BY-LAW

Code of Conduct for Dietitians

(By-law Made Pursuant to Clauses 6, 58 of the *Constitution*)

Implemented: November 2026
To be reviewed: October 2031

Dietitians Australia

Dietitians Association of Australia
ABN 34 008 521 480

Version History

This version of the Code of Conduct for Dietitians and Nutritionists (**the Code**) replaces the version published in September 2021 (v 1.0) amended in February 2023.

Starting with the previous 2021 code, an Expert Working Group of the Dietitians and Nutritionists Regulatory Council reviewed the literature, audited codes of conduct of other health professions, conducted in-depth interviews with dietitians, nutritionists, and stakeholders and surveyed all Dietitians Australia members, to produce the 2026 version. It was approved by the Dietitians Australia Board of Directors on 24 June 2026.

The Code is designed to align with similar standards set by Ahpra. To ensure the Code remains appropriate to the evolving standards of practice, the Code will be reviewed within the next five years.

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This Code (as enacted under a By-law) may be amended, repealed, or replaced by Dietitians Australia from time to time and at any time in the Dietitians Australia Board's absolute discretion (pursuant to rule 36.1 of the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 Accredited Practising Dietitians 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 APDs who are not members, 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.

Acknowledgment and respect of traditional owners and country

As dietitians, we acknowledge Aboriginal and Torres Strait Islander peoples as the First Nations peoples whose lands, winds and waters we all now share, and pay respect to their unique values, and their continuing and enduring cultures which deepen and enrich the life of our nation and communities.

The history of colonisation and its adverse effects for Aboriginal and Torres Strait Islander peoples, such as the breakdown of culture, experiences of racism and the impacts of past government, must be acknowledged to ensure the delivery of safe, accessible and responsive dietetic services.

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Glossary of terms and abbreviations

Commonly used abbreviations
AdvAPD – Advanced Accredited Practising Dietitian
Ahpra – Australian Health Practitioner Regulation Agency
APD – Accredited Practising Dietitian
APD Program – the Accredited Practising Dietitian Program
COI – Conflict of Interest
CPD – Continuing Professional Development
DA – Dietitians Australia
DNRC – Dietitian and Nutritionist Regulatory Council
NASRHP – National Alliance of Self Regulating Health Professions
ROP – Recency of Practice

Terms denoted with ***italics*** throughout the document are defined in the glossary

Introduction

What is the purpose of a Code of Conduct?

A *Code of Conduct* is a document designed for professions to follow to keep the public safe and to maintain the rights of individuals. The *Code of Conduct* for Dietitians in Australia (the Code) sets out the legal requirements, professional behaviour and conduct expectations for all *dietitians* and nutritionists (referred to as *dietitians* in this Code) in all settings to guide safe practice and protect the public from harm.

The Dietitian and Nutritionist Regulatory Council (DNRC) govern dietetic credentialing in Australia through the *Accredited Practising Dietitian* (APD) Program. Dietitians Australia is a member of the National Alliance of Self-Regulating Health Professions (NASRHP). NASRHP sets regulatory standards, which Dietitians Australia adheres to in its accreditation and credentialing processes (see NASRHP Membership Standards Users Guide). One of the regulatory requirements for NASRHP membership is that a profession implements a *Code of Conduct*.

The Code is consistent with the Health Practitioner Regulation National Law Act 2009 (the National Law) including the standards governed by the Australian Health Practitioner Regulation Agency (Ahpra). While *dietitians* are not included in the Ahpra scheme, Dietitians Australia has designed their standards to be in alignment with Ahpra to meet national standards for health professions. Any health profession not registered under Ahpra, which includes *dietitians*, must also adhere to the Health Council's National Code of Conduct for health care workers, as implemented in their relevant state or territory.

Dietetics practice

Dietitians seek to improve health and well-being through applying their scientific knowledge of food and nutrition. They practise in a range of diverse settings using varied approaches including: empowering individuals and groups through nutrition education; providing therapeutic products within the acute care setting to address medical and surgical needs; improving access to an equitable and secure food supply in communities; managing the provision of high quality and inclusive food services for hospitals and other care agencies to meet diverse needs; influencing or directly making food and nutrition policy in private and public settings; contributing expertise by advising governments and non-government agencies on food and nutrition priorities; improving *client* physical and/or mental health or sporting performance; ensuring food and nutrition advice is consistent with principles that support biodiversity and sustainability; working with the food sector to improve the nutritional quality of the food and beverage supply; educating the next generation of *dietitian* professionals; researching food, nutrients and interventions; lobbying politicians and stakeholders to advocate for change.

Who does this Code apply to?

This Code applies to:

- all members of Dietitians Australia, whether or not they hold Australian-recognised dietetic qualifications; and
- *Accredited Practising Dietitians (APDs),* whether or not they are members of Dietitians Australia, to the extent applicable to their APD status and professional conduct.

For the purposes of this Code, these groups are collectively referred to as "dietitians", unless the context indicates otherwise.

The standards contained in this Code are to be applied proportionately, having regard to:

- the person's role and responsibilities;
- the nature of the activity being undertaken;
- the level of risk posed to *clients*, the profession, Dietitians Australia or the public; and
- the potential impact of the conduct in question.

Not all standards will be relevant in every circumstance.

