

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

Response from Anna Gielis

(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?

No
Please give a reason for your answer
Acupuncture is a Chinese Medicine , hence it makes more sense to me , that non Chinese practitioners should translate into Mandarin, the nuances of this ancient method. I have total trust , faith in my practitioner of over 20 years , I do not and never have had any problems with language issues .

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
Totally unnecessary...total waste of timewho will read these records and how often ? Surely the notes made in Mandarin , taken on every treatment , could be translated if and when there was a request made for whatever reason .

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.
As I have previously statedby instigating this arrangement , as you have described, you are effectively disenfranchising Mandarin speakers from practicing their traditional ancient medicine ...this burden will force the older VERY EXPERIENCED , and extremely valued by their patients, practitioners, from not only effectively treating us ,but also from passing on their invaluable knowledge to the younger would be practitioners.

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?
Absolutely no need to waste timeif questioned on treatment then go ahead and translate ...why do you consider the language of the practice unsuitable ?

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.
Your interference is objectionableunwarranted . The treatment I receive from my practitioner of over 20 years is exceptional... so much more effective than the alternatives...I rely on and value her care and am extremely upset with your unreasonable demands upon the Mandarin (their first language) Chinese practitioners. If any practitioner is not performing , you do not need to step inwe would weed them out by simply not returning !

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 and understoodyou wish to rid the so called industry of the very practitioners you should be encouraging .

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.
All of the proposals are questionable, and totally unreasonable, and unwarranted. Who and why were they even considered in the first place . Who better to watch over the Acupuncture field , than the traditional practitioners . Non Mandarin speakers should undertake the language before they begin to treat in this field otherwise they risk missing the nuances of this extremely reliable ancient practice.

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.
Those special members of our community, will miss out on being treated by the best of the best ...in a very effective manner , with usually immediate positive reactions.....why ...because of your nonsensical demands.

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 impact of losing knowledge, experience for no reasonable reason .

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

Health and safety are paramount in the mind of my trusted practitioner at all timesand never have I had any issues in this regard.

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

Other than I have already statedjust so unreasonable , nonsensical, and such a waste of VALUABLE HEALING KNOWLEDGE, it should be my choice. Protect me from “ got my acupuncture right of passage after 3weekends of training “ and unscrupulous practitioners . But please leave the BEST (oh wait a minute can’t translate into English in our specified time limitunderstand and treat so effectively but hey ..can’t have that !!)

Response from Audrey Dragun

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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 you may lose facts in the translation

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 it is very difficult to think clearly in another language,when you have reached a certain age and your experience with words in your original language do not translate exactly .

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 it is necessary...who is going to read the translationthe practioner has all the relevant details in her/his notes in original language....12mths...2years Please just let them get on with their healing

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?
That is an unnecessary burdenI don't understand the need ...unless there is a relevant question about an irregular 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.
If this change is implemented....I am worried the Acupuncture practitioners, of a certain age the ones with the very best of skills and ability will retire , simply because of their inability to translate into perfect English the patient notes they have recorded in the original language of their skill set. This would be a huge loss in that their knowledge and experience would not be passed on to new up coming students , and I personally cannot imagine not being allowed to be treated by my trusted and reliable practitioner.....

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

No
If No, please explain why
Definitely not workable , as it discriminates against those most able to successfully treat patients , Simply on the basis oftranslation into English Maybe the ones I'm fighting for are worried about what would belost in translation !

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 decision to penalise those most valuable to the healing profession they practice

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.
The same as for other members of the community.. missing out on the best treatment if the board goes ahead and discriminates against practitioners because of language, and the inability to translate their patient notes into perfect English .

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?

Only that the loss of the older practitioners that do not think readily in English but have the most valuable knowledge and experience...which they express in their own language so fluently ...which is the language of acupuncture.....would be a tragedy for us patients and for those up and coming students .

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

Always an important consideration taken by my practitioner at all times

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

I don’t understand why , the need to change , a. system that works well , without you interference.

