

## Public consultation paper

---

30 July 2015

You are invited to provide feedback on this public consultation

### Draft guidelines for health record keeping

The existing guidelines, which have a different name: *Guidelines for patient records*<sup>1</sup>, were published July 2012 and were to be reviewed at least every three years.

The Chinese Medicine Board of Australia (the Board) is releasing the attached consultation paper.

The proposed guidelines are found at **Attachment A**.

**Please provide written submissions by email, marked 'Consultation - Draft guidelines for health record keeping to [chinesemedicineconsultation@ahpra.gov.au](mailto:chinesemedicineconsultation@ahpra.gov.au) by close of business on 24 September 2015.**

**Submissions for publication on the Board's website should be sent in a Word document (or equivalent)<sup>2</sup>. A Word template is also provided to assist with this.**

**Submissions by post should be addressed to the Executive Officer, Chinese Medicine, AHPRA, GPO Box 9958, Melbourne 3001.**

---

<sup>1</sup> Available at [www.chinesemedicineboard.gov.au/Codes-Guidelines.aspx](http://www.chinesemedicineboard.gov.au/Codes-Guidelines.aspx)

<sup>2</sup> You are welcome to supply a PDF file of your feedback in addition to the Word (or equivalent) file, however, we request that you do supply a text or Word file. As part of an effort to meet international website accessibility guidelines, AHPRA and National Boards are striving to publish documents in accessible formats (such as Word), in addition to PDFs. More information about this is available at [www.ahpra.gov.au/About-AHPRA/Accessibility.aspx](http://www.ahpra.gov.au/About-AHPRA/Accessibility.aspx).

## Public consultation

The Chinese Medicine Board of Australia (the Board) is releasing the attached consultation paper on draft *Guidelines for health record keeping*. You are invited to provide your comments on the consultation paper, including the questions in the paper, by 28 September 2015.

### How your submission will be treated

Submissions will generally be published unless you request otherwise. The Board publishes submissions on its website to encourage discussion and inform the community and stakeholders. However, the Board retains the right to not publish submissions at its discretion, and will not place on its website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the consultation.

Before publication, the Board will remove personally identifying information from submissions, including contact details. The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the Board.

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

Please let the Board know if you do not want your submission published, or want all or part of it treated as confidential.

## Contents

<b>Summary</b> .....	<b>3</b>
<b>Options statement</b> .....	<b>3</b>
Option 1 – Status quo (continue with current guideline).....	3
Option 2 – Revise the guideline.....	4
Preferred option .....	4
<b>Issues for consultation</b> .....	<b>4</b>
Potential benefits and costs of the guideline .....	4
Estimated impacts of the guidelines .....	5
The Board is interested in your feedback about the draft guidelines. ....	5
<b>Relevant sections of the National Law</b> .....	<b>6</b>
<b>Next steps</b> .....	<b>6</b>
<b>Attachments</b> .....	<b>6</b>
Attachment A: Draft guidelines: Health record keeping.....	7
Attachment B: Statement of assessment .....	12

- A. Draft guidelines: Health record keeping
- B. The Board's Statement of assessment against AHPRA's Procedures for development of registration standards and COAG Principles for best practice regulation

The current registration standards for the Chinese medicine profession are published on the Board's website at [www.chinesemedicineboard.gov.au/Registration-Standards.aspx](http://www.chinesemedicineboard.gov.au/Registration-Standards.aspx) and codes and guidelines are published at [www.chinesemedicineboard.gov.au/Codes-Guidelines.aspx](http://www.chinesemedicineboard.gov.au/Codes-Guidelines.aspx).

