



Code of Conduct

Part 1: Practice Guidelines

For Certified Practicing Nutritionists

Issued by the Board of The Australasian Association and Register of Practicing Nutritionists (AARPN) LTD.

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1. PURPOSE OF THE CODE OF CONDUCT PART 1 – PRACTICE GUIDELINES

- 1.1 The AARPN Code of Conduct Part 1 – Practice Guidelines provides guidance to Certified Practicing Nutritionists (CPNs) on how to engage professionally in their practice as an AARPN credentialed practitioner.
- 1.2 It is designed to guide Certified Practicing Nutritionists towards fulfilling proficient practice requirements – it does not specify how to make decisions or to act in particular situations.
- 1.3 It reiterates that Practitioners have a duty of care towards their patients/clients and their primary concern is to practise safely and effectively within an ethical framework.
- 1.4 It aims to:
 - Recognise and communicate the expected standards for CPN professional practice as per the AARPN Constitution and Code of Conduct Part 1 – Practice Guidelines.
 - Inform the public and other allied health practitioners about the values and ethos of Certified Practicing Nutritionists.

Extensive consultation was undertaken to develop this Code of Conduct Part 1 – Practice Guidelines. A Task-force committee was nominated by the AARPN Chairperson, followed by a peer review process. These ethics will be reviewed and revised, if necessary, on an annual basis to ensure they remain relevant to the changing professional environment.

All Certified Practicing Nutritionists must always act in accordance with the law. This Code of Conduct Part 1 – Practice Guidelines is not a substitute for the provisions of the Health Practitioner Regulation National Law Act 2009 (the National Law), or other relevant legislation and case law. If there is any conflict between the Code and the law, the law takes precedence.

- 1.5 It is essential for all CPNs to be aware of and to conform to, the standards, guidelines and policies of the profession.
- 1.6 This code does not address the range of general legal obligations that are applicable for CPNs, such as those under privacy, child protection and antidiscrimination legislation. It is the duty of the individual CPN to ensure that they are aware of their obligations under the general law and other legislation, and to act in accordance with them.

2. DEFINITIONS

1. **Accreditation/Credentialing:** The formal recognition by The Australasian Association and Register of Practicing Nutritionists (AARPN) via the AARPN Certification Committee that a practitioner meets specific professional standards.
2. **AARPN:** The Australasian Association and Register of Practicing Nutritionists, the professional body for the Certified Practicing Nutritionist profession.
3. **Advertising:** Any form of communication or promotional activity used to inform, attract, or persuade clients, patients, or the general public about the services offered by a Certified Practicing Nutritionist.

4. **Being Ethical** means: 'Certified Practicing Nutritionists act lawfully and responsibly and are accountable for their decision making'.
5. **Client:** Any individual who receives nutrition-related advice, treatment, or services from a Certified Practicing Nutritionist.
6. **Certified Practicing Nutritionist (CPN):** A professional who has been certified by the AARPN Certification Committee to practice nutrition within a defined scope, adhering to the established code of conduct, ethics, and professional standards.
7. **Code of Conduct (COC):** A set of professional standards and ethical guidelines established by AARPN that CPNs must adhere to in their practice. The Code of Conduct Part 1 addresses Practice Guidelines and the Code of Conduct Part 2 addresses Ethics.
8. **Competence:** The ability of a Certified Practicing Nutritionist to integrate knowledge, skills, attitudes, and values in providing high-quality nutrition care safely, effectively, and within their scope of practice.
9. **Confidentiality:** The ethical and legal duty of a Certified Practicing Nutritionist to protect a client's personal health information, ensuring that it is not disclosed without the client's explicit consent unless required by law or public interest considerations.
10. **Conflict of Interest:** A situation where a Certified Practicing Nutritionist's personal, financial, professional, or other interests may compromise, or be perceived to compromise, their ability to provide unbiased, high-quality care.
11. **Continuing Professional Development (CPD):** A lifelong learning process in which Certified Practicing Nutritionists maintain and enhance their professional skills, knowledge, and competence through activities such as seminars, workshops, research, and self-study.
12. **Digital Platform:** Any electronic or web-based medium used by Certified Practicing Nutritionists to provide nutrition advice, services, or information to clients, including social media, websites, and telehealth services.
13. **Duty of Care:** The legal and ethical obligation of Certified Practicing Nutritionists to provide a standard of care that avoids causing harm or injury to clients, ensuring safe, competent, and compassionate service.
14. **Evidence-Based Practice:** The integration of current, high-quality research evidence with clinical expertise and client preferences to make decisions about the care of individual clients.
15. **Fitness to Practice:** The assessment of a practitioner's ability to provide safe, competent, and ethical nutrition care, considering their skills, knowledge, physical and mental health, and compliance with professional standards.
16. **Inadequate professional conduct** is 'conduct that falls short of the professional standard indicated in the constitution of AARPN and its Code of Conduct and Code of Ethics, and/or conduct that falls short of the clinical performance and diligence, that the National and International professional Nutrition community, is entitled to expect of a degree qualified Nutritionist. This includes diverse platforms including but not limited to private practice, online, conferences, meetings, social gatherings, and government/community/public health.'
17. **Informed Consent:** The process of providing clients with comprehensive information about the nature, benefits, risks, and alternatives of a proposed intervention, enabling them to make an informed and voluntary decision regarding their care.
18. **Misconduct:** Any action or behaviour by a Certified Practicing Nutritionist that violates the Code of Conduct, ethical standards, or professional obligations, potentially leading to disciplinary action by AARPN.
19. **Nutrition Practice (NP):** The professional practice of providing nutrition-related advice, treatment, and services to support the health and well-being of individuals and communities,

in accordance with the standards and scope of practice of a Certified Practicing Nutritionist as defined by AARPN.

