



**Consultation Paper on Guidelines for
Clinical Records**

**Submission to the
Osteopathy Board of Australia
by the Australian Osteopathic Association
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Executive Summary

- i. Under best practice regulation it is generally acknowledged that if guidelines are to be effective and enforceable they must be clearly understood, directly applicable to those being regulated and not open to individual interpretation.
- ii. The AOA has some concerns regarding the lack of specificity of some components of this guideline to standard osteopathic practice.
- iii. Although we strongly support a move to a standardised language within the profession; the AOA considers that the OBA will need to develop supplementary guidelines to assist registrants in using approved abbreviations within osteopathy.
- iv. The guidelines could be strengthened by making clear the requirements to remove any incorrect information from a patient's record (at the patient's request) and that such information should not be maintained on the record or be visibly evident.
- v. These guidelines could be strengthened by outlining appropriate ways to discuss or means to clarify cultural identity of patients.
- vi. The OBA need to clarify its requirements and expectations regarding chaperons under this guideline.
- vii. The AOA again requests the OBA to clarify its expected requirements regarding patient consent procedures.
- viii. The AOA would like further clarity on communications and education strategies the OBA will undertake to ensure registrants have a good understanding of the proposed guidelines.

This submission

The Australian Osteopathic Association (AOA) appreciates this opportunity to further comment on the proposed Guidelines for Clinical Records.

It is generally acknowledged that if guidelines are to be effective and enforceable they must be clearly understood, directly applicable to those being regulated and not be open to individual interpretation. The AOA has some concerns regarding the lack of specificity of some components of this guideline to standard osteopathic practice.

The AOA considers that if the OBA is going to re-edit guidelines from other professions it may be useful to conduct some informal discussion with professional bodies and universities to ensure they are relevant to osteopathy prior to any formal consultation processes.

Subject to comments outlined below, the AOA supports the development and promotion of the proposed Clinical Records Guidelines, with the suggest additions. We offer the following suggestions to ensure the guidelines are understandable, enforceable and applicable to osteopaths in practice.

The Australian Osteopathic Association

The Australian Osteopathic Association (AOA) is the national professional body representing over 85% of osteopaths across Australia. This gives us a unique voice for representing the profession and lobbying to ensure high industry standards are established or maintained.

Our core work is liaising with state and federal governments, regulatory or other statutory bodies and key stakeholders, such as Universities. As such we always welcome opportunities for input or collaboration, such as this.

Australian Dictionary of Clinical Abbreviations, Acronyms and Symbols

The proposed guidelines state:

Osteopathy clinical records must be legible and understandable and of such a quality that another osteopath or any member of the health care profession could read and understand the terminology and abbreviations used and, from the information provided, be equipped to manage the care of the patient. To ensure that other practitioners can understand the terminology and abbreviations in the record, standard Australian clinical abbreviations are to be used.

From our review it appears that only three of the National Boards have Clinical Records Guidelines and only one of those, (the Podiatry Board of Australia) make reference to the use of the *Australian Dictionary of Clinical Abbreviations, Acronyms and Symbols*. Under the Optometry Board of Australia guidelines (which defers to the professional bodies' standards) a summary of common terms applicable specifically to Optometry is provided. As such it is unclear if the suggested reference text is being used widely by other registered professions.

Question – Can the OBA explain its understanding of how many health departments, universities, registration boards or professional bodies currently endorse or recommend the referenced text as the standard guide for health term abbreviations?

It is the AOA's understanding that the *Australian Dictionary of Clinical Abbreviations, Acronyms and Symbols*; has not been used as a standard text in either university education or in practice by osteopaths in Australia. Further, I can find no reference to this text in the Australian and New Zealand Osteopathic Council (ANZOC) accreditation standards for accrediting education providers and programs of study for the osteopathy profession.

Although we strongly support a move to a standardised language within the profession; generally the development of common professional language is determined through a consultative process, reviewing past practice and comparison with modern standards, trailing with focus groups or in practice to assess applicability. It appears that little of this planning and consultation has occurred and what is suggested is a significant shift in use of language and/or abbreviations within the profession.

As such, most osteopaths will have had no education or will not have been informed of the requirement to only use the suggested abbreviations. The AOA is concerned that therefore the vast majority of clinical records will not comply with the proposed standard and that significant education and guidance will be required to assist registrants in understanding this new requirement. Further it is unclear if the text will even cover many osteopathic terms.

Question – Did the OBA undertake investigation or consultation with accredited universities courses on the current text and/or what has been the past practice for use of common abbreviations?

Question – Did the OBA conduct a review of the suggested reference to ensure it contains abbreviations that encompass the breath of treatments, diagnostics or terms commonly used within osteopathic practice?

