



AARP Code of Conduct

Part 1: Practice Guidelines

For Practicing Nutritionists

Approved and Implemented on 30 September 2019

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1. DEFINITIONS

Please refer to and familiarise yourself with **Code of Ethics** and **AARPN Constitution** for definitions relevant to this document.

2. ABBREVIATIONS

AARPN	Australasian Association and Register of Practicing Nutritionists
AHPRA	Australian Health Practitioner Regulation Agency
CNP	Clinical Nutrition Practitioner
CPD	Continuous Professional Development
COC	Code of Conduct
NP	Nutrition Practice
NSA	Nutrition Society of Australia
PN	Practicing Nutritionist
CPN	Certified Practicing Nutritionist
TGA	Therapeutic Goods Administrations

3. PROFESSIONAL PRACTICES AND VALUES OF NUTRITION PRACTICE

All AARPN members will:

- 3.1 Identify and practice in the spirit/ethos of Objectives of AARPN as described in the constitution.
- 3.2 Practice ethically and in a trustworthy manner in accordance with the code of ethics for AARPN Practicing Nutritionists.
- 3.3 Display and practice core values of integrity, truthfulness and compassion.
- 3.4 Promote an ecological, social and economic environment which supports health and wellbeing.
- 3.5 Understand the unique conditions of individual clients and adapt where appropriate to address personalised needs (For example needs of an elderly as compared to those of children with special needs).
- 3.6 Establish amicable partnership with clients to encourage them to communicate their symptoms/concerns frankly and to facilitate their compliance with nutrition intervention strategies.
- 3.7 Understand and implement ethical and legal obligations to protect the confidentiality and privacy of clients and their health records (see detail in section 5).
- 3.8 Demonstrate commitment to safety and quality in health care as per relevant country/state/territory guidelines (such as the Australian Commission on Safety and Quality in Health Care at: <https://www.safetyandquality.gov.au/standards/clinical-care-standards>)
- 3.9 Recognise and work within the limits of their competence and scope of practice, as defined in the AARPN Constitution, for a Practicing Nutritionist operating within Nutrition Practice; ensure no claim to cure any condition is made (Nutrition Practice therapy can rather assist, relieve, and/or improve certain ailments, illnesses or conditions, and generally promote good health and wellbeing).
- 3.10 Consistently demonstrate application of current clinical Nutrition knowledge with the highest standards of integrity, fairness and scientific honesty.
- 3.11 Consistently demonstrate evidence informed application of scientific principles and recognise the need for continual critical evaluation of nutrition science.
- 3.12 Demonstrate and adhere to active application of best available research and evidence-informed prescribing in Nutrition Practice (refer to section 4).
- 3.13 Ensure appropriate arrangements for Professional Indemnity and Public and Products Liability insurance for their Nutrition Practice, the certificate-of-currency of which is valid for the entire financial year of membership (i.e. application/renewal of

membership requires that insurance is valid until the end of the annual membership period – 30th of June. The minimum insured sum required by AARPN is \$5 million for Professional Indemnity and \$20 million for Public and Products Liability. Failure to meet AARPN's stated insurance requirements constitutes misconduct and will result in automatic suspension of membership until proof of requisite insurance is provided to AARPN. Practitioner Members are required to notify AARPN if any changes are made to their policy mid-membership).

- 3.14 Obtain consent prior to commencing a treatment or service in compliance with the laws of the jurisdiction (refer to 'Informed consent' in section 9).
- 3.15 Communicate effectively through nutrition education and training with clients, colleagues and relevant officials.
- 3.16 Approach nutrition practice sessions as a partnership with the aim to provide best service to the client/community.
- 3.17 Proactively participate in/adhere to mandatory-engagement of capacity building initiatives, as per the CPD stipulation in the AARPN Constitution – definition of Practising Nutritionist.
- 3.18 Systematically evaluate the quality of practice and revise practice on the basis of this feedback by peers, employees and clients.
- 3.19 Respect traditional and indigenous food and nutrition systems.
- 3.20 Demonstrate understanding that their own personal beliefs and values are separate from professional values on which all practitioners are expected to base their practice.
- 3.21 Accept responsibility for ensuring practice meets relevant country/state/territory legislative requirements, as per the respective Health Complaints Commission (HCC) in each region. (Refer to the below Australian guide, which presents information and contact details, Australia wide, for HCCs:
<https://www.safetyandquality.gov.au/sites/default/files/migrated/Using-the-Charter-of-Healthcare-Rights-in-Your-Health-Service-v3.pdf>).

