

Public consultation

March 2025

Public consultation on the *Guidelines - Clinical Record Keeping for Chiropractors*

You are invited to give feedback

The existing *Guidelines - Clinical Record Keeping for Chiropractors* (the guidelines) were first published in 2013 and are due for review.

The Chiropractic Board of Australia (the Board) is inviting stakeholders, chiropractors and the public to give feedback on options for reviewing the guidelines. This includes the option to retire the guidelines.

Your feedback

To give feedback, you can either complete the:

- [online consultation survey](#) or
- feedback submission template at appendix D and email your submission to chiropracticboard@ahpra.gov.au.

Please note that the questions in the online consultation survey are the same as those in the submission template. The consultation questions are also at page 5 of this document.

The consultation closes on **Friday 2 May 2025**.

The current guidelines are at **Appendix A**.

Background and context

1. The current version of the guidelines has been in effect since 2013 and give guidance for practitioners on their requirements regarding patient health records. The guidelines were developed by the Board under section 39 of the National Law. The Board periodically reviews all its guidelines, standards and other policy documents.
2. Where there are laws related to the making of health records, practitioners must comply with those laws. If there is any inconsistency between the guidelines and the provisions of any Act or Regulation, the provisions of the Act or Regulation prevail.
3. Registered health practitioners are obligated to indicate that they have met the requirements of the Board as established in registration standards, the *Code of conduct* and policies when renewing or applying for registration. In addition to complying with the Board's regulatory framework, chiropractors should comply with Commonwealth, state and territory legislative requirements including (but not limited to) authorities that regulate health records or any other relevant legislation and/or regulatory requirements.
4. Furthermore, chiropractors should also be aware of, and comply with, privacy legislation and other relevant privacy requirements about health records. Employers (e.g. education providers, health services and/or individuals) may have workplace requirements in place for health records.
5. The guidelines currently in effect set out the expected minimum standard for record making. Practitioners are expected to use professional judgment in deciding what to record on an individual basis.

The Code of Conduct

6. The [Code of conduct](#) is shared by 12 registered professions and was reviewed in 2022. There is a section in the *Code of conduct* which specifically refers to health records (8.3). It documents the importance of maintaining clear and accurate health records for the continuing good care of patients or clients. It details what the Board considers to be good practice in relation to health records, such as:
- a. keep accurate, up-to-date, factual, objective and legible records that report relevant details of clinical history, clinical findings, investigations, information given to patients, medication and other management in a form that can be understood by other health practitioners
 - b. ensure that records are held securely and are not subject to unauthorised access. This includes protecting the privacy and integrity of electronic records
 - c. ensure that records show respect for patients and do not include demeaning or derogatory remarks
 - d. ensure that records are sufficient to facilitate continuity of care
 - e. make records at the time of events or as soon as possible afterwards
 - f. recognise the right of patients to access information contained in their health records and facilitate that access, and
 - g. promptly facilitate the transfer or management (including disposal) of health information in accordance with legislation on privacy and health records when requested by patients, or when closing or relocating a practice.
7. While the specifics are covered in this section 8.3, the Board's expectations about health records are detailed throughout the *Code of conduct*, including under the headings:
- providing good care
 - effective communication
 - confidentiality and privacy
 - personal relationships, and
 - closing or relocating a practice.

Health record management tools

8. In 2023 seven National Boards jointly produced, published and promoted new [health record management resources](#).
- *Managing health records – Self-reflective tool*. This tool helps practitioners reflect on whether their records and record management processes meet the relevant standards set out in the shared *Code of conduct*. Practitioners can use the tool to reflect on their records and record management processes.
 - *Managing health records – Summary of obligations*. National Boards expectations about maintaining health records are set out in the profession's code of conduct. This is a summary of those expectations.
9. Given that there are recently developed and reviewed shared regulatory resources and a drive for less regulatory complexity, it is an opportune time to present options for the 2013 guidelines.

Preliminary consultation on the proposed options for the guidelines

10. In October 2024, the Board carried out preliminary consultation with stakeholders on options for the guidelines. Preliminary consultation allows the Board to test and refine its proposals, before deciding whether to proceed to public consultation. A range of stakeholders were invited to respond, including Commonwealth, state and territory jurisdictions, co-regulators, professional associations and other national scheme entities.