20. **Personal Health Information:** Any information, whether oral or recorded, related to an individual's health status, medical history, treatments, or lifestyle, that a CPN collects in the course of providing nutrition services.
21. **Prescribing:** The process by which a CPN recommends nutritional supplements or interventions, within their scope of practice, based on clinical judgment, evidence-based guidelines, and individual client needs.
22. **Professional conduct:** is adherence to the AARPN Constitution, Code of Ethics, Code of Conduct, and the commitment of no act that could be construed as an act of inadequate professional conduct or professional misconduct.
23. **Professional misconduct** is 'conduct which demonstrates a considerable and/or consistent failure to exhibit/maintain the professional standard indicated in the constitution of AARPN and its Code of Conduct and Code of Ethics, and/or conduct which demonstrates a considerable and/or consistent failure to exhibit/maintain the clinical performance and diligence, that the National and International professional Nutrition community, is entitled to expect of a degree qualified Nutritionist, and if established, justify a finding that the practitioner is not competent to continue to be a member of AARPN and engage in Nutrition Practice. This includes diverse platforms including but not limited to private practice, online, conferences, meetings, social gatherings, and government/community/public health. Professional misconduct may additionally include conduct that places the Nutrition profession in disrepute and/or being convicted of a criminal offence.
24. **Review Period:** The designated timeframe (every three years) during which the Code of Conduct is evaluated and revised to ensure it remains current, relevant, and reflective of best practice standards in nutrition care.
25. **Service Bundling:** Refers to any arrangement whereby multiple consultations, nutritional products, or ancillary services—including commercial programs on-sold by the practitioner—are packaged in a single purchase.
26. **Scope of Practice:** The activities, responsibilities, and limits of the professional role of a CPN as defined by their qualifications, training, certification, and the AARPN guidelines.
27. **Supplement:** A product intended to supplement the diet, containing one or more of the following ingredients: vitamins, minerals, herbs, amino acids, enzymes, or other dietary substances that a CPN may recommend as part of a nutrition intervention.
28. **Testimonial:** Recommendations or positive statements about the clinical aspects of a health service used in advertising. Not all reviews or positive comments made about a health service are considered testimonials. For example, comments about customer service or communication style that do not include a reference to clinical aspects are not considered testimonials.
29. **Therapeutic Goods Administration (TGA):** The regulatory authority responsible for assessing and monitoring the safety, efficacy, and quality of therapeutic goods, including dietary supplements, in Australia.
30. **Transparency:** The practice of providing clear, accurate, and honest information about professional qualifications, services, fees, and potential conflicts of interest to clients.

3. ABBREVIATIONS

AARPN	Australasian Association and Register of Certified Practicing Nutritionists
AHPRA	Australian Health Practitioner Regulation Agency
CPD	Continuous Professional Development
COC	Code of Conduct
HCC	Health Complaints Commission
NP	Nutrition Practice
CPN	Certified Practicing Nutritionist
TGA	Therapeutic Goods Administration/Act

4. INTERPRETATION STATEMENT

This Code of Conduct (the "Code") functions as a cornerstone of the profession's self-regulatory framework and serves as the foundation for the ethical, professional, and legal responsibilities of Certified Practicing Nutritionists (CPNs). It expresses the minimum enforceable ethical and professional values which characterize the CPN profession and serves to underpin both professional accountability and public trust. The Code aims to support CPNs in providing high-quality, ethical, safe, and culturally responsive nutrition services while ensuring the public's protection. It operates in tandem with, and does not override, the broader legal obligations of the National Law as it might apply or other relevant legislation. Compliance with this Code is a mandatory component of maintaining certification and demonstrating fitness to practice.

5. SCOPE OF APPLICATION

This Code of Conduct applies to all CPNs certified by the AARPN Certification Committee. It outlines the attitudes and expectations required of practitioners and is aligned with the **Certified Practicing Nutritionist Scope of Practice Statement**. The Code is subject to periodic review every three years to ensure its relevance and effectiveness within a self-regulatory framework.

6. PROFESSIONAL PRACTICES AND VALUES OF CPNs

Certified Practicing Nutritionists (CPNs) credentialed by the AARPN Certification Committee are expected to adhere to the highest professional standards in all aspects of their practice.