Display your State or Territory's HCC consumer information flyer/pamphlet/poster in your clinic or home-clinic environment, either mounted or framed on the wall, or positioned in a stand-alone portable frame for mobile or shared office environments (list of consumer HCC consumer information resources are below by state or territory – if you are ever unsure of your location's appropriate HCC consumer resource, please display the overarching federal government version from Safety and Quality .gov.au
<https://www.safetyandquality.gov.au/sites/default/files/migrated/17501-ConsumerGuide.pdf>;

Practitioners conducting online-video consultations and/or conduction home-visits to clients will need to provide clients with a link to their state's HCC consumer resource prior to their initial consultation).

New South Wales: <https://www.hccc.nsw.gov.au/Information/Information-for-Unregistered-Practitioners>

Northern Territory: <https://www.hcsc.nt.gov.au/wp-content/uploads/2010/04/HCE-AHPRA-brochure-NT-20160727.pdf>

South Australia: https://www.hcsc.sa.gov.au/wp-content/uploads/2013/08/h_know_your_rights_a_guide_to_the_hcsc_charter.pdf

Tasmania:https://www.healthcomplaints.tas.gov.au/_data/assets/pdf_file/0015/534210/AHPRA-Brochure-Health-complaints-entities-and-AHPRA-Tasmania.pdf

Western Australia:

https://www.hadco.wa.gov.au/docs/brochures/HCE_AHPRA_brochure.pdf

Queensland: <https://www.oho.qld.gov.au/wp-content/uploads/2014/06/OHO-brochure-How-to-make-a-health-service-complaint.pdf>

Australian Capital Territory – currently does not have a generic charter flyer; please use the Safety and Quality Australian Government flyer until AARPN or the ACT government direct otherwise:

<https://www.safetyandquality.gov.au/sites/default/files/migrated/17501-ConsumerGuide.pdf>

Victoria – currently does not have a charter flyer; please use the Safety and Quality Australian Government flyer until AARPN or the Victorian government direct otherwise:

<https://www.safetyandquality.gov.au/sites/default/files/migrated/17501-ConsumerGuide.pdf>

- 3.22 Understand and initiate appropriate action in response to adverse events (such as drug-nutrient/nutrient-nutrient interaction relative to each individual) (Please refer to '*Adverse events and their reporting*' in section 10 below and AHPRA's code of conduct for medical professional section 3.10 on page 10
<https://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx>
- 3.23 Uphold a current First Aid Certificate in accordance with the legislative requirement of the relevant country/state/territory, for example;
https://www.safeworkaustralia.gov.au/resources_publications/model-codes-of-practice
AARPN will require your First Aid Certificate to be valid for the full duration of the the financial-year-membership-period you are engaging membership into (i.e. at the time of application or renewal of membership, your certificate must be valid until at least June 30th for membership to be approved)
- 3.24 Display the World Health Organisation hand hygiene visual guide (or comparable equivalent) in any clinic/home-clinic hand washing area (the guide must be laminated and secured to the wall)

- 3.25 Uphold a Working with Children Check (as per your State or Territory's specifications) that is valid for the full duration of the financial-year-membership-period you are engaging membership into (i.e. at the time of application or renewal of membership, your Working with Children check must be valid until at least June 30th in order for membership to be approved).
- https://www.nationalcrimecheck.com.au/resources/working_with_children_checks_in_australia
- 3.26 Have printed and prominently displayed and accessible to clients (such as in a folder kept in the client waiting area): (1) the AARPN COC documents Part One and Two, (2) the AARPN Complaint and Disciplinary Management Policy, and (3) the state or territory's HCC consumer resource pamphlet or poster; for online or home-visit clients, provide weblinks pertaining to the respective AARPN documents (via the AARPN website policy webpage) and the appropriate HCC consumer resource, in a pre-consultation email.