## Summary

1. This consultation paper seeks feedback on a draft revision of Board guidelines for health record keeping.
2. The Board is mindful that it needs to manage the continuation of 'grandparented'<sup>3</sup> practitioners, some with English language-related conditions of registration, in a fair and reasonable way.
3. These guidelines will apply to all registered Chinese medicine practitioners<sup>4</sup> who are required to maintain patient health records, which serve the best interests of their patients by ensuring patient safety and continuity of care.
4. These guidelines have been developed and reviewed by the Board under section 39 of the National Law. The guidelines are developed to provide guidance to registered Chinese medicine practitioners and registered Chinese medicine students.
5. When exercising professional judgement related to each individual patient, practitioners are expected to maintain their records in accordance with this guideline. This guideline prescribes the expected minimum standard. Practitioners are expected to use professional judgement in deciding what to record on an individual basis.
6. Where there are laws related to the keeping of health records practitioners must comply with those laws. If there is any inconsistency between this guideline and the provisions of any Act or Regulation, the provisions of the Act or Regulation prevail.
7. The relevant sections of the National Law are attached.
8. The draft guideline is based on a 'template' developed within AHPRA to ensure the guideline is:
  - user-friendly and provides some flexibility
  - clearly sets out the requirements using simple wording, and
  - strikes an appropriate balance between protecting the public and impact on registrants.

## Options statement

9. The Board has considered a number of options in developing this proposal.

### Option 1 – Status quo (continue with current guideline)

10. The existing guidelines which have a different name – Guidelines for patient records – allow 'grandparented' registrants to keep their records in their preferred language.
11. The Board published an explanatory statement when it finalised those guidelines<sup>5</sup>
12. The existing guidelines also state that if a copy of a patient's health record is requested by the patient, or required by the Board or an authorised third party, it is the responsibility of the practitioner to provide at their own expense an English translation of the patient's health records or cover the cost of this service.
13. The Board was concerned, however, that:
  - when a practice closes the burden of translation would be shifted to the consumer
  - health records should ideally be able to be read by any other healthcare practitioner
  - and it stated that it would review its position on records in languages other than English, in three years.

---

<sup>3</sup> That is, first registered under the special transitional provisions for existing practitioners

<sup>4</sup> This refers to any person registered in any of the divisions of acupuncture, Chinese herbal medicine, or Chinese herbal dispensing by the Chinese Medicine Board of Australia; the term Chinese medicine practitioner includes Chinese herbal medicine practitioners, acupuncturists and dispensers.

<sup>5</sup> See [www.chinesemedicineboard.gov.au/Codes-Guidelines.aspx](http://www.chinesemedicineboard.gov.au/Codes-Guidelines.aspx)

14. No implementation issues have arisen in the first three years until early 2014 when the Board consulted on safe Chinese herbal medicine practice guidelines. At that time it became apparent that there must be consistency between the health records guidelines and the proposed safe Chinese herbal medicine practice guidelines.

### **Option 2 – Revise the guideline**

15. The existing patient records guidelines foreshadowed that the Board would review its position on keeping health records in languages other than English.
16. About 20 per cent of the current Chinese medicine workforce has English-language-related conditions on registration.
17. In addition, per the public consultation on safe Chinese herbal medicine practice guidelines, concerns were raised about consistency between the Chinese herbal medicine guideline (concerning written record keeping) and the Board's patient health record guidelines.
18. The Board consulted with its Technical Advisory Group<sup>6</sup> which also considered the issues and formulated recommendations to the Board that have informed this revised guideline and position.
19. Since 1 July 2015 – when the grandparenting provisions<sup>7</sup> expired – all new applicants for registration have been required to meet the English language standard and based on this the draft revision states that these practitioners are expected to keep their records in English.
20. In summary, a revised guideline as proposed would:
- change the name of the guideline to 'health record keeping'
  - align with a template being developed within AHPRA that is more streamlined
  - retain the acceptance of keeping records in languages other than English, in certain circumstances
  - retain the expectation that records be kept in English by grandparented practitioners who submitted evidence of meeting the English language standard
  - retain and clarify the expectation that records be kept in English for all non-grandparented applicants/registrants
  - note that in Chinese medicine, records in English will include some terms written in *pin yin*<sup>8</sup>
  - add a requirement that minimum information in English for all records, i.e. demographic and identity information and up-to-date emergency contact details
  - add specific guidance about retention of records
  - retain the requirement that when a copy of a patient's health record is requested by the patient, or required by the Board or an authorised third party, it is the responsibility of the practitioner to provide at their own expense an English translation of the patient's health records, and
  - add an expectation that in the above circumstances such a translation is to be provided by a NAATI accredited interpreter.

