



**Code of Conduct
for naturopaths & Western herbal
medicine practitioners
in Australia and Aotearoa New Zealand**

2026

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Introduction

The **Code of Conduct for naturopaths and Western herbal medicine (WHM) practitioners** describes what is expected of all qualified naturopaths and WHM practitioners in Australia and Aotearoa New Zealand. It sets out the principles that characterise good practice and makes explicit the standards of ethical and professional conduct expected of naturopaths and WHM practitioners by their professional peers and the community.

This code is based on the Medical Board of Australia Code of Conduct and has been mapped against all codes of conduct for Statutorily registered professions in Australia, as well as the codes of conduct of all Australian and New Zealand naturopathic associations, Australian Register of Naturopaths and Herbalists (ARONAH), and New Zealand Medical Association.

It was written in consultation with the Australian and Aotearoa New Zealand naturopathic and WHM professions, specifically representatives from ARONAH, the naturopathic associations ANTA, CMA, NHAA, NMHNZ, as well as Endeavour College of Natural Health, South Pacific College of Natural Medicine, Southern Cross University, and Torrens University. ATMS and ANPA were invited to participate in the review of the Code of Conduct, however they declined.

This code does not set new standards. Instead, it brings together, into a single code, professional and ethical standards that have long been at the core of naturopathic and WHM practice. The code does not replace but augments national and sub-national government standards that are applicable to naturopaths and WHM practitioners in Australia and Aotearoa New Zealand.

No code or set of guidelines can ever encompass every situation or replace the insight and professional judgement of good practitioners. Good practice means using this judgement to practice in a way that would meet the standards expected of naturopaths and WHM practitioners by peers, patients, and the community.

Glossary

Key terms in *italics* in this document are defined in the glossary for quick reference.

Affiliate link is a specific internet link (URL) that tracks when a user clicks through to purchase a product or service, generating a commission or financial benefit for the person sharing the link. In this code, promoting or selling items via affiliate links is considered a commercial activity, not the provision of personalised professional advice

Delegation is the process in which a practitioner, known as the delegator, assigns a portion of patient care to another individual, the delegate, while retaining overall responsibility for the patient's or client's care.

Digital communication is any electronic form of communication, including email, video conferencing, internet, and social media.

e-health is the integration of digital information and communication technologies into health care practice. This includes online consultations (telehealth), electronic medical records, mobile health apps, and digital communications used to deliver care, manage patient health information, or share health-related content.

Handover is the process of transferring all responsibility for a patient to another practitioner.

Mentor is an experienced practitioner who provides guidance, support, and knowledge to less experienced colleagues. This relationship is built on trust and mutual respect, aiming to enhance the mentee's professional development, skills, and confidence within their practice. Mentors play a crucial role not only in fostering clinical expertise but also in cultivating ethical decision-making, effective communication, and adherence to professional standards, thus contributing to high-quality and safe healthcare delivery.

Multilevel marketing (MLM) refers to a sales or distribution structure in which participants may receive commissions, bonuses, discounts or other financial or material benefits from their own sales or purchases and/or from the sales, purchases or participation of people they recruit or who form part of their distributor or "downline" network. Within healthcare, engaging in MLM practices, specifically recruiting patients or clients into a downline network or deriving financial gain from their subsequent sales presents a serious conflict of interest and compromises professional integrity.

Naturopathy also called naturopathic medicine, is a medical system that has evolved from a combination of traditional practices and health care approaches popular in Europe during the 19th century. It is defined by its core principles of holism and vitalism, and its practice is guided by distinct naturopathic theories (Carlton et al, 2025). The World Naturopathic Federation describes naturopathy as a traditional healthcare profession defined by its philosophies, principles and theories. Naturopathic care is diverse, multi-modal and provides individualised care using a wide range of therapies and practices.

<https://worldnaturopathicfederation.org/about-naturopathy/>

Patient or client includes all consumers of healthcare services, or a delegated person who oversees decision making for the patient or client.

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 non-clinical relationship with patients or clients, working in management, administration, education, research, advisory, regulatory, or policy development roles, and any other roles that have an impact on safe, effective delivery of health services in the health profession.

Practitioners in the context of this code, includes both naturopaths and Western herbal medicine practitioners.

Provide 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.

Referral involves a letter or correspondence from one health professional to another health professional or health service. Referrals can be made to get an expert opinion, assist with diagnosis or treatment of the patient or client, or transfer the care of the patient or client.

Scope of practice refers to the range of activities, responsibilities, and services that a health practitioner is trained, authorised, and qualified to perform within their profession. It is defined by their education, experience, competencies, and any relevant regulatory, ethical, or professional standards. In healthcare, scope of practice ensures that practitioners provide safe, effective, and appropriate care, while respecting the boundaries of their qualifications.

Sharp practices refer to predatory, unethical, or deceptive business and sales methods that compromise a patient's interests or informed decision-making. This includes overservicing; high-pressure sales tactics; creating unwarranted urgency; offering financial or other incentives that improperly encourage a person to obtain services or drive sales, treatment or products; or recommending unnecessary treatments or products. The offering of a discount, concession or other legitimate promotional benefits does not, of itself, constitute a sharp practice.

Social media describes the online and mobile tools that people use to share opinions, information, experiences, images, and video or audio clips and includes websites and applications used for social networking.

Supervisor is an individual tasked with an authoritative role with overseeing the work, conduct, and professional development of practitioners within their *scope of practice*. They ensure adherence to organisational policies, professional standards, and ethical guidelines, while fostering a supportive environment that promotes quality care, safety, and efficiency. A supervisor is responsible for assessing performance, providing constructive feedback, and ensuring compliance with professional and ethical guidelines. Supervisors may also provide mentorship, facilitate training, and address patient care challenges.

Substitute decision-maker is an individual who has the authority to make decisions for a patient who has no decision-making capacity. This role is typically taken by a parent, guardian, or someone legally appointed.

Support person is an individual who helps a patient with reduced capacity to make decisions. This person may or may not be a *substitute decision-maker*.

Therapeutic goods are any product prescribed to a patient to achieve health outcomes. This includes, but is not limited to, herbal and nutraceutical supplements and may also be other products to improve health.