11. The feedback received from the preliminary consultation overwhelmingly supported retiring the guidelines. Feedback indicated that there is a greater potential negative or unintended impact for Aboriginal and Torres Strait Islander Peoples if the current guidelines were retained. Further, there are no unique professional requirements for chiropractors that are not covered within the contemporary shared *Code of conduct* and the shared resources for managing health records. There was support for less duplication and reduced complexity by retiring the guidelines and support for greater consistency amongst health profession requirements.
12. Given the positive feedback among stakeholders for retiring the guidelines, the Board is undertaking public consultation to seek the wider views of stakeholders, including practitioners and the public.

Options statement

13. The Board has considered two options in developing this proposal.

Option one – Retire the guidelines

14. The National Scheme has matured since the introduction of the guidelines in 2013. The regulatory principles which underpin the work of the Board encourages a responsive, risk-based approach to regulating chiropractic practitioners. The Board manages and responds to risk in a way that is proportionate. The current guidelines could be considered overly prescriptive with outdated references. It has also been used as a checklist by chiropractic practitioners which is not the intended purpose of the guidelines.
15. The advantages of retiring the guidelines include:
 - emphasising the *Code of conduct* as the central source for the Board's expectations on health record management
 - aligning with the National Scheme's regulatory principles by responding in ways that are proportionate while adequately managing the risks to the public and reducing unnecessary regulation
 - improving chiropractors' experiences with the Board through centralising expected standards
 - the plain, unambiguous language used in the *Code of conduct* is easily understood by chiropractors and consumers of chiropractic services
 - removing guidance to practitioners that conflates cultural background and social and lifestyle history. The *Code of conduct* makes clear clinicians must practice in a culturally safe way, including when recording patient histories, and linking cultural identity with lifestyle or social history risks promoting stereotypes
 - shifting the focus to supporting practitioners to ensure their record keeping is adequate, and
 - allowing for timely updates to reflect changes to health record and privacy legislation when needed by having the resources online.
16. The potential disadvantages of retiring the guidelines are:
 - practitioners, chiropractic students, stakeholders and consumers may still use the guidelines in limited situations such as a checklist
 - practitioners, Ahpra staff and the National Board will need to become familiar with retirement of guidelines, and
 - stakeholders, in particular, professional associations, education providers and indemnifiers, will need to update their resources, such as, continuing professional development (CPD) modules and guidance documentation, which references the guidelines.
17. The disadvantages are minimised because there is not a void or absence of updated resources. The revised shared *Code of conduct* and specific new health record resources have already been published. These have been publicised by the Board in newsletters over the past two years and so it is less likely that

the guidelines are the primary reference for practitioners, Ahpra staff and stakeholders in clinical record keeping.

18. Option one aligns with the National Scheme's regulatory principles which underpins the work of the Board; the Board's actions are designed to protect the public through responding in ways that are proportionate and by managing any risks. It further aligns with the Board's strategic direction by working towards improving chiropractors' experiences with the Board through streamlining guidance to the profession and lessening the regulatory burden on registrants.

Option two – Maintain the status quo

19. Option two is to keep the current guidelines which detail the Board's requirements for patient health record keeping. Through public consultation the Board may identify ways to improve the guidelines, including opportunities to clarify the language and structure making the guidelines easier to understand.

20. The advantages of keeping the status quo include:

- reinforcing the principles outlined in the *Code of conduct* and highlighting the Board's minimum standards expected for maintaining health records
- the tool can be used by chiropractors and other stakeholders to ensure chiropractors are adhering to the Board's expectations of maintaining health records, and
- providing consumers with an accessible document for clarifying how chiropractors should be maintaining patient health records.

21. The disadvantages of keeping the status quo are:

- the guidelines are overly prescriptive, and could be used as a checklist to assess or critique chiropractors' record keeping, which is not the intended purpose
- the guidelines in their current iteration create an unrealistic expectation that all aspects of guidelines must be met to satisfy the requirements of the Board
- creates a further level of regulation for practitioners when expectations are adequately stipulated in the *Code of conduct*
- the language used in the guidelines is convoluted and outdated, including redundant links and references, and
- any new guidance such as using [AI](#) for developing and using health records refers to the *Code of conduct* not the guidelines.