Response from Barbara Flynn

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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 will end up doing the opposite. Many Chinese practitioners sometimes have limited skill in written English which does not interfere with their practise and record keep in their own language. Asking them to record keep in English would impose an unnecessary demand on them. It is unfair and could lead to them leaving the field. Their patients would be left without their skills which so many rely on to support their health. This demand would destroy livelihoods and have a seriously negative and detrimental affect on the health of many whom your organisation is supposed to protect.

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
However the options are vague and give no details as to what the transition would involve. It could well mean practitioners would have to drastically change their clinic structure. This would be an unnecessary burden on them and may well impact on them financially. If this was the case then perhaps those changes may involve an increase in fees charged to clients. That your policy could lead to people being unable to afford to access these services is totally unfair and borders on being negligent. There is little to be gained but these proposed changes and much to be risked or lost.

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.
Firstly it is questionable as to whether these changes to record keeping need to be initiated at all and to put a time frame on it is unacceptable. Why not have it as optional so that practioners may choose to record keep in their own language or in English. There is no gain to implementing these changes as practioners should be allowed to continue their current practices which have been acceptable over time. Any forced changes to record keeping will be a burden to practioners and a risk to patient health.

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?
Many practitioners see numerous patients in a day as they seek always to care abd support those in their care. To then have to produce translated records for all those individuals in a 24 hour time period is totally ridiculous and impossible to carry out. It is unfair for administrators who do not work in the field to understand the enormity of what they are suggesting.

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 be doing all it can to support the work of Chinese medicine practioners who provide a service people cannot access anywhere else. They change the lives of people who for many reasons cannot be helped by traditional western medicine. Please do not put unnecessary demands on these practioners who change the lives of so many through their unique and age-old skills.

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

No
If No, please explain why
There is always room for improvement. Reduce the verbosity. Simple does not mean basic.

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

No

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

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

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 Barbara Warfe

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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 feel that the Chinese doctor who I attend for acupuncture treatment, practices and keeps records of my treatment in an efficient and accurate manner, from my observations. I have had no problems over the years. My partner and I have been having treatment from this practitioner for over 20 years, and I absolutely fail to see how there would be any improvements in our care or the accuracy of the health records kept, by requirement of the health records to be written in English specifically in the case of older practitioners with English conditions. The expectation that these practitioners should improve their english writing skills at this time of their life to a standard comparable to the records written in chinese is not at all realistic. I consider that practitioners with english conditions, should be able to continue writing their health records in chinese. I KNOW that if my practitioner was deemed unable to continue with her acupuncture work, there would be a large amount of clients whose health would suffer. I am over 70 years now myself, and to lose my practitioner's expertise would be very detrimental to my health. I consider that new students, and those in the industry in full command of the english language should record their records in english, however, in the case of older practitioners, I don't consider that there would be a gain in the safety and continuity of care for the patients. I sincerely hope this is not the catalyst for a lot of people to lose these valuable practitioners who have made such a difference to their health conditions.

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
I definitely do not agree that a period of transitional arrangements for Chinese medicine practitioners with English language conditions would be the way ahead. As in the case of my chinese practitioner, I would assume that most would be in the older age bracket. I think there is nothing to be gained to enforce these practitioners to maintain their health records in english. I do not believe in change for something that is working safely and well for everyone concerned, as in this case. I have seen changes in my lifetime that have been made, and which causes chaos and problems for a lot of stakeholders. I sincerely hope this is not the catalyst for a lot of people to lose these valuable practitioners who have made such a difference in their health conditions over a long period of time.

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 consider that chinese medicine practitioners with english conditions should NOT be forced to record their patient's notes in english. My practitioner is in the older cohort, and I consider that by maintaining my health records in her native chinese is safe and effective for her patients. If a change to english keeping records was enforced, I fail to see how the safety and efficiency aspect would be maintained. I and my partner have had NO problems in the years we have been seeing her for 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?
It appears an unrealistic expectation to give 24 hours for conversion of health records. However, as previously stated, I consider it a travesty if this expectation was enforced on practitioners with english conditions.

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.
If the Chinese Medicine Board implements these arrangements for the chinese practitioners with english conditions, it will be a HUGE loss for a large volume of people, myself and my partner included, if these practitioners feel that it is an onerous task and leave the profession. These practitioners, usually an older cohort I would presume, have a wealth of knowledge and experience which is very valuable. Please don't enforce these practitioners to record their patient's history in english.