4 DUTY OF CARE/PROVIDING GOOD CARE

All AARPN members will:

- 4.1 Respect the rights of clients to make their own decisions.
- 4.2 Accept the rights of informed choice in nutrition intervention and counselling (*refer to details in section 9*).
- 4.3 Obtain informed consent for all physical examinations and prior to commencement of any nutritional interventions (*refer to section 9*).
- 4.4 Account for each client's history while assessing appropriate physical and/or clinical examination where relevant; the history includes relevant psychological, social and cultural aspects.
- 4.5 Exercise reasonable skill, competence, diligence and care in accordance with standards of Nutrition Practice outlined in section 4, 6 and 9.
- 4.6 Abstain from misrepresenting or misusing nutritional skills and qualifications (*please refer to 6.16 of AARPN code of ethics*).
- 4.7 Refrain from discouraging a client from seeking or continuing, medical and treatment and medicines.
- 4.8 Efficiently recognise the limitations of nutrition intervention and appropriately refer clients to other competent allied health and medical professionals.
- 4.9 Consistently provides necessary help such as first aid assistance or referrals to appropriate health services to client when/if necessary.

- 4.10 Be conscious to prevent any physical/emotional harm/injury to the client while undertaking Nutrition Practice.
- 4.11 Be mindful of any mental health risks pertaining to clients and appropriately refer to expert counselling in accordance with the relevant country/state/territory policy such as Australian guidelines.
<https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-strat>
- 4.12 Advocate standard precautions for the control of infection and occupational health and safety standard in accordance with the relevant country/state/territory policy (for example refer to Australian standards).
<https://www.safetyandquality.gov.au/standards/nsqhs-standards>
- 4.13 Members who conduct finger-pricking capillary-sampling for pathology testing must only use disposable, single-use and auto-retracting lancets; clients must prick their own finger using the disposable, single-use and auto-retracting lancet, however the practitioner can assist in collecting the subsequent sample – if a client is not physically or mentally capable of pricking their own finger, capillary sampling should be referred to a registered nurse or medical practitioner. If engaging finger-pricking procedures, the Practitioner is required to laminate and wall mount in their clinic *Figure 7.1 from Chapter 7, Capillary Sampling - WHO Guidelines on Drawing Blood: Best Practices in Phlebotomy*, which can be accessed and printed from the following link: <https://www.ncbi.nlm.nih.gov/books/NBK138654/>

Disposal of soiled products, such as tissues, cotton wool, alcohol wipes and used testing equipment, from the sampling process should be sealed in a plastic bag and disposed of in waste, or in accordance with your clinic building's broader waste-disposal policies; lancets should be disposed of in a sharps container.

Any further form of blood sampling, skin penetration or invasive sampling beyond that which has been outlined here in section 4.13 is beyond the scope of practice for a Practising Nutritionist.

Services, treatment or goods provided by the member in their capacity as a Practising Nutritionist, must be within the scope of practice of a Practising Nutritionist. If other qualifications and registrations are held by the member, any services, treatment or goods rendered that fall outside the scope of practice of a Practising Nutritionist, that the practitioner is otherwise qualified and licensed to provide, must not be represented to the public or clients in any way, as services, treatment or goods rendered by a Practising Nutritionist.

Any member engaging in intravenous nutrient therapy or making blood draws, does so in their non-AARPN, non-Practising Nutritionist capacity and cannot in the promotion, prescription or delivery of these services, treatment or goods, concurrently represent themselves as a Practising Nutritionist, nor facilitate the claiming of a private health fund rebate in their capacity of a Practising Nutritionist.

- 4.14 Facilitate coordination and continuity of care.

5 CONFIDENTIALITY AND PRIVACY

A Nutrition practitioner will protect a client's right of maintaining confidentiality and privacy. This means that every client expects that Practising Nutritionists and their staff will hold all verbal and written information and/or records about them in confidence, unless release of information is required by law or public interest considerations. Please also refer to AHPRA's code of conduct section 3.4 on page 8 www.medicalboard.gov.au/Code-of-conduct.aspx

5.1 Confidentiality and privacy of the client:

All AARPN members:

- 5.1.1 Are aware of and follow the legislation that is applicable in relevant country/state/territory. For example, The Commonwealth Privacy Act, 1988 that states: *'an individual's personal and family history cannot be divulged to other organisations without their consent, and that these records must be kept in a secure place'*.
<https://www1.health.gov.au/internet/publications/publishing.nsf/Content/drugtreat-pubs-front11-fa-toc~drugtreat-pubs-front11-fa-secb~drugtreat-pubs-front11-fa-secb-6~drugtreat-pubs-front11-fa-secb-6-3>
- 5.1.2 Are aware that these requirements apply to information held in all formats, including electronic information.
- 5.1.3 Treat all types of information about clients as confidential and private.
- 5.1.4 Seek consent from patients or clients before disclosing information.
- 5.1.5 Share information as necessary for client's health care while maintaining compliance with privacy legislation and professional guidelines about confidentiality.