### **Preferred option**

21. The Board prefers Option 2 as it best balances protection of the public and improved guidance to registrants. The Board is seeking views on this proposal

### **Issues for consultation**

#### **Potential benefits and costs of the guideline**

22. The Board previously issued guidelines which came into effect in July 2012.<sup>9</sup> The current guidelines are scheduled for review after three years.

---

<sup>6</sup> See [www.chinesemedicineboard.gov.au/News/2014-09-11-update-on-consultation.aspx](http://www.chinesemedicineboard.gov.au/News/2014-09-11-update-on-consultation.aspx)

<sup>7</sup> Special transitional provisions to enable existing practitioners to gain registration.

<sup>8</sup> A system for transcribing the sounds of Chinese language into romanised script.

<sup>9</sup> Available at [www.chinesemedicineboard.gov.au/Codes-Guidelines.aspx](http://www.chinesemedicineboard.gov.au/Codes-Guidelines.aspx)

23. In particular, the Board foreshadowed that it would review its position on keeping health records in languages other than English.
24. Patient health records are legal documents. An adequate record of every patient consultation is an essential part of competent Chinese medicine practice for the following reasons:
  1. Good health records facilitate high-quality and comprehensive care by making detailed and relevant information (current and historical) readily available to any treating practitioners.
  2. Patient health records can provide a repository of valuable information for teaching, education and research.
  3. Patient health records should be the basis for quality management and improvement activities carried out regularly by Chinese medicine practitioners.
  4. Patient health records form the basis for retrieval of treatment details to assist in disputes or in giving evidence and may, in themselves, be used as evidence in courts and tribunals.
25. When health information is shared with another health provider, with the consent of the patient, in order for a patient to receive holistic care records relevant to their treatment, patient health records are to be translated into English.
26. There are potential additional costs associated with the proposed revision. In the unlikely event that a copy of a patient's health record is requested by the patient, or required by the Board or an authorised third party, it is the responsibility of the practitioner to provide at their own expense an English translation of the patient's health records and the new guideline states that such a translation is to be provided by a NAATI accredited interpreter. However, weighed against the priority of public safety, such additional cost is considered justified.
27. The reason for this is that any translation is open to a certain amount of interpretation and this will ensure that the translation accurately reflects the status of the patient's record.

#### **Estimated impacts of the guidelines**

28. The Board does not expect there to be additional impacts on practitioners, businesses and other stakeholders except for the unlikely event that it becomes necessary to have records translated by a NAATI accredited interpreter which would be an additional cost. The Board is not aware of any example where the requirement to provide translated records (previously did not have to be NAATI accredited) has been a problem since the guidelines were first implemented in 2012. This, however, will be tested at consultation.
29. Since grandparenting ended, all applicants for registration are required to meet the English language standard. They will therefore have the competence to retain health records in English.

#### **The Board is interested in your feedback about the draft guidelines.**

30. Specific questions we would like you to address are:
  - Q1. Do you agree that some practitioners who were granted registration under the grandparenting provisions of the National Law may continue (with a requirement to record certain minimum information in English) to keep their records in their native language?
  - Q2. Do you agree that certain minimum information<sup>10</sup> must be kept in English by all registered practitioners (grandparented or not)?
  - Q3. Do you agree that:
    1. all registered Chinese medicine practitioners, except for those granted registration under the grandparenting provisions of the National Law, are expected to make their health records in English?and

---

<sup>10</sup> Demographic and identity information and up-to-date emergency contact details

2. grandparented registered Chinese medicine practitioners who submitted evidence that they meet the Board's English language standard, however, are also expected to record their health records in English?

Q4. Do you agree with the inclusion of specific guidance about retention of records?

Q5. Do you agree that in the unlikely event that a copy of a patient's health record is requested by the patient, or required by the Board or an authorised third party, it is the responsibility of the practitioner to provide at their own expense an English translation of the patient's health records, conducted by a NAATI accredited interpreter to ensure that the translation accurately reflects the status of the patient's record?