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

No
If No, please explain why
I don't feel there is any benefit in enforcing the changes to the recording patient's notes in english for the chinese practitioners with english conditions.

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.
Changes so that practitioners with english conditions are not forced to make changes to their health records.

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

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

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

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

N/A

Response from Chen Shi

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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
This will make the practitioner have to give up the practice and not able to support the family. It's very difficult to learn English another language and more difficult to writing them. Western Doctors don't understand the way chinese medicine practiced anyway.

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
Transition period is not enough for practitioner to learn English to be able to write. Practitioner write keeping records not in English is made up of a very small group (15%) practitioner don't have the salary to pay for a translation of records into English. And they don't have enough English words to make sure that records are translated accurately

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 is not enough time to learn English. It will take years to learn.

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?
Practitioner who don't speak English can't translate records into English in 24 hours. This will be too stressful and will affect the health of the practitioner and customer 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?

Yes
If Yes or Maybe, please explain what other implementation issues the Board should be aware of.
Practitioner who don't translate records or make the changes after 12 months will be investigated. What action will the board take when practitioner are not able to make the changes in 12 months?

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

No
If No, please explain why
Practitioner who don't speak English will not understand the new guidelines. I prefer option 1 to continue.

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.
Practitioner who don't 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.

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

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 practitioner who haven’t made the changes. It will cost the board 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 option 1 to remain.

Response from Christopher John Zaslowski

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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
English is the language used for recording medical records for all other medical and allied health professions in Australia.

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
Many practitioners have varying levels of English language proficiency, so the more time they have to upskill their English language proficiency the better.

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.
The transition period needs to be aligned with their starting level of proficiency. Those practitioners with a lower level of proficiency should be given a longer period.

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?
I would consider at least 48 hours as appropriate as one day (24 hrs) to transfer a current patient information may have difficulties (unexpected events)

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 should be a sliding scale for the period of transition based on their current proficiency. They should provide evidence of their current level and the transition period could be proportionally assigned for the practitioner.

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

Yes

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

No

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

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.

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 Chun Jie Liu

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

No
Please give a reason for your answer
<ul style="list-style-type: none">It is not possible to have all health records made in English by the small group of practitioners and the reasons are:The practitioner may have to give up the practice and not able to support the family.It is very difficult to learn English another language, as well as medical termsIt will affect other businesses that relates to Chinese medicinePatients report that Western medical doctors are not interested in the positive effects of Chinese medicine.Doctors do not understand the way 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
<ul style="list-style-type: none">Transition period is not enough for practitioners to learn English to be able to writePractitioners write keeping records not in English is made up of a very small group (15%)Practitioners do not have the salary to pay for translation of records into English.Practitioners do not have enough English to make sure that records are translated accurately.

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 is not enough time to learn English. It takes years to learn.

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?
<ul style="list-style-type: none">Practitioners who do not speak English cannot translate records into English in 24 hours.This will be stressful and will affect the health of the practitioner.

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.
<ul style="list-style-type: none">I practitioners who do not translate records or make the change after 12 months will be investigated.What action will the board take when practitioners are not able to make the change in 12 months.Has the board met with non-English speaking practitioners to know what they 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 do not speak English will not understand the new guidelines.
I prefer Option 1 to continue.

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.
I prefer Option 1 to continue.
Practitioners who do not 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.

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

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
• It will cost the board 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 Option 1 to remain.

Response from Dianna Humphries

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

No
Please give a reason for your answer
I have used acupuncture for 40 years - both in the UK where I lived for 26 years, and since repatriating to Australia in 1990. Helen Xia is the most efficient practitioner of all those I have used, and I have to say that no practitioner I've used in Australia has her excellence of execution. Having also Western qualifications of MBBS, is reassuring, as on occasion she has referred me back to my GP. Helen is a middle-aged person whose spoken English is fluent, but the written word would be difficult for her as it is not her primary language, She is middle-aged, and in her busy practice it would be an excessive burden for her to have to write reports primarily in English - it would take hours, whereas in her native Mandarin, it takes minutes. Surely it would be sufficient tfor the board to request translated copies of a particular patient if required?