Exceptions may include: with the explicit consent of the patient; where required by the law; where there is a serious risk to the patient or another person; where part of approved research or where there are overwhelming societal interests.

- 5.1.6 Provide appropriate surroundings to enable private and confidential consultations to take place.
- 5.1.7 Use appropriate consent forms for release of information when necessary, which limits disclosure to relevant health and medical information only.

5.2 Health records

All AARPN members will ensure that:

- 5.2.1 Client records whether kept electronically or handwritten are kept confidential and are securely stored (password protected for digital and stored in a lockable filing

cabinet for paper-based), archived, passed on or disposed of in accordance with applicable privacy and health records legislation of the member's country/state/territory.

- 5.2.2 Records are accurate, legible, objective, comprehensive and up to date in English for each client consultation. Any later modifications to these records must be signed and dated.
- 5.2.3 Client's health records are accurate, up-to-date and complete.
- 5.2.4 Handwritten records are written clearly in ink (not pencil), in English and be easily read and understood.
- 5.2.5 Any amendments to a patient's record should not be erased or deleted. A single line should be crossed through information to be amended and the new information legibly recorded alongside the amendment, dated and signed by the practitioner.
- 5.2.6 Errors should not be obliterated.
- 5.2.7 Entries in patient records should not be made in advance of the consultation.
- 5.2.8 Patient records should contain adequate information to provide quality care to the patient.
- 5.2.9 Patient records should contain any diagnostic reports, imaging reports and other reports/data that are used as part of the consultation and treatment process.
- 5.2.10 The health records of patients are accepted by the court as evidence in a dispute or claim and substantiate the care provided to the patient.
- 5.2.11 Patients are entitled to request and receive a copy of their health record.

6 PRESCRIBING NUTRITION SUPPLEMENTS

There is an ever-increasing demand on the healthcare system worldwide owing to increase in population, aged patients and multiple chronic disease states. This demand can be met by both optimising and extending the scope of practice of health professionals. One such possible area of extension is prescribing. However all CPN need to ensure that they are trained and competent to practice effectively and safely in accordance with 'The Health Professionals Prescribing Pathway (HPPP)' described at <https://www.aims.org.au/documents/item/400>.

All AARPN members will:

- 6.1 Follow all the principles of HPPP:
 - Ensure health, wellbeing and safety of the clients who are prescribed supplements.
 - Remain accountable for their actions.
 - Undertake prescribing within their individual and professional scope of practice.

- Record all prescriptions with dosages and repeat in the health records (see section 5).
 - Maintain the AARPN required level of professional competence and ethical standards (*Please refer to AARPN code of ethics and section 3 above*).
 - Commit to the safe and effective use of supplements.
 - Discuss and take consent (*See section 9*) with the clients and their family/carers, who are being prescribed a supplement.
- 6.2 Ensure compliance and completion of all the steps to undertake safe and competent prescribing in accordance with HPPP:
- Complete Education and training in Nutrition Practice:
The CPN completes accredited prescribing education and training that is consistent with their scope of practice, and demonstrates the required level of competence (please refer to AARPN constitution – *Education pathway to becoming a RNP*) and includes education and assessment component in prescribing of evidence based supplements as per an accredited program of study to the standards set by the Accreditation Council for the profession and approved by the National Board (*such as in Australia refer to AHPRA/AARPN policy*).
 - Obtain recognition from a National Board of competence to prescribe.
 - Ensure authorisation to prescribe
 - Prescribe Nutrition supplements within the scope of practice
 - Maintain and enhance competence to prescribe.
- 6.3 Practice 'autonomous' or 'under supervision' prescribing or as per 'structured arrangement prescribing' protocol in accordance with Guidelines by HPPP.
<https://www.aims.org.au/documents/item/400>
- 6.4 Prescribe nutritional food and/or supplement based intervention based on intensive clinical analysis and judgement of client's condition and collection of detailed client history/analysis of all reasonably known facts and test results.
- 6.5 Use research based evidence (Peer reviewed articles, consensus in International nutrition community) to recommend food based supplements.
- 6.6 Apply logical clinical judgement and research based evidence to recommend dosage/amounts of foods/supplements.
- 6.7 Prescribe nutrition supplements (as per expiry date and other guidelines) in accordance with the relevant therapeutic goods and consumer legislation.
- 6.8 Engage in reflective practice to evaluate and review own performance as per AARPN code of ethics.
- 6.9 Adhere to all policies and procedures of the local/State/territory/national legislations.
- 6.10 Ensure adherence to clauses related to documentation, recording, good practice standard and standard Nutrition Practice (*please refer to section 3, 4 and 5*).