All AARPN CPNs must:

- **Practice Ethically:** Uphold the principles of ethical practice, including integrity, truthfulness, and compassion, in compliance with the **AARPN Code of Ethics**.
- **Demonstrate Cultural Competence:** Provide culturally safe and responsive healthcare practices in alignment with relevant guidelines (e.g., Australian Government Department of Health and Aged Care, 2021; Curtis et al., 2019).
- **Recognize Limitations:** Work within their professional competence and scope of practice as outlined in the **AARPN Constitution** and the Scope of Practice document and refer clients to other healthcare professionals as appropriate.
- **Engage in Ongoing Education:** Commit to continuous professional development, accumulating at least 20 CPD points annually, as detailed in Section 10 of this document.

- **Comply with Legislation:** Adhere to all applicable federal and state/territory laws and regulations, including those concerning client confidentiality, informed consent, and the provision of safe and effective healthcare services.

The following principles outline the core professional values that all AARPN CPNs must uphold:

- 6.1 Identify and practice in the spirit/ethos of Objectives of AARPN as described in the constitution.
- 6.2 Practice ethically and in a trustworthy manner in accordance with the Code of Ethics for Certified Practicing Nutritionists.
- 6.3 Display and practice core values of integrity, truthfulness and compassion.
- 6.4 Promote an ecological, social and economic environment which supports health and wellbeing.
- 6.5 Understand the unique conditions of individual clients and adapt where appropriate to address personalised needs (For example needs of elderly as compared to those of children with special needs).
- 6.6 Establish amicable partnership with clients to encourage them to communicate their symptoms/concerns frankly and to facilitate their compliance with nutrition intervention strategies.
- 6.7 Understand and implement ethical and legal obligations to protect the confidentiality and privacy of clients and their health records (see detail in Section 8).
- 6.8 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>)
- 6.9 Recognise and work within the limits of their competence and scope of practice, as defined in the AARPN Constitution and the Certified Practicing Nutritionist Scope of Practice document; ensure no claim to cure any condition is made (Nutrition Practice interventions can rather assist, relieve, and/or improve certain ailments, illnesses or conditions, and generally promote good health and wellbeing).
- 6.10 Consistently demonstrate application of current clinical Nutrition knowledge with the highest standards of integrity, fairness and scientific honesty.
- 6.11 Consistently demonstrate evidence informed application of scientific principles and recognise the need for continual critical evaluation of nutrition science.
- 6.12 Demonstrate and adhere to active application of best available research and evidence-informed prescribing in Nutrition Practice (refer to Section 9).

- 6.13 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 accreditation unless prior agreement has been made regarding duration (i.e., application/renewal of accreditation requires that insurance is valid until the end of the annual accreditation period – 30th of June. The minimum insured sum required by AARPN is \$2 million for Professional Indemnity and \$10 million for Public and Products Liability. Failure to meet AARPN’s stated insurance requirements constitutes misconduct and will result in automatic suspension of accreditation until proof of requisite insurance is provided to AARPN. Practitioner CPNs are required to notify AARPN if any changes are made to their policy mid-accreditation). The requirement for coverage for the entire financial year can be varied at the discretion of the AARPN Certification Committee but coverage must be continuous and not permitted to lapse. A 100 percent monthly audit will be undertaken to identify CPN’s at risk of insurance expiration.
- 6.14 Obtain informed consent prior to commencing a treatment or service in compliance with the laws of the jurisdiction (refer to ‘Informed consent’ in section 12.11).
- 6.15 Communicate effectively through nutrition education and training with clients, colleagues and relevant officials.
- 6.16 Approach nutrition practice sessions as a partnership with the aim to provide best service to the client/community.
- 6.17 Proactively participate in/adhere to mandatory engagement of capacity building initiatives, as per the CPD stipulation in the AARPN Constitution and the Continuous Professional Development policy.
- 6.18 Systematically evaluate the quality of practice and revise practice on the basis of this feedback by peers, employees and clients.
- 6.19 Respect traditional and indigenous food and nutrition systems.
- 6.20 Demonstrate understanding that their own personal beliefs and values are separate from professional values on which all practitioners are expected to base their practice.
- 6.21 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/publications-and-resources/resource-library/partnering-consumers-guide-consumers> and <https://www.safetyandquality.gov.au/sites/default/files/2019-06/Charter%20of%20Healthcare%20Rights%20A4%20poster%20ACCESSIBLE%20pdf.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/Health-Providers/non-registered-health-practitioners>

Northern Territory:

https://hcscc.nt.gov.au/_data/assets/pdf_file/0005/1247171/Code-of-Health-and-Community-Service-Rights-and-Responsibilities.pdf and https://hcscc.nt.gov.au/_data/assets/pdf_file/0016/1442014/hcscc-complaints-brochure.pdf

South Australia: https://www.hcscc.sa.gov.au/wp-content/uploads/2013/08/h_know_your_rights_a_guide_to_the_hcscc_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.ahpra.gov.au/documents/default.aspx?record=WD16%2F21244&dbid=AP&chksum=YSFbRkhzvWg3II5Icod6vQ%3D%3D>

Queensland - <https://www.oho.qld.gov.au/assets/uploads/WEB-OHO-2pp-DL-Brochure.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>

- 6.22 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 13 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>

- 6.23 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/sites/default/files/2021-10/code_of_practice_-_first_aid_in_the_workplace_July%202019.pdf

AARPN will require your First Aid Certificate to be valid for the full duration of the the financial-year-accreditation-period you are engaging accreditation into (i.e., at the time of application or renewal of accreditation, your certificate must be valid until at least June 30th for accreditation to be approved). The requirement for coverage for the entire financial year can be varied at the discretion of the AARPN Certification Committee but first aid certification must be continuous and not permitted to lapse. A 100 percent monthly audit will be undertaken to identify CPN's at risk of first aid expiration.