Western herbal medicine (WHM) practitioner or **Western medical herbalist** is a healthcare professional trained to *provide care* using plant-based remedies within their *scope of practice*. WHM is a traditional healthcare profession defined by its philosophies, principles and theories. The practitioner's role involves integrating traditional herbal approaches with modern health practices to support the physical and mental health of patients or clients. In Australia, these professionals are referred to as Western herbal medicine practitioners and in Aotearoa New Zealand they are referred to as Western medical herbalists. In this code these professionals will be referred to as WHM practitioners

Western medical herbalist is the Aotearoa New Zealand terminology for WHM practitioner.

Australia and Aotearoa New Zealand healthcare

Australia and Aotearoa New Zealand are culturally and linguistically diverse nations.

Australia is a nation deeply influenced by the enduring connection of Aboriginal and Torres Strait Islander peoples to the land, whose history and traditions have profoundly shaped the country's identity. This cultural heritage is further enriched by the contributions of individuals from diverse backgrounds who have made Australia their home. The vibrant multiculturalism of the population is reflected in the healthcare professions, where practitioners embody this diversity, enhancing the strength and inclusivity of the sector.

Aotearoa New Zealand's society has been shaped by Māori and Pacific peoples, whose history and culture are integral. Te Tiriti o Waitangi is an 1840 agreement between the Crown and Māori. Te Tiriti is a living document that influences and informs all aspects of life in Aotearoa New Zealand including health. The contributions of various nationalities enrich Aotearoa New Zealand, and health practitioners reflect this cultural diversity, strengthening the healthcare sector.

1 Use of the code

This code assists and supports practitioners to deliver appropriate, effective services within an ethical framework. All naturopaths and WHM practitioners have a professional responsibility to be familiar with this code and to apply the guidance it contains.

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.

Practitioners should be committed to safety and quality in healthcare in their respective country.

This code will be used:

- to support individual practitioners in providing good healthcare and fulfilling their professional roles. It provides a framework to guide professional judgement
- to support professional associations in protecting the public by maintaining high practice standards. This code complements existing Codes of Conduct and Ethics in Australia and Aotearoa New Zealand and helps evaluate practitioners' conduct. Significant or repeated deviations from the code may lead to appropriate disciplinary actions.
- as an additional resource for a range of purposes, such as in practitioner and student education, and by administrators and policy makers in health services that contribute to enhancing the culture of professionalism in the Australian and Aotearoa New Zealand health systems.
- as a guide to the public and consumers of health services about what good practice is and the standard of behaviour they should expect from naturopaths and WHM practitioners.

Practitioners must always act in accordance with the 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 standards, guidelines and policies of their relevant codes and laws in their state, territory, and country.

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 anti-discrimination legislation; responsibilities to employees and other individuals present at a practice or place of employment under workplace health and safety legislation; or vicarious liability for employees under the general law. Practitioners should ensure that they are aware of their legal obligations and act in accordance with them. This Code is also not intended as a mechanism to address disputes between professional colleagues.

Please refer to the Resources section for more information.

1.1 Professional values and qualities

While individual practitioners bring their personal beliefs to their work, all are expected to uphold shared professional values across all settings, including in-person and digital health environments.

Practitioners have a duty of care to the wellbeing of their patients or clients regarding safety and efficacy of treatment. They are entrusted to act with professionalism, integrity, compassion, and truthfulness, and to always maintain confidentiality.

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

Good practice in naturopathy and WHM is patient-centred care. It involves understanding that each patient or client is unique; to work in partnership with patients or clients; and 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, 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. Good practice also includes being aware that differences such as gender, sexuality, age, belief systems, neurodiversity, and other anti-discrimination grounds in relevant legislation may influence care needs, and the need to avoid discrimination based on these differences.

Effective communication underpins all aspects of good practice.

Professionalism includes self-awareness, regular reflection on practice and relationships, and attention to one's own health and wellbeing. Practitioners have a duty to continually develop their knowledge and skills, refine clinical judgement, and contribute positively to their profession.

Practitioners must also work within the boundaries of their competence and *scope of practice*, which may differ based on their roles (e.g. clinicians, researchers, educators). For instance, offering advice on over-the-counter supplements, herbal remedies, or nutritional supplements requires appropriate qualifications and experience.

1.2 A support person or 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*).

Patients or clients may be assisted by a *support person* to help them make appropriate decisions. Where a patient or client lacks decision-making capacity entirely, decisions may be made by a *substitute decision-maker*.

In this code, reference to the terms 'patients or clients' includes *support persons* or *substitute decision-makers* acting on their behalf.

1.3 Public comment and trust in the profession

While there are professional values that underpin good practice, all practitioners have a right to have and express their personal views and values. However, the boundary between a practitioner's personal and public profile can be blurred. Naturopaths or WHM practitioners need to consider the effect of their public comments and actions related to health and clinical issues (including online), and how these reflect on their roles as naturopaths or WHM practitioners and the reputation of the profession. Any communication from a professional email, professional *social media* site or similar serves as a reflection on the practitioner and the profession. Therefore, as naturopaths or WHM practitioners, practitioners must recognise that their professional obligations extend beyond the clinic. Their public presence is an extension of their practice, and how they conduct themselves in that public sphere directly reflects on the integrity and credibility of the entire profession.

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, considering their history, views and an appropriate physical examination where relevant; the history includes relevant psychological, social, spiritual 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, and
- e) recognising and respecting the rights of patients or clients to make their own decisions.

