Naturopaths and Herbalists Association of Australia Code of Conduct

Contents

Naturopaths and Herbalists Association of Australia Code of Conduct....1
Overview....4
Definitions....5
1 Introduction....6
1.1 Use of the Code....6
1.2 Professional values and qualities....6
1.3 Australia and Australian health care....7
1.4 Substitute decision makers....7
2 Providing good care....8
2.1 Introduction....8
2.2 Good care....8
2.3 Shared decision-making....8
2.4 Decisions about access to care....8
2.5 Treatment in emergencies....9
3 Working with patients or clients....10
3.1 Introduction....10
3.2 Partnership....10
3.3 Effective communication....10
3.4 Confidentiality and privacy....11
3.5 Informed consent....11
3.6 Children and young people....12

3.7 Culturally safe and sensitive practice....12
3.8 Patients who may have additional needs....12
3.9 Relatives, carers and partners....12
3.10 Adverse events and open disclosure....13
3.11 When a notification is made....13
3.12 End of life care....13
3.13 Ending a professional relationship....14
3.14 Personal relationships....14
3.15 Working with multiple clients....14
3.16 Closing a practice....14
4 Working with other practitioners....15
4.1 Introduction....15
4.2 Respect for colleagues and other practitioners....15
4.3 Delegation, referral and handover....15
4.4 Teamwork....15
4.5 Coordinating care with other practitioners....16
5 Working within the healthcare system....17
5.1 Introduction....17
5.2 Wise use of health care resources....17
5.3 Health advocacy....17
5.4 Public health....17
6 Minimising risk....18
6.1 Introduction....18
6.2 Risk management....18
6.3 Practitioner performance....18
7 Maintaining professional performance....19
7.1 Introduction....19
7.2 Continuing professional development....19
8 Professional behaviour....20
8.1 Introduction....20

8.2 Professional boundaries 20
8.3 Reporting obligations 20
8.4 Health records 20
8.5 Insurance 20
8.6 Advertising 21
8.7 Legal, insurance and other assessments 21
8.8 Reports, certificates and giving evidence 21
8.9 Curriculum vitae 21
8.10 Investigations 21
8.11 Conflicts of interest 22
8.12 Financial and commercial dealings 22
9 Ensuring practitioner health 24
9.1 Introduction 24
9.2 Practitioner health 24
9.3 Other practitioners' health 24
10 Teaching, supervising, and assessing 25
10.1 Introduction 25
10.2 Teaching and supervising 25
10.3 Assessing colleagues 25
10.4 Students 25
11 Undertaking research 26
11.1 Introduction 26
11.2 Research ethics 26
11.3 Treating practitioners and research 26

Overview

This Code seeks to assist and support Members of the Naturopaths and Herbalists Association of Australia (NHAA) to deliver effective health services within an ethical framework. Practitioners have a duty to make the care of patients or clients their first concern and to practise safely and effectively. Maintaining a high level of professional competence and conduct is essential for good care.

The Code contains important standards for practitioner behaviour in relation to:

- providing good care, including shared decision making
- working with patients or clients
- working with other practitioners
- working within the health care system
- minimising risk
- maintaining professional performance
- professional behaviour and ethical conduct
- ensuring practitioner health
- teaching, supervising, and assessing.

Making decisions about health care is the shared responsibility of the practitioner and the patients or clients (or their representative).

Relationships based on openness, trust and good communication will enable practitioners to work in partnership with their patients or clients. An important part of the practitioner-patient/client relationship is effective communication.

Practitioners have ethical and legal obligations to protect the privacy of people requiring and receiving care. Patients or clients have a right to expect that practitioners and their staff will hold information about them in confidence, unless information is required to be released by law or public interest considerations.

Practitioners need to obtain informed consent for the care that they provide to their patients or clients. Caring for children and young people brings additional responsibilities for practitioners. Practitioners need to be aware that some patients or clients have additional needs and modify their approach appropriately. Good practice involves genuine efforts to understand the cultural needs and contexts of different patients or clients to obtain good health outcomes.

When adverse events occur, practitioners have a responsibility to be open and honest in communication with patients or clients to review what has occurred. In some circumstances, the relationship between a practitioner and a patient or client may become ineffective or compromised and may need to end. Good relationships with colleagues and other practitioners strengthen the practitioner-patient/client relationship and enhance care. Practitioners have a responsibility to contribute to the effectiveness and efficacy of the health care system. Minimising risk to patients or clients is a fundamental component of practice. Good practice involves understanding and applying the key principles of risk minimisation and management to practice.

Maintaining and developing a practitioner's knowledge, skills and professional behaviour are core aspects of good practice.

Teaching, supervising and mentoring practitioners and students is important for the development of practitioners and for the care of patients or clients. It is part of good practice to contribute to these activities, and provide support, assessment, feedback and supervision for colleagues, practitioners in training and students.

Definitions

'Providing care' includes, but is not limited to any care, treatment, advice, service or goods provided in respect of the physical or mental health of a person, whether remunerated or pro bono.

'Practice' means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a practitioner in their health profession. For the purposes of this Code, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct nonclinical relationship with patients or clients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that impact on safe, effective delivery of health services in the health profession.

'patient or client' includes all consumers of health care services

1 *Introduction*

1.1 Use of the Code

This Code seeks to assist and support practitioners to deliver appropriate, effective services within an ethical framework. Practitioners have a professional responsibility to be familiar with this Code and to apply the guidance it contains.