Status of obligations and guidance

In this Code:

(a) a standard expressed as “must” establishes a mandatory professional obligation, subject to its terms and the proportional application of the Code; and

(b) a statement expressed as “should”, or contained in a principle, explanatory statement or example, describes expected or recommended professional practice and assists interpretation but does not independently establish a disciplinary breach unless expressly stated otherwise.

When and where does this Code apply?

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. *Dietitians* may engage with the profession in a variety of capacities, including clinical practice, research, education, industry, governance, policy development, advocacy, administration and retirement.

When codes of conduct were first developed, professionals operated within a ‘traditional’ workplace. *Dietitians* practised inside the walls of this workplace, which typically included a hospital, community health centre, allied health/medical centre or private practice office. Practice boundaries were clear because the workplace was clear. However now that the workplace also includes the digital and online space, with some *dietitians* operating solely online or via telehealth, these concepts of the ‘workplace’ and ‘practice’ have broadened. *Dietetic practise* now includes online communications, including *social media* posts, that are made in the name of a *dietitian*. Wherever and whenever *dietitians* are publicly identifiable as a member of Dietitians Australia or an *Accredited Practising Dietitian*, whether that be in a physical or online workplace, they need to follow this Code.

Personal versus professional values and principles

This Code is not about the personal values held by an individual. This Code is about the minimum standards required for *dietitians* to act in a professional way - to have integrity, follow the law and to practice ethically safely and respectfully. People who work as *dietitians* or those who aspire to be *dietitian*s need to be aware of the values of the dietetics profession.

What is the difference between the Code of Conduct and the National Competency Standards?

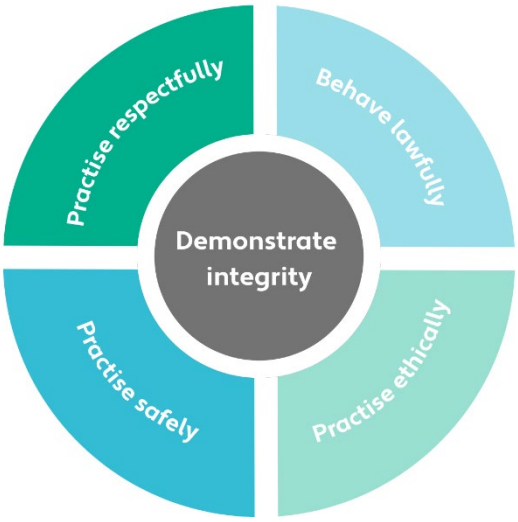
These two publications taken together document the expectations of *dietitians* as professionals. The National Competency Standards document the knowledge, skills and attitudes that *dietitians* should be able to demonstrate in order to be qualified as *Accredited Practising Dietitians*. They are based on the demonstration of ability. This Code specifies the minimum standards for the way in which *dietitians* should perform their role in terms of ethical professional practice. There should not be any duplication between the National Competency Standards and this Code.

What happens if someone does not follow 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. Further information on the process is available at **Complaints and Disciplinary Procedures By-law | Dietitians Australia.**

Structure of the Code of Conduct for Dietitians

This Code is based on five values-based, over-arching principles that overlap as illustrated in the figure below. The principles show how *dietitians* aim to protect public safety by practising ethically, safely and respectfully, and by always behaving lawfully and demonstrating integrity.



Integrity is at the core of *dietetic practise* and is central to this model. It can be understood as consistently doing the right thing even when unobserved. Within this framework, integrity encompasses the actions taken to maintain professional competence, as well as the ways in which *dietitians* support one another in upholding and advancing integrity across the profession. Similarly, behave lawfully is intended to cover behaviour at all times, including outside the typical workplace. The other three principles are about how *dietitians* practise ethically, safely and respectfully in relationship with *clients* and colleagues.

All five principles within the model combine in describing professional conduct by *dietitians*. Each principle has an explanatory statement, then lists sub-principles with numbered standards. There are 81 standards in all.

Principle 1: Demonstrate Integrity

Integrity is defined within this Code as the consistent demonstration of honesty, ethical practice and professional accountability. To earn public trust, *dietitians* deliver services that are safe, effective and professional. *Dietitians* engage in reflective practise and *supervision* to address their own development and to support the development of other *dietitians. Dietitians* are expected to promote the principles stated within this Code.

1.1 Responsibilities as a Dietitian professional

Dietitians need to be aware of, and meet, the standards and policies of the profession, their employers, and state, territory and federal jurisdictions, including standards relating to employing others where relevant**.** *Dietitians* must be honest and transparent about their educational qualifications and professional credentials.