- 6.24 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 or framed, and secured to the wall)
<https://cdn.who.int/media/docs/default-source/documents/health-topics/hand-hygiene-why-how-and-when-brochure.pdf>
- 6.25 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-accreditation-period you are engaging accreditation into (i.e. at the time of application or renewal of accreditation, your Working with Children check must be valid until at least June 30th in order for accreditation/re-accreditation to be approved). The requirement for coverage for the entire financial year can be varied at the discretion of the AARPN Certification Committee but WWCC clearance must be continuous and not permitted to lapse. A 100 percent monthly audit will be undertaken to identify CPN's at risk of WWCC clearance expiration.
https://www.nationalcrimecheck.com.au/resources/working_with_children_checks_in_australia
- 6.26 Advice received via the NDIS Safety and Quality Commission is that health professionals providing a service to NDIS clients fall within the definition of providing a risk assessed service. Therefore, if servicing clients who are utilising NDIS funding to pay for their services, the practitioner must hold a current NDIS Check and provide a copy of this check to the AARPN Certification Committee. Random audits of CPNs will be conducted to ensure that those engaging with NDIS hold a current NDIS Check.
<https://www.ndiscommission.gov.au/workers/worker-screening/ndis-worker-screening-check>

7. DUTY OF CARE / PROVIDING GOOD CARE

CPNs have a duty of care to:

- **Obtain Informed Consent:** Ensure that clients understand the benefits, risks, and options associated with nutrition interventions. Provide clear and comprehensive information, and document consent in writing (see Section 9).
- **Maintain Professional Boundaries:** Avoid conflicts of interest that could compromise the quality of care provided. Disclose any potential conflicts and make referrals where appropriate (see Section 11).

- **Report Adverse Events:** Identify, report, and document adverse events in accordance with the **Therapeutic Goods Administration (TGA) Guidelines** (see Section 10).

All CPNs will:

- 7.1 Respect the rights of clients to make their own decisions.
- 7.2 Accept the rights of informed choice in nutrition intervention and counselling (*refer to details in Section 12.11 – Informed Consent*).
- 7.3 Obtain informed consent for all physical examinations and prior to commencement of any nutritional interventions (*refer to Section 12.11*).
- 7.4 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.
- 7.5 Exercise reasonable skill, competence, diligence and care in accordance with standards of Nutrition Practice (*refer Section 7*).
- 7.6 Abstain from misrepresenting or misusing nutritional skills and qualifications (*refer to Sections 6.19 and 6.20 of the Code of Conduct Part 2 - Ethics*).
- 7.7 Refrain from discouraging a client from seeking or continuing, medical and treatment and medicines.
- 7.8 Efficiently recognise the limitations of nutrition intervention and appropriately refer clients to other competent allied health and medical professionals.
- 7.9 Consistently provides necessary help such as first aid assistance or referrals to appropriate health services to client when/if necessary.
- 7.10 Be conscious to prevent any physical/emotional harm/injury to the client while undertaking Nutrition Practice.
- 7.11 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://www.health.gov.au/topics/mental-health-and-suicide-prevention/mental-health-in-australia?language=und&utm_source=health.gov.au&utm_medium=callout-auto-custom&utm_campaign=digital_transformation
- 7.12 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>
- 7.13 CPNs 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 Practitioners 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 7.13 is beyond the scope of practice for a Certified Practicing Nutritionist.

Services, treatment or goods provided by the CPN in their capacity as a Certified Practicing Nutritionist, must be within the scope of practice of a Certified Practicing Nutritionist. If other qualifications and registrations are held by the CPN, any services, treatment or goods rendered that fall outside the scope of practice of a Certified Practicing 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 Certified Practicing Nutritionist.

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

7.14 Facilitate coordination and continuity of care.

8. CONFIDENTIALITY AND PRIVACY

A CPN will protect a client's right of maintaining confidentiality and privacy. This means that every client expects that Certified Practicing 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 the AHPRA Shared Code of Conduct Section 3.3 'Confidentiality and Privacy' on page 11.

<https://www.ahpra.gov.au/documents/default.aspx?record=WD22/31749&dbid=AP&checksum=p10Wc2v5MWiwLsVtkgFXyw%3d%3d>

A CPN will protect a client's right to maintain confidentiality and privacy regarding but not limited to:

- **Confidential Consultations:** Conduct private consultations, secure client data, and use consent forms for the release of information when necessary.
- **Record-Keeping:** Maintain accurate, legible, and up-to-date health records, ensuring secure storage and compliance with applicable privacy and health records legislation.
- **Information Disclosure:** Seek explicit consent from clients before disclosing any information unless required by law or there is a significant risk to the client or another person.
- **Client Access:** Clients are entitled to request and receive a copy of their health record.

