

Code of Conduct for Dietitians & Nutritionists

FOREWORD

Dietitians Australia is a member of the National Alliance of Self-Regulating Health Professions (NASRHP). The NASRHP sets regulatory standards, which Dietitians Australia adheres to in its accreditation and credentialing processes. The Dietetic Credentialing Council (DCC) governs dietetic credentialing in Australia through the Accredited Practising Dietitian (APD) Program.

Dietitians Australia has, with written approval, based this code on the Nursing and Midwifery Board of Australia's (NMBA) Code of conduct for nurses. The NMBA carried out a comprehensive review that was informed by research and by those in the profession. The research included an international and national literature review of other codes and similar publications, a comparative analysis of the predecessor code of conduct to other codes, and an analysis of notifications (complaints) made about the conduct and behaviour of nurses. Reviewers sought extensive input through focus groups, workshops, an expert working group and other consultation strategies, which included nurses and midwives, the public, and professional organisations.

This code sets out the legal requirements, professional behaviour and conduct expectations for dietitians and nutritionists in all Australian settings. The code recognises that dietetic practice is not restricted to the provision of clinical care. Dietetic practice includes using professional knowledge in both clinical and non-clinical relationships with patients or clients, communities, and populations. It can include working in management, administration, education, research, advisory, communication, program development and implementation, regulatory or policy development, food service, food security, food supply, sustainability, and any other roles that impact on safe, effective delivery of services in the profession and/or using professional skills.

Dietitians and nutritionists must also adhere to the Health Council's National Code of Conduct for health care workers¹ (if applicable), as implemented in their relevant state or territory.

Code of Conduct for Dietitians and Nutritionist version history

Publication	Details
Code of Conduct for Dietitians and Nutritionist, published September 2021 (version 1.0)	<p>This version will replace the following four professional standard documents:</p> <p>Code of Professional Conduct – for members with Australian recognised dietetic qualifications, and non-members with APD status (March 2013)</p> <p>Code of Professional Conduct – for members without Australian recognised dietetic qualifications and non-member Accredited Nutritionists (October 2011)</p> <p>Statement of Ethical Practice – For members with Australian recognised dietetic qualifications and non-members with APD status (December 2014)</p> <p>Statement of Ethical Practice – for members without Australian recognised dietetic qualifications and non-member Accredited Nutritionists (October 2011)</p>

¹ The Health Council's National Code of Conduct for healthcare workers can be found at: <https://www.coaghealthcouncil.gov.au/NationalCodeOfConductForHealthCareWorkers>

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Introduction

The Code of Conduct for Dietitians and Nutritionists (the Code) sets out the legal requirements, professional behaviour and conduct expectations for all dietitians and nutritionists in all Australian settings. It describes the principles of professional behaviour that guide safe practice, and it clearly outlines the conduct expected of dietitians and nutritionists by their colleagues and the broader community. Dietitians Australia acknowledges that dietitians and nutritionists work across many different settings. This document aims to provide overarching principles. It does not give examples explicit to all work areas and client groups.

Individual dietitians and nutritionists have their own personal beliefs and values. However, the Code outlines the specific standards that all dietitians and nutritionists are expected to adopt in their practice. Dietitians and nutritionists have a professional responsibility to understand and abide by the Code. Dietitians and nutritionists also have a duty to make the interests of their clients² their first concern, and to practise safely and effectively.

The Code is consistent with the Health Practitioner Regulation National Law Act 2009 (the National Law)³, including the standards governed by the Australian Health Practitioner Regulation Agency (AHPRA), which Dietitians Australia aims to align with. It includes seven principles of conduct, grouped into domains, each with an explanatory value statement. Each value statement is accompanied by practical guidance to show how to apply it in practice. Underpinning the Code is the expectation that dietitians and nutritionists will exercise their professional judgment to deliver the best possible outcomes in practice.

Who does this Code apply to?

This Code applies to:

- Dietitians Australia members with Australian-recognised dietetic qualifications
- Dietitians who hold APD status (regardless of whether they are a Dietitians Australia member)
- Dietitians Australia members without Australian-recognised dietetic qualifications (including student members)
- Dietitians Australia members who are on the register of Accredited Nutritionists (maintained by Dietitians Australia)

These groups are collectively referred to as 'dietitians' throughout the document for convenience.

What kinds of practice does this Code apply to?

The principles of the Code apply to **all types of dietetic practice in all contexts**. This includes any work where a dietitian uses dietetic skills and knowledge, **whether paid or unpaid**, in both clinical and non-clinical relationships with patients or clients, communities and populations. It can include working in management, administration, education, research, advisory, communication, program development and implementation, regulatory or policy development, food service, food security, food supply, sustainability, and any other roles that impact on safe, effective delivery of services in the profession and/or using professional skills⁴. The Code also applies to all settings where a dietitian may engage in these activities, including face-to-face, publications, or via online or electronic means.

² 'Client' refers to a person, group of people, patients (and their families and/or carers where relevant), consumers, communities, organisations, institutions, businesses and any other entity for which a dietitian may normally provide services (within the dietitian's scope of practice) who has entered into a therapeutic and/or professional relationship with a dietitian.

³ The Health Practitioner Regulation National Law Act 2009 (the National Law) can be found at: <https://www.ahpra.gov.au/About-AHPRA/What-We-Do/Legislation.aspx>

⁴ This is the official definition of dietetic practice as approved by the Dietitians Australia Board (2014).

Using this Code

The Code will be used:

- to support individual dietitians in the delivery of safe practice and in fulfilling their professional roles
- as a guide for the public and consumers of dietetic services⁵ about the standard of conduct and behaviour they should expect from dietitians
- to help Dietitians Australia and the DCC protect the public by setting and maintaining the standards specified in the Code to ensure safe and effective dietetic practice
- when evaluating the professional conduct of dietitians. If professional conduct varies from the values outlined in the Code, dietitians should be prepared to explain and justify their decisions and actions. They may be subject to the processes as outlined in Dietitians Australia's By-Law Complaints and Disciplinary Procedures. Serious or repeated failure to abide by this Code may have consequences for the dietitian's membership of Dietitians Australia and/or credential
- as a resource for activities that aim to enhance the culture of professionalism in the Australian health system. These include use, for example, in administration and policy development by health services and other institutions, in dietetic education, in management, and for the orientation, induction and supervision of dietitians and students.

The Code is not a substitute for the requirements outlined in the National Code of Conduct for health care workers, other relevant Commonwealth and state/territory legislation, or case law⁶. Where there is any actual or perceived conflict between the Code and any law, the law takes precedence. Dietitians who are members of Dietitians Australia also need to understand and comply with Dietitians Australia's constitution, by-laws, and all other Dietitians Australia and DCC standards, codes and guidelines.