This Code will be used:

- to support individual practitioners in the challenging task of providing good health care and fulfilling their professional roles and to provide a framework to guide professional judgment
- as an additional resource for a range of uses that contribute to enhancing the culture of professionalism in the Australian health system: for example, in practitioner education; orientation, induction and supervision of students; and by administrators and policy makers in hospitals, health services and other institutions. Practitioners must always act in accordance with the law.

The Code is not a substitute for the provisions of the National Code of Conduct for Healthcare Workers, other relevant legislation and case law. If there is any conflict between the Code and the law, the law takes precedence. Practitioners need to be aware of, and comply with, the policies and guidelines of the NHAA. The Code does not address in detail the range of general legal obligations that apply to practitioners, such as those under privacy, child protection and antidiscrimination legislation. Practitioners should ensure that they are aware of their obligations under the general law and other legislation and act in accordance with them.

This Code is not an exhaustive study of professional ethics or an ethics guide.

1.2 Professional values and qualities

While individual practitioners have their own personal beliefs and values, there are certain professional values on which all practitioners are expected to base their practice. Practitioners have a duty to make the care of patients or clients their first concern and to practise safely and effectively. They must be ethical and trustworthy. Patients or clients trust practitioners because they believe that, in addition to being competent, practitioners will not take advantage of them and will display qualities such as integrity, truthfulness, dependability and compassion. Patients or clients also rely on practitioners to protect their confidentiality.

Practitioners have a responsibility to protect and promote the health of individuals and the community.

Good practice is centered on patients or clients. It involves practitioners understanding that each patient or client is unique and working in partnership with patients or clients, adapting what they do to address the needs and reasonable expectations of each person. This includes cultural awareness: being aware of their own culture and beliefs and respectful of the beliefs and cultures of others and recognising that these cultural differences may impact on the practitioner–patient/client relationship and on the delivery of services. It also includes being aware that differences such as gender, sexuality and age may influence care needs.

Good communication underpins every aspect of good practice. Professionalism embodies all the qualities described here and includes self-awareness and self-reflection. Practitioners are expected to reflect regularly on whether they are practicing effectively, on what is happening in their relationships with patients or clients and colleagues, and on their own health and wellbeing. They have a duty to keep their skills and knowledge up to date, refine and develop their clinical judgment as they gain experience, and contribute to their profession. Practitioners have a responsibility to recognise and work within the limits of their competence and scope of practice. Scopes of practice

vary according to different roles; for example, practitioners, researchers, and managers will all have quite different competence and scopes of practice.

To illustrate, in relation to working within their scope of practice, practitioners may need to consider whether they have the appropriate qualifications and experience to provide advice on over the counter and scheduled medicines, etc. Practitioners should be committed to safety and quality in health care (the Australian Commission on Safety and Quality in Health Care is at www.safetyandquality.gov.au).

1.3 Australia and Australian health care

Australia is culturally diverse. We inhabit a land that, for many ages, was held and cared for by Indigenous Australians, whose history and culture have uniquely shaped our nation. Our society is further enriched by the contribution of people from many nations who have made Australia their home. Practitioners in Australia reflect the cultural diversity of our society and this diversity strengthens the health professions.

There are many ways to practice a health profession in Australia. Practitioners have critical roles in caring for people who are unwell, assisting people to recover and seeking to keep people well. This Code focuses on these roles. For practitioners with roles that involve little or no contact with patients or clients, not all of this Code may be relevant, but the underpinning principles will still apply.

1.4 Substitute decision makers

There are several conditions or situations in which patients or clients may have limited competence or capacity to make independent decisions about their health care; for example, people with dementia or acute conditions that temporarily affect competence and children or young people, depending on their age and capacity (see Section 3.5 Informed consent).

In this Code, reference to the terms ‘patients or clients’ also includes substitute decision makers for patients or clients who do not have the capacity to make their own decisions. These can be parents or a legally appointed decision maker. If in doubt, seek advice from the relevant guardianship authority.

2 *Providing good care*

2.1 Introduction

Care of the patient or client is the primary concern for health professionals in clinical practice. Providing good care includes:

a) assessing the patient or client, taking into account their history, views and an appropriate physical examination where relevant; the history includes relevant psychological, social and cultural aspects
b) formulating and implementing a suitable management plan (including providing treatment and advice and, where relevant, arranging investigations and liaising with other treating practitioners)
c) facilitating coordination and continuity of care
d) recognising the limits to a practitioner's own skills and competence and referring a patient or client to another practitioner when this is in the best interests of the patients or clients
e) recognising and respecting the rights of patients or clients to make their own decisions.

2.2 Good care

Maintaining a high level of professional competence and conduct is essential for good care. Good practice involves:

a) recognizing and working within the limits of a practitioner's competence and scope of practice
b) ensuring that practitioners maintain adequate knowledge and skills to provide safe and effective care when moving into a new area of practice, ensuring that a practitioner has undertaken sufficient training and/or qualifications to achieve competency in that area
c) practicing patient/client-centered care, including encouraging patients or clients to take interest in, and responsibility for the management of their health and supporting them in this
d) maintaining adequate records (see Section 8.4 Health records)
e) considering the balance of benefit and harm in all clinical management decisions
f) communicating effectively with patients or clients (see Section 3.3 Effective communication)
g) providing treatment options based on the best available information
h) taking steps to alleviate the symptoms and distress of patients or clients, whether or not a cure is possible
i) supporting the right of the patient or client to seek a second opinion
j) consulting and taking advice from colleagues when appropriate
k) making responsible and effective use of the resources available to practitioners (see Section 5.2 Wise use of health care resources)
l) ensuring that the personal views of a practitioner do not affect the care of a patient or client adversely
m) practicing in accordance with the current and accepted evidence base of the profession, including clinical outcomes.