To meet these responsibilities:

1.1.1 practise in accordance with the standards of the profession and the broader health system and relevant health service including:

i. The National Competency Standards;
ii. This Code;
iii. Other relevant codes, statements or guidelines, policies or procedures of Dietitians Australia
iv. All other requirements of state/territory/federal authorities

1.1.2 follow the National Code for health care workers, which includes a requirement to be covered by appropriate insurance

1.1.3 if they employ people, adhere to the National Employment Standards and relevant workplace agreements, awards and contracts

1.1.4 if an *Accredited Practising Dietitian (APD),* meet the requirements of the APD Program including the requirements for Continuous Professional Development (CPD) and Recency of Practice (ROP) as detailed in the Accredited Practising Dietitian Policy

1.1.5 provide only accurate, honest and verifiable information about their dietetics qualifications and credentials by using the post-nominals for their degree approved by their university and the approved wording of their Dietitians Australia credential (APD or Advanced Accredited Practising Dietitian (AdvAPD)) in all forms of professional communication, including job applications, publications, digital and *social media* content, public appearances and advertising or promotion of goods or services

1.2 Integrity of the dietetics profession

The dietetics profession encourages all members to engage in *reflective practice,* ideally under a formal *supervision* arrangement, to consider and learn from their mistakes and challenges using a growth mindset. A component of this reflection is for the *dietitian* to be aware of, and work within, their own physical, mental and emotional limitations, and seek assistance when necessary. The profession also encourages a respectful, collegial approach to supporting the professional development of students and/or *dietitian* colleagues, to attain/maintain practice competence and promote professional conduct.

To contribute to the integrity of the profession, *dietitians* should:

1.2.1 engage in *reflective practice* to maintain competence to practise within their *scope of practice* and to plan and manage their personal and professional development, preferably through a formal *supervision* arrangement

1.2.2 develop their own knowledge, skills and attitudes in teaching/*supervision*/mentoring to provide compassionate support for the diverse teaching/*supervision*/mentoring needs of others, including students and/or *dietitian* colleagues

1.2.3 be honest, clear, fair, kind, timely and constructive in providing oral or written feedback to/about students and/or *dietitian* colleagues

1.2.4 promote this Code and support students and/or *dietitian* colleagues in understanding and following the Code

1.2.5 create a positive, collegial and safe culture within the dietetics profession through modelling *ethical leadership* and supporting the rights, dignity and safety of others, including students and/or *dietitian* colleagues, in physical workplaces and online environments

Principle 2: Behave lawfully

Dietitians ensure that they are aware of, and abide by, relevant laws at all times

2.1 Lawful behaviour

Dietitians must not engage in unlawful behaviour at any time.

2.1.1 *Dietitians* must inform 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

2.1.2 An *Accredited Practising Dietitian* (APD) must inform Dietitians Australia of charges or convictions relating to criminal offenses (excluding any *spent convictions*) that are reasonably likely to affect their fitness to practice, professional standing, or the safety of *clients* or the public

2.2 Privacy and confidentiality

Health information is classed as sensitive in Australia and is protected by *privacy and health records legislation*. *Clients* and research participants have a legal and ethical right to privacy and for the information collected about them to be handled and stored in a way that complies with relevant legislation.

To protect privacy and confidentiality, *dietitians* must:

2.2.1 be familiar with and comply with the applicable federal, state and/or territory *privacy and health records legislation* regarding the collection, access, secure storage, handling and disposal of personal information (including *health information*) in all formats (including online, *social media* and use of *artificial intelligence)*

2.2.2 seek to provide physical/telehealth/online environments that enable private and confidential consultations and discussions, particularly when working in a shared space, and obtain *client* permission to proceed with a consultation/communication if absolute privacy is not possible

2.2.3 when collecting information or conducting education in a group setting, advise participants of the need to maintain confidentiality and to be conscious of the information they share within the group

2.2.4 maintain the right to confidentiality and anonymity of research participants according to the ethical guidance of the auspicing organisation/ethical approval bodies

2.3 Mandatory reporting

Mandatory reporting obligations are in place to protect people who may be at particular risk of harm (including children, elders, people with *disability*).

To protect these people *dietitians* must:

2.3.1 be aware of, and comply with, mandatory reporting requirements across individual states and territories and as per the National Code of Conduct for health care workers and the legislation of the relevant state/territory/federal authorities

2.3.2 take appropriate action, including a mandatory notification if required, where they believe a health practitioner has placed/is placing people at risk of serious harm

2.4 Bullying and harassment

All people have the right to an environment free from bullying and harassment. To protect *clients*, students and colleagues, *dietitians* must:

2.4.1 implement policies and procedures aimed at preventing and/or eliminating bullying and harassment from the workplace

2.4.2 recognise that bullying and harassment takes many forms, including behaviours such as physical and verbal abuse, making vexatious complaints, prejudice, racism, discrimination, stigmatisation, violence, aggression, humiliation, pressure in decision-making, exclusion, intimidation and unfair or exploitative work contract execution

2.4.3 never engage in bullying or harassment regardless of mode (including verbally or in writing including *social media*, email and other forms of electronic communication)

2.4.4 report through appropriate workplace channels all bullying and harassment and support students/colleagues in taking action against bullying and harassment

2.5 Intellectual property and copyright laws

Dietitians need to ensure that all representations of themselves, their products and their services reflect professional integrity and comply with legal and ethical standards. *Dietitians* also need to understand laws regarding the creation and ownership of intellectual property.

To respect intellectual property and copyright laws, *dietitians* must:

2.5.1 ensure that the creation and use of all materials, including *client* records and reports to referrers, peer review publications, and educational materials, comply with legal and ethical standards, use of *artificial intelligence* guidelines including clear and transparent attribution of authorship (see also standard 3.1.3)

2.5.2 respect that all *client* records, file notes, treatment plans, reports, and related documentation created or maintained during the course of their engagement as an employee or contractor remain the property of the employer/organisation/business and/or the *client*, and the *dietitian* must only use those records in the course of the provision of services to the *client* and follow *client* and/or employer directions regarding use and disclosure

Principle 3: Practise ethically

Dietitians follow the ethical codes of their employers/research funding agencies especially with respect to obtaining *informed consent* and declaring any perceived or actual conflicts of interest in providing or promoting goods and services/undertaking research.

