

Individual responses (H-Q) 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 Jou Wei

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>Although I understand the rationale in mandating records be kept in English to allow Chinese medical practitioners to more fully integrate into the health system as a whole, I believe that this goal will not be practically achieved with this proposal. The Chinese medical practitioners who will be most affected by the proposal, namely those who practice with a language condition, likely already struggle with writing and accurate medical terminology in English. As an English speaking medical officer, I believe that the linguistic inaccuracy of English records kept by those affected by this proposal would mean that these records would very likely be of limited or no use. In an emergency situation, I would be very hesitant to change my management based on a medical record that I knew was being written in a practitioners second or even third/fourth language.</p> <p>I would suggest a more robust alternative is to professionally translate medical records (or interpret verbal handover) by accredited medical interpreters should these records be required.</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>See my answer in first question. I believe that even with a transitional period, individual medical practitioners are unlikely to be able to learn English medical terminology (especially for a gamut of Chinese or foreign herbal remedies), to be able to keep records in entirely English. Furthermore, individual practitioners or even practices would be unlikely be able to afford accredited translators for all of their records.</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>Unfortunately, I think almost no length of time would be sufficient for grandfathered practitioners.</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>N/A. I am concerned that requiring ALL records to be transplanted is an unrealistic expectations for practitioners who currently keep some or all of their records in a non-English language. I am concerned that the volume of this work would force some practitioners to use family members of unaccredited translators which would prove dangerous and inaccurate, especially for clinical terms or translated names of traditional medicines.</p> <p>I feel that having certain records translated on request is a more sensible approach and is more likely to result in accurate and robust English records.</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>I would imagine that the majority of Chinese medical practitioners keep records either on paper or private, practice-specific software. Accessing these records at all would normally require a request from other parties (such as state health departments or other disciplines). This is why I believe that records kept in the first (or most proficient) language of the Chinese practitioner that are then professionally translated on request is like to be a more robust and realistic solution.</p>

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.
See my previous comments.

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)
Accredited translating services list.

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?

See previous comments

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?

No

Response from Lihong Yu

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
A lot of Practitioners are from China. Their English are not so good, although passed the language test as required. When a practitioner is seeing a patient, he or she will quickly record the patient's symptoms and check results, meanwhile will think what's going on with the body and give a diagnosis and treatment plan. If the practitioner is trying hard to think how to write in English or what is the exact words, it will affect the efficiency of their practice. Sometimes the practitioner may not write the correct words to describe what they found. Even some practitioners are not from China, but from other non English speaking countries, their English language may also not very good. They write in their native language would be easier. Any language is common words and easily translated into English by AI. Therefore, the importance is not using which language. The importance is easily recognized by humans and computers. So health record should be better kept in typing, or at least clear enough for other people.

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?

Uncertain
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?

Uncertain
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?

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

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 Margaret Morgan

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 very important to me that my practitioner uses their own language and not have to use the English language in any health records. Making health records in English is unnecessary and cumbersome. This permits greater or better and more confident expression of all matters concerning my health.

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
Practitioners should be able to use their own language at all times for all health records. The question is in error and shows a bias in the consultation process because it presupposes (by referring to a transitional period) the use of English by practitioners in the keeping of health records as a fait accompli when it should not do this.

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.
This question is in error and shows a bias in this consultation process. Practitioners should be able to use their own language at all times and a transitional period to English is irrelevant.

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 consultation process is inappropriate. This question is irrelevant when there should be no requirement to keep any personal health records in English

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
No comment

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

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.
I cannot answer this because I am not indigenous. May I respectfully suggest that you directly contact and consult with indigenous people and not ask this question of everyone who completes this survey.

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?

Not so far as I am aware

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 comment

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

No other comments