What happens if there is a breach of this Code?

A breach of this Code may result in a complaint being made against the relevant dietitian pursuant to Dietitians Australia's By-Law Complaints and Disciplinary Procedures.

As stated above, serious or repeated failures to abide by this Code may have consequences for the dietitian's membership of Dietitians Australia and/or credentialing as an APD or Accredited Nutritionist (AN). To the extent that the relevant dietitian also practises in other health services governed by the National Law, a breach of this Code may be considered as unsatisfactory professional performance, unprofessional conduct or professional misconduct⁷.

Amendments to the Code

This Code (as enacted under a By-law) may be amended, repealed, or replaced by Dietitians Australia from time to time and at any time in the Dietitians Australia Board's absolute discretion (pursuant to rule 36 of the Dietitians Australia Constitution). Dietitians Australia agrees, however, to consult with key stakeholders over any substantive changes to this By-law. Dietitians Australia is not required to consult with key stakeholders if the amendment is to clarify inconsistencies or errors in drafting.

If Dietitians Australia amends, repeals or replaces this Code, then Dietitians Australia agrees to notify its members, and APDs who are not members, of the amendments in writing. Notification can be by way of uploading a copy of the amended Code to Dietitians Australia's website (provided Dietitians Australia sends an email or other written correspondence to its members, and members of the APD Program, notifying them of the document's availability on Dietitians Australia's website). Dietitians Australia agrees to provide at least 30 days' notice prior to the amendments taking effect. All members of Dietitians Australia, and APDs who are not members, agree that the amended Code will apply to them once the notification period has elapsed.

⁵ The public and consumers of dietetic services refers to anyone seeking or receiving dietetic services in any form.

⁶ Case law refers to law as established by the outcome of former cases. It is also called common law.

⁷ As defined in the National Law, with the exception of NSW, where the definitions of unsatisfactory professional conduct and professional misconduct are defined in the Health Practitioner Regulation National Law (NSW) No 86a.

Definitions

Defined terms are contained in the Glossary on pages 24 to 27.

Commonly used abbreviations

AHPRA – Australian Health Practitioner Regulation Agency

AN – Accredited Nutritionist

APD – Accredited Practising Dietitian

APD Program – the Accredited Practising Dietitian Program is the credentialing program for dietitians managed by Dietitians Australia

CPD – continuing professional development

DA – Dietitians Australia

DCC – Dietetic Credentialing Council

NASRHP – National Alliance of Self-Regulating Health Professions

NMBA – Nursing and Midwifery Board of Australia

CODE OF CONDUCT FOR DIETITIANS & NUTRITIONISTS: DOMAINS, PRINCIPLES AND VALUES

These domains, principles and values set out legal requirements, professional behaviour and conduct expectations for all dietitians. The principles apply to all areas of practice, with an understanding that dietitians will exercise professional judgement in applying them, with the goal of delivering the best possible outcomes.

Domain: Practise legally

1. Legal compliance

Dietitians abide by relevant laws, and respect and adhere to their professional obligations, including obligations under any Dietitians Australia professional standards, the APD Program (if applicable), the National Code of Conduct for health care workers (if applicable), and the National Law (if applicable).

Domain: Practise safely, effectively and collaboratively

2. Client-centred and evidence-based practice

Dietitians provide quality, safe, client-centred, evidence-based practice for the health and wellbeing of people, communities, and their environment, in partnership with their clients. They enable shared decision-making and service delivery between the client, nominated partners, carers, family, friends, health professionals, and other stakeholders where appropriate.

3. Cultural practice and respectful relationships

Dietitians engage with people as individuals, in a culturally safe and respectful way. They foster open, honest and compassionate professional relationships, and adhere to their obligations about privacy and confidentiality.

Domain: Act with professional integrity

4. Professional behaviour

Dietitians embody integrity, honesty, respect and compassion.

5. Teaching, supervising, mentoring and assessing

Dietitians commit to teaching, supervising, mentoring and assessing students and other dietitians in order to develop the dietetic workforce across all contexts of practice.

6. Research

Dietitians recognise the vital role of research to inform quality health care and policy development. They conduct research ethically and support the decision-making of people who participate in research.

Domain: Promote health and wellbeing

7. Health and wellbeing

Dietitians promote the health and wellbeing of self and others, improve access to health services and reduce health inequality. Dietitians also advocate for food and nutrition security for all Australians and promote sustainable diets that have a low environmental impact.

Code of Conduct for Dietitians

Domain: Practise legally

Principle 1: Legal compliance

Value

Dietitians abide by relevant laws, and respect and adhere to their professional obligations, including obligations under any Dietitians Australia professional standards, the APD Program (if applicable), the National Code of Conduct for health care workers (if applicable), and the National Law (if applicable)⁸.

1.1 Obligations

It is important that dietitians are aware of their obligations under the APD Program (if the dietitian is an APD), the National Code of Conduct for health care workers (if applicable), and the National Law (if applicable) including reporting requirements and meeting credentialing standards set by Dietitians Australia and the DCC. Dietitians must:

- a. abide by any reporting obligations under the National Code of Conduct for health care workers and other relevant legislation
- b. inform the Dietitians Australia and their employer(s) if a legal or regulatory entity has imposed restrictions on their practice, including limitations, conditions, undertakings, suspension, cautions or reprimands, and recognise that a breach of any restriction would place the public at risk and may constitute unprofessional conduct or professional misconduct
- c. complete the required amount of CPD relevant to their context of practice. For example, for APDs, see the APD Policy and APD Program Handbook: Continuing Professional Development for these requirements
- d. ensure their practice is appropriately covered by professional indemnity insurance, and
- e. inform Dietitians Australia of charges, pleas and convictions relating to criminal offences.

1.2 Lawful behaviour

Dietitians practise honestly and ethically and should not engage in unlawful behaviour, as it may affect their practice and/or damage the reputation of the profession. Dietitians must:

- a. respect the dietitian–client professional relationship by not taking possessions and/or property that belong to the client and/or their family or carers
- b. comply with relevant poisons legislation, authorisation, local policy and own scope of practice, including to use, administer, obtain, possess, prescribe, sell, supply and store therapeutic products safely⁹
- c. not participate in unlawful behaviour and (if the relevant practitioner is also bound by the National Law) understand that unlawful behaviour may be viewed as unprofessional conduct or professional

⁸ The code does not address in detail the full range of legal and ethical obligations that apply to dietitians. Examples of legal obligations include, but are not limited to, obligations arising in Acts and Regulations relating to privacy, the aged and disabled, child protection, bullying, anti-discrimination, employment and workplace health and safety issues. Dietitians should ensure they know all their legal obligations relating to professional practice and abide by them.