7 CONTINUING PROFESSIONAL DEVELOPMENT

A competent Nutrition Practice demands maintaining and updating knowledge and skills within the scope of Nutrition practice.

'The Health Practitioner Regulation National Law' as per the 'Coalition of Australian Governments' (COAG) agreement has placed a mandatory requirement for 'a national registration and accreditation system for health professionals' (<https://www.coaghealthcouncil.gov.au/NRAS>).

Hence all AARPN members will:

- 7.1 Demonstrate active participation in nutrition seminars, webinars and conferences to continuously educate oneself in latest advances in evidence based NP.
- 7.2 Complete all mandatory AARPN designated 100-CPD-point-totalling content annually to maintain practicing status with AARPN.
- 7.3 Continually update and extend professional knowledge and skills through such activities as attending professional development or seeking a mentor.
- 7.4 Be guided by the current evidence base in the National and International nutrition paradigm.

8. NUTRITION PRACTICE ON DIGITAL PLATFORMS

When using social media and web based platforms CPN should remember that the National law, AARPN code of conduct, AARPN code of ethics and AARPN Advertising guidelines (outlined in section 12) apply. This clause is reviewed and revised at minimum every 2 years.

As such all AARPN members will;

- 8.1 Act responsibly on all social network platforms and web-based accounts, ensuring that information delivered is evidence-based and supported by relevant research.
- 8.2 Abide by all Nutrition Practice requirements and ethics while delivering nutrition counselling advice on an online portal in accordance with AARPN 'Practice Standard' and 'Ethical Standard'.
- 8.3 Adhere to requirements and parameters on web platforms as per AHPRA social media policy). (For example: opt for a face to face consultation for an initial, with follow up via skype/other video conferencing systems).
<https://www.ahpra.gov.au/search.aspx?q=social%20media%20policy>
- 8.4 Ensure all online consultations adhere to clause 5 of the AARPN code of conduct and must;
 - Be conducted in a private consulting room
 - Be streamed on a protected device

- Not have the audio or video recorded for later viewing without prior written consent from the client.
- All relevant treatment information to be recorded in accordance with clause 5.2 of the AARPN code of conduct.

9. INFORMED CONSENT

Every person has a right to 'Informed consent' with respect to implementing a voluntary decision about their own healthcare based on the knowledge and understanding of the associated benefits and risks. See AHPRA 's guidelines:

<http://apps.who.int/medicinedocs/documents/s21297en/s21297en.pdf>

Hence all AARPN members will:

- 9.1 Present facts related to client's health and nutrition intervention accurately.
- 9.2 Provide explanation to the client in a clear and comprehensible language to enable a client to understand and make an informed decision about their condition and intervention.
- 9.3 Assist clients to make choices in all the steps during a clinical care, including but not limited to blood investigations, therapeutic advice prescription, family counselling etc.
- 9.4 Provide consistent good care as outlined in section 4 above.
- 9.5 Take appropriate consent from care giver while attending to children (<16 years) as per relevant country/state/territory legislation.
- 9.6 Provide appropriate reasons for circumstances if information is withheld.
- 9.7 Allow opportunities for discussion during a consult.
- 9.8 Give advice avoiding any coercion.
- 9.9 Respect client's decision to accept or reject the advice.
- 9.10 Maintain frank and honest conduct in giving information about client's health and nutrition advice.
- 9.11 Clients must be provided with an informed consent form prior to commencing their initial consultation, which they or their guardian must sign; the consent form should overview the services offered by the member and refer to cost information for services and products that the client will or potentially will incur. The following factors regarding financial and therapy-related informed consent must be incorporated into your consent form:
I the client:
(1) understand and have been provided information regarding the Nutrition Practice therapy being provided to me.