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
If you impose this new regulation on a middle-aged practitioner nearing retirement age, I fear that it would precipitate her retirement. I have not found a practitioner with effective treatments in the last 24 years, and I would be bereft if I lost Helen as my acupuncturist. Over the last 24 years she has corrected my chronic sinus problems; my chronic neck problems, and is currently working on my bursitis.

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.
As cited in the preceding question, I fear this requirement would precipitate Helen's early retirement - she could not cope with the volume of work.

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?
Do you mean all of her patients' records? If you meant just one patient, then the answer would be yes.

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.
My practitioner would have to employ another staff member to do this work, as she is usually fully booked on a daily basis.

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

Yes

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.
6 pages long - it is excessively complex - even i would need a lawyer to explain it to me!

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

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 that I'm aware of.

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 Dr Chunlan Jin

(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?

No
Please give a reason for your answer
Medical terminology withn regards to my practices are all learned and experieced in Chinese language. There is no way to write in English within 24 hours as proposed because I am not even able to communicate well in English with others, more so if to express and write in English concerning medical report etc. in relation to my practice

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
Medical terms with regards to my practice are learned in chinese and it is very difficult to communicate and present in English. This extent of difficulty can be easily felt if you ask a practictional who had acquired his/her practices in English and explain and communicate in Chinese. More so when it is expected such practice should only be excusable in making minimal mistakes.

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.
Definitely not because to learn the basic English language one has to go through years of education in order to be proficient in the language. So, how is it possible to be good in English and making sure to be done within 12 months.

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 / No / Uncertain
If No, what do you consider to be an appropriate length of time for health records to be translated?
Definitely not by myself and if interpretor or translation is to be done by a third party the cost would be too high to sustain my practice. Moreocover, the translation may have to be done by another specialised personnel and not just a normal english language translator

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?

Uncertain
If Yes or Maybe, please explain what other implementation issues the Board should be aware of.
cost/benefits, quality of the service, personnel required, patients type and objectives of the plan

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

No
If No, please explain why
I strongly believe they are confusing and causes grievances to all chinese medical practitionners. Is demoralising and I see it will only deprive more non english speaking patients another alternatives of treatment

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.
I assumed yes because I dont think I am in a position to provide any feedabck with regards to the same

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.
Not sure

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?

I am of the opinion that this is not advisable to proceed at this point of time

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 further comment

Response from Dr Grace Tham

(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?