⁹ Therapeutic products may include such things as oral nutrition support supplements, enteral feeds, parenteral nutrition, specialised infant formula, enteral feeding equipment, and vitamin and mineral supplementation.

misconduct and separately may have implications for their membership of Dietitians Australia and/or their credentialing within the APD Program or as an AN, and

- d. understand that making frivolous or vexatious complaints may be viewed as unprofessional conduct or professional misconduct and may have implications for their membership of Dietitians Australia and/or their credentialing within the APD Program or as an AN.

1.3 Mandatory reporting

Working with those who are vulnerable brings legislative responsibilities for dietitians, including the need to abide by relevant mandatory reporting requirements as they apply across individual states and territories and as per the National Code of Conduct for health care workers. Dietitians must:

- a. abide by the relevant mandatory reporting legislation as outlined by the state or territory that governs the dietitian's work and which is imposed to protect groups that are particularly at risk, including reporting obligations about the aged, child abuse and neglect, and remaining alert to newborns and infants who may be at risk, and
- b. remain alert to other groups who may be vulnerable and at risk of physical harm and sexual exploitation and act on welfare concerns where appropriate.

Domain: Practise safely, effectively and collaboratively

Principle 2: Client-centred and evidence-based practice

Value

Dietitians provide quality, safe, client-centred, evidence-based practice for the health and wellbeing of people, communities, and their environment, in partnership with their clients. They enable shared decision-making and service delivery between the client, nominated partners, carers, family, friends, health professionals, and other stakeholders where appropriate.

2.1 Dietetic practice

In providing dietetic services, dietitians apply client-centred and evidence-based decision-making and have a responsibility to ensure the delivery of safe and quality dietetic services. Dietitians must:

- a. practise in accordance with the standards of the profession and the broader health system (including any other codes, statements or guidelines, policies or procedures implemented by the Dietitians Australia or DCC, the Australian Commission on Safety and Quality in Health Care¹⁰, NDIS Practice Standards¹¹ and the Aged Care Quality and Safety Commission's new Aged Care Quality Standards¹²)
- b. provide leadership to ensure the delivery of safe and quality dietetic services and understand their professional responsibility to protect people, ensuring employees comply with their obligations
- c. document and report any concerns if they believe the practice environment is compromising the health and safety of people engaging with dietetic services
- d. in cases where the dietitian is dual-qualified (e.g. dietitian-credentialed diabetes educator, dietitian-psychotherapist, dietitian-naturopath), clearly disclose to the client the discipline for which they are providing the service
- e. limit their provision of advice about alternative therapies to those who voluntarily seek it and only about therapies for which there is documented scientific, peer-reviewed evidence of effectiveness, and
- f. report unsafe and unethical practice, and support colleagues who appropriately notify the relevant authorities of such practice.

2.2 Decision-making

Making decisions when engaging with dietetic services is the shared responsibility of the client, the dietitian, and other relevant stakeholders. Dietitians should create and foster conditions that promote shared decision-making and collaborative practice. To support shared decision-making, dietitians must:

- a. take a client-centred approach to managing a client's needs and concerns, supporting the client in a manner consistent with their values and preferences
- b. advocate on behalf of the client where necessary, and recognise when substitute decision-makers are needed

¹⁰ Australian Commission on Safety and Quality in Health Care's website is: <https://www.safetyandquality.gov.au/>

¹¹ NDIS Quality and Safeguards Commission, "NDIS Practice Standards: NDIS Practice Standards and Quality Indicators" July 2018, Version 1. <https://www.ndiscommission.gov.au/sites/default/files/documents/2018-07/NDIS%20Practice%20Standards.pdf>

¹² The new Aged Care Quality Standards can be found at: <https://www.agedcarequality.gov.au/providers/standards>

- c. support the right of clients to seek second and subsequent opinions and support their right to refuse dietetic services
- d. recognise that different dietitians and other members of the healthcare team may provide dietetic services to the same client at various times
- e. recognise and work within their scope of practice, which is determined by their education, training, authorisation, competence, qualifications and experience, in accordance with local policy (see also Dietitians Australia's Scope of Practice¹³)
- f. recognise when an activity, service or request for advice is not within their experience and scope of practice, and refer clients to other appropriate services when this is in the best interests of the client receiving dietetic services
- g. take reasonable steps to ensure that any person to whom a dietitian delegates, refers, or hands over dietetic services has the qualifications, experience, knowledge, skills and scope of practice to provide the care needed, and
- h. recognise that their context of practice can influence decision-making. This includes the type and location of practice setting, the characteristics of the client receiving dietetic services, the focus of dietetic activities, the degree to which practice is autonomous, and the resources available.

2.3 Informed consent

Informed consent is a client's voluntary agreement to receive dietetic services, which is made with knowledge and understanding of the potential benefits and risks involved. In supporting the right to informed consent, dietitians must:

- a. support the provision of information to the client about the dietetic services they are receiving in a way and/or in a language/dialect they can understand, including through the use of translating and interpreting services when necessary
- b. give the client adequate time to ask questions, to make decisions and to refuse dietetic services, and proceed in accordance with the client's choice, considering local policy
- c. act according to the client's capacity for decision-making and consent, including when providing dietetic services to children and young people, based on their maturity and capacity to understand, and the nature of the proposed service/s
- d. obtain informed consent or other valid authority before providing dietetic services, including involving people in teaching or research, and
- e. inform clients of the benefits, as well as associated costs and risks, before providing any dietetic services and if referring the client for further assessment, investigations, or treatments, which they may want to clarify before proceeding.

¹³ The Scope of Practice can be found at: <https://dietitiansaustralia.org.au/maintaining-professional-standards/dietitian-scope-of-practice/>

2.4 Adverse events and open disclosure

When dietetic services cause an adverse outcome, dietitians have responsibilities to be open and honest in communicating with the client, to review what happened, and to report the event in a timely manner and in accordance with local policy. When something goes wrong, dietitians must:

- a. recognise and reflect on what happened and report the incident
- b. act immediately to rectify the problem, if possible, and intervene directly if it is needed to protect the client's safety. This responsibility includes escalating concerns if needed
- c. abide by the principles of open disclosure and non-punitive approaches to incident management
- d. identify the most appropriate dietetic service team member to provide an apology and an explanation to the client, as promptly and completely as possible, that supports open disclosure principles
- e. listen to the client, acknowledge any distress they experienced and provide support. In some cases, it may be advisable to refer the client to another dietitian or other health professional
- f. ensure clients have access to information about how to make a complaint, and in doing so, not allow a complaint or notification to negatively affect the service they provide, and
- g. seek advice from their employer, Dietitians Australia, their professional indemnity insurer, or other relevant bodies, if they are unsure about their obligations.