- (2) understand and have been provided information and quotation for the cost that will be incurred for consultation.
- (3) understand that Nutrition Practice therapy may include additional recommended products or testing for the purpose of assisting Nutrition Practice therapy, and I understand that my practitioner will provide quotation for any such additional cost prior to purchasing.
- (4) understand that Nutrition Therapy may – *in some instances* – result in side-effects, due to nutritional-biochemical adjusting in the body; I understand it is my duty to report any adverse effects to my practitioner immediately and in the case of any health emergency situation, seek immediate medical support.
- (5) understand that I have the right to seek clarification from my practitioner regarding any Nutrition Practice therapy treatments offered.
- (6) understand that I can cease treatment at any point.

10 ADVERSE EVENTS AND THEIR REPORTING

An adverse event is an unintended and sometimes harmful occurrence that is associated with the use of medicines, vaccines or medical devices (collectively known as therapeutic goods). Examples of adverse events are any unfavourable and unintended sign, symptom or disease associated with the use of a therapeutic good. An abnormal laboratory finding could be one example of an unfavourable sign. Please also refer to AHPRA's code of practice, section 3.10 on page 10 <https://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx>
All AARPN members will:

- 10.1 Identify, report and record any suspected adverse events in accordance with the 'Therapeutic Goods Administrations (TGA) adverse events reporting guidelines' as found here <https://aems.tga.gov.au/>
- 10.2 The TGA particularly needs to know:
 - all suspected adverse events to new therapeutic goods
 - all suspected medicine and/or vaccine interactions
 - unexpected adverse events (that is, adverse events that do not appear in the Product Information, Consumer Medicine Information and/or product labelling)
 - serious adverse events, such as those suspected of causing:
 - death
 - birth defects
 - danger to life
 - admission to hospital
 - prolongation of hospitalisation
 - absence from productive activity
 - increased investigational or treatment costs
- 10.3 Explain to the client about what has happened and if possible and/or required, give detail of plausible short- or long term effects.
- 10.4 Comply with policies, procedures and guidelines of the workplace and the relevant authority/insurer.

11 CONFLICT OF INTEREST

A conflict of interest is recognised when a health practitioner, while conducting a consult/practice in the interests of a client, "also has a financial, professional or personal interest or relationships with third parties that may affect their care of the client". "When these interests compromise, or might reasonably be perceived by an independent observer to compromise the practitioner's primary duty to the client, practitioners must recognise and resolve this conflict in the best interests of the client". Refer to AHPRA's guidelines:

<http://apps.who.int/medicinedocs/documents/s17804en/s17804en.pdf>

Hence AARPN members will:

- 11.1 Disclose multiple interests when initiating a professional relationship with a client.
- 11.2 Recognise potential conflicts of interest that may arise at the initial consult or during the continuation of a professional relationship with a client.
- 11.3 Give appropriate consideration to any conflict.
- 11.4 Inform and disclose to the client any conflict of interest.
- 11.5 Resolve any conflict of interest and if no solution is available, be proactive to make referrals.
- 11.6 Inform clients if the practitioners' family have any such interest that could be perceived to influence the care provided.
- 11.7 Avoid using a Nutrition Practice clinic operation as a means of deliberately and strategically promoting or selling goods or services related to a separate professional endeavour connected to, or adjacently connected to either the owner/operator Practicing Nutritionist or Practicing Nutritionist staff.
 - 11.7.1.1 Considered exempt from the 11.7 stipulation would be the promoting of a lecture series or educational event that is related to the themes of applying nutrition practice.
 - 11.7.1.2 Similarly considered exempt from 11.7 would be the promotion and sale of educational material that is designed to support the application of Nutrition Practice, such as a printed or digital cook-book, *or the like*, that has a clear and evident cost-association.
 - 11.7.1.3 Cost-associated supportive material (outlined in 11.7.2) should not be exclusively relied upon for client direction, as this would constitute a deliberate 'upselling' business model which carries potential for incentivising conflict of interest. Any additional purchase of written supportive material, by a client, should be made willingly and in the spirit of enhancing an already sufficiently supported consultation experience.