22. **The Board supports option one.**

23. The Board considers that there is adequate guidance about health records in the *Code of conduct* and the resources for managing health records. This option emphasises the *Code of conduct* as the central source for expected standards about health records. Concurrently, it reduces unnecessary complexity and duplication of source material in regulation while still appropriately managing the risk to the public. It shifts to supporting practitioners to ensure their record keeping is adequate through providing online information and incorporating links to other available resources.

24. The Board considers that there are adequate and updated resources available to chiropractors through other entities which provide further guidance on health record management if needed. These are the professional associations; education providers; [insurance](#) companies; third party providers in the fields of workers compensation, rehabilitation, health insurance; and CPD providers.

25. Other National Boards have retired their health record guidelines in preference to relying on the *Code of conduct* and the resources for managing health records.

26. Preliminary consultation indicated a high level of support for this option.

27. In the absence of unique profession requirements, it is preferred that chiropractors refer to the contemporary shared *Code of conduct* and the shared resources for managing health records as per option one.

The Board is interested in your feedback about the options for the guidelines

28. Specific questions the Board would like you to address are:

Q1. Are the current guidelines necessary? Yes/No/Unsure

Please explain why.

Q2. Do you agree with the proposal that the Board retires the current guidelines? That includes positioning the *Code of conduct* as the document to provide practitioners with guidance on health records management with supplementary information through new [health record management resources](#) – Yes/No/Unsure

Please explain why.

Q3. Would retiring the guidelines have any potential negative or unintended impacts for Aboriginal and Torres Strait Islander Peoples? Yes/No/Unsure

Please explain why.

Q4. If the current guidelines are retained, is the wording and language helpful, clear, relevant and workable? Yes/No/Unsure

Please explain why.

Q5. If the current guidelines are retained, is there any content that needs to be changed or deleted? Yes/No/Unsure

Please explain what should be changed.

Q6. The Board's Statement of assessment against Ahpra's Procedures for development of registration standards, codes and guidelines, included at Appendix B, identifies potential regulatory impacts from this proposal that the Board will take into account when considering whether to retire the guidelines or implement revised guidelines. Are there any additional potential regulatory impacts that the Board should also take into account?

Q7. Do you have any comments on the Board's Statement addressing Patient and Consumer Health and Safety Impact, included as Appendix C?

Q8. Are there any issues or concerns that the Board needs to be aware of when deciding whether or not to retire the guidelines?

Q9. Do you have any other comments on the proposed options?

Next steps

29. After the public consultation closes, the Board will review and consider all feedback from this consultation before making decisions about the guidelines.

Relevant sections of the National Law

30. Relevant sections of the National Law are sections 35(1)(c)(iii) and 39.

Please provide feedback via the response template or online survey **by 5pm (AEST) on Friday 2 May 2025.**

Publication of submissions

The Board publishes submissions at its discretion (further details are given below, as well as in the online survey).

The Board publishes submissions on its website to encourage discussion and inform the community and stakeholders.

We do not publish submissions that contain offensive or defamatory comments or that are outside the scope of the subject of the consultation. Published submissions will include the names (if provided) of the individuals and/or the organisations that made the submission, unless confidentiality is requested. Before publication, we may remove personally identifying information from submissions, including contact details.

The views expressed in the submissions are those of the individuals or organisations who submit them, and their publication does not imply any acceptance of, or agreement with, these views by Ahpra or the Board.

The Board accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences, or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982 (Cth)*, which has provisions designed to protect personal information and information given in confidence.

Please let the Board know if you want your submissions to be treated fully or partly confidential as outlined in a question in the online survey.

Please note, published submissions will include the names of the individuals and/or organisations that made the submission unless confidentiality is requested.

If you have any questions, you can contact the Board at chiropracticboard@ahpra.gov.au.