See also the Australian Commission on Safety and Quality in Health Care's "Australian Open Disclosure Framework: Better Communication, a Better Way to Care"¹⁴.

Principle 3: Cultural practice and respectful relationships

Value

Dietitians engage with people as individuals, in a culturally safe and respectful way. They foster open, honest and compassionate professional relationships, and adhere to their obligations about privacy and confidentiality.

3.1 Aboriginal and/or Torres Strait Islander peoples' health

Australia has always been a culturally and linguistically diverse nation. Aboriginal and/or Torres Strait Islander peoples have inhabited and cared for the land as the First Peoples of Australia for millennia, and their histories and cultures have uniquely shaped our nation. Understanding and acknowledging historical factors such as colonisation and its impact on Aboriginal and/or Torres Strait Islander peoples' health helps inform dietetic services. In particular, Aboriginal and/or Torres Strait Islander peoples bear the burden of gross social, cultural and health inequality. In supporting the health of Aboriginal and/or Torres Strait Islander peoples, dietitians must:

- a. provide dietetic services that align with Aboriginal and/or Torres Strait Islander peoples' definition of health, free from bias and racism, which challenge beliefs based on assumptions, and are culturally safe and respectful for Aboriginal and/or Torres Strait Islander peoples
- b. advocate for and act to facilitate access to quality and culturally safe health services for Aboriginal and/or Torres Strait Islander peoples, and

¹⁴ The Australian Open Disclosure Framework can be found at: <https://www.safetyandquality.gov.au/wp-content/uploads/2013/03/Australian-Open-Disclosure-Framework-Feb-2014.pdf>. Published 2013. Accessed August 6, 2021.

- c. recognise the importance of family, community, partnership and collaboration in the healthcare decision-making of Aboriginal and/or Torres Strait Islander peoples, for both prevention strategies and care delivery.

See the National Aboriginal and Torres Strait Islander Health Plan 2013–2023¹⁵.

3.2 Culturally safe and respectful practice

Culturally safe and respectful practice requires having knowledge of how a dietitian's own culture, values, attitudes, assumptions and beliefs influence their interactions with clients and families, the community and colleagues. To ensure culturally safe and respectful practice, dietitians must:

- a. understand that only the client can determine whether dietetic services are culturally safe and respectful
- b. respect the diverse cultures, beliefs, gender identities, sexualities and experiences of clients, including among team members
- c. acknowledge the social, economic, cultural, historical and behavioural factors influencing health, at the individual, community and population levels
- d. adopt practices that respect diversity, avoid bias, discrimination and racism, and challenge beliefs based on assumptions (for example, based on gender, disability, race, ethnicity, religion, sexuality, appearance, age or political beliefs)
- e. support an inclusive environment for the safety and security of the client and their family and/or significant others, and
- f. create a positive, culturally safe work environment through role modelling, and supporting the rights, dignity and safety of others, including clients, students, and colleagues.

3.3 Effective communication

Positive professional relationships are built on effective communication in all forms that is respectful, kind, compassionate and honest. To communicate effectively, dietitians must:

- a. be aware of health literacy issues, and take health literacy into account when communicating with people
- b. arrange, whenever possible, to meet the specific language, cultural, and communication needs of clients, through the use of translating and interpreting services where necessary, and be aware of how these needs affect understanding
- c. endeavour to confirm a client understands all information communicated to them
- d. clearly and accurately communicate relevant and timely information about the client to colleagues, within the bounds of relevant privacy requirements, and
- e. be non-judgemental and not refer to people in a non-professional manner verbally or in correspondence/records, including refraining from behaviour that may be interpreted as bullying or harassment and/or culturally unsafe.

¹⁵ The National Aboriginal and Torres Strait Islander Health Plan 2013–2023 can be found at: <https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-plan-2013-2023>. Published 2013. Accessed August 6, 2021.

3.4 Bullying and harassment

When people repeatedly and intentionally use words or actions against someone or a group of people, it causes distress and risks the recipient's wellbeing. Dietitians understand that bullying and harassment relating to their practice or workplace is not acceptable or tolerated and that, where it is affecting public safety, it may have implications for their membership of Dietitians Australia and/or credentialing as an APD or AN. Dietitians must:

- a. never engage in, ignore or excuse such behaviour
- b. recognise that bullying and harassment takes many forms, including behaviours such as physical and verbal abuse, prejudice, racism, discrimination, stigmatisation, violence, aggression, humiliation, pressure in decision-making, exclusion and intimidation directed towards others
- c. understand social media, email and other forms of communication are sometimes used as a mechanism to bully or harass, and that dietitians should not engage in, ignore or excuse such behaviour
- d. act to eliminate bullying and harassment, in all its forms, in the workplace, and
- e. escalate their concerns if an appropriate response does not occur.

For additional guidance see the Australian Human Rights Commission's "Workplace Bullying: Violence, Harassment and Bullying Fact Sheet"¹⁶.

3.5 Confidentiality and privacy

Dietitians have ethical and legal obligations to protect the privacy of clients. Clients have a right to expect that dietitians will hold information about them in confidence, unless the release of information is needed by law, is legally justifiable under public interest considerations, or is required to facilitate emergency care in the patient care setting. To protect privacy and confidentiality, dietitians must:

- a. respect the confidentiality and privacy of clients by seeking informed consent before disclosing information, including formally documenting such consent where possible
- b. provide surroundings to enable private and confidential consultations and discussions, particularly when working with multiple clients at the same time or in a shared space
- c. abide by Dietitians Australia's social media guiding principles¹⁷ and the relevant Dietitians Australia National Competency Standards¹⁸, to ensure use of social media is consistent with the dietitian's ethical and legal obligations to protect privacy
- d. access records only when professionally involved in the provision of services to the client and when authorised to do so

¹⁶ The Australian Human Rights Commission's Workplace Bullying fact sheet can be found at: <https://www.humanrights.gov.au/our-work/employers/workplace-bullying-violence-harassment-and-bullying-fact-sheet>. Accessed August 6, 2021.