3.1 Ethical Codes and Guidelines

As well as following this Code, *dietitians* need to be aware of codes of ethical conduct relevant to their area of practise. *Dietitians* must:

3.1.1 be aware of and abide by ethical codes and guidelines relevant to their employer, research funding agency and/or *scope of practice*

3.1.2 abide by the most recent guidelines of the National Health and Medical Research Council for the Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities, the National Statement on Ethical Conduct in Human Research and any other relevant research ethical auspicing bodies

3.1.3 follow the guidance of Ahpra on the ethical and transparent use of *artificial intelligence* in healthcare and on ethical issues to consider in the use of *social media* (see Aphra social media and Aphra meeting your professional obligations when using artificial intelligence in healthcare)

3.2 Informed Consent

Informed consent is the process of people voluntarily agreeing to receive dietetic services, and/or to participate in teaching, research and *quality improvement* projects. There will be times when a *client* is not able to provide consent, and that consent should then be obtained from a carer or other valid authority. Consent should be formally documented and obtained in writing where possible.

To uphold the *client's* right to *informed consent*, *dietitians* must:

3.2.1 fully explain the proposed activity, including any use of *artificial intelligence*, and associated costs, potential benefits and risks, and discuss all fees and charges in a way that is accessible and acceptable to the *client*, providing them with the opportunity to ask questions

3.2.2 obtain *informed consent* or other valid authority before:

i. providing any services to *clients*
ii. referring the *client* for further assessment, investigations or treatments

iii. including participants in teaching, research or *quality improvement* activities
iv. transmitting/sharing/reproducing/posting a *client's* information or image (see Ahpra social media for guidance)

3.2.3 respect the right of *clients* to withhold or withdraw *informed consent* for *dietetic service*, referral, investigations, treatments, interventions, teaching activities, a research study or *quality improvement* activities, at any time, ensuring their decision does not compromise their care or any *dietitian–client* professional relationship(s) that may exist

3.3 Conflict of Interest

A *Conflict of Interest (COI)* arises where a *dietitian* has a personal, professional or financial interest that could improperly influence, or be perceived to influence, their professional judgement, services, *professional advice*, research, governance role or other duties undertaken in connection with Dietitians Australia, *clients* or the public. An interest may arise because of a close personal relationship (which includes spouses, partners (including de facto or long-term relationships), immediate family members, or others with whom the individual has a personal connection that could reasonably be expected to influence impartiality or give rise to a perceived conflict).

To prevent perceived or actual COI due to financial, professional or personal interest from compromising their role, *dietitians* must:

3.3.1 identify, transparently declare and ethically manage a potential conflict, when:

i. delivering care to *clients* and communities where a *dietitian*, or their immediate family, has a financial or commercial interest that could be perceived as influencing that care

ii. communicating about products or services in speaking engagements, or in writing including on *social media* or other electronic platforms, especially with respect to paid partnerships/sponsorships

iii. conducting research where a conflict could be seen to impair objectivity, affect participant welfare, or compromise conduct of research or the accuracy of reporting, including sources of research funding, sponsorship or 'in-kind' support

iv. serving on the Dietitians Australia Board, committees or working parties (see DA Policy: Conflict of Interest)

v. contributing requested or volunteered *professional advice* to government/other authorities seeking independent dietetic expertise for policy, project or strategy development

3.3.2 not allow any financial or commercial interest in a service, product or organisation (including sponsorship of education events) to influence, or appear to influence, the provision of *dietetic services* or *professional advice*

3.3.3 not become financially involved with a *client* or their family through any means (including but not limited to personal bequests, powers of attorney, loans and investment schemes, donations)

3.3.4 not solicit or accept physical or monetary gifts from *clients*, students or organisations other than tokens of minimal value such as flowers or small food items, and, if a token gift is accepted, document what happens to the gift in accordance with local policy (where applicable) and explain to the provider that the gift will not affect any subsequent interactions

3.3.5 facilitate arrangements for another suitably qualified *dietitian* to provide/continue service in cases where a COI cannot otherwise be resolved.

3.4 Advertising and promotion of goods and services

Dietitians must ensure that all representations of themselves, their products and their services, including any mentions on *social media* that includes their *credentialed name*, reflect professional integrity, *evidence-based practice* and comply with legal and ethical standards of health professions and consumer protection, fair trading and therapeutic goods advertising.

To ensure an ethical approach to advertising and promoting goods and services *dietitians* must:

3.4.1 comply with the requirements for health professionals, including non-use of testimonials, as stated in the National Law and detailed in Ahpra Guidelines for Advertising a Regulated Health Service

3.4.2 use size-inclusive, non-stigmatising images and language when referring to health, food, minds and bodies

3.4.3 acknowledge the type and purpose of *artificial intelligence* used in the production and promotion of goods and services

3.5 Legal, insurance and other third-party assessments

Dietitians 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, need to follow the relevant policies of the contracting agency.