All AARPN CPNs:

- 8.1 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://www.oaic.gov.au/privacy/privacy-legislation/the-privacy-act/rights-and-responsibilities>
- 8.2 Are aware that these requirements apply to information held in all formats, including electronic information.
- 8.3 Treat all types of information about clients as confidential and private.
- 8.4 Seek consent from patients or clients before disclosing information.
- 8.5 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.
- 8.6 Provide appropriate surroundings to enable private and confidential consultations to take place.
- 8.7 Use appropriate consent forms for release of information, when necessary, which limits disclosure to relevant health and medical information only.

Health records

All AARPN CPNs will ensure that:

- 8.8 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 CPN's country/state/territory. For example: <https://www.ipc.nsw.gov.au/fact-sheet-guide-retention-and-storage-health-information-nsw-private-health-service-providers>

- 8.9 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.
- 8.10 Clients' health records are accurate, up-to-date and complete.
- 8.11 Handwritten records are written clearly in ink (not pencil), in English and be easily read and understood.
- 8.12 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.
- 8.13 Errors should not be obliterated.
- 8.14 Entries in patient records should not be made in advance of the consultation.
- 8.15 Patient records should contain adequate information to provide quality care to the patient.
- 8.16 Patient records should contain any diagnostic reports, imaging reports and other reports/data that are used as part of the consultation and treatment process.
- 8.17 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.
- 8.18 Patients are entitled to request and receive a copy of their health record.

9. PRESCRIBING

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 CPNs need to ensure that they are trained and competent to practice effectively and safely in accordance with '**The Health Professionals Prescribing Pathway (HPPP)**'.

CPNs must ensure safe and competent prescribing within their scope of practice:

- **Education and Training:** Complete accredited prescribing education and training consistent with their scope of practice.
- **Evidence-Based Practice:** Prescribe supplements based on clinical judgment, research, and evidence.
- **Documentation:** Record all prescriptions in client health records and adhere to therapeutic goods legislation.
- **HPPP Compliance:** Follow the **Health Professionals Prescribing Pathway (HPPP)** guidelines, ensuring competency and adherence to relevant policies.

- **Reflective Practice:** Regularly evaluate prescribing practices to enhance competence and effectiveness.

All CPNs will:

- 9.1 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.
 - Maintain the AARPN required level of professional competence and ethical standards.
 - Commit to the safe and effective use of supplements.
 - Discuss and take consent with the clients and their family/carers, who are being prescribed a supplement.
- 9.2 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 or AARPN deemed equivalent: The CPN completes accredited prescribing education and training that is consistent with their scope of practice and demonstrates the required level of competence and this includes education and assessment in prescribing of evidence-based supplements as per an accredited program of study to the standards set by the AARPN Certification Committee.
 - Obtain recognition from the AARPN Certification Committee of competence to prescribe nutritional supplementation.
 - Ensure authorisation to prescribe via the holding of a TGA Schedule 1 exemption certificate.
 - Prescribe Nutrition supplements within the scope of practice
 - Maintain and enhance competence to prescribe.
- 9.3 Practice 'autonomous' or 'under supervision' prescribing or as per 'structured arrangement prescribing' protocol in accordance with Guidelines by HPPP.
- 9.4 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.
- 9.5 Use research based evidence (Peer reviewed articles, consensus in International nutrition community) to recommend food based supplements.
- 9.6 Apply logical clinical judgement and research based evidence to recommend dosage/amounts of foods/supplements.
- 9.7 Prescribe nutrition supplements (as per expiry date and other guidelines) in accordance with the relevant therapeutic goods and consumer legislation.
- 9.8 Engage in reflective practice to evaluate and review own performance as per

AARPN code of ethics.

- 9.9 Adhere to all policies and procedures of the local/State/territory/national legislations.
- 9.10 Accurately document and record all prescriptions made to a high standard.

10. CONTINUING PROFESSIONAL DEVELOPMENT

A competent CPN requires maintaining and updating knowledge and skills within the scope of practice of a CPN. CPNs must engage in ongoing learning to maintain their certification status:

- **CPD Requirement:** Engage in activities that enhance professional knowledge and skills, accumulating a minimum of 20 CPD points annually.
- **Active Participation:** Attend seminars, workshops, and educational events, and document CPD activities as per CPN guidelines.
- **Record-Keeping:** Maintain accurate CPD records, subject to annual audit by AARPN to ensure compliance.

'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.ahpra.gov.au/documents/default.aspx?record=WD12%2F7404&dbid=AP&checksum=SpumM5SXkODxifsGgemvDw%3D%3D> page 3.

Hence all CPNs will:

- 10.1 Demonstrate active participation in nutrition seminars, webinars and conferences to continuously educate oneself in latest advances in evidence-based Nutrition Practice (as defined in the AARPN Constitution and this document) and in accordance with the AARPN Certified Practicing Nutritionist Scope of Practice Statement.
- 10.2 Complete 20-CPD-point-totalling content annually to maintain practicing status as a CPN in accordance with the AARPN Certified Practicing Nutritionist CPD Policy.
- 10.3 Continually update and extend professional knowledge and skills through such activities as attending professional development or seeking a mentor.
- 10.4 Be guided by the current scientific evidence base in the National and International nutrition paradigm.