Appendices

- A. Current *Guidelines - Clinical Record Keeping for Chiropractors*
- B. Board's *Statement of assessment* against Ahpra's procedures for development of registration standards, codes and guidelines
- C. National Board's Patient and Consumer Health and Safety Impact Statement
- D. Response template (separate word document)



Guidelines - Clinical Record Keeping for Chiropractors

Guidelines - Clinical Record Keeping for Chiropractors

Introduction

These guidelines have been developed by the Chiropractic Board of Australia (the National Board) under section 39 of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law). The National Board also notes the parallel obligations for practitioners in relation to *Health Records* legislation as enacted in each state and territory. Although there is some commonality, these guidelines are not a substitute for, or summary of, these obligations. Practitioners should ensure that they are familiar with legislative requirements in the jurisdictions in which they practice.

Who needs to use these guidelines?

These guidelines show the National Board's expectations on the appropriate standards for clinical record-keeping. The guidelines address how chiropractors should maintain clinical records (including e-health records) related to their practice

They apply to all registered chiropractors, and any personnel working under their supervision. The guidelines will be used as evidence of what constitutes appropriate professional conduct or practice for chiropractors during an investigation or other proceedings against a registered chiropractor.

These guidelines are supplementary to the information provided in section 9.4 of the Code of Conduct for Chiropractors and accordingly this document should be read in conjunction with the Code of Conduct for Chiropractors

Summary

Chiropractors must create and maintain clinical records that serve the best interests of patients and that contribute to the safety and continuity of their care. The keeping of adequate clinical records is fundamental to the safe and effective care of a patient. Good clinical records may also assist in any investigation or dispute resolution.

To facilitate safe and effective care, patient records must be accurate, legible and understandable, and contain sufficient detail so that another practitioner could take over the care of the patient if necessary. These guidelines describe the *minimum* requirements for clinical records regardless of whether they are in paper or electronic form.

Note: for the purpose of these guidelines, the term 'patient' is used to refer to the person receiving the treatment, care or health care services of the chiropractor. In other contexts, the terms 'client' or 'health care consumer' may be used. Also the terms treatment, care and management can be used interchangeably for the purposes of this guideline.

Clinical records held by chiropractors

1. Responsibilities

Chiropractors have both professional and legal responsibilities to:

- a. keep and maintain adequate clinical records for each patient
- b. keep confidential the information they collect and record about patients and retain, transfer, dispose of, correct and provide access to clinical records in accordance with the requirements of relevant state, territory and commonwealth laws relating to privacy and health records information, and
- c. be familiar with the provisions of relevant state, territory and commonwealth laws relating to privacy and health records information, including but not limited to the *Privacy Act 1988*, *Healthcare Identifiers Act 2010* and the *Healthcare Identifiers Regulations 2010*, *Health Insurance Amendment (Compliance) Act 2011*.

2. General principles to be applied

- a. Clinical records can be kept in either paper or electronic format. Any electronic format should be the equivalent of any paper format and should be able to be printed.
- b. Each patient should have an individual health record containing all the health information (radiographs excepted) held about them.
- c. A chiropractic clinical record should be made at the time of the consultation or as soon thereafter as practicable or as soon as information (such as test results) becomes available. It must be an accurate and contemporary reflection of all consultations or interactions. If the date the record is made is different to the date of the consultation, the date the record is made and the time and date of the consultation must be noted.
- d. Entries on a clinical record must be made in chronological order.
- e. Chiropractic clinical records must be legible and understandable and of such a quality that another chiropractor could read and reasonably understand the terminology and abbreviations used and, from the information provided, be equipped to manage the care of the patient. The *Australian Dictionary of Clinical Abbreviations, Acronyms and Symbols*¹ is a useful resource for practitioners regarding abbreviations. It may be helpful for individual practitioners to maintain a readily accessible glossary of common abbreviations that they use to assist subsequent practitioners.
- f. If documents are scanned to the record, such as external reports, the scanning needs to be undertaken in a way that retained the legibility of the original document.
- g. Chiropractic clinical records must be able to be retrieved promptly when required.
- h. Chiropractic clinical records must be stored securely and safeguarded against loss or damage, including a process for secure transmission and a backup of electronic records.

¹ *Australian Dictionary of Clinical Abbreviations, Acronyms and Symbols*. ISBN 978-1-876443-15-3. Published by the Health Information Management Association of Australia Limited.