Given the usual *dietitian–client* professional relationship does not exist in this situation, *dietitians* must also:

3.5.1 obtain the person's *informed consent* for any assessments to be undertaken

3.5.2 explain to the person their relationship with the third party, their professional area of practice, role, and the purpose, nature and extent of the assessment to be performed

3.5.3 ensure the person understands their rights in this process and seek to correct any misunderstandings the person may have about the nature and purpose of the assessment and report

3.5.4 inform the person and/or if requested their medical practitioner, of any unrecognised, serious problems discovered during the assessment, as a matter of duty of care

Principle 4: Practise safely

Dietitians are accountable for providing care and advice that optimises public safety, health and wellbeing. They use the best scientific evidence available to inform clinical judgement, and practise within their *scope of practice* and professional boundaries. When *client* safety is at risk, *dietitians* need to take appropriate action. (Culturally safe practice is covered in Principle 5).

4.1 Apply the evidence

Clients and the wider public rely on the independence and trustworthiness of services and advice provided by *dietitians*. *Dietitians* need to apply *evidence-based practice* to deliver safe and effective health care services, education, interventions and the provision of *professional advice.*

To protect the public from any harm arising from their practise, *dietitians* must:

4.1.1 provide dietetic care/*professional advice* for individuals, communities, government and professional authorities that aligns with current, independent, scientific evidence and clinical practice standards

4.1.2 use the best source of independent, scientific evidence, including implementation science, to inform the provision of goods and services to individuals, groups and communities. Evidence could include guidance statements, clinical care standards, professional practice standards, research reports, peer reviewed papers/conference abstracts and reports of *quality improvement* initiatives

4.1.3 ensure that electronic communications including instant messaging and *social media* posts also rely on evidence, use respectful language, maintain professional boundaries and are in accordance with relevant Dietitians Australia policy (see also 3.1.3)

4.1.4 assess the veracity of evidence, including that sourced through generative *artificial intelligence*, before applying it

4.1.5 report concerns of dietetic practice or *professional advice* that is unsafe, unethical and/or not based on independent, scientific evidence

4.2 Scope and currency of dietetic practice

In practising competently, *dietitians* operate within their current *scope of practice*. Operating outside of current *scope of practice* has significant implications for *client* risk and safety.

To transparently operate within their current scope, *dietitians* must:

4.2.1 recognise and work within their current *scope of practice* according to relevant policy guidance from the workplace, Dietitians Australia statements, APD and CPD requirements

4.2.2 identify and clearly communicate to *clients* and referrers the scope of dietetic practice being provided if dual-qualified (e.g. *dietitian*-credentialed diabetes educator, *dietitian*-psychotherapist, *dietitian*-naturopath)

4.2.3 seek clarification through *supervision* or the professional body when in doubt about whether a particular activity, service or request for advice is within their current *scope of practice*

4.2.4 when an activity or service is deemed to be outside their current *scope of practice*, the *dietitian* should discuss this with the *client* and refer them to a more appropriately qualified practitioner/service

4.3 Professional boundaries

Professional boundaries allow *dietitians* to engage safely and effectively in professional relationships with *clients*, carers, family members, students and colleagues.

To establish and maintain professional boundaries in *dietetics practise*, including electronic communications, *dietitians* must:

4.3.1 recognise the power imbalances inherent in a professional relationship and establish and maintain safe and respectful professional boundaries, including clear guidelines for communication outside the consultation/workplace

4.3.2 actively manage expectations of the professional relationship, have a clear start and end-point and prepare *clients* for the end of *dietetic service*

4.3.3 wherever possible, avoid providing *dietetic services* to *clients* and *supervision* to students with whom they have a long-term, work-based, social and/or family relationship by facilitating arrangements for another suitably qualified *dietitian* to provide/continue service

4.3.4 where there are no viable alternative dietetics services or student *supervision* available (such as other practitioners or online services) and a dual relationship needs to be established, identify and manage any potential conflicts, risks, and complexities through documentation of the situation including consent, transparent discussion with the care team and *supervision*. This is especially relevant for *dietitians* living and working in small, regional or cultural communities

4.3.5 not engage in sexual behaviour or close personal relationships with people with whom they have a current or recent professional relationship

4.4 Dealing with adverse outcomes

When *dietetic services* cause an adverse outcome, *dietitians* need 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:

4.4.1 be aware of and follow the National Code of Conduct for health care workers and the policies and procedures of the relevant state/territory including for dealing with adverse outcomes caused by dietetic interventions

4.4.2 acknowledge the *client's* concerns, discuss how to resolve the issue, and provide them with information about how to make a complaint should they choose to do so

4.4.3 comply with Dietitians Australia policies and procedures and any relevant legislation in the event that a complaint is made about their practice

Principle 5: Practise respectfully

Dietitians treat people with dignity and respect. They need to engage with *clients*, colleagues and communities in a *culturally safe*, inclusive and person-centred manner that seeks to acknowledge the needs of, and empower, diverse communities. They should communicate in a way that facilitates open, honest and compassionate professional relationships and effective collaborations with colleagues.