Uncertain
Please give a reason for your answer
<p>To keep patient health records in English would integrate the healthcare and continuity of care for patients in the scheme of the broader healthcare system.</p> <p>However, to fully change to English health records is not practicable for now as the 15% of the Chinese medicine (CM) practitioners are not able to keep record in English. They were given registration with the Chinese Medicine Board of Australia (CMBA) under the "grandparenting" scheme to ensure that they could continue to practice. This is a small group of practitioners who are well close to retiring age by now. It would be severe to expect them to be able to learn another language to a level of proficiently to be able to keep health records in English.</p> <p>This change in health record would "force" many to give up their livelihood, and this would be unconscionable when we, including the regulatory bodies are all in the business of healthcare. It would affect the mental and physical health of these practitioners. The change might also affect the ability of the practitioners to support a family.</p> <p>When these practitioners leave the CM practice, it would also affect all the other industries and businesses associated with CM. It will also cause practitioners with years of experience, knowledge and wisdom to leave the industry.</p> <p>The need for health records to be written in English, especially for the purpose of an emergency is debatable. The nomenclature of Chinese medical diagnosis and herbal formulas would make no sense to Western medical (WM) practitioners. If a patient were to present to any WM doctors, the patients would be able to provide the history of the episodes themselves.</p> <p>The WM practitioners are generally not interested in their patients seeking CM. They either discourage patients from seeking CM or stop patients from continuation of CM; even when patients are getting positive results. This is in spite of WM not being able to diagnose or treat certain conditions presented by the patients.</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>To learn another language to be able to speak, and sufficiently literate to be able to write takes many years. The need to learn medical terminology take even more years. Hence a transition period would not provide CM practitioners time to transition to keep health records in English.</p> <p>These practitioners are very senior and/or soon due for retirement. Their current practice would not impact the broader healthcare system. They would soon be replaced by English competent local and foreign registrants.</p> <p>It is noted that in making the change to fully English record keeping, AHPRA or the CMBA have not provided any practical solution to assist these practitioners to make the change.</p> <p>It is also noted that CM practitioners have to verify the accuracy of the English translations. This is not possible as these practitioners would not have the English competency to do so. If they could verify the accuracy of the translations, they would be able to keep initial records in English rather than non-English languages.</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>A 12-month period for CM practitioners to keep health records in English is impossible. It would take to learn a second language. If it were possible within a short period, many practitioners would have taken the initiative to learn English, and not to be confronted by this change.</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>The answer to the above question is "absolutely not". Accurate translation of documents calls for specific training. The time taken to translate is demanding, and even more demanding after a long day's work of consulting with patients. To use a dictionary to translate words and not being able to construct coherent sentences with the appropriate nuances of the language would make the document incoherent.</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 believe that prior to the implementation of keeping health records in English, the CMBA or AHPRA could have consulted with CM practitioners who keep records in languages other than English. The regulation agencies could then identify the needs and work with these practitioners to find solutions and then assist them to achieve the goal.</p> <p>This consultation falls short of its purpose, in that those who do not speak English proficiently, have to depend on their English-speaking counterparts to respond on their behalf. The respondents would appreciate but do not fully experience the difficulties faced by their non-English speaking colleagues.</p> <p>To facilitate the different health professionals to communicate and to work as an integrated health care system, the regulatory agencies could develop and encourage communication skills and communication among the different health professional groups. This could be enhanced by health care education programs that include information and understanding of other health care modalities and systems. These could be criteria for approval of courses for registrants.</p>

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

No
If No, please explain why
<p>The language in the revised guideline is workable to English-speaking practitioners. The sections regarding transition and translations have to be removed. The document would not be understandable to non-English speaking practitioners and would be useless for this exercise. It has to be translated into Chinese or other non-English languages as this is really targeted at them.</p> <p>Therefore, I prefer Option1.</p>

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.
<p>I see that this document is not workable given all the reasons provided in the above questions.</p> <p>Therefore, Option 1 has to remain current.</p>

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)
<p>...Again, I believe that practitioners who keep health records in other languages have to be consulted to be able to develop appropriate resources to assist them to transition to English records.</p> <p>I prefer to see that there are supporting material in the way of templates and other appropriate aids. The question is whether this group of practitioners are able to understand the template and to fill in the template in English.</p> <p>I prefer Option 1 to say.</p>

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.
<p>I cannot comment because of lack of experience in working with Aboriginal and Torres Strait Islander Peoples regarding Chinese medicine.</p> <p>Answer was ""yes"" because no other options are provided.</p>

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?

<p>I speculate that there will be a number of practitioners who keep records in non-English languages would not be able to comply. This will lead to misunderstanding and investigations by the CMBA. This will cost the board time, human resources and monetary expenses. If other solutions are explored, these costs could be avoided.</p>
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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

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

I prefer Option 1 for now.

Response from Grant (no second name given)

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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
Practitioners ought be able to keep their patient files in their mother tongue. Mandating the user of English will lead to errors and inaccuracies for those not native English speakers. And this could have fatal consequences.

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
12 months would not be sufficient time to become adept at written English, let alone medical and pathological nomenclature

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.
Insufficient time to become adroit at written English, let alone adopting anatomical, physiological, medical and/or pathophysiological terminology

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?
Translation ought not be required

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

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

No
If No, please explain why
Prescriptions and practitioner notes ought be allowed in the practitioner's mother tongue.

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.
Too many to mention. The whole idea needs to be rethought

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?

Yes / No
If Yes, please explain what they may be.
Discontinued care from quality practitioners whom may lack confidence in English language

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?

No

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

Don't do it, it is unnecessary