2.3 Shared decision making

Making decisions about health care is the shared responsibility of the treating practitioner and the patient or client who may wish to involve their family, carer/s and/or others (also see Section 1.4 Substitute decision makers).

2.4 Decisions about access to care

Practitioner decisions about access to care need to be free from bias and discrimination. Good practice involves:

a) always treating patients or clients with respect
b) not prejudicing the care of a patient or client because a practitioner believes that the behaviour of the patient or client has contributed to their condition
c) upholding the duty to the patient or client and not discriminating on grounds irrelevant to

health care, including race, religion, sex, disability, or other grounds specified in antidiscrimination legislation

d) investigating and treating patients or clients on the basis of clinical need and the effectiveness of the proposed investigations or treatment, and not providing unnecessary services
e) keeping practitioners and their staff safe when caring for patients or clients; while action should be taken to protect practitioners and their staff if a patient or client poses a risk to health or safety, the patient or client should not be denied care, if reasonable steps can be taken to keep practitioners and their staff safe
f) being aware of a practitioner's right to not provide or participate directly in treatments to which the practitioner objects conscientiously, informing patients or clients and, if relevant, colleagues of the objection, and not using that objection to impede access to treatments that are legal
g) not allowing moral or religious views to deny patients or clients access to health care, recognizing that practitioners are free to decline to provide or participate in that care personally.

2.5 Treatment in emergencies

Treating patients or clients in emergencies requires practitioners to consider a range of issues, in addition to the provision of best care. Good practice involves offering assistance in an emergency that takes account of the practitioner's own safety, skills, the availability of other options and the impact on any other patients or clients under the practitioner's care and continuing to provide that assistance until services are no longer required.

3*Working with patients or clients*

3.1 Introduction

Relationships based on openness, trust and good communication will enable practitioners to work in partnership with patients or clients.

3.2 Partnership

A good partnership between a practitioner and the person they are caring for requires high standards of personal conduct. This involves:

a) being courteous, respectful, compassionate, and honest
b) treating each patient or client as an individual
c) protecting the privacy and right to confidentiality of patients or clients, unless release of information is required by law or by public interest considerations
d) encouraging and supporting patients or clients and, when relevant, their carer/s or family in caring for themselves and managing their health
e) encouraging and supporting patients or clients to be well-informed about their health and assisting patients or clients to make informed decisions about their health care activities and treatments by providing information and advice to the best of a practitioner's ability and according to the stated needs of patients or clients
f) respecting the right of the patient or client to choose whether or not they participate in any treatment or accept advice
g) recognising that there is a power imbalance in the practitioner-patient/client relationship and not exploiting patients or clients physically, emotionally, sexually, or financially (also see Section 8.2 Professional boundaries and Section 8.12 Financial and commercial dealings).

3.3 Effective communication

An important part of the practitioner-patient/client relationship is effective communication. This involves:

a) listening to patients or clients, asking for and respecting their views about their health and responding to their concerns and preferences
b) encouraging patients or clients to tell a practitioner about their condition and how they are managing it, including any other health advice they have received, any prescription or other medications which have been prescribed for them, and any other conventional, alternative, or complementary therapies they are using
c) informing patients or clients of the nature of and need for all aspects of their clinical care, including examination and investigations, and giving them adequate opportunity to question or refuse intervention and treatment
d) discussing with patients or clients their condition and the available health care options, including their nature, purpose, possible positive and adverse consequences, limitations, and reasonable alternatives wherever they exist
e) endeavouring to confirm that a patient or client understands what a practitioner has said
f) ensuring that patients or clients are informed of the material risks associated with any part of a proposed management plan
g) responding to questions from patients or clients and keeping them informed about their clinical progress
h) making sure, wherever practical, that arrangements are made to meet the specific language, cultural and communication needs of patients or clients and being aware of how these needs affect understanding
i) becoming familiar with, and using wherever necessary, qualified language interpreters or cultural interpreters to help meet the communication needs of patients or clients, including those who require assistance because of their English skills, or because they are speech or hearing impaired (wherever possible, practitioners should use trained translators and interpreters rather than family members or other staff)

j) when using interpreters:
   - taking reasonable steps to ensure that the interpreter is competent to work as an interpreter in the relevant context
   - taking reasonable steps to ensure that the interpreter is not in a relationship with the patient or client that may impair the interpreter's judgement
   - taking reasonable steps to ensure that the interpreter will keep confidential the existence and content of the service provided to the patient or client
   - taking reasonable steps to ensure that the interpreter is aware of any other relevant provisions of this Code
   - obtaining informed consent from the patient or client to use the selected interpreter
k) a health practitioner must communicate appropriately with and provide relevant information to other stakeholders including members of the treating team.

3.4 Confidentiality and privacy

Practitioners have ethical and legal obligations to protect the privacy of people requiring and receiving care. Patients or clients have a right to expect that practitioners and their staff will hold information about them in confidence, unless release of information is required by law or public interest considerations. Good practice involves:

a) treating information about patients or clients as confidential
b) seeking consent from patients or clients before disclosing information where practicable
c) being aware of the requirements of the privacy and/ or health records legislation that operates in relevant States and Territories and applying these requirements to information held in all formats, including electronic information
d) sharing information appropriately about patients or clients for their health care while remaining consistent with privacy legislation and professional guidelines about confidentiality
e) where relevant, being aware that there are complex issues relating to genetic information and seeking appropriate advice about disclosure of such information
f) providing appropriate surroundings to enable private and confidential consultations and discussions to take place
g) ensuring that all staff are aware of the need to respect the confidentiality and privacy of patients or clients and refrain from discussing patients or clients in a non-professional context
h) using appropriate consent forms for release of information which limits disclosure to relevant health and medical information.