Q6. Are there any implementation issues that you think the Board should be aware of if it were to approve the proposed revised draft guideline?

Q7. Is the content and structure of the proposed revised draft guideline helpful, clear, relevant and workable?

Q8. Is there any content that needs to be changed or deleted in the proposed revised draft guideline?

Q9. Should the proposed review period be two, three or five years? Why?

Q10. Do you have any other comments on the proposed revised draft guideline?

31. The Board's draft Statement of assessment against AHPRA's Procedures for development of registration standards and COAG Principles for best practice regulation is included as Attachment B. Comments about this are welcome too.

#### **Relevant sections of the National Law**

32. The relevant section of the National Law is 39.

#### **Next steps**

33. The Board will consider the consultation feedback on the draft guidelines before finalising them.

#### **Attachments**

- A. Draft guidelines: Health record keeping
- B. Board's *Statement of assessment* against AHPRA's Procedures for development of registration standards, codes and guidelines and COAG Principles for best practice

## Draft guidelines: Health record keeping

---

### Introduction

These guidelines have been developed by the Chinese Medicine Board of Australia (the National Board) under section 39 of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law). The National Board also notes the parallel obligations for practitioners in relation to *Health Records* legislation as enacted in each state and territory. Although there is some commonality, these guidelines are not a substitute for, or summary of, these obligations.

### Who needs to use these guidelines?

These guidelines set out the National Board's expectations about the appropriate standards for health record keeping. The guidelines address how registered Chinese medicine practitioners<sup>11</sup> should maintain health records (including electronic health records) related to their practice.

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

These guidelines are supplementary to the information provided in the *Code of conduct* and accordingly this document should be read in conjunction with the *Code of conduct*.

### Summary

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

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

For the purpose of these guidelines, the term 'patient' is used to refer to the person receiving the treatment, care or healthcare services.

### Health records

#### 1. Responsibilities

Registered Chinese medicine practitioners have both professional and legal responsibilities to:

1. keep and maintain adequate health records for each individual patient

---

<sup>11</sup> This refers to any person registered in any of the divisions of acupuncture, Chinese herbal medicine, or Chinese herbal dispensing by the Chinese Medicine Board of Australia; the term Chinese medicine practitioner includes Chinese herbal medicine practitioners, acupuncturists and dispensers

2. keep confidential the information they collect and record about patients and store, transfer, dispose of correctly, and provide access to health records in accordance with the requirements of relevant state, territory and Commonwealth laws relating to privacy and health records information, and
3. be familiar with legislative requirements in the jurisdictions in which they practise.

## 2. General principles to be applied

1. Holistic healthcare considers the whole person and takes into account all of a person's circumstances, including other health interventions and service providers.
2. Health records can be kept in either paper or electronic format. Any electronic format should be the equivalent of any paper format and able to be printed.
3. Each patient should have an individual health record containing all the health information held about them.
4. A health record must be an accurate and contemporary reflection of all health consultations. It should be made at the time of the consultation, or as soon after as possible, or as soon as information (such as test results) becomes available.
5. Entries on a health record must be made in chronological order.
6. Health records must be legible and understandable and of such a quality that another healthcare practitioner could read and reasonably understand the terminology and abbreviations used and, from the information provided, be equipped to manage the care of the patient. Chinese medicine specific terms should be able to be understood by another Chinese medicine practitioner. The *Australian dictionary of clinical abbreviations, acronyms and symbols*<sup>12</sup> is a useful resource on abbreviations. It may be helpful for individual practitioners to maintain a readily accessible glossary of common abbreviations that they use in order to assist subsequent practitioners.
7. If documents are scanned to the record, such as external reports, the scanning needs to be done in a way that retains the legibility of the original document.
8. Health records must be able to be retrieved promptly when required.
9. Health records must be stored securely and safeguarded against loss or damage or unauthorised access, including a process for secure transmission and a backup of electronic records.
10. All comments in the health record should be clinically relevant, respectful of the patient and be couched in appropriate clinical, objective language.
11. Corrections can be made to a health record either at or after the time of original entry. The correction must be initialled, dated and tracked by the practitioner and the original entry must still be visible or digitally traceable (that is an audit trail system) and should provide evidence of the sequence of entries and record the identity of operators entering or confirming detail.
12. A registered Chinese medicine practitioner must not delegate responsibility for the accuracy of information in the health record to another person.
13. Registered Chinese medicine practitioners must recognise and facilitate a patient's right to access information contained in their health records. If a patient disputes the information then the practitioner should make a decision on whether they agree to it being altered or removed. Should the practitioner not agree that the information should be altered the record should be maintained with a note added stating the patient's views.
14. The transfer of health information must be done promptly and securely when formally requested by the patient (preferably in writing), and patients advised of the location of records upon request and a record kept of any such requests.