2.2 Good patient care

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

- a) recognising and working within the limits of a practitioner's competence and *scope of practice*
- b) practitioners maintaining adequate knowledge and skills to provide safe and effective care

- c) ensuring that practitioners have undertaken sufficient training and/or qualifications to achieve competency in any new area of practice
- d) practising patient/client-centred care
- e) avoiding misleading, exaggerated or unsubstantiated claims about assessment findings, products, therapies or outcomes, or the knowledge and practices of other health professions or professionals
- f) maintaining adequate records (see Section 8.4 *Health records*)
- g) considering the balance of benefit and harm in all clinical management decisions
- h) communicating effectively with patients or clients and other health professionals involved in the care of the individual (see Section 3.3 *Effective communication*)
- i) providing treatment options based on the best available information and not influenced by financial gain or incentives
- j) prescribing, dispensing, or recommending practitioner-only products only after an appropriate clinical assessment, not prescribing or supplying these products during casual encounters, retail interactions without assessment, or via informal messaging. Existing patients requesting new treatments or prescription changes between consultations must be evaluated to determine if a formal consultation is required
- k) taking steps to alleviate the symptoms and distress of patients or clients
- l) supporting the right of the patient or client to seek a second opinion
- m) consulting and taking advice from colleagues when appropriate
- n) making responsible and effective use of the resources available to practitioners (see Section 5.2 *Wise use of healthcare resources*)
- o) ensuring that the personal views of a practitioner do not affect the care of a patient or client adversely
- p) practising in accordance with the current and accepted evidence base of the health profession, including relevant clinical experience, patient outcomes and other recognised forms of evidence
- q) evaluating and reflecting on practice and the decisions and actions in providing good care
- r) facilitating the quality use of therapeutic products and services based on the best available knowledge and evidence, including traditional knowledge, as well as the patient's or client's needs, and
- s) encouraging patients or clients to take an interest in and responsibility for the management of their health.

2.3 Shared decision-making

Making decisions about healthcare 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. Practitioners have the responsibility to

create and foster conditions for this to occur. (Also see Section 1.2 *Support person and 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 and dignity
- 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 of care to the patient or client and not discriminating on grounds irrelevant to healthcare, including age, race, religion, sex, sexual orientation, criminal history, social standing, disability or other grounds specified in anti-discrimination legislation
- d) examining and treating patients or clients based purely on their clinical needs and the effectiveness of the proposed investigations or treatments. Practitioners should avoid recommending therapeutic products that are unnecessary or promoting the excessive use of healthcare services. They must also remain aware of the potential ethical concerns that can arise from profiting financially by recommending tests or therapeutic products to their patients
- e) providing a safe working environment for practitioners and their staff. If a patient or client poses a risk to the health and safety of any team member, appropriate steps must be taken to manage and mitigate that risk. While safety is a priority, patients or clients should not be denied access to care if reasonable measures can be implemented to ensure the safety of all involved. All actions should comply with relevant workplace safety and healthcare regulations and be guided by a risk assessment
- f) informing patients, clients, and if applicable colleagues if the practitioner has any conscientious objection to certain treatments. While they have the right to abstain from participating in such treatments, they must ensure this does not impede the patient's access to necessary care, and
- g) not allowing moral or religious views to deny patients or clients access to healthcare, recognising that practitioners are free to personally decline to provide or participate in that care.

2.5 Treatment in emergencies

When responding to emergencies, good practice involves healthcare professionals providing the best possible care while also keeping their own safety, abilities, available resources, and the needs of other patients in mind. Practitioners should continue assisting until it is no longer required.

3 Working with patients or clients

3.1 Introduction

Relationships based on respect, 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
- 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 healthcare 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, research or teaching, or accept advice (i.e. autonomy), and
- 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 (including relevant family members), asking for and respecting their views about their health and responding to their concerns and preferences
- b) awareness of health literacy issues and taking health literacy into account and/or adjusting their communication in response
- c) 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 they have been prescribed and any other therapies they are using

- d) 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 an intervention or treatment
- e) discussing with patients or clients their condition and the available healthcare options, including their nature, purpose, possible positive and adverse consequences, limitations and reasonable alternatives wherever they exist
- f) endeavouring to confirm that a patient or client understands what a practitioner has said
- g) ensuring that patients or clients are informed of the risks associated with any part of a proposed management plan
- h) responding to questions from patients or clients and keeping them informed about their clinical progress
- i) evaluating whether interim requests from existing patients can be safely managed under existing plans or require a formal consultation
- j) making sure, whenever 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
- k) 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 proficiency, or because they are speech or hearing impaired. Wherever possible, practitioners should use trained translators and interpreters rather than family members or other staff. Obtaining informed consent from the patient or client to use the selected interpreter is also important
- l) when using interpreters, taking reasonable steps to ensure that the interpreter:
 - is competent to work as an interpreter in the relevant context
 - is not in a relationship with the patient or client that may impair the interpreter's judgement
 - will keep confidential the existence and content of the service provided to the patient or client
 - is aware of any other relevant provisions of this code
- m) using *social media*, *e-health* and personally controlled electronic health records appropriately, consistent with this code, and
- n) communicating appropriately with and providing relevant information to other stakeholders, including other treating practitioners, in accordance with applicable privacy requirements.

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 expressly agreed to by the patient/client. Good practice involves:

- a) treating information about patients or clients as confidential and applying appropriate security to electronic and hard copy information
- b) seeking consent from patients or clients before disclosing information, where practicable in line with applicable privacy laws and confidentiality
- c) being aware of the requirements of the privacy and/or health records legislation that operates in relevant states, territories, and or country, and applying these requirements to information held in all formats, including electronic information
- d) sharing information appropriately about patients or clients for their healthcare 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 to refrain from discussing patients or clients in a non-professional context
- h) complying with relevant legislation, policies and procedures relating to consent
- i) using consent processes, including formal documentation if required, for the release and exchange of health and medical information, and
- j) ensuring that use of *digital communication*, *social media* and *e-health* is consistent with the practitioner's ethical and legal obligations to protect privacy.

3.5 Informed consent

Informed consent is a person's voluntary decision about healthcare that is made with knowledge and understanding of the benefits and risks involved. Informed written consent should be undertaken for purposes of research, use of AI enabled tools, and high-risk interventions. (see Resources section for more information around this). 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 risks
- c) clearly communicating when referring a patient or client for investigation or treatment, and advising the patient or client that there may be additional costs, which they may wish to clarify before proceeding
- d) 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 when working

with a patient or client whose capacity to give consent is or may be impaired or limited (refer to section 1.2 Support person or *substitute decision-maker*)

- e) being mindful of additional informed consent requirements when supplying or prescribing products not approved or made in Australia and New Zealand, and
- f) documenting consent appropriately.

Fees and financial consent involves:

- a) patients or clients being made aware of all the fees and charges involved in a course of treatment, preferably before the health service is provided, and
- b) discussing fees in a manner appropriate to the professional relationship, including discussion about the cost of all required services and general agreement about the level of treatment to be provided.