- i. All comments in the clinical record should be clinically relevant, respectful of the patient and be couched in appropriate clinical, objective language.
- j. Chiropractors should be familiar with, and adhere to the requirements in the Board's *Code of Conduct for Chiropractors* that relate to record keeping.
- k. Corrections can be made to a clinical record either at or after the time of original entry. The correction must be initialled, dated and tracked by the practitioner and the original entry must still be visible or digitally traceable.
- l. A treating chiropractor must not delegate responsibility for the accuracy of information in the chiropractic clinical record to another person.
- m. A treating chiropractor must recognise and facilitate a patient's right to access information contained in their clinical records. If a patient disputes the information then it should be removed, unless the practitioner disagrees. In the latter situation, the record should be maintained with a note stating the patient's beliefs about the accuracy of the record.
- n. The transfer of health information must be done promptly and securely when formally requested by the patient (preferably in writing), and patients advised of the location of records upon request. Practitioners should keep a record of any such requests.

3. Information to be recorded at an initial or new presentation

The following information forms part of the clinical record and is to be recorded, at the initial presentation about that consultation:

- a. identifying details of the patient, including name, preferred name, contact details, date of birth and occupation
- b. contact details of the person the patient wishes to be contacted in an emergency (not necessarily the next of kin)
- c. presenting complaint
- d. examinations and investigations conducted and relevant clinical findings
- e. relevant diagnosis(es)/clinical impressions/ working diagnosis(es), therapeutic trials or management/care plan(s)
- f. current health history including a relevant medical history, systems review, work history, 'red flags', current medications/supplements, allergies, referrals
- g. any contraindications or health alerts
- h. relevant family history
- i. relevant social and lifestyle history including cultural background (where clinically relevant)
- j. name of the consulting practitioner

4. Information to be recorded at a subsequent consultation or any consultation where care or advice is provided

For each presentation, clear documentation of information relevant to that consultation including the following clinical details:

- a. date of the consultation

- b. any change in consulting practitioner
- c. name of the person providing information if not the patient, e.g. parent, guardian
- d. reason for care/consultation
- e. relevant subjective information including response to any treatment, including that provided by other practitioners
- f. relevant objective information about any examination or investigation conducted and relevant clinical findings
- g. the documentation of any offer of a chaperone to patients or when any such request is made by a patient
- h. details of any informed consent (see *Code of Conduct or Chiropractors* section 3.5)
- i. when there are changes to any previous consent i.e. withdrawn, extended, modified, along with notes on the parameters of the change
- j. changes to a documented working diagnosis or therapeutic trial
- k. changes to a documented management/care plan
- l. procedures conducted, techniques used and advice/instructions given
- m. items prescribed, administered or supplied for the patient
- n. any referrals, letters, correspondence, clinical records, reports, or any relevant communications regarding the patient
- o. any unusual sequelae of treatment or changes in contra-indications or health alerts
- p. any relevant diagnostic data, including accompanying reports
- q. setting and context (e.g. after hours, home visit or at a sporting event)
- r. details of anyone contributing to the chiropractic care and record.

Date of issue: 22 March 2013

Date of review: This guideline will be reviewed at least every three years

Appendix B: Statement of assessment against Ahpra's Procedures for the development of registration standards, codes and guidelines

Public consultation on the Guidelines for clinical record keeping for chiropractors

Introduction

Section 25 of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law) requires the Australian Health Practitioner Regulation Agency (Ahpra) to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice.

The Ahpra *Procedures for the development of registration standards, codes and guidelines* (2023) is available on the [Ahpra Resources webpage](#).

Context – issue or problem statement

The current version of the *Guidelines for clinical record keeping for chiropractors* (the guidelines) has been in effect since 2013 and provides guidance for practitioners on their requirements regarding patient health records. The guidelines were developed and approved by the Chiropractic Board of Australia (the Board) under section 39 of the National Law. The Board's approved shared [Code of conduct](#) (2022) and shared [record management tools](#) (2023) were developed more recently and are comprehensive in relation to record keeping and apply to chiropractors.

The Board periodically reviews all its guidelines, standards and other policy documents. The existing guidelines were first published in 2013 and are now due for review. The Board is consulting on options to review the *Guidelines for clinical record keeping for chiropractors*, including the option to retire the guidelines.

Assessment

Below is the Board's assessment of the Public consultation on proposed options for the *Guidelines for clinical record keeping for chiropractors* taking account of the Ahpra procedures.