11. USE OF DIGITAL PLATFORMS

When using social media and web-based platforms a CPN should remember that the National law, AARPN code of conduct, AARPN code of ethics and AARPN Advertising guidelines (outlined in Section 15) apply.

CPNs utilizing social media and digital platforms must:

- **Follow Ethical Standards:** Adhere to the **Certified Practicing Nutritionist Code of Conduct, AHPRA Social Media Policy**, and all relevant privacy legislation when providing services or information online.
- **Confidential Consultations:** Conduct online consultations in private settings, secure client data, and obtain explicit consent before recording sessions (see Section 8 for confidentiality requirements).
- **Secure Online Consultations:** Conduct consultations in private, secure settings, using protected devices and obtaining client consent for recordings.

As such all CPNs will:

- 11.1 Act responsibly on all social network platforms and web-based accounts, ensuring that information delivered is evidence-based and supported by relevant research.
- 11.2 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'.
- 11.3 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/Resources/Social-media-guidance.aspx>
- 11.4 Ensure all online consultations adhere to Section 8 the Certified Practicing Nutritionist 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.

12. 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. Please also refer to the AHPRA Shared Code of Conduct Section 4.2 'Informed Consent' on page 12.

<https://www.ahpra.gov.au/documents/default.aspx?record=WD22/31749&dbid=AP&checksum=p10Wc2v5MWiwLsVtkgFXYw%3d%3d>

CPNs must secure informed consent:

- **Clear Communication in Providing Information:** Clearly explain the health conditions and the nature, purpose, benefits, risks, and costs of the proposed nutrition interventions. Use language that the client can understand.

- **Obtain Written Consent:** Use consent forms outlining treatment, cost, potential risks, and the client's right to cease treatment. Secure signatures from clients or guardians.
- **Respect Client Decisions:** Allow clients the autonomy to make informed choices about their care, including the right to refuse treatment.

Hence all CPNs will:

- 12.1 Present facts related to client's health and nutrition intervention accurately.
- 12.2 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.
- 12.3 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.
- 12.4 Provide consistent good care as outlined in section 4 above.
- 12.5 Take appropriate consent from care giver while attending to children (<16 years) as per relevant country/state/territory legislation.
- 12.6 Provide appropriate reasons for circumstances if information is withheld.
- 12.7 Allow opportunities for discussion during a consult.
- 12.8 Give advice avoiding any coercion.
- 12.9 Respect client's decision to accept or reject the advice.
- 12.10 Maintain frank and honest conduct in giving information about client's health and nutrition advice.
- 12.11 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 CPN 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 Nutritional 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 Nutritional therapy may include additional recommended products or testing for the purpose of assisting Nutritional therapy, and I understand that my practitioner will provide quotation for any such additional cost prior to purchasing.
- (4) understand that Nutritional 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 Nutritional therapy treatments offered.

(6) understand that I can cease treatment at any point.

13. 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 the AHPRA Shared Code of Conduct Section 4.5 'Adverse events and open reporting' 'page 13.

<https://www.ahpra.gov.au/documents/default.aspx?record=WD22/31749&dbid=AP&chksum=p10Wc2v5MWiwLsVtkgFXYw%3d%3d>

CPNs are responsible for recognizing and reporting adverse events:

- **Identify and Report:** Document and report adverse events using the TGA Adverse Events Reporting System.
- **Client Explanation:** Explain to the client any adverse events and provide information on possible short- or long-term effects.
- **Documentation:** Keep detailed records of adverse events and inform the client about potential implications.
- **Compliance:** Follow workplace policies, procedures, and relevant authority guidelines.

All CPNs will:

13.1 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/> .

13.2 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

13.3 Explain to the client about what has happened and if possible and/or required, give

detail of plausible short- or long term effects.

- 13.4 Comply with policies, procedures and guidelines of the workplace and the relevant authority/insurer.

14. 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 the AHPRA Shared Code of Conduct Section 8.10 ‘Conflicts of interest’ on page 23. <https://www.ahpra.gov.au/documents/default.aspx?record=WD22/31749&dbid=AP&chksum=p10Wc2v5MWiwLsVtkgFXYw%3d%3d>

CPNs must disclose any conflicts of interest that could influence client care:

- **Transparency:** Disclose financial, professional, or personal interests that may impact decision-making/patient care.
- **Avoid Exploitation:** Refrain from using the practice to promote unrelated goods or services that could compromise professional integrity.
- **Resolve Conflicts:** Address and, if necessary, refer clients to other professionals to avoid compromising the quality of care. Practitioners should prioritize the client's best interests and, when conflicts of interest cannot be reasonably managed or mitigated, take steps to transfer care or seek further guidance from the AARPN Certification Committee to ensure ethical practice standards are upheld.