3.6 Children and young people

Caring for children and young people brings additional responsibilities for practitioners. Mandatory reporting of child abuse and neglect is legislated in Australia and Aotearoa New Zealand. Practitioners have a responsibility to be aware of the mandatory reporting requirements in their state, territory, or country. 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.

The practitioner should evaluate a child's ability to consent to medical treatment on their maturity, understanding, and the severity of the treatment. While there's no universal age for automatic consent, it's broadly understood that:

- children under 14: Parental or guardian consent is usually required
 - children 14 and over: They may be able to consent if they demonstrate sufficient understanding and maturity to make an informed decision about the treatment, regardless of their age. This is often referred to as "Gillick competence" or "mature minor" status
 - children 16 and over: They are generally assumed to have the capacity to consent to medical treatment in the same way as adults, and
- 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 or guardians and, when appropriate, encourage the child or young person to involve their parents or guardians 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 or guardian is refusing treatment for their child or young person that may not be in the best interests of the child or young person.

3.7 Culturally safe and sensitive practice

Good practice involves an awareness of the cultural needs and sensitivities and contexts of all patients and clients, to obtain good health outcomes. This includes:

- a) having knowledge of, respect for, and sensitivity towards, the cultural needs and background of the community practitioners serve, in the in the environment in which they practice
- b) acknowledging the social, economic, cultural, historic 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, and
- d) adapting practice to improve engagement with patients or clients and healthcare outcomes.

3.8 Patients who may have additional needs

Some patients or clients have additional needs. Good practice in managing the care of these patients or clients includes:

- a) paying particular attention to communication
- b) acknowledging requirements and adapting where possible to make the patient/client comfortable in the consultation process
- c) being aware that increased advocacy may be necessary to ensure just access to healthcare
- d) 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, and
- e) being aware that these patients or clients may be at greater risk.

3.9 Relatives, carers and partners

Providing high-quality care often requires communicating and collaborating with a patient's or client's support network. 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, and
- b) being responsive in providing information with appropriate consent.

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)). Good practice involves:

- a) recognising and acknowledging the adverse event
- b) responding appropriately to ensure safe and effective management for the patient or client
- c) explaining to the patient or client to the best of their ability what has happened and the anticipated possible short-term and long-term consequences
- d) listening to the patient or client
- e) acknowledging any patient or client distress and providing appropriate support
- f) complying with any relevant policies, procedures and reporting requirements, subject to advice from a professional indemnity insurer
- g) reviewing adverse events and implementing changes to reduce the risk of recurrence (see Section 6 *Minimising risk*) and
- h) reporting adverse events to the relevant authority as required (see Section 6 *Minimising risk and See also Resources section*).

3.11 Complaints

Patients or clients have a right to complain about their care. When a complaint is made directly to a practitioner, or a formal notification is received from a relevant state, territory, or nation-wide authority, good practice involves:

- a) acknowledging the person's right to complain
- b) ensuring patients or clients have access to information about the processes for making a complaint. This should include clearly displaying the relevant state, territory or country Code of Conduct (including information about how to make a complaint) within an area of the clinic visible to patients, or online, in accordance with relevant state, territory or country law
- c) working with the person to resolve the issue where possible
- d) providing a prompt, open and constructive response including an explanation and, if appropriate, an apology
- e) ensuring the complaint or notification does not affect the person's care adversely; in some cases, it may be advisable to refer the person to another practitioner, and
- f) complying with relevant complaints legislation, policies and procedures.

3.12 End-of-life care

Within their *scope of practice*, practitioners may play 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 their values and wishes
- b) when relevant, suggesting and referring for 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 through naturopathic care, 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 commenced
- 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) when relevant, and within *scope of practice*, recommend 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, and
- k) when a patient or client dies, being willing to explain, to the best of the practitioner's knowledge and within *scope of practice*, 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 cease. Good practice involves ensuring that the patient or client is informed adequately of the decision and arrangements for the continuing care of the patient or client are facilitated, including passing on relevant clinical information.

3.14 Understanding boundaries

Good practice includes recognising the potential conflicts, risks and complexities of providing care to those in a close relationship, for example close friends, work colleagues and family members and that this 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:

- a) adequate records are kept
- b) confidentiality is maintained
- c) adequate assessment occurs
- d) appropriate consent is obtained to the circumstances which is acknowledged by both the practitioner and patient or client
- e) the personal relationship does not in any way impair clinical judgement,
- f) practitioner-only products are not prescribed or provided to those in a close relationship with the practitioner in non-clinical or casual settings where a comprehensive health history, safety assessment, and formal documentation cannot be completed and
- g) at all times an option to discontinue care without affecting their treatment or relationship is maintained. (Also see Section 8.2 *Professional boundaries*.)

3.15 Working with multiple clients

Where practitioners are considering treating multiple patients or clients simultaneously in class or group work either in person or online, 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, including whether it could compromise the quality of care (also see Section 3.4 *Confidentiality and privacy* and Section 3.5 *Informed consent*).

3.16 Closing or relocating a practice

When closing or relocating a practice, or when an employed practitioner moves between practices, good practice involves:

- a) giving advance notice where possible to the patients or clients and/or the employer as early as possible, and
- b) facilitating arrangements for the continuing care of all current patients, which may include 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 are 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 health professionals caring for the patient or client
- b) acknowledging and respecting the contribution of all health professionals involved in the care of the patient or client,
- c) providing evidence-informed facts and objective information regarding treatments without disparaging or undermining other healthcare providers; practitioners must respect patient autonomy and not instruct a patient to cease or alter a treatment prescribed by another practitioner, but rather support them to discuss any concerns directly with their other practitioner and
- d) always behaving professionally and courteously to colleagues and other health professionals, including in person and online.

4.3 Delegation, referral and handover

An essential component of good practice in healthcare involves ensuring that *delegation*, *referral*, and *handover* are conducted responsibly, with clear communication, appropriate qualifications, and thorough attention to the continuity of patient care. Good practice involves:

- a) taking reasonable steps to ensure that any person to whom a practitioner delegates, refers or hands over has the qualifications and/or abilities and/or experience and/or knowledge and/or 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 delegator remains responsible for the overall management of the patient or client
- c) sending the patient or client back to the delegator once complete if you are a delegate that has been referred to for a specific reason, and
- d) always communicating sufficient information regarding the patient or client and the treatment required to enable the continuing care of the patient or client.