5.1 Dietetics care for Aboriginal and/or Torres Strait Islander peoples

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 the ongoing systemic impacts of colonisation on Aboriginal and/or Torres Strait Islander peoples' health through dispossession of land and intergenerational trauma helps inform *dietetic services*. In particular, Aboriginal and/or Torres Strait Islander peoples bear the burden of social, cultural and health inequality.

In supporting the nutritional health of Aboriginal and/or Torres Strait Islander Peoples, *dietitians* must:

5.1.1 learn about and respect their unique ways of knowing, being and doing including around health, food and foodways

5.1.2 explore and challenge their own conscious and unconscious biases to aim to deliver *culturally safe* and respectful *dietetic services* free from racism (acknowledging that only the recipients can say whether cultural safety has been achieved)

5.1.3 advocate for and facilitate access to strengths-based, quality and *culturally safe* nutrition and dietetics care for Aboriginal and/or Torres Strait Islander peoples

5.1.4 recognise the importance of family, community and partnership in the healthcare decision-making of Aboriginal and/or Torres Strait Islander peoples, for community interventions and care delivery

5.1.5 respect the relevant values, and cultural considerations when partnering with Aboriginal and/or Torres Strait Islander communities and colleagues for care delivery and research purposes and follow relevant Aboriginal and Torres Strait Islander Ethical Research Guidelines and policies

5.2 Culturally safe, inclusive practice with all peoples

Australia is a culturally, socially and neurodiverse nation. *Dietitians* provide service to individuals, groups and communities with a wide range of backgrounds, identities, abilities and lived experiences. To meet these diverse needs, *dietetics practice* must be grounded in an equity-focused approach. *Dietitians* are expected to deliver care that is *culturally safe*, inclusive, respectful and responsive. This starts with *dietitians* critically reflecting on how one's own life-stage, culture, *neurotype*, values, attitudes, assumptions and beliefs might influence and potentially bias their interactions with *clients* and families, communities and colleagues.

To aim for *culturally safe*, inclusive practice that respects the dignity and diversity of all *clients*, communities and colleagues, *dietitians* must:

5.2.1 use self-education and/or *supervision* to explore and challenge personal beliefs based on stereotypes and conscious and unconscious biases to aim to deliver *culturally safe*, respectful and *neuroaffirming dietetic services* (acknowledging that only the recipients can say whether cultural safety has been achieved)

5.2.2 consider the *social determinants of health* (including social, economic, cultural and historical characteristics) and behavioural factors influencing the foodways, nutrition and health of diverse individuals/groups/communities and provide care that respects these influences

5.2.3 support an inclusive environment for the cultural safety, security and dignity of all *clients*, family members/carers/their significant others and colleagues

5.2.4 recognise and respond to the needs of people and communities who may have experienced discrimination, marginalisation and structural disadvantage

5.2.5 encourage and advocate for *inclusive eating* practices, policies and menus that reflect the needs, preferences and rights of diverse groups, especially those people living with *disability* or within *residential aged care*

5.2.6 deliver care using practices and language that prevent and challenge stigmatisation of health/mental health conditions, weight, body sizes, *neurodiversity* and personal circumstances

5.3 Respectful and inclusive decision-making that promotes autonomy

All individuals have the right to be treated with dignity using communication that promotes respect, kindness, compassion and honesty. *Dietitians* are expected to adopt inclusive, affirming and person-centred communication practices that recognise intersectionality and respect diversity in all its forms, including *neurodiversity* and linguistic diversity, while actively avoiding discrimination. *Dietitians* should also foster shared decision-making processes that uphold self-determination and autonomy, with the aim of empowering individuals, groups and communities.

When communicating with *clients* (or their carers/decision makers) *dietitians* must:

5.3.1 support their needs and concerns in a way that is consistent with their values and preferences, recognising and respecting *client* diversity

5.3.2 seek to enhance the communication process by addressing the specific literacy, language, cultural, and communication needs of *clients*, including the sensitive use of names, pronouns and language that reflects *client* preference

5.3.3 support the understanding of diverse individuals and communities by providing culturally appropriate and accessible resources and check whether a *client* understands all information communicated to them

5.3.4 encourage *clients* to ask questions and to make informed decisions about their healthcare

5.3.5 avoid expressing personal beliefs to *clients* that might influence their decision-making

5.3.6 recognise and facilitate a *client's* right of access to information contained in their health records, and promptly enable the transfer of information when requested by clients

5.3.7 seek the *client's* permission to hand their care over to a suitably qualified *dietitian* when they are unable to continue service provision

5.4 Respectful and collegial relationships with other health professionals

Dietitians work together with other health professionals in delivering care to individuals, groups and communities. Effective and respectful work relationships are based on mutual respect and clear communication.