Hence CPNs will:

- 14.1 Disclose multiple interests when initiating a professional relationship with a client.
- 14.2 Recognise potential conflicts of interest that may arise at the initial consult or during the continuation of a professional relationship with a client.
- 14.3 Give appropriate consideration to any conflict.
- 14.4 Inform and disclose to the client any conflict of interest.
- 14.5 Resolve any conflict of interest and if no solution is available, be proactive to make referrals.
- 14.6 Inform clients if the practitioners’ family have any such interest that could be perceived to influence the care provided.
- 14.7 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 Certified Practicing Nutritionist or Certified Practicing Nutritionist staff.

Considered exempt from the 14.7 stipulation would be the promoting of a lecture series or educational event that is related to the themes of applying nutrition practice.

Similarly considered exempt from 14.7 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 cookbook, *or the like*, that has a clear and evident cost-association.

Cost-associated supportive material 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.

- 14.7.1 Multi-Level Marketing (MLM): Engaging in multi-level-marketing (MLM) enterprises is discouraged as a general AARPN guideline. As a Certified 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 Certified Practicing Nutritionist (as outlined in the Code of Conduct Part 1 and Part 2) 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. Certified 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 them 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 CPNs or clients). 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 and the CPNCB reserves the right to cancel or deny CPN accreditation 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.

- 14.7.2 Service Bundling: Also termed Packages. While bundling of services is not unconditionally prohibited, it is a commercial practice that is not encouraged or endorsed by AARPN.

- 14.7.2.1 *Marketing and selling*: Marketing and selling practices must not bring the profession into disrepute.

- 14.7.2.2 *Respect the free will of clients:* CPNs must be mindful that they are allied health professionals providing a health service and not engage in commercial practices that would incentivise a client to continue using their service when the client would otherwise elect to discontinue.
- 14.7.2.3 *Client centred Care:* CPNs are to be always mindful that the focus of care must be the client.
- 14.7.2.4 *Itemised quotation and itemised invoices:* Clients must receive an itemised breakdown of costs as a quotation prior to agreeing to bundled services and during any subsequent billing of bundled services. For example: In the case of commercially available programs such as weight loss programs being on-sold by a CPN, the charge for the core program must be listed separately to the charge for consultation services provided by the CPN, and both must be listed separately to the independent charges for nutritional supplements, support materials, and any additional pathology testing.
- 14.7.2.5 *Pathology testing:* Pathology testing must not be sold as part of pre-paid "treatment packages" or similar activity that includes pathology services/testing without first conducting a professional consultation with the client and carefully considering their specific health needs or conditions. This requirement also applies to commercial packages on sold to clients – as a practitioner, it is the CPN's responsibility to determine if any included pathology in such packages is appropriate to the client's needs.
- 14.7.2.6 *Payment options:* The default payment method must be incremental. A client may choose to pay for a bundle of services upfront (such as multiple consultations), but this decision must be entirely voluntary and free from incentives such as discounts. Any pre-payment should be limited to a single future consultation and/or agreed pathology/functional testing (established during consultation) unless otherwise agreed upon between the client and the practitioner. In the case of commercial packages purchased by the practitioner and on sold, it is permissible to charge in the first instance, the cost of the core package as purchased by the practitioner (including reasonable mark-up), plus one consultation in advance.
- 14.7.2.7 *Refund policy:* A clear refund policy must be in place, allowing clients to receive a full refund for any *unused* services or consultations, regardless of the reason.
- 14.7.2.8 *Advance payments must be held in trust:* Payments made in advance for consultations or products not yet rendered, must be held in trust. For consultations paid in advance, the practitioner must only realise the payment as income once the service has been rendered.
- 14.7.2.9 *Respect the financial limitations of the client:* The CPN must not knowingly sell bundled services to a client if it is placing that client under financial hardship – instead the CPN should offer services separately and incrementally at a rate the client can financially accommodate.

15. 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/C2010A00103/latest/text>

CPNs must ensure all advertising is:

- **Truthful:** Provide accurate, verifiable information, avoiding false or misleading claims about services and qualifications.
- **Compliant:** Align with **AHPRA Advertising Guidelines** and relevant consumer protection laws.

Hence all CPNs will:

- 15.1 Comply with AHPRA's guidelines on advertising or other relevant national/state and territory legislation. <https://www.ahpra.gov.au/Resources/Advertising-hub/Advertising-guidelines-and-other-guidance/Summary-of-the-advertising-requirements.aspx>
- 15.2 Ensure that any information published on advertisement material (verbal, printed or electronic) is factual and verifiable.
- 15.3 Confirm that none of the advertising claims and information is 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/C2010A00103/latest/text>
- 15.4 Clearly specify specials, gifts, enticements, terms and conditions in advertising promotions.
- 15.5 Meet any additional obligations for advertisers who are registered health practitioners.
- 15.6 Ensure clarity on any claims using words such as 'cure', 'safe', 'effective', 'treats' for any health condition.
- 15.7 Provide substantiated evidence for all advertised claims.
- 15.8 Refrain from the use of testimonials for advertising purposes.