4.4 Teamwork

Many practitioners work closely with a wide range of other health professionals, which can benefit from cooperative patient care. 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 role in the team, working with your *scope of practice*, 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, and
- g) supporting students and practitioners receiving supervision and others within the team.

4.5 Coordinating care with other health professionals

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

- a) communicating all the relevant information in a timely manner, and
- b) ensuring that information communicated is clear to the patient or client, the family, and colleagues who have 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 healthcare system.

5.2 Wise use of healthcare resources

It is important to use healthcare resources, including clinical time, diagnostic testing, therapeutic goods, as well as patient and health system costs, wisely. Good practice involves:

- a) ensuring that the services provided are appropriate and reasonably required for the assessed needs of the patient or client and are not excessive or unnecessary
- b) upholding the right of patients or clients to access the necessary level of healthcare, and, where possible assisting them to do so
- c) supporting the transparent and equitable allocation of healthcare resources
- d) understanding that the use of resources can affect the access other patients or clients have to healthcare resources
- e) fostering the sustainable and equitable use of healthcare resources in an environmentally responsible manner,
- f) promoting professional and environmental responsibility and accountability for the control, procurement, preparation, handling, supply, storage and disposal of therapeutic goods and
- g) prescribing and recommending only therapeutic goods that are within your scope of practice and compliant with relevant therapeutic goods legislation (such as those registered, listed, or exempt by the TGA in Australia or Medsafe in Aotearoa New Zealand). Practitioners must not endorse, prescribe, supply, or administer prohibited, illegal, or unsafe substances.

5.3 Health advocacy

There are significant disparities in the health status of different groups and in some communities. These disparities result from social, cultural, geographic, health-related and other factors. In particular, Aboriginal and Torres Strait Islander peoples in Australia and Māori and Pacific Peoples in Aotearoa New Zealand 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 uphold naturopathic principles of health promotion, by supporting 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 *referral* of patients or clients with notifiable diseases where relevant, and
- c) acknowledging inequities in public health care such as systematic differences in health status and access to healthcare resources between different population groups, which are often based on social determinants like income, education, and ethnicity.

6 Minimising risk

6.1 Introduction

Risk is inherent to healthcare. Minimising risk to patients or clients is an important component of practice. Good naturopathic practice involves understanding and applying the key principles of risk minimisation and management in practice. Refer to the resources section for more information.

6.2 Risk management

Proactive risk management requires maintaining safety systems, learning from incidents, and fostering a culture of continuous quality improvement. 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 to the relevant authority
- d) ensuring that systems are in place for raising concerns about risks to patients or clients if a practitioner has management responsibilities
- 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, and
- f) taking all reasonable steps to address the issue if there is reason to believe 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 of poor practitioner performance, good practice involves:

- a) being familiar with all relevant laws and legislation in the practitioner's state, territory, or country
- b) recognising and taking steps to minimise the risks of fatigue, including complying with relevant state and territory occupational health and safety legislation
- c) following the guidance in Section 9.2 *Practitioner health* if a practitioner knows or suspects that they have a health condition that could adversely affect judgement or performance
- d) taking steps to protect patients or clients from being placed at risk of harm posed by a colleague's conduct, practice, or ill health
- e) taking appropriate steps to assist a colleague to receive help if there are concerns about the colleague's performance or fitness to practise, and

- f) seeking advice from an experienced colleague, the employer/s, practitioner health advisory services, professional indemnity insurers, or a professional organisation/association if a practitioner is unsure of the appropriate actions to take

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 evolves, and society changes.

7.2 Continuing professional development (CPD)

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 their relevant professional association's standards and guidelines on 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 1.1 *Professional values and qualities*.

8.2 Professional boundaries

Professional boundaries allow a practitioner and a patient/client to engage safely and effectively in a therapeutic relationship. Professional boundaries refer 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 serve to protect both parties. Good practice involves:

- a) maintaining professional boundaries
- b) never using a professional position to establish or pursue a sexual, exploitative, coercive, or otherwise inappropriate relationship with any person 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 and other personal relationships with persons who have previously been a practitioner's patient or client are usually inappropriate, depending on the extent of the professional relationship and the vulnerability of a previous patient or client, and
- 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

A practitioner has a duty of care towards their patient or client. A practitioner must ensure that any situations endangering the safety or well-being of their patient or client, are promptly addressed through proper channels. This includes reporting concerns about abuse, neglect, or unethical conduct observed while delivering care. Practitioners should familiarise themselves with the specific reporting requirements of their state, territory or country, as these can vary depending on the jurisdiction, and the nature of the concern being reported. In situations where there is uncertainty about the appropriate course of action, seeking advice from professional associations, legal counsel, or indemnity insurers is advisable to ensure compliance and the protection of all parties involved. Good practice involves:

- a) being aware of these reporting obligations
- b) complying with any reporting obligations that apply to practice, and
- c) seeking advice from the practitioner's association, professional indemnity insurer, or other relevant bodies if practitioners are unsure about their obligations (see resources section for more information).

8.4 Health records

Maintaining clear and accurate health records is essential for the continuing good care of patients or clients. Practitioners should be aware of specific legislation and guidelines in their state, territory or country in relation to health records. Good practice involves:

- a) keeping accurate, up-to-date, factual, objective and legible records that report relevant details of clinical history, clinical findings, investigations, information given to patients or clients, medication, treatment protocols, and other management in a form that can be understood by other health practitioners
- 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 afterward

- f) recognising the right of patients or clients to access information contained in their health records and facilitating that access, and
- g) promptly facilitating the safe transfer of health information when requested by patients or clients.

8.5 Insurance

Practitioners have a requirement to ensure that their practice is appropriately covered by professional indemnity insurance. Refer to your relevant professional association's requirements.