To work effectively with other members of the health care team, *dietitians* must:

5.4.1 clearly, accurately and promptly communicate relevant information about *clients* to relevant members of the health care team, within the bounds of *privacy and health records legislation*, always referring to people in a professional, respectful, non-stigmatising and non-judgemental manner

5.4.2 when collaborating as part of a multidisciplinary team, establish context-specific roles through discussion, including the role of any student, specify who is responsible for co-ordinating care, and communicate this to the *client*

5.4.3 respect the role of other health care providers and communicate with and about them in a professional and respectful manner, including any use of *social media*

5.4.4 when engaging with, or raising concerns about, culturally diverse, identity-based, advocacy-related or public-facing expression, apply a respectful, fair, contextual and proportionate approach that considers cultural identity, lived experience, role, audience, intent, impact, power imbalance and foreseeable risk of harm. Where a concern is ambiguous and does not present a clear risk of serious harm to the public, *dietitians* should seek reflective resolution, clarification, *supervision*, cultural advice or education before seeking escalation to formal complaint or disciplinary action

Glossary of key definitions used in the Code of Conduct

Accredited Practising Dietitian means a dietitian who has successfully completed a tertiary dietetics education program (which holds an Accreditation Status) who is awarded the credential of APD by Dietitians Australia through its *Accredited Practising Dietitian* program.

Accredited Practising Dietitian (APD) Program: managed by Dietitians Australia, this is the national credentialing program for dietitians in Australia. The program comprises recognition of educational qualifications, and the ability to meet continuing professional development and practice standards.

Artificial intelligence: artificial intelligence is a technology that enables machines to simulate and perform tasks normally requiring human intelligence such as learning, reasoning, problem-solving, and creativity. This includes (without limitation) machine learning, computer vision, natural language processing and generative AI.

Client: means a user of *dietetic services*. A client could be an individual, group, community, business, or government/non-government agency. Note that a carer/support person/decision-maker might be required to act on behalf of the client at times.

Code of Conduct: a document that describes the principles of professional behaviour that guide safe practise with the aim of protecting the public.

Conflict of Interest (COI): a situation in which a personal, professional, or financial interest could improperly influence, or be perceived to influence, a person's ability to carry out their official duties impartially and in the best interests of the public and/or a client.

Credentialed name: the name (first and surname) under which a Dietitian operates using their professional credential

Culturally safe: culturally safe is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

Declare: means the act of formally disclosing a *conflict of interest* before an appointment or meeting, in writing or verbally, to allow appropriate management measures to be determined.

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

Dietitian: a Dietitians Australia member with or without Australian-recognised dietetic qualifications and/or dietitians who hold the *Accredited Practising Dietitian* status (regardless of whether they are a Dietitians Australia member).

Dietetics practise/practising dietetics: the act of providing dietetics care/services, including the provision of expert advice, performed within the scope of a nutrition and dietetics practitioner. Including but not limited to individualised care, community group education, public health nutrition interventions, policy development, menu development/ appraisal.

Disability: long-term physical, mental, intellectual or sensory impairments which, in interactions with barriers may hinder full participation in society (The United Nations Convention of the Rights of Persons with Disabilities)

Ethical leadership: leadership by an individual with personal ethical capabilities, supported through development opportunities and resources, and located within a framework of ethical guidelines, and organisational culture

Evidence-based practice: a rigorous stagewise process of addressing a case-based clinical question through searching and appraising the evidence, then integrating the evidence with clinical expertise and client preferences for application to practice.

Health Information: any record that identifies a person or documents or other information about their health, *disability*, care provided, or health services paid for (e.g. assessments, telehealth notes, online chat notes,

letters to referrers). *Health Information* is considered 'sensitive' in Australia and is protected by legislation. This should be given its widest meaning under all *privacy and health records legislation*.

Inclusive eating: diverse groups being able to choose food and ways of eating that meet their cultural needs.

Informed consent: is the voluntary agreement of an individual to participate in care, treatment, research or another professional activity, made after receiving and understanding relevant information about the purpose, benefits, risks, alternatives and their right to ask questions or withdraw.

Neuroaffirming: an approach that acknowledges *neurodiversity* with curiosity and acceptance rather than judgement.

Neurodiversity / Neurodiverse: an umbrella term to cover human brains that don't experience the world or process information in the same way as the majority of society (so-called *'neurotypical'*).

Neurotype: the unique way in which the brain of a human being works.

Neurotypical: the dominant societal expectation of the way the human brain works, which reflects the ways in which educational and other institutions have been constructed.

Privacy and health records legislation: Legislation about the handling of data, including *health information,* designed to protect the privacy of the public. The Commonwealth Privacy Act 1988 (**the Privacy Act**) applies to private sector organisations, including sole practices. The *My Health Records Act 2012* (Cth) imposes obligations on the use of *health information* in the My Health Records system by registered healthcare providers Note that some states and territories (including NSW and Victoria) have state/territory-based laws in addition to the Privacy Act applicable to either or both of the public sector and private sector, for example the *Health Records and Information Privacy Act 2002* (NSW) and the *Health Records Act 2001* (Vic).

Professional advice: the provision of requested or volunteered professional expertise designed to influence the decisions of government and other authorities seeking expertise on nutrition and dietetics for policy, project or strategy development.

Quality improvement: projects and processes used to evaluate current health care service delivery and find ways to improve that service in future.

Recency of practice: APDs meet recency of practice requirements defined by Dietitians Australia if they can evidence 150 hours of dietetic practice in the past 12 months or 450 hours over the past three years.

Reflective practice: critical, honest thinking about one's professional actions.

Residential Aged Care: social care setting for older people who have needs that mean they can no longer live independently

Scope of practice: scope of practice defines the limits of professional expertise which varies with according to education, training, authorisation, competence, qualifications and experience.