¹⁷ Dietitians Australia's social media guiding principles can be found at: https://member.dietitiansaustralia.org.au/Common/Uploaded%20files/DAA/Resource_Library/2020/Guidance_on_social_media_for_DAA_Members.pdf. Published 2014. Accessed August 6, 2021.

¹⁸ The National Competency Standards can be found at: <https://dietitiansaustralia.org.au/wp-content/uploads/2017/01/NCS-Dietitians-Australia-1.0.pdf>. Published 2015. Accessed November 2020.

- e. not transmit, share, reproduce or post any client’s information or images, even if the client is not directly named or identified, without having first gained written and informed consent. See also Dietitian Australia’s social media guiding principles¹⁹
- f. in accordance with relevant laws and local policy, recognise a client’s right to access information contained in their health records, facilitate that access, and promptly facilitate the transfer of health information when requested by clients
- g. when closing or relocating a dietetic service, facilitate arrangements for the transfer or management of all client records in accordance with the legislation governing privacy and health records
- h. be aware of the requirements of the privacy and/or health records legislation that operates in the relevant states and/or territories, and apply these requirements to information held in all formats, including electronic information, and
- i. respect intellectual property rights and be aware of legislation or common law relating to intellectual property where relevant.

3.6 End-of-life care

Dietitians have an important role in providing dignified and culturally appropriate end-of-life care in the healthcare setting. Dietitians must:

- a. understand the limits of health care in prolonging life, and recognise when efforts to prolong life may not be in the best interest of the client
- b. empower clients to direct their own care, whenever possible, and recognise that a client’s needs, goals and wishes for the end of life may change over time
- c. accept that the client has the right to refuse treatment, or to request withdrawal of treatment, while ensuring the client receives relief from distress
- d. facilitate advance care planning and provision of end-of-life care where relevant and in accordance with local policy and legislation, and
- e. respect diverse cultural practices and beliefs related to death and dying

See also the Australian Commission on Safety and Quality in Health Care, “End of Life Care”²⁰.

¹⁹ Dietitians Australia’s social media guiding principles can be found at: https://member.dietitiansaustralia.org.au/Common/Uploaded%20files/DAA/Resource_Library/2020/Guidance_on_social_media_for_DAA_Members.pdf. Published 2014. Accessed August 6, 2021.

²⁰ The End of Life Care guidelines can be found at: <https://www.safetyandquality.gov.au/our-work/end-of-life-care-in-acute-hospitals/>. Published 2021. Accessed August 6, 2021.

Domain: Act with professional integrity

Principle 4: Professional behaviour

Value

Dietitians embody integrity, honesty, respect and compassion.

4.1 Professional boundaries

Professional boundaries allow dietitians, the client and the client's carers, family and friends to engage safely and effectively in professional relationships, including where dietetic services involve personal and/or intimate contact. In order to maintain professional boundaries, there must be a start and end point to the professional relationship. This is integral to the dietitian–client professional relationship. Adhering to professional boundaries promotes client-centred practice and protects both parties. To maintain professional boundaries, dietitians must:

- a. recognise the inherent power imbalance that exists between dietitians and their clients, and establish and maintain professional boundaries
- b. actively manage the client's expectations, be clear about the professional boundaries that must exist in professional relationships for objectivity in dietetic service, and prepare the client for when the episode of dietetic service ends
- c. avoid the potential conflicts, risks, and complexities of providing dietetic services to those with whom they have a pre-existing non-professional relationship, and ensure that such relationships do not impair their judgment. This is especially relevant for those living and working in small, regional or cultural communities and/or where there is a long-term professional, social and/or family relationship
- d. avoid sexual relationships with persons with whom they have currently or previously entered into a professional relationship. These relationships are inappropriate in most circumstances and could be considered unprofessional conduct or professional misconduct for the purposes of the National Law
- e. in cases where the dietitian is dual-qualified (e.g. dietitian-credentialed diabetes educator, dietitian-psychotherapist, dietitian-naturopath), clearly disclose to the client the discipline for which they are providing the service
- f. recognise when professional boundaries have been crossed, reflect on the circumstances surrounding any occurrence of this, document and report it, and manage the situation
- g. in cases where the professional relationship has become compromised or ineffective and ongoing dietetic services are needed, facilitate arrangements for another dietitian to continue the provision of dietetic services, including passing on relevant clinical information (see also Principle 3.3 Effective communication)
- h. actively address indifference, omission, disengagement, lack of care and disrespect to clients that may reflect under-involvement, including escalating the issue to ensure the safety of the client if necessary
- i. avoid expressing personal beliefs to clients in ways that exploit the client's vulnerability, are likely to cause them unnecessary distress, or may negatively influence their autonomy in decision-making, and
- j. not participate in physical assault such as striking, unauthorised restraining and/or applying unnecessary force, or using any form of punishment.

4.2 Advertising and professional representation

Dietitians must be honest and transparent when describing their education, qualifications, previous occupations and credential status. This includes, but is not limited to, when dietitians are involved in job applications, self-promotion, publishing of documents or web content, public appearances, or advertising or promoting goods or services. To represent products, dietetic and health services, and themselves honestly, dietitians must:

- a. comply with legal requirements about advertising outlined in the National Law as if the dietitian were bound by the National Law (those requirements are explained in the AHPRA's Guidelines for Advertising Regulated Health Services²¹), and comply with other relevant Australian state and territory legislation regarding advertising and promotion
- b. not use inaccurate or misleading ways to promote their products or services
- c. provide only accurate, honest and verifiable information about their credential, experience and qualifications, including any conditions that apply to their credential (see also Principle 1: Legal compliance)
- d. only use the title of APD, AdvAPD, FDA, AN and/or the APD or AN logos if they hold that credential, and
- e. never misrepresent, by either a false statement or an omission, their credential, experience, qualifications, or position.

4.3 Legal, insurance and other assessments

Dietitians may be contracted by a third party to provide an assessment of a person who is not a client, such as for legal, insurance or other administrative purposes. When this occurs, the usual dietitian–client professional relationship does not exist. In this situation, dietitians must:

- a. explain to the person their professional area of practice, role, and the purpose, nature and extent of the assessment to be performed
- b. anticipate and seek to correct any misunderstandings the person may have about the nature and purpose of the assessment and report, and
- c. inform the person and/or the referring party of any unrecognised, serious problems that are discovered during the assessment, as a matter of duty of care.

4.4 Conflicts of interest

Clients rely on the independence and trustworthiness of dietitians who provide them with dietetic services. In dietetic practice, a conflict of interest arises when a dietitian has financial, professional or personal interests or relationships and/or personal beliefs that may affect the dietetic services they provide or result in personal gain.