8.6 Advertising

Advertisements for services can be useful in providing information for patients or clients. All advertisements must comply with the provisions of relevant state, territory, and country unregulated health practitioner code of conduct, relevant consumer protection legislation, fair trade acts and, legislation regulating the advertising of therapeutic goods. Good practice involves:

- a) complying with relevant state, territory and country legislation, on advertising of health services and products
- b) ensuring that any promotion of therapeutic products is ethical and legal under government guidelines
- c) not engaging in inappropriate advertising or promotion that could undermine the reputation of, or public trust in the profession, and
- d) ensuring that where the practitioner uses the title "doctor" they are compliant with local laws and the practitioner's discipline is identified alongside the title in order to avoid misleading the public that the practitioner is a registered medical practitioner if they are not.

8.7 Legal, insurance and other assessments

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

- a) applying the standards or professional behaviour described in this code to the assessment; in particular, being courteous, alert to the concerns of the person and ensuring the person gives their consent to be assessed
- b) explaining to the person the practitioner's scope of practice, role, and the purpose, nature and extent of the assessment before it is 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*), and
- 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

Practitioners may be requested to sign documents or statements, or write a report on the assumption that they will only or provide information that they know, or reasonably believe, to be true. Good practice involves:

- a) being honest and not misleading when writing reports and only signing documents believed to be accurate
- b) taking reasonable steps to verify the content before signing a document and not deliberately omitting relevant information
- c) preparing or signing documents and reports within a reasonable and justifiable timeframe, if so agreed, and
- 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 a practitioner provides a curriculum vitae that includes their qualifications and experience, and when representing themselves in any public space, good practice involves:

- a) providing accurate, truthful and verifiable information about a practitioner's experience and qualifications, and
- b) not misrepresenting by misstatement or omission a practitioner's experience, qualifications or position.

Also see Section 10.3 *Mentoring 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 information relevant to an investigation into the conduct, performance or health of a practitioner or colleague, and

- c) assisting the coroner when an inquest or inquiry is held into the death of a patient or client by responding to the coroner's enquiries and by disclosing all relevant information.

8.11 Conflicts of interest

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. Their primary obligation is the patient or client's well-being, not commercial gain from indirect sales without a professional duty of care. 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 *therapeutic goods* and other marketing may influence practitioners and being aware of ways in which practice may be influenced
- e) ensuring any recommendation, prescription, supply or sale of products distributed through a *multilevel marketing (MLM)* structure is based solely on the patient's or client's health needs and expected therapeutic benefit, and is not influenced by any financial or other benefit to the practitioner; that financial interest in the sale or supply of the recommended MLM product must be disclosed to the patient; and that practitioners must not recruit, encourage, or facilitate the recruitment of patients or clients into an MLM network or derive financial benefit from their participation in such a network
- f) when selling products or services, including via *social media* or *affiliate links*, to individuals with whom they haven't established a direct client relationship and conducted a health assessment, that any information provided should be general, clearly distinguishable as promotional content, vs professional advice, and not a substitute for a personalised consultation
- g) not asking for or accepting any inducement, gift or hospitality from companies that sell or market *therapeutic goods* that may affect or be seen to affect the way a practitioner prescribes for, treats or refers and are not in the best interests of patients or clients
- h) not engaging in *sharp practices* which includes business, sales or promotional practices that compromise, or are likely to compromise, the interests or informed decision-making of patients or clients
- i) not asking for or accepting fees for meeting sales representatives

- j) not offering inducements to colleagues or entering into arrangements that could be perceived to influence prescribing, treatment or referral decisions, or to conflict with the best interests of patients or clients and
- k) not allowing any financial or commercial interest in any healthcare organisation, or company providing healthcare services or products, to adversely affect patients or client treatment. If practitioners or their immediate family have such an interest and that interest could be perceived to influence the care provided, practitioners must disclose the interests to 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, investment or other schemes
- e) not influencing patients or clients or their families to make donations to other people or organisations, and
- 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, such as an interest in external referral services, diagnostic labs, or receiving supplier commissions, other than standard consultation fees, and
 - declaring to patients or clients any professional and financial interest in any product or service a practitioner might endorse or sell from their practice and not making an unjustifiable profit from the sale or endorsement. (for example, pricing products at or below recommended retail prices)

9 Ensuring practitioner health

9.1 Introduction

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

9.2 Practitioner health

Maintaining professional health requires taking active steps to protect practitioner well-being and ensuring personal health issues do not compromise patient care. Practitioners have a duty to manage their own physical and mental health objectively, seeking independent care when needed. Good practice involves:

- a) consulting an appropriate health practitioner to meet own health needs
- b) seeking expert, independent, objective advice when a practitioner needs healthcare and being aware of the risks of self-diagnosis and self-treatment
- c) understanding the principles of immunisation against communicable diseases
- d) recognising the impact of fatigue on practitioner health and ability to care for patients or clients and endeavouring to work safe hours whenever possible
- e) being aware of any relevant practitioner health program if advice or help is needed, and
- f) recognising when a health condition or impairment could adversely affect judgement, performance or the health of patients or clients and in that situation:
 - not relying on self-assessment when deciding whether the practitioner's health condition or impairment may place patients or clients at risk, and
 - consulting a health practitioner as appropriate about whether, and in what ways, the affected practitioner may need to modify practice and ensuring the treating practitioner's advice is followed.

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 authority if, during treatment or care, they reasonably believe another practitioner is placing patients or clients at serious risk of harm
- c) encouraging a colleague (who is not a patient or client) to seek appropriate help if it is reasonably believed the colleague may be ill or impaired, if this impairment has placed patients or clients at risk of harm, and
- 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 mentoring

10.1 Introduction

Qualified naturopaths and Western herbal medicine (WHM) practitioners who engage in teaching, clinical supervision, or private mentoring play a vital role in upholding high practice standards, protecting patient safety, and developing the profession. This section outlines the professional standards expected of qualified practitioners when teaching students in educational institutions, supervising students in clinical settings, or providing private mentorship to colleagues outside of formal academic frameworks.

