



AARP Audit Policy for Practicing Nutritionists

Statement of Purpose

The policy provides guidelines for the AARP program of cyclic auditing.

Policy Statement

The Australasian Association and Register of Practicing Nutritionists (AARP) is responsible for the certification of its members as Practicing Nutritionists.

Cyclic auditing of members is an ongoing component of the AARP certification program for Practicing Nutritionists and is fundamental to:

- a) assuring and evaluating the quality of service provided by Practicing Nutritionists;
- b) the safety of the public and their confidence in Practicing Nutritionists;
- c) the professional accountability of Practicing Nutritionists to AARP, the Nutrition profession, and the wider community; and
- d) to meeting audit requirements of Nutrition recognising private health funds.

Over the course of a membership year, a total of 7 percent of Australian based Practicing Nutritionists will be randomly selected for audit. Selections are stratified by State or Territory of membership to ensure a representative coverage across Australia. No member will be audited more than once in a membership year, unless under investigation for breaches of AARP requirements by the AARP Board, or on request from a private health fund or official government body. Audits are conducted by members of the AARP Board or their authorised State or Territory representatives.

The audit is comprehensive but is not onerous to members that are practicing correctly to the standard required of a Practicing Nutritionist certified by AARP. The audit assesses:

1. Adherence to the Code of Conduct for Unregistered Health Practitioners as it applies to the State or Territory of practice (until a National Code of Conduct for Health Care Workers is finalised), and adherence to the requirement that practitioners prominently display (such as in a folder that is readily accessible to clients) in their place of practice:
 - a) HCC consumer resource pamphlet/poster (which contains information pertaining to how a complaint may be made to the Health and Community Services Complaint Commissioner (HCSCC) or their equivalent in the relevant State or Territory of practice;
 - b) evidence of a relevant qualification held by the health practitioner.
2. Adherence to the requirements of the AARP Constitution, AARP Code of Conduct and Code of Ethics, and all other AARP policies, particularly the prominent display (such as in a folder that is readily accessible to

clients) of the AARPN Code of Conduct and Code of Ethics, and AARPN Complaints Process in the practitioner's place of practice.

3. Compliance of place of practice in terms of patient reception; waiting; treatment room(s); toilet facilities; workrooms, etc. with private health fund requirements and relevant State or Territory and Local Council Laws.
4. Presence of laminated and displayed hand-washing technique guidelines in the practitioner's place of practice.
5. Presence of proper Sharps Disposal container if practitioner engages in finger-prick (capillary) sampling of client blood (for the purposes of in-house functional pathology testing).
6. Proper storage of client records.
7. Based on random selection of client records (unless a specific complaint is under investigation):
 - a. Presence of clinical notes for each consultation that are legible, clear in meaning and content appropriate to the service provided.
 - b. Consistent evidence of informed consent based on random audit.
 - c. Consistent evidence of informed financial consent such as written quotations for services or goods forming the treatment recommended and authorised by the client. This is core to ethical practice as it ensures that clients are always aware of the costs they are incurring before that cost is incurred.
 - d. Consistent evidence of compliance with private health fund receipting requirements.
 - e. Evidence that services, treatments and goods provided by the practitioner are 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, treatments or goods rendered by a Practising Nutritionist.
8. Check of original documents including:
 - a. current First Aid certificate;
 - b. current Working With Children Check;
 - c. current and compliant Insurance certificate;
 - d. Transcript and Testamur of qualification(s) held in Nutrition.
9. Check of CPD modules completed and that practitioner understanding of content of completed modules is consistent with practitioner having fully participated in the modules provided.
10. Evidence of recency of practice as a Practising Nutritionist unless otherwise authorised by the AARPN Board.

When applying for AARPN membership and when renewing AARPN membership, all Practising Nutritionists declare that they agree that they are subject to audit, and that they will not be compensated should an audit be failed by the practitioner or failed and overturned on appeal. If all aspects of the audit are met, a pass is given. If aspects of the audit require remedial action but do not contravene private health fund requirements, pose a risk to public safety, or constitute a serious breach of professional conduct or professional ethics, the member will have 3 months to progressively prove that all deficits have been corrected. Any evidence of illegal conduct found during an audit will immediately be reported to the relevant law enforcement agency or regulatory body. (See AARPN Disciplinary Policy.) If any private health fund requirements are found to be in deficit, the affected fund will be notified by AARPN and the member will be immediately suspended from rebating with the affected fund, until such time as all deficits have been corrected and the affected private health fund agrees to the practitioner's reinstatement.

