the treatment and language should not be the barrier to helping supporting well being. The past Chinese generations have so much knowledge and success stories to share so this cant be lost and needs to be integrated into western medicine. Authentic Chinese treatment must remain and Australian acupuncturists are not at the same level as traditional Chinese practitioners.

**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?**

No
Please say why or why not
Chinese medicine was tried and tested well before our approaches. My treatment plan has been based on my symptoms and so effective. I trust my practitioner and also a great teacher of the human body and emotional factors that cause illness. No records would help me any better. Record them in Chinese- I don't look at them and if needed to be reviewed we could translate. As long as the communication is clear from the beginning and tailored to my symptoms and achieve results I am happy for my records to be in Chinese.

**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?**

No
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.
I don't believe a transition is required. Work with the practitioners to adopt Chinese records and a framework for storing records maybe is a better way. The human body is the same in the world- identity symptom and system then treat cause accordingly. Chinese or English would be the same treatment.

**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?
None

**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?**

Yes
If Yes or Maybe, please explain what other implementation issues the Board should be aware of.
still believe if we all understand the symptoms and body ailments, address the cause of these, humans would be a healthy race. Consider how often you look to understand Chinese records then decide if change is necessary. Don't change just to tick a box. You are proposing a lot of work and for what benefit? So many more people are gravitating to alternate treatments and reaping the rewards both physically, emotionally and economically across the country with healthier people. Embrace the treatment and focus on the benefits rather than more administrative work....and what for?

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

No
If No, please explain why
Over complicating a traditional practice that is beneficial to the health industry in Australia



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.
Don't make the change a admin nightmare which will also drive costs up. It's working fine now, don't change for change sake

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.

None
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Question Nine: Are there any potential negative or unintended impacts that the proposed revised guidelines may have for Aboriginal and Torres Strait Islander Peoples?

Yes
If Yes, please explain what they may be.
A traditional race adopt natural medicine as well- very aligned to traditional Chinese medicine. Are you going to maintain records in their language too? Symptoms/ treat cause/ reap rewards!

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?

No.
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Question Eleven: Do you have any comments on the Board's Statement addressing Patient and Consumer Health and Safety Impact, included as Attachment C?

No.
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Question Twelve: Do you have any other comments on the proposed revised guidelines?

No.
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