3.5 Informed consent

Informed consent is a person's voluntary decision about health care that is made with knowledge and understanding of the benefits and risks involved. Practitioners should provide more information where the risk of harm is greater and likely to be more serious.

Good practice involves:

a) providing information to patients or clients in a way they can understand before asking for their consent
b) obtaining informed consent or other valid authority before undertaking any examination or investigation, providing treatment (this may not be possible in an emergency) or involving patients or clients in teaching or research, including providing information on material risks
c) when referring a patient or client for investigation or treatment, advising the patient or client that there may be additional costs, which he or she may wish to clarify before proceeding
d) when working with a patient or client whose capacity to give consent is or may be impaired or limited, obtaining the consent of people with legal authority to act on behalf of the patient or client and attempting to obtain the consent of the patient or client as far as practically possible

e) documenting consent appropriately, including considering the need for written consent for procedures which may result in serious injury or death.
f) Fees and Financial consent
   - Patients or clients should be made aware of all the fees and charges involved in a course of treatment, prior to the health service being provided as much as practical
   - Discussion about fees should be in a manner appropriate to the professional relationship and should include discussion about the cost of all required services and general agreement as to the level of treatment to be provided.

3.6 Children and young people

Caring for children and young people brings additional responsibilities for practitioners. Good practice involves:

a) placing the interests and wellbeing of the child or young person first
b) considering the young person's capacity for decision making and consent; in general, where a practitioner judges that a person is of a sufficient age and of sufficient mental and emotional capacity to give consent to a service, then that person should be able to request and provide informed consent to receive services without the consent of a parent, guardian, or other legal representative
c) ensuring that, when communicating with a child or young person, practitioners:
   - treat the child or young person with respect and listen to their views
   - encourage questions and answer those questions to the best of the practitioner's ability
   - provide information in a way the child or young person can understand
   - recognise the role of parents and, when appropriate, encourage the child or young person to involve their parents in decisions about care
   - remain alert to children and young people who may be at risk and notify appropriate child protection authorities as required by law. This may include where a parent is refusing treatment for their child or young person and this decision may not be in the best interests of the child or young person.

3.7 Culturally safe and sensitive practice

Good practice involves genuine efforts to understand the cultural needs and contexts of different patients or clients to obtain good health outcomes. This includes:

a) having knowledge of, respect for and sensitivity towards the cultural needs of the community practitioners serve, including those of Indigenous Australians and those from culturally and linguistically diverse backgrounds
b) acknowledging the social, economic, cultural, and behavioural factors influencing health, both at individual and population levels
c) understanding that a practitioner's own culture and beliefs influence their interactions with patients or clients
d) adapting practice to improve engagement with patients or clients and health care outcomes.

3.8 Patients who may have additional needs

Some patients or clients (including those with impaired decision-making capacity) have additional needs. Good practice in managing the care of these patients or clients includes:

a) paying particular attention to communication
b) being aware that increased advocacy may be necessary to ensure just access to health care
c) recognising that there may be a range of people involved in their care such as carers, family members or a guardian, and involving them when appropriate
d) being aware that these patients or clients may be at greater risk.

3.9 Relatives, carers and partners

Good practice involves:

a) being considerate to relatives, carers, partners, and others close to the patient or client and respectful of their role in the care of the patient or client
b) with appropriate consent, being responsive in providing information.

3.10 Adverse events and open disclosure

When adverse events occur, practitioners have a responsibility to be open and honest in communication with a patient or client to review what has occurred and to report appropriately (also see open disclosure at Section 6.2(a)). When something goes wrong, good practice involves:

a) recognising what has happened
b) acting immediately to rectify the problem, if possible, including seeking any necessary help and advice
c) explaining to the patient or client as promptly and fully as possible what has happened and the anticipated short-term and long-term consequences
d) acknowledging any patient or client distress and providing appropriate support
e) complying with any relevant policies, procedures, and reporting requirements, subject to advice from a professional indemnity insurer
f) reviewing adverse events and implementing changes to reduce the risk of recurrence (see Section 6 Minimising risk)
g) reporting adverse events to the relevant authority as required (see Section 6 Minimising risk)
h) ensuring patients or clients have access to information about the processes for making a complaint (for example, through the relevant health care complaints commission).

3.11 When a notification is made

Patients or clients have a right to complain about their care. When a notification is made, good practice involves:

a) acknowledging the person's right to complain
b) working with the person to resolve the issue where possible
c) providing a prompt, open and constructive response including an explanation and if appropriate an apology
d) ensuring the notification does not affect the person's care adversely; in some cases, it may be advisable to refer the person to another practitioner
e) complying with relevant complaints legislation, policies, and procedures.