Such conflicts may mean the dietitian does not prioritise the interests of a client as they should, and this may be viewed as unprofessional conduct. To prevent conflicts of interest from compromising dietetic services, dietitians must:

- a. act with integrity and in the best interests of clients when making referrals, and when providing or arranging dietetic services

²¹ The Guidelines for Advertising a Regulated Health Service can be found at: <https://www.ahpra.gov.au/Publications/Advertising-hub/Advertising-guidelines-and-other-guidance/Advertising-guidelines.aspx>. Published 2020. Accessed August 6, 2021.

- b. responsibly use their right not to provide, or participate directly in, dietetic services to which they have a conscientious objection. In such a situation, dietitians must respectfully inform the client, their employer, and other relevant colleagues of their objection and ensure the client has alternative dietetic service options
- c. proactively and openly inform the client if a dietitian, or their immediate family, has a financial or commercial interest that could be perceived as influencing the dietetic services they provide
- d. not offer financial, material or other rewards (inducements) to encourage others to act in ways that personally benefit the dietitian, nor do anything that could be perceived as providing inducements
- e. not allow any financial or commercial interest in any entity providing dietetic services or products to negatively affect the way clients are treated, and
- f. declare any financial benefits and/or conflicts of interest to the client.

4.5 Financial arrangements and gifts

It is necessary to be honest and transparent with people. To ensure there is no perception of actual or personal gain for the dietitian, dietitians must:

- a. when providing or recommending services, discuss with the client all fees and charges expected to result from a dietetic service in a manner appropriate to the professional relationship, and not exploit the client's vulnerability or lack of knowledge
- b. only accept token gifts of minimal value that are freely offered, and report the gifts in accordance with local policy (where applicable)
- c. not encourage or manipulate clients to give, lend, or bequeath money or gifts (unrelated to usual fees for service) that will benefit a dietitian directly or indirectly
- d. not become financially involved with a client who has or who will be in receipt of their dietetic services, for example through bequests, powers of attorney, loans and investment schemes, and
- e. not influence clients or their families to make donations and, where people seek to make a donation, refer to the local policy (where applicable)

Principle 5: Teaching, supervising, mentoring and assessing

Value

Dietitians commit to teaching, supervising, mentoring and assessing students and other dietitians in order to develop the dietetic workforce across all contexts of practice.

5.1 Teaching, supervising and mentoring

It is the responsibility of all dietitians to create opportunities for dietetic students and dietitians under supervision to learn and to benefit from oversight and feedback. In their teaching, supervising and mentoring roles, dietitians must:

- a. seek to develop the skills, attitudes and practices of an effective teacher, supervisor and/or mentor
- b. reflect on the ability, competence and learning needs of each student or dietitian whom they teach, supervise or mentor, and to plan teaching, supervision and mentoring activities accordingly, and
- c. avoid, where possible, any potential conflicts of interest in teaching, supervision or mentoring relationships that may impair objectivity or interfere with the supervised person's learning outcomes

or experience. This includes, for example, not supervising somebody with whom they have a pre-existing non-professional relationship.

5.2 Assessing colleagues and students

Assessing colleagues and students is an important part of making sure that the highest standard of practice is achieved across the profession. In assessing the competence and performance of colleagues and students, dietitians must:

- a. be honest, objective, fair, and constructive in the assessment, act without bias, and not put people at risk of harm by inaccurate and inadequate assessment, and
- b. provide accurate and justifiable information promptly, and include all relevant information when giving references or writing reports about colleagues and students.

Principle 6: Research

Value

Dietitians recognise the vital role of research to inform quality health care and policy development. They conduct research ethically and support the decision-making of people who participate in research.

6.1 Rights and responsibilities

Dietitians involved in the designing, organising, conducting or reporting of research have additional responsibilities. Dietitians involved in research must:

- a. recognise and carry out the responsibilities associated with involvement in research
- b. for research that involves human participants, respect the decision-making of people not to participate and/or to withdraw from a study, ensuring their decision does not compromise their care or any dietitian–client professional relationship(s) that may exist
- c. be aware of the values, ethical and cultural considerations specific to populations such as Aboriginal and/or Torres Strait Islander communities and other communities when undertaking research, and
- d. avoid, where possible, any potential conflicts of interest in research that may impair objectivity or interfere with the accurate conduct and/or reporting of research, especially regarding research funding.

See also the National Health and Medical Research Council publications:

- NHMRC National Statement on Ethical Conduct in Human Research²², and
- NHMRC Guidelines for Guidelines Handbook²³

²² NHMRC National Statement on Ethical Conduct can be found at: <https://www.nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2007-updated-2018>. Published 2018. Accessed August 6, 2021.

²³ NHMRC Guidelines for Guidelines Handbook can be found at: https://www.nhmrc.gov.au/guidelinesforguidelines/plan/consumer-involvement#toc_492. Accessed August 6, 2021.

- Ethical Conduct in Research with Aboriginal and Torres Strait Islander Peoples and Communities: Guidelines for Researchers and Stakeholders (2018)²⁴

See also Principle 2 on the application of evidence-based decision-making for delivery of safe and quality care.

²⁴ The Ethical Conduct in Research Guidelines can be found at <https://www.nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2007-updated-2018#block-views-block-file-attachments-content-block-1> and <https://www.nhmrc.gov.au/about-us/resources/ethical-conduct-research-aboriginal-and-torres-strait-islander-peoples-and-communities>. Accessed August 6, 2021.

Domain: Promote health and wellbeing

Principle 7: Health and wellbeing

Value

Dietitians promote the health and wellbeing of self and others, improve access to health services and reduce health inequality. Dietitians also advocate for food and nutrition security for all Australians and promote sustainable diets that have a low environmental impact.

7.1 Your health and the health of your colleagues

Dietitians have a responsibility to maintain their physical and mental health to practise safely and effectively. To promote health for dietetic practice, dietitians must:

- a. understand and promote the principles of public health, such as health-promotion activities
- b. act to reduce the effect of fatigue and stress on their health and on their ability to provide safe care
- c. encourage and support colleagues to seek help if they are concerned that their colleague's health may be affecting their ability to practise safely, using services such as an employee assistance program, if available
- d. seek expert, independent and objective help and advice if they are ill or impaired in their ability to practise safely. Dietitians must remain aware of the risks of self-diagnosis and self-treatment, and act to reduce these, and
- e. take action, including a mandatory²⁵ or voluntary notification, if a dietitian knows or reasonably suspects that they or a colleague has a health condition or impairment that could adversely affect their ability to practise safely, or could put people at risk (see Principle 1: Legal compliance).