- 11.7.2 Engaging in multi-level-marketing (MLM) enterprises is discouraged as a general AARPN guideline. As a Practicing Nutritionist, MLM enterprises should be approached cautiously and with thoughtful consideration; if there is any doubt regarding the ability to maintain integrity as a Practicing Nutritionist (as outlined in this code-of-conduct) whilst being engaged with an MLM enterprise, then AARPN recommends erring on the side of caution and avoid association with the enterprise. MLM enterprises that situate the promotion of dietary supplements as a primary factor have a clear conflict of interest and should be outright avoided. Practicing Nutritionists should be wary of MLM enterprises that may **(1)** encourage practitioners to derive down-line 'advocates or 'distributors' from their clients, **(2)** encourage the selling of products to clients that fall outside the scope of Nutrition Practice, **(3)** encourage the inclusion of MLM derived orally administered, food-based-dietary-supplements or dietary supplements within the Nutrition Practice prescribing process, or **(4)** encourage a situation wherein a client – in order to access goods – is subjected to soliciting from sources attempting to convert members of the public into 'advocates' or 'distributors'; any such activity, whether overtly encouraged or implied by MLM proponents, should be overtly avoided (the onus for this *promotion of avoidance* also includes the practitioner themselves, if they are an MLM proponent to their own MLM down-line members). Any involvement with an MLM should be declared to AARPN, along with a business plan detailing how clinical practice is protected from concurrent MLM business activity. AARPN reserves the right to cancel or deny AARPN membership if concurrent MLM activity is deemed to be problematic for either the safe and ethical application of Nutrition Practice or the Nutrition Practice industry as a whole.
- 11.8 Nutrition Practice consultations cannot be packaged into pre-paid 'treatment packs'. A pre-consultation payment made by a client is limited to only one consultation occurring in the future.

12 ADVERTISING AND CLAIMS

Any CPN is entitled to the use of advertisements for informing potential clients and as a promotional strategy. As per AHPRA's guidelines, all advertisements must conform to relevant local/National/State/Territory consumer protection legislation such as the Trade Practices Amendment (Australian Consumer Law) Act (No. 2) 2010 [previously known as Trade Practices Act 1974 (Commonwealth) and State and Territory fair trading Acts]. Refer to Australian legislation for details. <https://www.legislation.gov.au/Details/C2010A00103>

Hence all AARPN members will:

- 12.1 Comply with AHPRA's guidelines on advertising or other relevant national/state and territory legislation.
- 12.2 Ensure that any information published on advertisement material (printed or electronic) is factual and verifiable.
- 12.3 Confirm that none of the advertising claims and information is not false, misleading or deceptive or deemed to be interpreted as false, misleading or deceptive in

accordance with State/Territory/National Law (For Australian legislation refer to the advertising requirements under *'Part 3-4-Information standards, section 134 Making information standards for goods and services'* here- Australian legislation) <https://www.legislation.gov.au/Details/C2010A00103>

- 12.4 Clearly specify specials, gifts, enticements, terms and conditions in advertising promotions.
- 12.5 Meet any additional obligations for advertisers who are registered health practitioners.
- 12.6 Ensure clarity on any claims using words such as 'cure', 'safe', 'effective', 'treats' for any health condition.
- 12.7 Provide substantiated evidence for all advertised claims.
- 12.8 Refrain from the use of testimonials for advertising purposes.
- 12.9 Refrain from advertising any skills, qualifications and/or specialisation not yet gained/partially complete.

13 POLICIES

Document	Accessible format
AHPRA Social media policy	https://www.medicalboard.gov.au/Codes-Guidelines-Policies/Social-media-policy.aspx
Common Protocol - Informing notifiers about the reasons for National Board decisions	https://www.medicalboard.gov.au/Codes-Guidelines-Policies.aspx
Prescribing	The Health Professionals Prescribing Pathway (HPPP) described at https://www.aims.org.au/documents/item/400

CODES AND GUIDELINES

Document	Accessible format
Code of Conduct: Part 2 - Ethics	AARPN (PDF digital file, currently available upon request, or accessed via members web portal).
Code of Conduct: Part 1 – Practice Guidelines	AARPN (PDF digital file, currently available upon request, or accessed via members web portal).
Continuing professional development standards, as set by the NSA guidelines	http://nsa.asn.au/wp-content/uploads/2016/04/Guide-to-CPD-Development.pdf