1. Describe how the proposal

- 1.1 takes into account the paramount principle, objectives and guiding principles in the National Law¹
- 1.2 draws on available evidence, including regulatory approaches by health practitioner regulators in countries with comparable health systems

The Board's proposal takes into account the National Scheme's paramount principle of protecting the public and maintaining public confidence in the safety of services provided by health practitioners. The preliminary consultation on the *Guidelines for clinical record keeping for chiropractors* indicated strong support for retiring the guidelines as they were outdated and already addressed by the Board's other regulatory tools.

This consultation supports the National Scheme to operate in a transparent, accountable, efficient, effective and fair way as it allows stakeholders, including the practitioners and the public to have their say in how the profession is regulated.

The [regulatory principles](#) which underpin the work of the Board encourages a responsive, risk-based approach to regulating practitioners. The Board manages and responds to risk in a way that is

¹ See section 3 and section 3A of the National Law

proportionate. The current guidelines could be considered overly prescriptive with outdated references compared to the more contemporary shared regulatory resources.

The proposal aligns with the National Scheme's regulatory principles by responding in ways that are proportionate while reducing unnecessary regulation and continuing to adequately manage risks to the public. The proposal has considered the guidelines and the more contemporary regulatory tools available to chiropractors and other professions. Good patient health records facilitate high-quality and comprehensive care by making detailed and relevant information available to other treating practitioners.

The Board has drawn from the available evidence to inform the review including an environmental scan of existing regulatory tools relating to requirements around patient record keeping. This included the shared Code of conduct (2022) and the shared health record management resources (2023) *Managing health records – Summary of obligations* and *Managing health records – Self-reflective tool*. A review shows only four National Boards currently maintain guidelines on patient record keeping with three of these Boards (including the Chiropractic Board) currently consulting on record keeping guidance. Other National Boards have retired similar guidelines in preference for relying on the shared Code of conduct and the resources for managing health records.

2. Outline steps that been taken to:

- achieve greater consistency within the National Scheme (for example, by adopting any available template, guidance or good practice approaches used by National Scheme bodies)
- meet the wide-ranging consultation requirements of the National Law

The consultation on options for *Guidelines for clinical record keeping for chiropractors* has been informed by the experience, evaluation, and good practice of other National Boards' retirement of similar guidelines. An evaluation by one National Board, that retired similar guidelines and published a self-reflective tool to assist practitioners comply with their record keeping obligations, indicated that there were no unintended consequences of the change.

The shared Code of conduct underwent wide-ranging [consultation](#) in 2021. The consultation tested whether there may be possible adverse cost impacts and unintended consequences for members of the community vulnerable to harm and for Aboriginal and Torres Strait Islander Peoples. The Boards worked with practitioners and their representatives and consumers to develop a clear, contemporary and user-friendly shared code.

The National Law requires wide-ranging consultation on the proposed standards, codes and guidelines and requires National Boards to consult each other on matters of shared interest. Public consultation is the next step in the consultation process and is an opportunity for the Board to test its proposal and obtain feedback on any issues or unintended consequences. This consultation paper and approach is consistent with the *Consultation process of National Boards 2023*.

The Board will consider the feedback received in response to the public consultation on the *Guidelines for clinical record keeping for chiropractors* before making its decision as to whether the guidelines should be retired.

3. Address the following principles:

- a. whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public

The consultation considers two options: retiring the guidelines (option one - preferred) or a proposal to retain the guidelines, possibly with amendments (option two).

The Board considers that the proposal to retire the guidelines is the best option for achieving a responsive, risk-based approach to regulating practitioners. The current guidelines were developed and approved more than 10 years ago so are no longer contemporary, are overly prescriptive, and create a further layer of regulation for practitioners when expectations are adequately stipulated in the shared Code of conduct. The proposal aligns with the National Scheme's regulatory principles by responding in ways that are proportionate while reducing unnecessary regulation and continuing to adequately manage the risk to the public.

- b. whether the proposal results in an unnecessary restriction of competition among health practitioners

The Board does not expect the proposal to unnecessarily restrict competition as the shared Code of conduct currently applies to all chiropractors, and retiring the guidelines would provide greater alignment with the requirements of other National Boards regarding patient health records.