---

<sup>12</sup> Australian dictionary of clinical abbreviations, acronyms and symbols. ISBN 978-1-876443-15-3. Published by the Health Information Management Association of Australia Limited.

15. Where laws exist related to the keeping of health records, practitioners must comply with those laws. If there is any inconsistency between this guideline and the provisions of any Act or Regulation, the provisions of the Act or Regulation prevail.

### 3. Contents of a health record

The level of detail required in a health record may vary according to the nature of the presenting condition and whether it is an initial or subsequent consultation. For example, in the case of subsequent visits for an ongoing condition, information recorded in earlier consultations need not be repeated, unless there are relevant changes. Progress details and treatment must, however, be recorded clearly.

Any health record should be a single aggregated document and contain:

1. Sufficient and reasonable demographic and identity information in English to clearly identify and manage that patient<sup>13</sup>.
2. Up-to-date contact details, in English, of the person to be contacted in an emergency.
3. The date of any entry made and, if different, also the date of each consultation or discussion.
4. The time of consultation where there is more than one consultation or treatment on the same day.
5. Information relating to the reason for each consultation.
6. Information relating to any clinical observations or Chinese medicine diagnosis where applicable.
7. Where relevant, estimates or quotations of fees.
8. Information relating to any therapeutic intervention, advice, management plan or referral provided should include:
  - 8.1 current health history (including the presenting condition) and relevant past history; relevant family health-related history; known allergies and alerts to adverse drug reactions; social history, including cultural background, where clinically relevant
  - 8.2 other treatments/therapies being used (where known)
  - 8.3 information about the type of assessment and examinations conducted
  - 8.4 relevant diagnostic data and reports (e.g. laboratory, imaging and other investigations) when available
  - 8.5 relevant clinical findings and observations
  - 8.6 Chinese medicine diagnosis, treatment principle(s), recommended treatment plan<sup>14</sup> and, where appropriate, expected process of review
  - 8.7 procedures conducted, including details of all acupuncture points and needle manipulation method
  - 8.8 any medicine prescribed, administered or supplied for the patient (including name, strength, quantity, dose, instructions for use, number of repeats and details of when started or stopped); the details must comply with the National Board's *Guidelines for safe Chinese herbal medicine practice*
  - 8.9 any authorisation for herbs that can be substituted
  - 8.10 advice provided
  - 8.11 relevant details of discussion about possible side effects or alternative forms of treatment

---

<sup>13</sup> For example, full name, date of birth, gender and contact details, (and patient's parent or guardian where applicable).

<sup>14</sup> If a patient refuses a proposed management plan wholly or partially the practitioner must record what treatment has been accepted and what has been declined and the reasons if known.

- 8.12 referrals made or recommended and any letters and reports and other health-related correspondence to or from other health practitioners
- 8.13 any unusual reactions which may follow treatment or possible adverse events
- 8.14 relevant communication (written or verbal) with or about the patient, including telephone or electronic communications
- 8.15 details of anyone contributing to the Chinese medicine care and health record
- 8.16 the name of the consulting/treating practitioner, including a signature where applicable, and
- 8.17 appropriate documentation of consent as per section 3.5 of the National Board's *Code of conduct*<sup>15</sup>.

