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

Response from Chinese Medicine Council of New Zealand

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

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

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

Yes
Please give a reason for your answer
• a detailed consideration of risk should be considered and carried out first; and • the Chinese Medicine (CM) ESL community should provide input and suggested fit for purpose solutions into these changes.

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 rationale for transitional arrangements is strong and supported by international literature. These reports show that targeted groups of practitioners most effected (such as those with current language conditions), leading the transition phase may ensure greater compliance with the new framework. Issues: • consideration about the means of enforcement and/or monitoring should be discussed with the CM profession; • the re-testing of English proficiency, or a compulsory course in medical English could be considered as part of recertification; and • consideration could be given to mentorship programs: pairing practitioners formally with mentors who are fluent in English should provide ongoing support and guidance in improving language skills.

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

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

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

No
If No, what do you consider to be an appropriate length of time for health records to be translated?
15 working days. The reasonable timeframe for a translation depends on the document's complexity, language, and urgency. Generally, it can take several days to a few weeks for an accurate and reliable legal translation. For critical matters, expedited services may be available however, it would be advisable to consult with professional translators to determine the most suitable timeframe. The timeframe stated within the guidelines needs to match the level of translation required, and the issues of access to translator services. The revised guideline currently states that the practitioner is fully responsible and must be satisfied that the translation is comprehensive but does not provide enough information on acceptable translation tools. If notes are requested as evidence in a complaint, to avoid alternation of the notes, it is recommended that the Board take responsibility for the translation and the cost is born by the practitioner. The provision of guidelines for acceptable translation of records should be defined, e.g. online tools, AI.

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.
Other implementation issues are broad and involve the [random] auditing and monitoring of clinical notes, including informed consent. The CMCNZ has concerns about a blanket change being applied without feedback from the practitioners likely to be affected, and the need for appropriate support, reporting/monitoring systems to be in place. From the CMCNZ's experience, it is suggested that new applicants must demonstrate English language competence (e.g. IELTS 7 average across the four bands), and also provide examples of their clinical note taking systems in use/ to be used (such as initial and follow up history/record forms). The relevance of electronic records and templates is fast becoming a reality that should be considered.

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.
In systems where healthcare services are reimbursed, whether through private insurance or public funding, there may be additional documentation requirements related to billing and reimbursement. Private practitioners and public health system providers may need to document services rendered, diagnoses, treatments, and other relevant information to support claims for reimbursement. This may be specific in the context of Australian health insurance and could be referred to here. Issues: • are there any specific insurer guidelines for record keeping, or do they defer to the Board? • consideration of the necessity for this change should be considered with an appropriate assessment of risk, using CM data.

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)
The CMCNZ would like to see the Board develop: • a list of endorsed/suitable medical English courses to improve English writing skills tailored to healthcare contexts. • a list of endorsed/suitable note taking systems, or clinical record systems with translation functions. Clinical notes translated from a native language will provide a more complete and comprehensive record than those written in a [practitioners] second language. If comprehensive clinical records are a key concern, then providing effective pathways for comprehensive translation may be more appropriate than enforcement of English note taking; • a list of common clinical terms with translations; • a template for a referral letter to another health professional/ hospital clinic. This would mitigate the identified risk areas which include transfer of care (onward referral) and emergency care; • a statement on the use of Artificial Intelligence in clinical practice.

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.
Whilst CMCNZ cannot comment on Aboriginal and Torres Strait Islander Peoples specifically, language is closely tied to culture, and enforcing English clinical notes may overlook the cultural nuances and preferences of patients and practitioners whose first language is not English. When imposing English on indigenous people, it is essential to consider cultural diversity, multiple languages, and sensitivity in healthcare communication to ensure respectful and patient-centred care.

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?

… Yes. Enforcing English clinical notes without providing adequate support or accommodations for individuals with limited English proficiency could raise legal, moral, and ethical concerns related to client rights, informed consent, confidentiality, and medical liability.

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

This document could be data driven and contain a more thorough and appropriate assessment of risk through an analysis of notifications, complaints, professional issues etc regarding the CM profession.

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

While some regulations may apply uniformly to all healthcare providers, there may be variations or additional requirements specific to private practitioners when compared to those working within the public health system. These distinctions often reflect differences in organisational structures, funding mechanisms, and legal frameworks. Ultimately, statutory regulations are to safeguard client safety, ensure consistent quality of care, protect client's rights, promote accountability, practitioner competency and practitioner fitness to practice. Nevertheless, the regulations regarding the provision of services should be fit for purpose and reflect a prior risk assessment as well as a consultative process.

The CMCNZ has policy documents on English language, informed consent, and clinical note taking, and these are available as resources for the CMBA as it develops its revised guidelines.