3.12 End of life care

Practitioners have a vital role in assisting the community to deal with the reality of death and its consequences. In caring for patients or clients towards the end of their life,
good practice involves:

a) taking steps to manage a person's symptoms and concerns in a manner consistent with his or her values and wishes
b) where relevant, providing or arranging appropriate palliative care
c) understanding the limits of services in prolonging life and recognising when efforts to prolong life may not benefit the person
d) for those practitioners involved in care that may prolong life, understanding that practitioners do not have a duty to try to prolong life at all costs but do have a duty to know when not to initiate and when to cease attempts at prolonging life, while ensuring that patients or clients receive appropriate relief from distress
e) accepting that patients or clients have the right to refuse treatment or to request the withdrawal of treatment already started
f) respecting different cultural practices related to death and dying
g) striving to communicate effectively with patients or clients and their families so they are

able to understand the outcomes that can and cannot be achieved

h) where relevant, facilitating advanced care planning
i) taking reasonable steps to ensure that support is provided to patients or clients and their families, even when it is not possible to deliver the outcome they desire
j) communicating with patients or clients and their families about bad news or unexpected outcomes in the most appropriate way and providing support for them while they deal with this information
k) when a patient or client dies, being willing to explain, to the best of the practitioner's knowledge, the circumstances of the death to appropriate members of their family and carers, unless it is known the patient or client would have objected.

3.13 Ending a professional relationship

In some circumstances, the relationship between a practitioner and a patient or client may become ineffective or compromised and may need to end. Good practice involves ensuring that the patient or client is informed adequately of the decision and facilitating arrangements for the continuing care of the patient or client, including passing on relevant clinical information.

3.14 Personal relationships

Good practice recognises that providing care to those in a close relationship, for example close friends, work colleagues and family members, can be inappropriate because of the lack of objectivity, possible discontinuity of care and risks to the practitioner or patient. When a practitioner chooses to provide care to those in a close relationship, good practice requires that:

- adequate records are kept
- confidentiality is maintained
- adequate assessment occurs
- appropriate consent is obtained for the circumstances which is acknowledged by both the practitioner and patient or client
- at all times an option to discontinue care is maintained.

3.15 Working with multiple clients

Where practitioners are considering treating multiple patients or clients simultaneously in class or group work, or more than one individual patient or client at the same time, practitioners should consider whether this mode of treatment is appropriate to the patients or clients involved (see also Section 3.4 Confidentiality and Privacy).

3.16 Closing a practice

When closing or relocating a practice, good practice involves:

a) giving advance notice where possible
b) facilitating arrangements for the continuing care of all current patients, including the transfer or appropriate management of all patient records while following the law governing privacy and health records in the jurisdiction.

4*Working with other practitioners*

4.1 Introduction

Good relationships with colleagues and other practitioners strengthen the practitioner–patient/client relationship and enhance patient care.

4.2 Respect for colleagues and other practitioners

Good care is enhanced when there is mutual respect and clear communication between all health professionals involved in the care of the patient or client. Good practice involves:

a) communicating clearly, effectively, respectfully, and promptly with colleagues and other practitioners caring for the patient or client
b) acknowledging and respecting the contribution of all practitioners involved in the care of the patient or client.

4.3 Delegation, referral, and handover

'Delegation' involves one practitioner asking another to provide care on behalf of the delegating practitioner while they retain overall responsibility for the care of the patient or client. 'Referral' involves one practitioner sending a patient or client to obtain an opinion or treatment from another practitioner. Referral usually involves the transfer (in part) of responsibility for the care of the patient or client, usually for a defined time and a particular purpose, such as care that is outside the referring practitioner's expertise or scope of practice.

'Handover' is the process of transferring responsibility and accountability for some or all aspects of care for a client or group of clients, to another person or professional group, on a temporary or permanent basis.

Good practice involves:

a) taking reasonable steps to ensure that the person to whom a practitioner delegates, refers or hands over has the qualifications, experience, knowledge, and skills to provide the care required
b) understanding that, although a delegating practitioner will not be accountable for the decisions and actions of those to whom they delegate, the delegating practitioner remains responsible for the overall management of the patient or client and for the decision to delegate
c) always communicating sufficient information about the patient or client and the treatment needed to enable the continuing care of the patient or client.

4.4 Teamwork

Many practitioners work closely with a wide range of other practitioners. Effective collaboration is a fundamental aspect of good practice when working in a team. The care of patients or clients is improved when there is mutual respect and clear communication as well as an understanding of the responsibilities, capacities, constraints, and ethical codes of each other's health professions. Working in a team does not alter a practitioner's personal accountability for professional conduct and the care provided. When working in a team, good practice involves:

a) understanding the particular role in the team and attending to the responsibilities associated with that role
b) advocating for a clear delineation of roles and responsibilities, including that there is a recognised team leader or coordinator although care within the team may be provided by different practitioners from different health professions within different models of care
c) communicating effectively with other team members
d) informing patients or clients about the roles of team members
e) acting as a positive role model for team members
f) understanding the nature and consequences of bullying and harassment and seeking to avoid or eliminate such behaviour in the workplace.

4.5 Coordinating care with other practitioners

Good patient care requires coordination between all treating practitioners. Good practice involves:

a) communicating all the relevant information in a timely way
b) ensuring that it is clear to the patient or client, the family and colleagues who has ultimate responsibility for coordinating the care of the patient or client.

5*Working within the healthcare system*

5.1 Introduction

Practitioners have a responsibility to contribute to the effectiveness and efficiency of the health care system.

5.2 Wise use of health care resources

It is important to use health care resources wisely. Good practice involves:

a) ensuring that the services provided are appropriate for the assessed needs of the patient or client and are not excessive, unnecessary, or not reasonably required
b) upholding the right of patients or clients to gain access to the necessary level of health care, and, whenever possible, helping them to do so
c) supporting the transparent and equitable allocation of health care resources
d) understanding that the use of resources can affect the access other patients or clients have to health care resources.

5.3 Health advocacy

There are significant disparities in the health status of different groups in the Australian community. These disparities result from social, cultural, geographic, health-related, and other factors. In particular, Indigenous Australians bear the burden of gross social, cultural and health inequity. Other groups may experience health disparities including people with intellectual or physical disabilities, those from culturally and linguistically diverse backgrounds and refugees. Good practice involves using expertise and influence to protect and advance the health and wellbeing of individual patients or clients, communities, and populations.