#### 4. Language of health records

All registered Chinese medicine practitioners, except for those granted registration under the grandparenting provisions of the National Law, are expected to make their health records in English, which in Chinese medicine will include some terms written in *pin yin*.<sup>16</sup>

All grandparented registered Chinese medicine practitioners who submitted evidence that they meet the National Board's English language registration standard, however, are also expected to record their health records in English.

The primary purpose of the record is to create a comprehensive and accurate record. Therefore, the National Board accepts that in some circumstances, such as grandparented<sup>17</sup> practitioners with English language-related conditions of registration, it may be necessary to use a language other than English. This will only apply to those practitioners registered under the grandparenting provisions.

Where records are maintained in a language other than English, if a copy of a health record is:

- requested by the patient, or
- shared with another service provider, or
- required by the National Board or an authorised third party<sup>18</sup>,

it is the responsibility of the registered Chinese medicine practitioner to provide, at their own expense, an English translation of the records by a NAATI accredited translator.

Chinese medicine practitioners must also comply with the nomenclature requirements in the National Board's *Guidelines for safe Chinese herbal medicine practice*.

#### 5. Retention and management of health records

Registered Chinese medicine practitioners must comply with their own state/territory laws as some states may have specific requirements for the retention of records and other relevant matters.

The National Board, however, requires the following as a minimum:

Patient	Minimum retention period
Individual treated as an adult	At least 7 years after the last occasion a health service is provided
Minors (18 years old or under)	At least until the individual attains the age of 25

<sup>15</sup> Available at [www.chinesemedicineboard.gov.au/Codes-Guidelines.aspx](http://www.chinesemedicineboard.gov.au/Codes-Guidelines.aspx)

<sup>16</sup> A system for transcribing the sounds of Chinese language into romanised script.

<sup>17</sup> Transitional arrangements from 1 July 2012 to 30 June 2015 for registering existing practitioners under section 303 of the National Law

<sup>18</sup> For example: health complaints entity; courts; health funds; regulatory authorities.

Practitioners who work in multi-practitioner clinics should be mindful of their contractual arrangements regarding retention and management of health records.

## 6. Accounting records

While accounts are not part of the health record, registered Chinese medicine practitioners also have a professional and legal responsibility to maintain accurate, legible, contemporaneous accounting records of each visit. This section is included in the guidelines as a reminder to practitioners of their obligations to keep proper financial records of services rendered to and charged to each patient.

An itemised tax invoice must be created for each consultation/treatment which includes:

1. the patient's identity information<sup>19</sup>
2. the date and types of each service
3. itemised fees charged for all treatment(s) provided and all product(s) supplied
4. the date of the payment/s if different from the date of service/s provided
5. date and number of the tax invoice issued
6. name of the practitioner/s who provided the service/s, and
7. address where the service was provided with contact telephone number.

Date of issue: XXXXXX

Date of review: These guidelines will be reviewed at least every XXXX years

---

<sup>19</sup> See section 3(a)

## Statement of assessment

### Chinese Medicine Board of Australia's statement of assessment against AHPRA's Procedures for development of registration standards and COAG Principles for best practice regulation

The Australian Health Practitioner Regulation Agency (AHPRA) has *Procedures for the development of registration standards, codes and guidelines* and procedures for consultation which are available at: [www.ahpra.gov.au/Publications/Procedures.aspx](http://www.ahpra.gov.au/Publications/Procedures.aspx).

Below is the Chinese Medicine Board of Australia's (the Board) assessment of its proposed draft guidelines against the three elements outlined in the AHPRA procedures.

#### 1. The proposal takes into account the National Registration and Accreditation Scheme's objectives and guiding principles set out in section 3 of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

##### Board assessment

The Board considers that the draft *Guidelines for health record keeping* meet the objectives and guiding principles of the National Law.

The guidelines will protect the public by ensuring competent clinical practice records that meets the high expectations of the community. It will assist Chinese medicine practitioners to meet their obligation to provide quality service to their patients.