7.2 Health advocacy

There are significant disparities in the health status of various groups in the Australian community, related to the social determinants of health or the conditions in which people are born, grow, live, work and age. These disparities result from social, historical, geographical, environmental, economic, legal, physiological and other factors. The social determinants of health are mostly responsible for health inequities — the unfair and avoidable differences in health status seen within and between countries. Some groups who experience health disparities include Aboriginal and/or Torres Strait Islander peoples, those with disabilities, those who are gender or sexuality diverse, and those from socially, culturally and linguistically diverse backgrounds, including asylum seekers and refugees. In advocating for community and population health, dietitians must:

- a. use their expertise and influence to protect and advance the health and wellbeing of individuals, as well as communities and populations
- b. understand and apply the principles of primary and public health, including health education, health promotion, disease prevention and control, and health screening, using the best available evidence in making practise decisions

²⁵ The National Code for Health Care Workers: "Health care workers to report concerns about the conduct of other healthcare workers. A healthcare worker who, in the course of providing treatment or care, forms a reasonable belief that another healthcare worker has placed or is placing clients at serious risk of harm must refer the matter to the health ombudsman".

- c. participate in efforts to promote the health of communities and disease prevention for all communities
- d. participate in efforts to support progress towards sustainable food production, food systems and food and nutrition security for all, where possible.

Glossary

These meanings relate to the use of terms in the Code of Conduct for Dietitians and Nutritionists.

Accredited Practising Dietitian is a dietitian who has met the requirements of the APD Program.

Advance care planning is an ongoing process of shared planning for current and future health care. It allows an individual to make known their values, beliefs and preferences to guide decision-making, even after the individual cannot make or communicate their preferences and decisions (See Advance Care Planning Australia²⁶).

Alternative therapies include a diverse group of health-related therapies and disciplines that are not considered to be part of mainstream medical care in Australia²⁷. Complementary medicines may include vitamin, mineral, herbal, aromatherapy and homeopathic products.

Bullying and harassment is 'when people repeatedly and intentionally use words or actions against someone or a group of people to cause distress and risk to their wellbeing. These actions are usually done by people who have more influence or power over someone else, or who want to make someone else feel less powerful or helpless'²⁸.

Client refers to a person, group of people, patients (and their families and/or carers where relevant), consumers, communities, organisations, institutions, businesses and any other entity for which a dietitian may normally provide services (within the dietitian's scope of practice) who has entered into a therapeutic relationship and/or professional relationship with a dietitian.

Client-centred practice refers to collaborative and respectful partnerships between dietitians and their clients built on mutual trust and understanding through good communication. Each partnership is treated as a unique partnership, with the aim of respecting the client's ownership of their health information, rights and preferences while protecting their dignity and empowering choice. Where appropriate, client-centred practice incorporates person-centred practice that recognises the role of family and community with respect to cultural and religious diversity.

Competence is the possession of required skills, knowledge, education and capacity.

Cultural safety/Culturally safe in relation to Aboriginal and Torres Strait Islander health, is defined as the 'individual and institutional knowledge, skills, attitudes and competencies needed to deliver optimal health care'²⁹. More broadly, culturally safe practice incorporates cultural competence ideology, which is defined as 'the ability to participate ethically and effectively in personal and professional intercultural settings. It requires being aware of one's own cultural values and world view and their implications for making respectful, reflective, and reasoned choices, including the capacity to imagine and collaborate across cultural boundaries'³⁰.

Delegation is the relationship that exists when a dietitian devolves aspects of dietetic practice to another person. Delegations are made to meet a person's health needs. The dietitian who is delegating retains

²⁶ Advance Care Planning Australia's website is at: <https://www.advancecareplanning.org.au/>

²⁷ Expert Committee on Complementary Medicines in the Health System. Complementary Medicines in the Australian Health System: Report to the Parliamentary Secretary to the Minister for Health and Ageing. Commonwealth of Australia; 2003. Therapeutic Goods Administration website. <https://www.tga.gov.au/sites/default/files/committees-ecmhs-report-031031.pdf>. Accessed November 2, 2020.

²⁸ Australian Human Rights Commission. What is bullying? Violence, Harassment and Bullying fact sheet. Australian Human Rights Commission website. <https://www.humanrights.gov.au/what-bullying-violence-harassment-and-bullying-fact-sheet>. Accessed August 6, 2021.

²⁹ Australian Health Practitioner Regulation Agency. Aboriginal and Torres Strait Islander Health Strategy – Statement of Intent. AHPRA website. <https://www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy/Statement-of-intent.aspx>. Accessed August 6, 2021.

³⁰ University of Sydney National Centre for Cultural Competence. What is Cultural Competence? University of Sydney website. <https://sydney.edu.au/nccc/about-us/what-is-cultural-competence.html>. Accessed August 6, 2021.

accountability for the decision to delegate. The dietitian is also accountable for monitoring the communication of the delegation to the relevant persons and for the practice outcomes. Both parties share the responsibility of making the delegation decision, which includes assessment of the competence and risks. **Delegates** has a comparable meaning.

Dietetic service is the provision of any and all types of services that a dietitian may provide within their scope of practice.

Dietitian or dietitian refers to:

- (a) a person who has successfully completed an Australian-recognised dietetic qualification, the Dietetic Skills Recognition process, or comes from a mutually recognised international dietetic program
- (b) Dietitians Australia members with Australian-recognised dietetic qualifications
- (c) Dietitians who hold APD status (regardless of whether they are a Dietitians Australia member)
- (d) Dietitians Australia members without Australian recognised dietetic qualifications (including student members)
- (e) Dietitians Australia members who are entered in the register of Accredited Nutritionists (maintained by Dietitians Australia)

Discrimination is the unjust treatment of one or more person/s based on factors such as race, religion, gender, disability or other grounds specified in anti-discrimination legislation.³¹

Handover and hand over is the process of transferring all responsibility for the care of one or more people to another health practitioner or person.

Health literacy 'is about how people understand information about health and healthcare, how they apply that information to their lives, use it to make decisions and act on it'³².

Local policy refers to the policies that apply to decision-making, relevant to the specific location and/or organisation where practice is being undertaken.

Mandatory notification is the requirement under the National Code of Conduct for health care workers for healthcare professionals, employers, and education providers to report certain conduct.

Mandatory reporting is a state and territory legislative requirement imposed to protect at-risk groups such as the aged, children and young people.