Testimonials are recommendations or positive statements about the clinical aspects of a health service used in advertising. Not all reviews or positive comments made about a health service are considered testimonials. For example, comments about customer service or communication style that do not include a reference to clinical

aspects are not considered testimonials. A clinical aspect exists if one of the following is expressed:

- a. Symptom – the specific symptom or the reason for seeking treatment.
- b. Diagnosis or treatment – the specific diagnosis or treatment provided by the practitioner.
- c. Outcome – the specific outcome or the skills or experience of the practitioner either directly or via comparison.

Note: 15.8 does not apply to clients posting online reviews but will activate if a CPN, person or a business advertises in a way that makes use of the reviews/testimonials to promote the service.

- 15.9 Refrain from advertising any skills, qualifications and/or specialisation not yet gained/partially complete.

16. COMPLIANCE IS MANDATORY

Compliance with this Code of Conduct Part 1 – Practice Guidelines is mandatory for maintaining certification as a CPN.

17. DECLARATION REQUIREMENTS

CPNs must declare understanding and compliance with this Code of Conduct Part 1- Practice Guidelines:

- 17.1 **Initial Certification:** Submit a declaration of compliance during the initial certification process.
- 17.2 **Recertification:** Reaffirm compliance annually, acknowledging any updates to the Code.

18. COMPLIANCE MONITORING

18.1 Compliance

AARPN will implement the following processes and policies to monitor and maintain compliance with the Code of Conduct Part 2 - Ethics:

- a. *Annual Mandatory Declaration:* All practitioners must complete an annual declaration of compliance with the AARPN Code of Conduct Part 1 – Practice Guidelines and Part 2 - Ethics, in accordance with the Mandatory Declaration Policy. This component of the mandatory declaration is that practitioners are fully aware of the Code's requirements and have adhered to them throughout the year.
- b. *Certification and Recertification:* Practitioners must declare their understanding and compliance with the Code upon initial certification and at each recertification cycle, including proof of Continuing Professional Development (CPD) activities.

- c. *Continuing Professional Development (CPD)*: Ongoing CPD participation is required to maintain and enhance professional skills and competence.
- d. *Complaints and Investigations*: This Code of Conduct Part 1- Practice Guidelines and Part 2 – Ethics, and its principles, are linked to the Complaints Process, enabling the investigation and adjudication of formal complaints regarding CPN conduct. The Complaints Committee will investigate reports of inadequate professional conduct or professional misconduct. Processes for assessing complaints are outlined in the publicly available Complaints Policy.
- e. *Random Audits*: Periodic audits of member practices, documentation, and adherence to the Code of Conduct Part 1- Practice Guidelines and Part 2 – Ethics, may be conducted.
- f. *Peer Review*: A peer review process to support and assess practitioners, promoting adherence to professional standards.

18.2 Addressing Non-Compliance

If a CPN is found to be in breach of the Code of Conduct Part 1 - Practice Guidelines and/or Part 2 – Ethics one or more of the following remedies can be applied:

- a. *Warning and Education*: For minor breaches, a warning may be issued, and educational resources provided to address gaps in understanding.
- b. *Supervision*: Continued non-compliance may result in a period of supervised practice to ensure adherence to professional standards.
- c. *Revocation of Certification*: In cases of serious misconduct, AARPN reserves the right to suspend or revoke certification.
- d. *Report and referral to the relevant Health Complaints Authority*: In the instance where the conduct is likely contrary to health practitioner law or requirements for unregistered health practitioners.
- e. *Report and referral to Law Enforcement Agency*: In the instance where the conduct is likely contrary to law.

19. REVIEW

The Code of Conduct will undergo an annual review by the AARPN Board, with input from CPNs and stakeholders, to ensure it remains relevant and effective in guiding professional practice. During the review process, any amendments to the Code will consider the evolving allied health primary care landscape of Clinical Nutrition, social, legal, and professional standards. Changes will be communicated to all CPNs, and CPNs will be required to acknowledge and comply with the updated Code as part of their annual Mandatory Declaration.

20. CLARITY AND ACCESSIBILITY

An accompanying Code of Conduct **Guidance Document** is available on the **AARPN website** to further support consumer comprehension.

21. LINKS TO OTHER RELEVANT DOCUMENTS/POLICIES/GUIDELINES

- [AARPN Code of Ethics](#)
- [AARPN Constitution](#)
- [AHPRA Guidelines](#)
- [Therapeutic Goods Administration Adverse Events Reporting](#)
- [Australian Government Department of Health and Aged Care Guidelines](#)

22. EXTERNAL POLICIES

Document	Accessible format
AHPRA Social media policy https://www.ahpra.gov.au/Resources/Social-media-guidance.aspx	
AHPRA Shared Code of Conduct https://www.ahpra.gov.au/documents/default.aspx?record=WD22/31749&dbid=AP&checksum=p10Wc2v5MWiwLsVtkgFXyw%3d%3d	
AHPRA Advertising guidelines https://www.ahpra.gov.au/Resources/Advertising-hub/Advertising-guidelines-and-other-guidance/Summary-of-the-advertising-requirements.aspx	

23. CODES AND GUIDELINES

Document	Accessible format
Code of Conduct: Part 2 - Ethics	Available for download on the AARPN website.
Code of Conduct: Part 1 – Practice Guidelines	Available for download on the AARPN website.