- c. whether the proposal results in an unnecessary restriction of consumer choice

The proposal is not expected to restrict consumer choice given the nature of the proposal (see b above).

- d. whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved

The Board has considered the potential costs associated with the options during the development of this consultation paper. The Board does not consider this proposal will have an impact as the shared Code of Conduct and the health management tools largely reflect the current practice of chiropractic and other practitioners. Public consultation provides a further opportunity to test the Board's proposed option and identify if there are any other costs or impacts the Board needs to be aware of.

- e. whether the proposal's requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants, and

The Board is committed to a plain English approach that will help practitioners and the public understand practitioners' obligations regarding record keeping.

Retiring the guidelines and relying on the Code of conduct as the primary resource for record keeping will ensure a clear understanding for both the public and practitioners. The easy English version of the shared Code of conduct will further assist the public to understand the requirements practitioners are expected to meet.

- f. whether the Board has procedures in place to ensure that the proposed standard remains relevant and effective over time.

The Board has procedures in place to support a review of the guidelines at least every five years as it is good regulatory practice to do so.

However, the Board may choose to retire the guidelines in response to consultation. If so, the shared *Code of Conduct* will be relied on and is subject to review at least every five years.

4. Closing statement

Feedback on any regulatory impacts identified during the consultation process will be provided to the Board to inform decision-making.

The Board has completed a **patient health and safety impact statement** for consultation and will provide a patient and safety impact assessment (if the proposal is approved).

Appendix C: National Boards Patient and Consumer Health and Safety Impact Statement

Public consultation on proposed options for Guidelines for clinical record keeping for chiropractors

Statement purpose

The National Boards Patient and Consumer Health and Safety Impact Statement (Statement)¹ explains the potential impacts of a proposed registration standard, code or guideline on the health and safety of the public, particularly those vulnerable to harm in the community which includes those subject to stigma or discrimination in healthcare, and/or experiencing health disadvantage and Aboriginal and Torres Strait Islander Peoples.

The four key components considered in the Statement are:

1. The potential impact of the proposed revisions to the registration standard, code or guideline on the health and safety of patients and consumers particularly those vulnerable to harm in the community including approaches to mitigate any potential negative or unintended effects.
2. The potential impact of the proposed revisions to the registration standard, code or guideline on the health and safety of Aboriginal and Torres Strait Islander Peoples including approaches to mitigate any potential negative or unintended effects.
3. Engagement with patients and consumers particularly those vulnerable to harm in the community about the proposal.
4. Engagement with Aboriginal and Torres Strait Islander Peoples about the proposal.

The National Boards Patient and Consumer Health and Safety Impact Statement aligns with the [National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025](#), [National Scheme engagement strategy 2020-2025](#), [the National Scheme Strategy 2020-25](#) and reflects key aspects of the Ahpra [Procedures for the development of registration standards, codes, guidelines and accreditation standards](#).

Below is our initial assessment of the potential impact of consultation on proposed options for *Guidelines for clinical record keeping for chiropractors* (the guidelines) on the health and safety of patients, particularly those vulnerable to harm in the community, and Aboriginal and Torres Strait Islander Peoples. This statement will be updated after consultation feedback.

1. How will this proposal impact on patient health and safety, particularly those vulnerable to harm in the community? Will the impact be different for people vulnerable to harm in the community compared to the general public?

The Chiropractic Board of Australia (the Board) has carefully considered the impacts the consultation on proposed options for the guidelines could have on patient health and safety, particularly those vulnerable to harm in the community in order to put forward what we think is the best option.

The preferred option (option one) is based on best practice approaches to health records developed through wide-ranging consultation in the past two years including: the revised shared Code of Conduct which was published in 2022 and the new joint National Board tools published in 2023. Our engagement through this current consultation will help us to better understand possible outcomes and meet our responsibilities to protect patient safety and healthcare quality.

¹ This statement has been developed by Ahpra and the National Boards in accordance with section 25(c) and 35(c) of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law). Section 25(c) requires Ahpra to establish procedures for ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice. Section 35(c) assigns the National Boards functions to develop or approve standards, codes and guidelines for the health profession including the development of registration standards for approval by the Ministerial Council and that provide guidance to health practitioners registered in the profession. Section 40 of the National Law requires National Boards to ensure that there is wide-ranging consultation during the development of a registration standard, code or guideline.