10.2 Professional responsibilities of educators, supervisors, and mentors

Qualified practitioners who teach, *supervise*, or *mentor* must maintain high standards of professional conduct and prioritise patient safety in all educational and mentoring contexts. Good practice involves:

- a) only undertaking these roles where the teacher, *supervisor*, or *mentor* has the knowledge, skills and experience necessary to do so
- b) providing a level of supervision appropriate to the person's knowledge, skills and experience, the activities they are undertaking and the risks involved
- c) treating learners with respect: Cultivating a supportive and respectful environment for professional development, free from bullying, harassment, or exploitation
- d) modelling professionalism: Displaying exemplary ethical behaviour, clinical competence, and professional boundaries when interacting with students, mentees, and patients, and not exploiting any position of authority or influence
- e) prioritising patient safety: Ensuring that clinical supervision activities do not compromise patient or client care, and taking immediate action if a student or mentee is evaluated as not yet competent to perform clinical tasks safely, or undertakes activities beyond their scope of practice
- f) facilitating informed consent: Ensuring that patients are fully informed about, and have explicitly consented to, student or mentee involvement in their care, and respecting a patient's right to refuse or withdraw participation at any time without impacting their treatment
- g) managing conflicts of interest: Identifying and avoiding potential conflicts of interest in *supervisory* or mentoring relationships—such as supervising close relatives or friends—that could impair clinical objectivity or impede learning outcomes, and
- h) providing constructive guidance and truthful evaluations: Delivering honest, objective, timely, and supportive feedback to assist students and mentees in developing their clinical judgement, ethical decision-making, and professional competence, while ensuring all performance evaluations references, and capability reports are accurate and verifiable.

11 Undertaking research

11.1 Introduction

Research involving humans, their personal health information, or biological samples is essential for advancing evidence-based practice and healthcare outcomes. Practitioners undertaking or participating in research must adhere to established national and international research ethics frameworks and governance standards. Refer to the *resources section* for more information.

11.2 Compliance with ethical standards and governance

Practitioners involved in designing, conducting, supervising, or reporting health research must ensure full alignment with recognised research governance and institutional oversight requirements. Good practice involves:

- a) ethical approval: Ensuring all research protocols involving human participants are reviewed and approved by an accredited Human Research Ethics Committee (HREC) or equivalent national ethics committee prior to commencement, as well as all other legal and research governance requirements
- b) adherence to national frameworks: Conducting research in accordance with relevant national standards, including the *National Statement on Ethical Conduct in Human Research* (Australia) or the *National Ethical Standards for Health and Disability Research and Quality Improvement* (Aotearoa New Zealand)
- c) informed consent and managing dual roles: Respecting participant autonomy by securing voluntary, informed consent, ensuring participants understand the research purpose, methodology, potential risks, and their right to withdraw at any time. Practitioners must carefully manage the boundary between clinical care and research to ensure a patient's decision to participate, or decline to participate in research, does not influence their ongoing therapeutic relationship or clinical care
- d) taking particular care to avoid coercion, undue influence or exploitation where there is an existing practitioner/patient relationship or another relationship involving a power imbalance
- e) being especially cognisant of research involving vulnerable populations: Applying appropriate safeguards and obtaining proper legal consent when research involves children or individuals with impaired decision-making capacity, in compliance with statutory requirements
- f) research integrity and reporting: Maintaining honesty, accuracy, transparency, and scientific integrity in reporting findings, adhering to international standards such as Good Clinical Practice (ICH-GCP), declaring all funding sources and potential conflicts of interest, and not fabricating, falsifying or misrepresenting research findings, including research data, and
- g) appropriately acknowledging the contributions of others and complying with accepted standards concerning authorship and publication.

Practitioners should refer to the NHMRC, RSNZ, and ICH-GCP guidelines publications listed in the Resources section for more guidance.

Resources

General resources

Carlton, A.-L., Carè, J., Myers, S.P., Doolan, A., Gerontakos, S., & Steel, A. (2025). Assuring safe and integrated health care. A review of the risks, benefits, and regulatory requirements for the professions of naturopathy and Western herbal medicine: A research report commissioned by the members of the Australian Naturopathic Council. April 2025. Australian Naturopathic Council. <https://www.aronah.org/wp-content/uploads/Carlton-2025-Assuring-Safe-and-Integrated-Health-Care-Research-Report.pdf>

International Council for Harmonisation (ICH) The Guideline for Good Clinical Practice (ICH-GCP) is an internationally accepted standard for the designing, conducting, recording and reporting of clinical trials. <https://www.tga.gov.au/resources/publication/publications/ich-guideline-good-clinical-practice>

WMA (2017) Declaration of Geneva www.wma.net/policies-post/wma-declaration-of-geneva/

WMA (2006) International code of medical ethics www.wma.net/policies-post/wma-international-code-of-medical-ethics/

World Naturopathic Federation – definition of naturopathy <https://worldnaturopathicfederation.org/about-naturopathy/>

Australian Resources

Acts, Law, and Government

Health Practitioner Regulation National Law, as in force in each state and territory (the National Law) <https://www.nhpo.gov.au/legislation>

The Code of Conduct for General Health Services, as in force in relevant states and territories in Australia https://hcc.vic.gov.au/sites/default/files/2021-04/general_code_of_conduct_-_a3_0.pdf

Australian charter of healthcare rights issued by The Australian Commission on Safety and Quality in Health Care (www.safetyandquality.gov.au)

National registration and accreditation scheme

<https://www.health.gov.au/our-work/national-registration-and-accreditation-scheme>

Australian Government's support of the healthcare workforce <https://www.health.gov.au/topics/health-workforce>

Risk management

The Australian Commission on Safety and Quality in Health Care's website (www.safetyandquality.gov.au) provides relevant guidance on a range of safety and quality issues. Information of relevance to health practitioners includes:

- health literacy
- open disclosure and incident management
- hand hygiene, and
- healthcare rights.

The Therapeutic Goods Administration's website (www.tga.gov.au) provides relevant information on therapeutic goods, including adverse reactions

<https://www.tga.gov.au/publication/manufacturing-principles-medicinal-products>

Complaints and Adverse events

The National Code of Conduct for health care workers (the Code) establishes minimum standards of conduct and practice for all unregistered health care workers delivering health services. In accordance with the Code, individuals may submit complaints regarding health care workers who demonstrate incompetence, impairment, or engage in exploitative, predatory, or unlawful behaviour. Further information about the Code is available through relevant state and territory authorities. Practitioners are required to display the Code of Conduct for non-registered practitioners in their place of practice or on their website so that patients or clients know where they can complain if required.