Question – Does the OBA expect osteopaths to use alternative terms, such as those used by Physiotherapists, if no osteopathic equivalent is in the referenced text?

Question – Will the OBA be producing a supplementary guide to assist osteopaths when any alternative terms or abbreviation is to be used, when current commonly used osteopathic terms are not included in the referenced text?

The AOA considers that if the above processes have not been undertaken and if the OBA is not going to produce a supplementary guide the enforced use of the reference text is inappropriate.

Corrections can be made to a clinical record

The proposed guidelines state:

Corrections can be made to a clinical record at the time of entry; the correction must be signed by the practitioner and the original entry must still be visible or digitally traceable.

Under the Privacy Act if a patient believes a practitioner holds incorrect information about them, a correction and/or removal to that personal information should be made.

The guidelines could be strengthened by making clear the requirements to remove any incorrect information from a patient's record (at the patient's request) and that such information should not be maintained on the record or be visibly evident.

Further, if the practitioner disagrees with the patient about the correction, only then shall it be maintained; however an attached note stating that the patient believes that the information is not accurate, complete or up-to-date should be added.

Cultural Background

The proposed guidelines state:

relevant social history including cultural background where clinically relevant

Clarifying patient's cultural background can be a complex issue and need to be completed in a culturally sensitive manner. These guidelines could be strengthened by outlining appropriate and inappropriate ways to discuss means to clarify possible cultural identity of patients.

Offering a Chaperone

The proposed guidelines state:

the offer of a chaperone to patients who are required to undress prior to examination/ treatment

Question – Will the OBA clarify its definition of undress, e.g. removal of underwear in comparison to removal of a t-shirt?

Question – Will the OBA develop a chaperone code or guideline outlining the range of situation or treatments that require the treating osteopath to offer a chaperone?

Question – Will the OBA develop a chaperone code or guideline outlining who is an appropriate chaperone; the need for same-sex chaperones or not, minimum qualifications and expectations of the role of a chaperone?

The AOA supports the offer of chaperones for any intimate examination or other situations that may cause embarrassment or stress to patients and expect that clear prior communication with patients about what a procedure entails is crucial to preventing misunderstanding, embarrassment or complaints. We are concerned about the implications of offering a chaperone to any patients who are required to undress prior to examination/ treatment. Effectively for most practitioners this would be the majority of consultations.

From our review of chaperone guidelines in other professions, most are not as restrictive as those suggested but the OBA. Generally other chaperone guidelines are only suggested for any intimate examinations, minors, vulnerable patients or other situations that may cause embarrassment or stress to patients.

The AOA recognises that the provision of a chaperone may not be feasible in all circumstances in practice setting. There may be situations where the provision of a

chaperone will be limited because of workforce issues, e.g. solo practitioners, unavailability of suitable person, (wrong sex, and staff member unwilling to perform duty as chaperone).

The AOA also recognises that, in many circumstances, provision of a chaperone may lead to additional practice costs being incurred. In some instances costs may be absorbed by the practice, or the additional costs may be passed on to patients. Additional costs may be perceived as a barrier to the provision of chaperones.

Question – As this is an OBA requirement, will the OBA dismiss complaints based on appropriate fees associated with providing a chaperone to patients?

Question – As this is an OBA requirement, will the OBA dismiss complaints where a practitioner charges a consultation fee for discussions but has to cease treatment due to an inability to provide a chaperone?

Informed Consent

The Guidelines state:

for each consultation, clear documentation of information relevant to that consultation including the following: [...] recommended treatment plans, techniques and alternatives, and appropriate consent

Question - The AOA has previously requested further clarification on minimum consent requirements in relation to the OBA codes and guidelines. With consent being raised again in this guidelines and the requirement to recorded consent for each osteopathic consultation we further request can the OBA create a specific guideline on or at a minimum clarify:

- a) what constitutes consent under this guideline;
- b) clarify if acknowledging verbal consent in the clinical record is sufficient; or
- c) does consent require a patient's signature?

Implementation of requirements

Question - It would be useful to registrants and the profession to understand the following:

- i. Can the OBA clarify when these guidelines are expected to come into effect?
- ii. When and how will the OBA communicate these new guidelines and requirements to registrants?
- iii. Will the OBA undertake any activities to further educate registrants on these new requirements?
- iv. Can the OBA indicate when they will communicate the new guidelines to the universities to ensure students and new graduates know the new requirements?
- v. What timelines are envisaged to allow compliance with these new guidelines; and will the OBA show some leniency towards practitioners who fail to comply in a timely fashion with the extensive range of new obligations expected under this guideline?