5.4 Public health

Practitioners have a responsibility to promote the health of the community through disease prevention and control, education and, where relevant, screening. Good practice involves:

a) understanding the principles of public health, including health education, health promotion, disease prevention and control and screening
b) participating in efforts to promote the health of the community and being aware of obligations in disease prevention, including screening and reporting notifiable diseases where relevant.

6 *Minimising risk*

6.1 Introduction

Risk is inherent in health care. Minimising risk to patients or clients is an important component of practice. Good practice involves understanding and applying the key principles of risk minimisation and management in practice.

6.2 Risk management

Good practice in relation to risk management involves:

a) being aware of the principles of open disclosure and a non-punitive approach to incident management
b) participating in systems of quality assurance and improvement
c) participating in systems for surveillance and monitoring of adverse events and 'near misses', including reporting such events
d) if a practitioner has management responsibilities, making sure that systems are in place for raising concerns about risks to patients or clients
e) working in practice and within systems to reduce error and improve the safety of patients or clients and supporting colleagues who raise concerns about the safety of patients or clients
f) taking all reasonable steps to address the issue if there is reason to think that the safety of patients or clients may be compromised.

6.3 Practitioner performance

The welfare of patients or clients may be put at risk if a practitioner is performing poorly. If there is a risk, good practice involves:

a) recognising and taking steps to minimise the risks of fatigue, including complying with relevant State and Territory occupational health and safety legislation
b) if a practitioner knows or suspects that they have a health condition that could adversely affect judgement or performance, following the guidance in Section 9.2 Practitioner health
c) taking steps to protect patients or clients from being placed at risk of harm by a colleague's conduct, practice, or ill health
d) taking appropriate steps to assist a colleague to receive help if there are concerns about the colleague's performance or fitness to practise
e) seeking advice from an experienced colleague, the employer/s, professional indemnity insurers, or the NHAA if a practitioner is not sure what to do.

7 *Maintaining professional performance*

7.1 Introduction

Maintaining and developing knowledge, skills and professional behaviour are core aspects of good practice. This requires self-reflection and participation in relevant professional development, practice improvement and performance-appraisal processes to continually develop professional capabilities. These activities must continue through a practitioner's working life as science and technology develop and society changes.

7.2 Continuing professional development

Development of knowledge, skills and professional behaviour must continue throughout a practitioner's working life. Good practice involves keeping knowledge and skills up to date to ensure that practitioners continue to work within their competence and scope of practice. Practitioners should refer to the NHAA's guideline regarding CPD for details of these requirements.

8 *Professional behaviour*

8.1 Introduction

In professional life, practitioners must display a standard of behaviour that warrants the trust and respect of the community. This includes observing and practising the principles of ethical conduct. The guidance contained in this section emphasises the core qualities and characteristics of good practitioners outlined in Section 1.2 Professional values and qualities.

8.2 Professional boundaries

'Professional boundaries' refers to the clear separation that should exist between professional conduct aimed at meeting the health needs of patients or clients and a practitioner's own personal views, feelings and relationships which are not relevant to the therapeutic relationship. Professional boundaries are integral to a good practitioner-patient/client relationship. They promote good care for patients or clients and protect both parties. Good practice involves:

a) maintaining professional boundaries
b) never using a professional position to establish or pursue a sexual, exploitative, or otherwise inappropriate relationship with anybody under a practitioner's care; this includes those close to the patient or client, such as their carer, guardian, spouse or the parent of a child patient or client
c) recognising that sexual relationships with people who have previously been a practitioner's patients or clients are often inappropriate, depending on the extent of the professional relationship and the vulnerability of a previous patient or client
d) avoiding the expression of personal beliefs to patients or clients in ways that exploit their vulnerability or that are likely to cause them distress.

8.3 Reporting obligations

Practitioners have professional obligations to report to the NHAA and their employer/s if they have had any limitations placed on their practice. Good practice involves:

a) being aware of these reporting obligations
b) complying with any reporting obligations that apply to practice
c) seeking advice from their professional indemnity insurer if practitioners are unsure about their obligations.

8.4 Health records

Maintaining clear and accurate health records is essential for the continuing good care of patients or clients. Good practice involves:

a) keeping accurate, up-to-date, and legible records that report relevant details of clinical history, clinical findings, investigations, information given to patients or clients, medication, and other management
b) ensuring that records are held securely and are not subject to unauthorised access, regardless of whether they are held electronically and/or in hard copy
c) ensuring that records show respect for patients or clients and do not include demeaning or derogatory remarks
d) ensuring that records are sufficient to facilitate continuity of care
e) making records at the time of events or as soon as possible afterwards
f) recognising the right of patients or clients to access information contained in their health records and facilitating that access
g) promptly facilitating the transfer of health information when requested by patients or clients.

8.5 Insurance

Practitioners must ensure that practice is appropriately covered by professional indemnity insurance.

8.6 Advertising

Advertisements for services can be useful in providing information for patients or clients. All advertisements must conform to relevant consumer protection legislation such as the Competition and Consumer Act 2010 (Cth) and State and Territory fair trading Acts. Good practice involves:

a) complying with relevant State and Territory legislation and NHAA's guidelines on advertising
b) making sure that any information published about services is factual and verifiable
c) practitioners who are not medical practitioners must ensure that any use in advertising of the title 'Dr' is not misleading and does not imply being a medical practitioner; refer to Section 6.3.1 Guidelines for the Advertising of naturopathic and herbalist services, Advertising of qualifications and titles.

