

Attachment C: National Boards' Patient and Consumer Health and Safety Impact Statement

April 2024

Statement purpose

The National Boards' Patient and Consumer Health and Safety Impact Statement (the statement)¹ explains the potential impacts of a proposed registration standard, code or guideline on the health and safety of the public, vulnerable members of the community and Aboriginal and Torres Strait Islander Peoples.

The four key components considered in the statement are:

1. The potential impact of the draft revisions to the guideline on the health and safety of patients and consumers, particularly vulnerable members of the community, including approaches to mitigate any potential negative or unintended effects
2. The potential impact of the draft revisions to the guideline on the health and safety of Aboriginal and Torres Strait Islander Peoples, including approaches to mitigate any potential negative or unintended effects
3. Engagement with patients and consumers, particularly vulnerable members of the community about the proposal
4. Engagement with Aboriginal and Torres Strait Islander Peoples about the proposal.

The National Boards' Health and Safety Impact Statement aligns with the National Scheme's [Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025](#), [National Scheme engagement strategy 2020-2025](#), [the National Scheme Strategy 2020-25](#) and reflect key aspects of the revised consultation process in the [Ahpra Procedures for developing registration standards, codes and guidelines and accreditation standards](#).

¹ This statement has been developed by Ahpra and the National Boards in accordance with section 25(c) and 35(c) of the *Health Practitioner Regulation National Law* as in force in each state and territory (the National Law). Section 25(c) requires Ahpra to establish procedures for ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice. Section 35(c) assigns the National Boards functions to develop or approve standards, codes and guidelines for the health profession including the development of registration standards for approval by the Health Council and that provide guidance to health practitioners registered in the profession. Section 40 of the National Law requires National Boards to ensure that there is wide-ranging consultation during the development of a registration standard, code, or guideline.

Below is our initial assessment of the potential impact of a proposed revised *Guidelines on patient health records* (the proposed revised guideline) on the health and safety of patients and consumers, particularly vulnerable members of the community, and Aboriginal and Torres Strait Islander Peoples. This assessment will be updated after consultation feedback.

1. How will this proposal impact on patient and consumer health and safety, particularly vulnerable members of the community? Will the impact be different for vulnerable members compared to the general public?

The proposed revised guidelines would impact patient and consumer health and safety in a positive way by improving the accessibility of records made by a minority of Chinese medicine practitioners and supporting continuity of care. They consist of only minor changes to the current requirements for record-making for most Chinese medicine practitioners. These minor changes include editorial changes to improve readability and clarify current requirements.

The current guidelines currently permit approximately 15% of registered Chinese medicine practitioners, those with English language conditions on their registration, to make their patient health record in a language other than English. The proposed changes may mean a change to their record-making practices if they are not already making records in English. If the proposed revised guidelines proceed to implementation, these practitioners would be granted a period of transitional arrangements, during which they may make records in languages other than English but must translate these records to English within a set time of the record's creation. The details of the proposed transitional arrangements are being tested at public consultation. At the end of the transition period, all Chinese medicine practitioners would be required to make patient records in English.

The Chinese Medicine Board of Australia (the Board) has considered the impacts that the proposal could have on patient and consumer health and safety, particularly on vulnerable members of the community.

In doing so, the Board considered the National Scheme's key objective of protecting the public by ensuring only practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered. The proposed revised guidelines supports that objective by ensuring that all records made by a Chinese medicine practitioner are in a form that can be understood by other health practitioners, guaranteeing continuity of care.

The Board does not expect that the revisions would have any adverse impacts on patient and consumer safety, particularly vulnerable members of the community. However, our engagement through consultation will help us to better understand possible outcomes and meet our responsibilities to protect patient safety and healthcare quality.

2. How will consultation engage with patients and consumers, particularly vulnerable members of the community?

In line with our [consultation processes](#), the Board is undertaking wide-ranging consultation. We will engage with patients and consumers bodies, peak bodies and other relevant organisations to get input and views from vulnerable members of the community.

In our consultation questions, we have specifically addressed whether the proposed revised guidelines will impact on patient, client and consumer health and safety, particularly vulnerable members of the community, which will also help us better understand possible impacts and address them.

3. What might be the unintended impacts for patients and consumers particularly vulnerable members of the community? How will these be addressed?

The proposed revised guidelines do not change current requirements for the majority of Chinese medicine practitioners and do not propose additional requirements that would impact on patients and consumers. The preliminary consultation did not indicate to the Board that there would be any unintended negative impacts for patients and consumers, including vulnerable members of the community.

However, the public consultation will help us to further identify any potential or unintended impacts. We will fully consider and take actions to address any unintended impacts for patients and consumers that may be raised during consultation.

4. How will this proposal impact on Aboriginal and Torres Strait Islander Peoples? How will the impact be different for Aboriginal and Torres Strait Islander Peoples compared to non-Aboriginal and Torres Strait Islander Peoples?

The proposed revised guidelines do not change current requirements for the majority of Chinese medicine practitioners and do not propose additional requirements that would negatively impact on patients and consumers. Therefore, the Board does not expect there to be any potential impacts on Aboriginal and Torres Strait Islander Peoples as a result of the proposal.

The Board's engagement through public consultation will help us to identify any potential impacts and meet our responsibilities to protect safety and healthcare quality for Aboriginal and Torres Strait Islander Peoples.

5. How will consultation about this proposal engage Aboriginal and Torres Strait Islander Peoples?

The Board is committed to the National Scheme's [Aboriginal and Torres Strait Islander Cultural Health and Safety Strategy 2020-2025](#) which focuses on achieving patient safety for Aboriginal and Torres Strait Islander Peoples as the norm, and the inextricably linked elements of clinical and [cultural safety](#).

As part of our consultation process, we will engage with relevant Aboriginal and Torres Strait Islander organisations and stakeholders to ensure there are no unintended consequences for Aboriginal and Torres Strait Islander Peoples.

In our consultation questions, we have specifically addressed whether the proposed revised guidelines will result in any potential negative or unintended impacts for Aboriginal and Torres Strait Islander Peoples that will also help us better understand possible impacts and address them.

6. What might be the unintended impacts for Aboriginal and Torres Strait Islander Peoples? How will these be addressed?

The proposed revised guidelines do not change current requirements for the majority of Chinese medicine practitioners. The proposed revised guidelines should not impact on quality of services or access to services. In fact, the Board's revisions are designed to improve the quality of services from Chinese medicine practitioners by improving continuity of care.

The Board has considered what might be any unintended impacts for Aboriginal and Torres Strait Islander Peoples. While the Board does not expect there to be any unintended impacts, our engagement with relevant organisations and Aboriginal and Torres Strait Islander Peoples will help us to identify any potential impacts.

We will consider and take action to address any other potential negative impacts for Aboriginal and Torres Strait Islander Peoples that may be raised during consultation.

7. How will the impact of this proposal be actively monitored and evaluated?

Part of the Board's work in keeping the public safe is ensuring that standards, codes and guidelines are regularly reviewed. If approved, the Board will review the revised guidelines at least every five years.

However, the Board may review the guideline earlier, in response to any issues that arise or new evidence that emerges to ensure the guideline's continued relevance, workability and maintenance of public safety standards.