The publication of these detailed guidelines will support the National Scheme to operate in a transparent, accountable, efficient, effective and fair way.

#### 2. The consultation requirements of the National Law are met

##### Board assessment

The National Law requires wide-ranging consultation on proposed registration standards. The National Law also requires the Board to consult other Boards on matters of shared interest. This was initially addressed in a preliminary consultation and the Board is ensuring that there is public exposure of its proposals and the opportunity for public comment by undertaking this eight week public consultation process.

The Board has drawn this paper to the attention of stakeholders, including the other National Boards.

The Board will take into account the feedback it receives when finalising these guidelines.

#### 3. The proposal takes into account the Council of Australian Governments (COAG) Principles for best practice regulation

##### Board assessment

In developing the draft *Guidelines for health record keeping*, the Board has taken into account the COAG principles.

As an overall statement:

- the Board has taken care not to propose unnecessary regulatory burdens that would create unjustified costs for the profession or the community, and

Chinese Medicine Board of Australia

- is conducting wide-ranging consultation to inform this goal.

The Board makes the following assessment specific to each of the COAG principles expressed in the AHPRA procedures.

### **COAG principles**

#### **A. Whether the proposal is the best option for achieving the stated purpose and protection of the public.**

##### **Board assessment**

The Board considers that its proposal is the best option for achieving the stated purpose. The Board's existing guidelines<sup>20</sup> were published July 2012 and were to be reviewed at least every three years.

The Board considers that the guidelines will have a low impact on the profession. These impacts are significantly outweighed by the benefits of protecting the public and providing clearer, simpler requirements in the public interest.

There has been minimal feedback on these guidelines since 2012, although it has been raised with the Board that these guidelines need to be consistent with the *Guidelines for safe Chinese herbal medicine practice* which are currently being finalised by the Board.

Chinese medicine practitioners are already in practice and keeping health records in accordance with the guidance issued in July 2012. This guideline makes no change to that. This review is consistent with the routine review, the explicit review of language of records which was foreshadowed, and an opportunity to ensure harmonisation between this guideline and the impending *Guidelines for safe Chinese herbal medicine practice*.

#### **B. Whether the proposal results in an unnecessary restriction of competition among health practitioners.**

##### **Board assessment**

The Board considered whether its proposals could result in an unnecessary restriction of competition among health practitioners. The proposal is not expected to impact on the current levels of competition as it applies to all registered Chinese medicine practitioners.

#### **C. Whether the proposal results in an unnecessary restriction of consumer choice.**

##### **Board assessment**

The Board considers that the draft guidelines will support informed consumer choice, by establishing clear standards for an important aspect of competent and safe clinical practice.

#### **D. Whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved.**

##### **Board assessment**

The Boards considered the overall costs of the revised guideline to members of the public, registrants and governments and concluded that any costs, are appropriate. Chinese medicine practitioners are already practising in accordance with their qualifications and registration status. These guidelines make no change to that, and provide clear guidance on making good patient health records to facilitate high-quality and comprehensive care.

Subject to stakeholder feedback these guidelines should have minimal, if any, impact on the costs to registrants and the community.

---

<sup>20</sup> Available at [www.chinesemedicineboard.gov.au/Codes-Guidelines.aspx](http://www.chinesemedicineboard.gov.au/Codes-Guidelines.aspx)

- E. Whether the requirements are clearly stated using 'plain English' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants.**

**Board assessment**

The Board aims to ensure that these guidelines are written in plain English that will help practitioners to understand the requirements and is seeking expert input about this specific aspect.

- F. Whether the Board has procedures in place to ensure that the proposed registration standard, code or guideline remains relevant and effective over time**

**Board assessment**

The Board will review these guidelines at regular intervals and include an assessment against the objectives and guiding principles in the proposed National Law and the COAG principles.

One of the consultation questions is, 'Should the review period be two, three or five years?' Whatever the review period is, the Board may choose to review the guidelines earlier, in response to any issues which arise or new evidence which emerges to ensure the guidelines' continued relevance and workability.