8.7 Legal, insurance and other assessments

When a practitioner is contracted by a third party to provide a legal, insurance or other assessment of a person who is not their patient or client, the usual therapeutic practitioner-patient/client relationship does not exist. In this situation, good practice involves:

a) applying the standards of professional behaviour described in this Code to the assessment; in particular, being courteous, alert to the concerns of the person and ensuring the person's consent
b) explaining to the person the practitioner's area of practice, role and the purpose, nature, and extent of the assessment to be conducted
c) anticipating and seeking to correct any misunderstandings that the person may have about the nature and purpose of the assessment and report
d) providing an impartial report (see Section 8.8 Reports, certificates and giving evidence)
e) recognising that if an unrecognised, serious problem is discovered during the assessment, there is a duty of care to inform the patient or client or their treating practitioner.

8.8 Reports, certificates and giving evidence

The community places a great deal of trust in practitioners. Consequently, some practitioners have been given the authority to sign documents such as sickness or fitness for work certificates on the assumption that they will only sign statements that they know, or reasonably believe, to be true. Good practice involves:

a) being honest and not misleading when writing reports and certificates and only signing documents believed to be accurate
b) taking reasonable steps to verify the content before signing a report or certificate and not omitting relevant information deliberately
c) if so agreed, preparing or signing documents and reports within a reasonable and justifiable timeframe
d) making clear the limits of a practitioner's knowledge and not giving opinion beyond those limits when providing evidence.

8.9 Curriculum vitae

When providing curriculum vitae, good practice involves:

a) providing accurate, truthful, and verifiable information about a practitioner's experience and qualifications
b) not misrepresenting by misstatement or omission a practitioner's experience, qualifications, or position. Also see Section 10.3 Assessing colleagues in relation to providing references for colleagues.

8.10 Investigations

Practitioners have responsibilities and rights relating to any legitimate investigation of their practice or that of a colleague. In meeting these responsibilities, it is advisable to seek legal advice or advice from a professional indemnity insurer. Good practice involves:

a) cooperating with any legitimate inquiry into the treatment of a patient or client and with any complaints procedure that applies to a practitioner's work
b) disclosing to anyone entitled to ask for it, information relevant to an investigation into the conduct, performance or health of a practitioner or colleague
c) assisting the coroner when an inquest or inquiry is held into the death of a patient or client by responding to their enquiries and by offering all relevant information.

8.11 Conflicts of interest

Patients or clients rely on the independence and trustworthiness of practitioners for any advice or treatment offered. A conflict of interest in practice arises when a practitioner, entrusted with acting in the interests of a patient or client, also has financial, professional, or personal interests or relationships with third parties which may affect their care of the patient or client. Multiple interests are common. They require identification, careful consideration, appropriate disclosure, and accountability. When these interests compromise or might reasonably be perceived by an independent observer to compromise the practitioner's primary duty to the patient or client, practitioners must recognise and resolve this conflict in the best interests of the patient or client. Good practice involves:

a) recognising potential conflicts of interest that may arise in relation to initiating or continuing a professional relationship with a patient or client
b) acting in the best interests of patients or clients when making referrals and when providing or arranging treatment or care
c) informing patients or clients when a practitioner has an interest that could affect, or could be perceived to affect, patient or client care
d) recognising that pharmaceutical and other marketing may influence practitioners and being aware of ways in which practice may be influenced
e) not asking for or accepting any inducement, gift, or hospitality of more than trivial value from companies that sell or market drugs or other products that may affect or be seen to affect the way practitioners prescribe for, treat, or refer patients or clients
f) not asking for or accepting fees for meeting sales representatives
g) not offering inducements to colleagues or entering into arrangements that could be perceived to provide inducements
h) not allowing any financial or commercial interest in a hospital, other health care organisation or company providing health care services or products to adversely affect the way in which patients or clients are treated. When practitioners or their immediate family have such an interest and that interest could be perceived to influence the care provided, practitioners must inform their patients or clients.

8.12 Financial and commercial dealings

Practitioners must be honest and transparent in financial arrangements with patients or clients. Good practice involves:

a) not exploiting the vulnerability or lack of knowledge of patients or clients when providing or recommending services
b) not encouraging patients or clients to give, lend or bequeath money or gifts that will benefit a practitioner directly or indirectly
c) not accepting gifts from patients or clients other than tokens of minimal value such as flowers or chocolates and if token gifts are accepted, making a file note, or informing a colleague where possible
d) not becoming involved financially with patients or clients, for example, through loans and investment schemes
e) not influencing patients or clients or their families to make donations to other people or organisations
f) being transparent in financial and commercial matters relating to work, including dealings with employers, insurers and other organisations or individuals and in particular:
    - declaring any relevant and material financial or commercial interest that a practitioner or

their family might have in any aspect of the care of the patient or client

- declaring to patients or clients any professional and financial interest in any product a practitioner might endorse or sell from their practice and not making an unjustifiable profit from the sale or endorsement.

9 *Ensuring practitioner health*

9.1 Introduction

As a practitioner, it is important to maintain health and wellbeing. This includes seeking an appropriate work-life balance.