2. How will National Boards engage with patients, particularly those vulnerable to harm in the community during consultation?

In line with our [consultation processes](#), the Board is undertaking wide-ranging consultation. We will engage with patients and consumers bodies, peak bodies and other relevant organisations to get input and views from vulnerable members of the community.

In our consultation questions, we have specifically addressed whether the Board's preferred option to retire the guidelines will impact on patient, client and consumer health and safety, particularly vulnerable members of the community, which will also help us better understand possible impacts and address them.

3. What might be the unintended impacts for patients particularly people vulnerable to harm in the community? How will these be addressed?

The Board has carefully considered what the unintended impacts of options for the guidelines might be, as the consultation paper explains. The options do not propose additional requirements but rely on the existing regulatory tools including the Code of conduct and record keeping resources to assist practitioners to understand their obligations. These have been consulted on for impact on people vulnerable to harm in the past few years and a plain English version of the Code is available.

Consulting with relevant organisations and those vulnerable to harm in the community will help us to identify any other potential impacts. We will fully consider and take actions to address any potential negative impacts for patients that may be raised during consultation particularly for people vulnerable to harm in the community.

4. How will this proposal impact on Aboriginal and Torres Strait Islander Peoples? How will the impact be different for Aboriginal and Torres Strait Islander Peoples compared to non-Aboriginal and Torres Strait Islander Peoples?

The Board has carefully considered any potential impact of options for the guidelines on Aboriginal and Torres Strait Islander Peoples and how the impact compared to non-Aboriginal and Torres Strait Islander Peoples might be different in order to propose options for feedback as outlined in the consultation paper.

At preliminary consultation, stakeholders raised concerns about the wording of the current guidelines and the possible negative impact they may have on Aboriginal and Torres Strait Islander Peoples. Stakeholders told us that the Code of conduct and other resources explain that practitioners must work in a culturally safe way, including when taking patient histories and clinical records. Cultural safety for Aboriginal and Torres Strait Islanders is not addressed in the guidelines as currently worded.

Our engagement through consultation will help us to identify any other potential impacts and meet our responsibilities to protect safety and healthcare quality for Aboriginal and Torres Strait Islander Peoples.

5. How will consultation about this proposal engage with Aboriginal and Torres Strait Islander Peoples?

The Board is committed to the National Scheme's [Aboriginal and Torres Strait Islander Cultural Health and Safety Strategy 2020-2025](#) which focuses on achieving patient safety for Aboriginal and Torres Strait Islander Peoples as the norm, and the inextricably linked elements of clinical and [cultural safety](#).

As part of our consultation process, we will engage with relevant Aboriginal and Torres Strait Islander organisations and stakeholders to ensure there are no unintended consequences for Aboriginal and Torres Strait Islander Peoples.

In our consultation questions, we have specifically addressed whether the proposed options will result in any potential negative or unintended impacts for Aboriginal and Torres Strait Islander Peoples that will also help us better understand possible impacts and address them.

6. What might be the unintended impacts for Aboriginal and Torres Strait Islander Peoples? How will these be addressed?

The Board has carefully considered what might be any unintended impacts for options for the guidelines as identified in the consultation paper.

Continuing to engage with relevant organisations and Aboriginal and Torres Strait Islander Peoples will help us to identify any other potential impacts.

We will consider and take actions to address any other potential negative impacts for Aboriginal and Torres Strait Islander Peoples that may be raised during consultation.

7 How will the impact of this proposal be actively monitored and evaluated?

Part of the Board's work in keeping the public safe is ensuring that all Board standards, codes and guidelines are regularly reviewed. The current consultation is a choice of two options, to review the guidelines, or to retire the guidelines (the Board's preferred option).

If the Board's preferred option to retire the guidelines is supported, the Board will develop an implementation plan and will evaluate the impact of retiring the guidelines post implementation.

If the option to keep the guidelines emerges as the preferred action during the consultation, the Board will review the guidelines. Thereafter, the Board will review the guidelines at least every five years; or more often if issues or new evidence emerge. This will ensure the guideline's continued relevance, workability and maintenance of public safety standards.