National Code of Conduct for health care workers is a code of conduct that protects the public by setting minimum standards of conduct and practice for all unregistered health care workers who provide a health service. It sets national standards against which disciplinary action can be taken and, if necessary, a prohibition order issued in circumstances where a healthcare worker's continued practice presents a serious risk to public health and safety.

National Law means the Health Practitioner Regulation National Law that is in force in each Australian state and territory and applies to those professions regulated under that law (see Australian Health Practitioner Regulation Agency (AHPRA)³³).

³¹ Australian Human Rights Commission. Discrimination quick guide. AHRC website. www.humanrights.gov.au/quick-guide/12030. Accessed August 6, 2021.

³² Australian Commission on Safety and Quality in Health Care. Health literacy. Australian Commission on Safety and Quality in Health Care website. <https://www.safetyandquality.gov.au/our-work/patient-and-consumer-centred-care/health-literacy/>. Published 2019. Accessed August 6, 2021.

³³ The AHPRA website is at: <https://www.ahpra.gov.au/> Accessed August 6, 2021.

Nominated partners, carers, family, and friends include people in consensual relationships with the person, as identified by the person receiving care.

Open disclosure 'is an open and honest discussion with a person about any incident(s) that caused them harm while they were receiving healthcare. It includes an apology or expression of regret (including the word "sorry"), a factual explanation of what happened, an opportunity for the client to describe their experience, and an explanation of the steps being taken to manage the event and prevent recurrence'³⁴.

Practice means any role, whether paid or unpaid, in which the individual uses their skills and knowledge as a dietitian. Practice is not restricted to the provision of clinical care. It also includes using professional knowledge in both clinical and non-clinical relationships with patients or clients, communities and populations. It includes working in management, administration, education, research, advisory, communication, program development and implementation, regulatory or policy development, food service, food security, food supply, sustainability and any other roles that impact on safe, effective delivery of services in the profession and/or using professional skills.

Professional boundaries allow a dietitian and a client to engage safely and effectively in a therapeutic relationship and/or professional relationship. Professional boundaries refer to the clear separation that should exist between professional conduct aimed at meeting the health needs of people, and behaviour which serves a dietitian's own personal views, feelings and relationships that are not relevant to the professional relationship.

Professional misconduct includes conduct by a practitioner that is substantially below the expected standard, and which, whether connected to practice or not, is inconsistent with being a fit and proper person to be registered in the profession.

Professional relationship is an ongoing interaction that observes a set of established boundaries or limits deemed appropriate under governing standards. The dietitian is sensitive to a person's situation and purposefully engages with them using knowledge and skills with respect, compassion, and kindness. In the relationship, the person's rights and dignity are recognised and respected. The professional nature of the relationship involves recognition of professional boundaries and issues of unequal power.

Referral involves a dietitian sending a person to obtain an opinion or treatment from another health professional or entity. Referral usually involves the transfer (all or in part) of responsibility for the care of the person, usually for a defined time and for a particular purpose, such as care that is outside the referring practitioner's expertise or scope of practice.

Social media describes the online and mobile tools that people use to share opinions, information, experiences, images, and video or audio clips. It includes websites and applications used for social networking. Common sources of social media include, but are not limited to, social networking sites such as Facebook, Twitter, Instagram and LinkedIn, blogs (personal, professional and those published anonymously), review sites such as Word of Mouth and True Local, content-sharing websites such as YouTube, and discussion forums and message boards.

Substitute decision-maker is a general term for a person who is either a legally appointed decision-maker for a person or has been nominated by law as a statutory health attorney to make healthcare decisions on behalf of a person whose decision-making capacity is impaired. Refer to your state or territory substitute decision-making laws for further guidance.

Supervision includes managerial supervision, professional supervision, and clinically focused supervision as part of delegation.

³⁴ Australian Commission on Safety and Quality in Health Care. Australian Open Disclosure Framework – Better Communication, A Better Way to Care. Australian Commission on Safety and Quality in Health Care website. <https://www.safetyandquality.gov.au/wp-content/uploads/2013/03/Australian-Open-Disclosure-Framework-Feb-2014.pdf>. Published 2013. Accessed August 6, 2021.

Testimonials are recommendations or positive statements about the clinical aspects of a regulated health service used in advertising, for example, client stories and experiences, success stories, or fake testimonials³⁵.

Therapeutic relationships are different to personal relationships. In a therapeutic relationship the dietitian is sensitive to a person's situation and purposefully engages with them using knowledge and skills in respect, compassion, and kindness. In the relationship, the person's rights and dignity are recognised and respected. The professional nature of the relationship involves recognition of professional boundaries and issues of unequal power.

Unprofessional conduct includes conduct of a lesser standard than might reasonably be expected by the public or professional peers.

Resources

The Australian Commission on Safety and Quality in Health Care website³⁶ provides relevant guidance on a range of safety and quality issues such as:

- end-of-life care
- hand hygiene
- healthcare rights
- health literacy
- open disclosure and incident management
- clinical communications
- safety in e-health
- digital mental health services.

The Australian Health Practitioner Regulation Agency (AHPRA)³⁷ works in partnership with the National Boards of Australia to regulate registered health professions in Australia.

The Australian Human Rights Commission also provides resources that promote and protect human rights³⁸.

The National Aboriginal and Torres Strait Islander Health Plan 2013–2023 provides an evidence-based framework for a coordinated approach to improving Aboriginal and/or Torres Strait Islander peoples' health³⁹.

The National Health and Medical Research Council website⁴⁰ provides information on informed consent and research issues.

The Therapeutic Goods Administration website⁴¹ provides information on therapeutic goods.

The World Health Organization⁴² provides information on social determinants of health.

³⁵ Australian Health Practitioner Regulation Agency. Guidelines for advertising a regulated health service. AHPRA website. <https://www.ahpra.gov.au/Publications/Advertising-hub/Advertising-guidelines-and-other-guidance/Advertising-guidelines.aspx>.

³⁶ For additional information go to: <https://www.safetyandquality.gov.au/>

³⁷ See AHPRA's website at: <https://www.ahpra.gov.au/>

³⁸ Resources on workplace bullying include a fact sheet and a 'get help' section at: <https://www.humanrights.gov.au>

³⁹ For additional information go to: www.health.gov.au/NATSIHP.

⁴⁰ For additional information go to: <http://www.nhmrc.gov.au>

⁴¹ For additional information go to: <http://www.tga.gov.au>

⁴² For additional information go to: <https://www.who.int/>

The UN Decade of Action in Nutrition⁴³ provides information on sustainable food systems and nutrition security for all people.

⁴³ For additional information go to: <https://www.unscn.org/en/topics/un-decade-of-action-on-nutrition>