- [Australian Capital Territory](#)
- [New South Wales](#)
- [Northern Territory](#)
- [Queensland](#)
- [South Australia](#)
- [Tasmania](#)
- [Victoria](#)
- [Western Australia](#)

Therapeutic goods – adverse events

Therapeutic Goods Administration <https://www.tga.gov.au/safety/reporting-problems/reporting-adverse-events-health-professionals>

<https://www.tga.gov.au/safety/reporting-problems/reporting-adverse-events>

Vulnerable populations

Australian Institute of Family Studies <https://aifs.gov.au/resources/resource-sheets/mandatory-reporting-child-abuse-and-neglect>

<https://aifs.gov.au/resources/resource-sheets/reporting-child-abuse-and-neglect>

Medical consent <https://youthlegalserviceinc.com.au/fact-sheet-medical-treatment/>

In Australia, Gillick competence allows a child to consent to medical treatment if they have sufficient understanding and intelligence, regardless of age. A child deemed Gillick competent by a medical professional can make their own medical decisions. <https://pmc.ncbi.nlm.nih.gov/articles/PMC4962726/>

Privacy

Office of the Australian Information Commissioner

<https://www.oaic.gov.au/privacy/privacy-guidance-for-organisations-and-government-agencies/health-service-providers/guide-to-health-privacy>

Research

The National Health and Medical Research Council's website (www.nhmrc.gov.au) provides relevant information on informed consent and research issues.

<https://www.nhmrc.gov.au/about-us/publications/australian-code-responsible-conduct-research-2018>

Aotearoa New Zealand Resources:

Acts, Law, and Government

Health and Disability Commissioner Act 1994 as in force in Aotearoa New Zealand

<https://www.legislation.govt.nz/act/public/1994/0088/latest/dlm333584.html>

Health and Disability Commissioner (<https://www.hdc.org.nz/>)

The Medicines Act 1981, Section 32 as in force in Aotearoa New Zealand

<https://www.legislation.govt.nz/act/public/1981/0118/latest/DLM55434.html>

Health Practitioners Competency Assurance Act 2003 provides a framework for the regulation of health practitioners to protect the public where there is a risk of harm from professional practice

<https://www.legislation.govt.nz/act/public/2003/0048/latest/DLM203312.html>

The Ministry of Health website contains information about both regulated and unregulated practitioners:

<https://www.health.govt.nz/regulation-legislation/health-practitioners>

Te Tiriti o Waitangi obligations to improve Māori health <https://www.health.govt.nz/maori-health/te-tiriti-o-waitangi-framework>

Risk management

Health and Disability Act to comply with the Code of Health and Disability which includes the 'Right to make an informed choice and give informed consent' <https://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/>

The Health and Disability Commissioner is responsible for safeguarding and promoting patients' rights, including those related to research. A comprehensive Code of Rights specifies the standards all health practitioners are required to follow. Further details are available at: <https://www.hdc.org.nz/>

Medsafe, a unit of New Zealand's Ministry of Health, regulates therapeutic products. They have information on the Medicines Act 1981 S32 which offers specific guidance for natural health practitioners: <https://www.medsafe.govt.nz/profs/naturalhealth.asp>

The Health Act 1956 gives the Ministry of Health the function of improving, promoting and protecting public health. It contains specific provisions in section 22 governing the disclosure of health information about identifiable individuals by and between health service providers and other agencies with statutory functions: <https://www.legislation.govt.nz/act/public/1956/0065/latest/DLM305840.html>

Consumers Guarantee Act: <https://www.consumer.org.nz/articles/consumer-guarantees-act;>
<https://www.legislation.govt.nz/act/public/1993/0091/latest/dlm311053.html>

Complaints and Adverse events

Adverse Reactions reporting in NZ: <https://www.medsafe.govt.nz/profs/puarticles/adrreport.htm> and <https://nzphvc-carm.otago.ac.nz/home/> The Centre for Adverse Reactions Monitoring (CARM).

Vulnerable populations

Anyone can report suspected child abuse and neglect. The Children, Young Persons, and Their Families Act 1989 outlines that a person may report abuse to a social worker or police officer. <https://www.legislation.govt.nz/act/public/1989/0024/65.0/DLM147088.html>

The Crimes Amendment Act 2019 also outlines potential criminal liability for not taking reasonable steps to protect a child or vulnerable adult. <https://www.legislation.govt.nz/act/public/2019/0004/latest/whole.html>

Section 36 of the Care of Children Act 2004 states 'a child of or over the age of 16 years can consent (or not consent) to any medical or surgical treatment or procedure' without parental or guardian consent. <https://www.legislation.govt.nz/act/public/2004/0090/latest/whole.html#DLM317462>

The Gillick Competence in NZ refers to common law whereby an adolescent under 16 may be able to give consent to medical procedures and treatment, depending on the nature of the treatment involved and the age and understanding of the adolescent. It has not been adopted into law <https://ojs.victoria.ac.nz/vuwlr/article/view/5943/5217>

Privacy:

The Privacy Act 2020 provides the general framework for promoting and protecting individual privacy:
<http://www.legislation.govt.nz/act/public/2020/0031/latest/LMS23223.html>

The Health Information Privacy Code 2020 is a Code of Practice issued by the Privacy Commissioner under section 32 of the Privacy Act which gives extra protection to health information because of its sensitivity:

<https://www.privacy.org.nz/privacy-principles/codes-of-practice/hipc2020/>

Research

Health Research Council of NZ - <https://www.hrc.govt.nz/>

The National Ethics Advisory Committee – Kāhui Matatika o te Motu (NEAC) is an independent advisor to the Minister of Health.

<https://neac.health.govt.nz/publications-and-resources/neac-publications/national-ethical-standards-for-health-and-disability-research-and-quality-improvement/>

Royal Society of New Zealand (RSNZ) Code of Professional Standards and Ethics
<https://www.royalsociety.org.nz/who-we-are/our-rules-and-codes/code-of-professional-standards-and-ethics>

Review

Date of issue: XXX 2026

Date of review: This code of conduct will be reviewed from time to time as required. This will generally be at least every five years.

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