Social determinants of health: the conditions shaped by the distribution of money, power, and resources at global, national, and local levels that directly impact health status (from World Health Organisation)

Social media: social media are internet-based tools and applications that allow users to create, share and exchange content - including text, images videos, and opinions.

Spent conviction: if a conviction is 'spent' it means a person is no longer obliged to disclose to anyone that they have been charged or convicted of a crime

Supervision: a structured, professional development process where two or more professionals engage in reflective discussions to enhance practice, service quality, and health outcomes. It encompasses professional, clinical, or practice *supervision* and is a key contributor to professional growth and workforce wellbeing.

Links to key documents mentioned in the Code and other Useful Resources

Aboriginal and Torres Strait Islander Ethical Research Guidelines: https://humanrights.gov.au/resource-hub/theres-nothing-casual-about-racism/guidetool/aiatsis-code-of-ethics

Accredited Practising Dietitian Policy: https://dietitiansaustralia.org.au/about-us/corporate-documents/accredited-practising-dietitian-apd-policy

Ahpra Guidelines for Advertising a Regulated Health Service: https://www.ahpra.gov.au/Resources/Advertising-hub/Advertising-guidelines-and-other-guidance/Advertising-guidelines.aspx

Ahpra Meeting your professional obligations when using Artificial intelligence in healthcare: https://www.ahpra.gov.au/Resources/Artificial-Intelligence-in-healthcare.aspx

Ahpra Social Media Guidance: https://www.ahpra.gov.au/Resources/Social-media-guidance.aspx

Australian Commission on Safety and Quality in Healthcare AI Clinical use guide: https://www.safetyandquality.gov.au/sites/default/files/2025-08/ai-clinical-use-guide.pdf

Children and youth rights: https://humanrights.gov.au/know-your-rights/rights-of-individuals/childrens-rights

Complaints and Disciplinary Procedures By-law: https://dietitiansaustralia.org.au/about-us/corporate-documents/complaints-and-disciplinary-procedures-law

Conflict of Interest Management Policy: https://dietitiansaustralia.org.au/about-us/corporate-documents/conflict-interest-policy

Supervision webpage: https://dietitiansaustralia.org.au/working-dietetics/supervision

Re-entry Pathways: Become an APD via the Resumption of Accredited Practising Dietitian pathway | Dietitians Australia

Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: https://www.nhmrc.gov.au/research-policy/ethics/ethical-guidelines-research-aboriginal-and-torres-strait-islander-peoples

NDIS Quality and Safeguards Commission Evidence-Informed Practice Guide: Evidence Informed Practice Guide

National Alliance of Self Regulating Health Professions, Membership Standards Users Guide: NASRHP-Standards-May-2024.pdf

National Code for health care workers:

(a) **ACT:** The ACT Code of Conduct for Health Care Workers is set out in the *Human Rights Commission Regulation 2023*: https://www.hrc.act.gov.au/health/code-of-conduct-for-health-care-workers

(b) **NSW:** The NSW Code of Conduct for Health Care Workers is set out in Schedule 3 of the *Public Health Regulation 2022*: https://www.hccc.nsw.gov.au/health-providers/unregistered-health-practitioners/code-of-conduct

(c) **NT:** Note the Code of Conduct has not yet been enacted in the NT: https://hcscc.nt.gov.au/codes-of-conduct

(d) **QLD:** The QLD Code of Conduct for Health Care Workers is a prescribed conduct document for the purposes of s.5 of the *Health Ombudsman Regulation 2024*: https://www.health.qld.gov.au/system-governance/policies-standards/national-code-of-conduct

(e) **SA:** The SA Code of Conduct for Health Care Workers is set out under the *Health and Community Services Complaints Regulations 2019*: https://www.hcscc.sa.gov.au/for-service-providers/standards-required-under-the-code-of-conduct

(f) **TAS:** Note the Code of Conduct has not yet been enacted in Tasmania: https://www.healthcomplaints.tas.gov.au/national-code-of-conduct

(g) **VIC:** The Victorian Code of Conduct for Health Care Workers is set out in the *Health Complaints Act 2016*: https://hcc.vic.gov.au/sites/default/files/media-document/general_code_of_conduct_-_a3_4.pdf

(h) **WA:** The WA Code of Conduct for Health Care Workers is set out in the *Health and Disability Services (Complaints) Act 1995:* https://www.hadsco.wa.gov.au/Code-of-Conduct

National Competency Standards for Dietitians: https://dietitiansaustralia.org.au/sites/default/files/2022-09/National%20Competency%20Standards%20for%20Dietitians%20in%20Australia.pdf

National Eating Disorders Collaboration National Practice Standards for Eating Disorders: https://nedc.com.au/eating-disorder-resources/find-resources/show/national-practice-standards-for-eating-disorders

National Employment Standards: https://www.fwc.gov.au/work-conditions/minimum-wages-and-conditions/national-employment-standards

National Health and Medical Research Council for the ethical conduct of research: https://www.nhmrc.gov.au/research-policy/ethics/national-statement-ethical-conduct-human-research

Scope of Practice: https://dietitiansaustralia.org.au/working-dietetics/standards-and-scope/scope-practice-dietitians

The United Nations Convention of the Rights of Persons with Disabilities: https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities

The United Nations Declaration of Human Rights: https://www.un.org/en/about-us/universal-declaration-of-human-rights