Assessment of recency of practice

Evidence of recency of practice as a Practicing Nutritionist can be in the form of a letter from the employer or if self-employed, a Statutory Declaration, or other relevant evidence that clearly outlines the hours of practice and the timeframe in which this occurred. To be regarded as evidence of currency of practice, the work must comply with the definition of Nutrition Practice, or include the formal training and instruction of students in AARPN recognised clinical nutrition degree programs, or constitute research in the field of clinical nutrition. The assessor reviews the evidence to ascertain if the Practicing Nutritionist has completed a minimum 1000 hours of practice over the preceding 5 years.

Nutrition Practice is the evidence-informed provision of **Dietary Services** through the use of **Personalised/Precision Nutrition** interventions based on clinical insight, derived from case-history, dietary recalls, functional and pathology testing, genetic testing [such as, SNP tests, whole exome and genome sequencing]), and from this insight, a Practicing Nutritionist may utilise:

- (1) the prescription of orally administered, Therapeutic Goods Authority of Australia (TGA) approved and other **dietary supplements** that are administered in an evidence-informed manner, based on the gathering of the best available scientific data, in conjunction with clinical expertise;
- (2) the provision of scientific evidence-informed **dietary advice** on dietary modification; and
- (3) the provision of scientific evidence-informed advice on levels of physical activity (which support nutritional related outcomes);

all of which are implemented either singularly or collectively in a personalised manner or part of a wider public health activity or initiative. Nutrition Practice does not include the use of liquid herbs.

Dietary services include scientific evidence-informed **dietary advice** on dietary intake of food substances and liquids, and the scientific evidence-informed prescription of orally administered **dietary supplements** to the diet of an individual or group of individuals, or population, as well as the provision of scientific evidence-informed advice on levels of physical activity (which support nutritional related outcomes), for the purposes of optimising health including but not limited to supporting disease prevention, disease management, health remediation and recovery, and maximising human performance.

Dietary advice is the provision of evidence-informed guidance and recommendations on dietary intake of food substances and liquids to an individual or group of individuals, or population, and can include the provision of scientific evidence-informed advice on levels of physical activity (which support nutritional related outcomes) to an individual or group of individuals, or population, for the purposes of optimising health including but not limited to supporting disease prevention, disease management, health remediation and recovery, and maximising human performance.

Dietary supplements are orally administered supplements to the diet of an individual or group of individuals, or population, including but not limited to:

- Vitamins;
- Minerals;
- Fatty acids;
- Amino acids;
- Enzymes;
- Probiotics;
- Prebiotics;
- Functional fibre;
- Functional foods;
- Nutraceuticals;

- Phytonutrients such as lycopene and resveratrol;
- Phytochemical therapeutics such as, ginger extract, turmeric extract, garlic extract, beta-glucans, antimicrobials, and endocrine regulators relevant to the interface between nutritional-metabolic and endocrinological function such as isolated food components including but not limited to indole-3-carbinol, diindolylmethane, citrus and grapeseed extracts; and
- Other bioactive substances such as, cofactors, coenzymes, antioxidants, precursor substrates to endogenous biological compounds, and neurotransmitters (such as those neurotransmitters overtly affected by nutritional-biochemical dysfunctions; i.e. GABA Gamma-Aminobutyric acid).

Personalised/Precision Nutrition means the targeted provision of **Dietary Services** through the application of **Nutrition Practice** by **Practicing Nutritionists**, for the purposes of optimising health including but not limited to supporting disease prevention, disease management, health remediation and recovery, and maximising human performance, based on genetic, phenotypic, medical, nutritional, and other relevant information about individuals or groups of individuals, or populations.

Appeals process

All audit outcomes are appealable direct to the AARPN Board.

Reporting

The audit outcome statistics will be reported to the AARPN Board.