



Submission to the Chinese Medicine Board of Australia in relation to Advertising Guidelines, Code of Conduct for registered health practitioners, Guidelines for mandatory notifications and Guidelines for patient records.

The Office of the Health Services Commissioner (OHSC) was created by the *Health Services (Conciliation and Review) Act 1987* (Vic) (HSCRA).

The OHSC is established to:

- Deal with user's complaints; and
- Suggest ways in which the guiding principles may be carried out; and
- Help service providers to improve the quality of health care.

The Guiding Principles promote:

- Quality health care, given as promptly as circumstances permit; and
- Considerate health care; and
- Respect for the privacy and dignity of persons being given health care; and
- The provision of adequate information on services provided or treatment available, in terms which are understandable; and
- Participation in decision making affecting individual health care; and
- An environment of informed choice in accepting or refusing treatment or participation in education or research programmes.

The OHSC also administers the health privacy legislation in Victoria, the *Health Records Act 2001* (Vic) (HRA). The HRA does this by promoting fair and responsible handling of health information by

- (a) protecting the privacy of an individual's health information that is held in the public and private sectors; and
- (b) providing individuals with a right of access to their health information; and
- (c) providing an accessible framework for the resolution of complaints regarding the handling of health information.

The OHSC promotes the parties to a grievance resolving the complaint between them by mediation and conciliation.

Introduction:

Thank you for the opportunity to comment on the above documents. As a whole, they are comprehensive and well written. The documents outline the issues registered practitioners are required to consider during the course of their practise. Particularly useful are the decision making flowcharts contained within the guidelines for mandatory reporting.

In relation to the guidelines for patient records we make the following suggested amendments:

Paragraph 3 "Information to be held with the patient record"

- (a) First bullet point: The patient's address and telephone number should be included as part of the patient's identifying details;
- (b) After the second bullet point, insert a new bullet point which states "-past and current medications: pharmaceutical and herbal";



- (c) Under the bullet point "Other details" after the entry "all relevant communicationor electronic communications" add the words "whether made by the practitioner or their staff".

Paragraph 5 "Requests for reports or records"

- (a) First bullet point, at the end of the current wording add "or their health practitioner. The report should be provided in English if requested by the health practitioner";
- (b) Second bullet point, at the end of the current wording add "and fees may be regulated by relevant state or territory laws";
- (c) A third bullet point is to be added as follows: "Upon request by the patient or their health practitioner, provide to the health practitioner a copy of records. Reasonable photocopying fees are able to be charged, as provided for by state or territory laws".

Paragraph 7 "Electronic records"

- (a) Third paragraph, fourth line the words "on computer" should be replaced with "electronically".

In relation to the issue raised by the Board at page 6 of the Consultation Paper about records created in another language, the rights of the consumer to access their records in English needs to be recognised. The requirement to provide an English translation of the records at the expense of the practitioner addresses this issue. The Board raises the situation of what happens in the case of closure of practice, as well as the ability of another healthcare provider being to read the records. The suggested wording in relation to paragraph 5 above should partially address this concern. A further requirement could be that in the event of closure of practice, if the patient seeks their records be transferred to a new practitioner, the current practitioner must provide an English translation if the new practitioner requests it.

Thank you for the opportunity to comment on these documents.

Dr Grant Davies
Deputy Commissioner