9.2 Practitioner health

Good practice involves:

a) attending a general practitioner or other appropriate practitioner to meet health needs
b) seeking expert, independent, objective advice when a practitioner needs health care and being aware of the risks of self-diagnosis and self-treatment
c) understanding the principles of immunisation against communicable diseases
d) for practitioners who are able to prescribe, conforming to the legislation in the relevant States and Territories in relation to self-prescribing
e) recognising the impact of fatigue on practitioner health and ability to care for patients or clients and endeavouring to work safe hours whenever possible
f) being aware of any practitioner health program in the relevant States and Territories if advice or help is needed
g) if a practitioner knows or suspects that they have a health condition or impairment that could adversely affect judgement, performance or the health of patients or clients:
    - not relying on self-assessment of the risk posed to patients or clients
    - consulting a doctor or other practitioner as appropriate about whether, and in what ways, the affected practitioner may need to modify practice and following the treating practitioner's advice.

9.3 Other practitioners' health

Health practitioners have a responsibility to assist their colleagues to maintain good health. Good practice involves:

a) providing practitioners who are patients or clients with the same quality of care provided to other patients or clients
b) notifying the relevant health complaints authority if, in the course of providing treatment or care, they form the reasonable belief that another practitioner has placed or is placing patients or clients at serious risk of harm
c) encouraging a colleague (who is not a patient or client) who you work with to seek appropriate help if it is reasonably believed the colleague may be ill and impaired; and if this impairment has placed patients or clients at risk of substantial harm
d) recognising the impact of fatigue on the health of colleagues, including those under supervision and facilitating safe working hours wherever possible.

10 *Teaching, supervising and assessing*

10.1 Introduction

Teaching, supervising and mentoring practitioners and students is important for their development and for the care of patients or clients. It is part of good practice to contribute to these activities and provide support, assessment, feedback and supervision for colleagues, practitioners in training and students. It also adds value to the supervisor's practice through engagement with the person being supervised and their learning needs. There are a range of supervision models being adopted in the health professions, including coach, mentor, and shadow.

10.2 Teaching and supervising

Good practice involves:

a) seeking to develop the skills, attitudes, relevant qualifications, and practices of an effective teacher, whenever a practitioner is involved in teaching
b) as a supervisor, recognising that the onus of supervision cannot be transferred
c) making sure that any practitioner or student under supervision receives adequate oversight and feedback, including undertaking an assessment of each student supervised; reflecting on that student's ability, competence and learning requirements; and planning their supervision based on that assessment rather than any external direction
d) avoiding any potential for conflict of interest in the supervisory relationship; for example, by supervising someone who is a close relative or friend or where there is another potential conflict of interest that could impede objectivity and/or interfere with the supervised person's achievement of learning outcomes or relevant experience.

10.3 Assessing colleagues

Assessing colleagues is an important part of making sure that the highest standards or practice are achieved. Good practice involves:

a) being honest, objective, and constructive when assessing the performance of colleagues, including students; patients or clients will be put at risk of harm if an assessment describes as competent someone who is not
b) when giving references or writing reports about colleagues, providing accurate and justifiable information promptly and including all relevant information.

10.4 Students

Students are learning how best to care for patients or clients. Creating opportunities for learning improves their clinical practice and nurtures the future workforce. Good practice involves:

a) treating students with respect and patience
b) making the scope of the student's role in patient or client care clear to the student, to patients or clients and to other members of the health care team
c) informing patients or clients about the involvement of students and encouraging their consent for student participation while respecting their right to choose not to consent.

11 *Undertaking research*

11.1 Introduction

Research involving humans, their tissue samples or their health information is vital in improving the quality of health care and reducing uncertainty for patients and clients now and in the future and in improving the health of the population as a whole. Research in Australia is governed by guidelines issued in accordance with the National Health and Medical Research Council Act 1992 (Cwlth). Practitioners undertaking research should familiarise themselves with and follow these guidelines. Research involving animals is governed by legislation in States and Territories and by guidelines issued by the NHMRC.

11.2 Research ethics

Being involved in the design, organisation, conduct or reporting of health research involving humans brings particular responsibilities for practitioners. These responsibilities, drawn from the NHMRC guidelines, include:

a) according to participants the respect and protection that is due to them
b) acting with honesty and integrity
c) ensuring that any protocol for human research has been approved by a human research ethics committee, in accordance with the National Statement on Ethical Conduct in Human Research issued by the NHMRC (which addresses privacy issues, and refers to the need to consider relevant State, Territory and federal privacy legislation)
d) disclosing the sources and amounts of funding for research to the human research ethics committee
e) disclosing any potential or actual conflicts of interest to the human research ethics committee
f) ensuring that human participation is voluntary and based on informed consent and an adequate understanding of sufficient information about the purpose, methods, demands, risks, and potential benefits of the research
g) ensuring that any dependent relationship between practitioners and their patients or clients is taken into account in the recruitment of patients or clients as research participants
h) seeking advice when research involves children or adults who are not able to give informed consent to ensure that there are appropriate safeguards in place, including ensuring that a person empowered to make decisions on the behalf of patients or clients has given informed consent or that there is other lawful authority to proceed
i) adhering to the approved research protocol
j) monitoring the progress of the research and reporting adverse events or unexpected outcomes promptly
k) respecting the entitlement of research participants to withdraw from any research at any time and without giving reasons
l) adhering to the guidelines regarding publication of findings, authorship, and peer review
m) reporting possible fraud or misconduct in research as required under the Australian Code for the Responsible Conduct of Research issued by the NHMRC.

11.3 Treating practitioners and research

When practitioners are involved in research that involves patients or clients, good practice includes:

a) respecting the right of patients or clients to withdraw from a study without prejudice to their treatment
b) ensuring that a decision by patients or clients not to participate does not compromise the practitioner patient/client relationship or the care of the patient or client.

The Code of Conduct will commence on 16 August 2021.