



Code of Professional Conduct

of the
AUSTRALIAN NATURAL THERAPISTS
ASSOCIATION LIMITED

This ANTA Code of Professional Conduct was last reviewed and updated on 15 April 2019 and supersedes all previous ANTA Codes of Ethics or Conduct.

Members are reminded of the importance of consulting with colleagues on professional conduct and ethical practice matters.

When Members are faced with a difficult professional or ethical situation, they are encouraged to seek policy direction from the National Administration Office, Australian Natural Therapists Association Limited (ANTA).

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1. PREAMBLE

The Code of Professional Conduct (the ANTA Code) shall be read and implemented in conjunction with ANTA Constitution.

The Traditional Medicine and Natural Therapies profession has long promoted a body of ethical principles developed to guide a practitioner's conduct, in their professional practice. As a Member of ANTA, a practitioner must, first and foremost, recognise his or her responsibility to the patient, as well as colleagues, the profession, and to society.

These principles adopted by the Australian Natural Therapists Association (Limited) are the standard for aspects of practice and conduct required of Members. Whilst the requirements outlined in the ANTA Code of Professional Conduct are not law, adoption and adherence to them by all practitioners is a condition of membership of the Association.

Failure to adhere to the ANTA Code of Professional Conduct or Rules of the Constitution will be dealt with under ANTA's Constitution.

The Association accepts the responsibility for setting and enforcing the standards of ethical behaviour required of practitioner members.

2. OBJECTIVES

ANTA has adopted this Code of Professional Conduct in order to defend public health and safety, protect the public interest, support the quality practice of Traditional Medicine and Natural Therapies, and promote informed healthcare choices.

The Code of Professional Conduct sets the minimum standard for the aspects of professional and conduct and ethical practice for ANTA Accredited Practitioners. The standard is set to ensure that the conduct and professional practice of ANTA Accredited Practitioners is socially responsible, and that it promotes the appropriate, judicious, effective and safe practice of Traditional Medicine and Natural Therapies and does not mislead or deceive.

The Code of Professional Conduct provides the minimum standard for codes of practice and healthcare profession codes of ethics accepted by the Association of ANTA Accredited Practitioners.

3. INTERPRETATION

In this Code of Professional Conduct, where not repugnant to the context, the words and expressions following have meanings hereinafter assigned to them respectively:

ANTA means the Australian Natural Therapists Association Limited, the body which govern and represents ANTA Accredited Practitioners of the traditional medicine and natural therapy modality branches approved and adopted by National Council.

ANTA Accredited Practitioner means any person who is accredited by the ANTAB and whose membership is subsequently ratified by National Council in the professions of traditional medicine and/or natural therapies which are approved and adopted by National Council from time to time.

ANTAB means the Australian Natural Therapists Accreditation Board, the Board that provides a uniform process to accredit practitioners for ratification by National Council to become ANTA Accredited Practitioners.

Adjudication Panel means that Panel which, when activated, adjudicates on complaints, ethics and

disciplinary matters, other than those of a legal nature, to do with Members, the Association and any related parties, which cannot be resolved by the Ethical Assessment Panel.

Association means the above-named Limited Company.

Branch means that group of ANTA Accredited Practitioners who constitute the membership of a modality branch of ANTA subject to compliance with the Constitution, the ANTA Code of Professional Conduct and National Council rulings.

Child means a person under the age of 18 years.

Clinical Practice means the exercise of a professional discipline conducted in or as if in a clinic and depending on direct observation of patients.

Code of Professional Conduct (the Code) means the ANTA Code of Professional Conduct adopted by the Australian Natural Therapists Association (Limited) including the present Codes, supplementary, amended or substituted Codes for the time being in force.

Complementary Medicine means Traditional Medicine and Natural Therapies.

Continuing Professional Education means that ongoing professional education, specified and quantified by National Council from time to time, as satisfying the requirements for annual Membership renewal.

Consent means expressed consent or implied consent.

Ethical Assessment Panel means that Panel which, when activated, assesses and makes recommendations to National Council on all matters pertaining to ethics, complaints and disciplinary matters against Members of the Association, and the Association.

External Modalities include, but subject to the rules of ANTA's Constitution are not restricted to: Acupuncture, Ayurvedic Medicine, Chinese Herbal Medicine, Myotherapy, Naturopathy, Clinical Nutrition, Remedial Therapy, and Western Herbal Medicine.

First Aid Certificate a qualification from a recognised training organisation in a system of initial care of a suddenly sick or injured person.

Health Service means an activity performed in relation to an individual that is intended or claimed (expressly or otherwise) by the individual or the organisation performing it;

- a) to assess, maintain or improve the individual's health; or
- b) to diagnose the individual's illness, injury or disability; or
- c) to treat the individual's illness, injury or disability or suspected illness, injury or disability; or
- d) a disability service, palliative care service or aged care service; or
- e) the dispensing on prescription of a drug or medicinal preparation by a pharmacist; or
- f) a service, or a class of service, provided in conjunction with an activity or service referred to in paragraph (a), (b) or (c) that is prescribed as a health service.

Insurance means a contract of insurance.

Informed Consent means the patient's right to self-decision can only be effectively exercised if they possess enough information to enable an informed choice. The practitioner's obligation is to present facts

accurately to the patient (or individual responsible for the patient's care) and make recommendations in accordance with good professional practice. The practitioner has an ethical obligation to assist the patient to make choices from among therapeutic alternatives consistent with good practice.

Member of the Association means ANTA Accredited Practitioner who is, at the relevant time, a financial Member of the Association, and in compliance with the rulings of the Constitution, the ANTA Code of Professional Conduct and of the National Council.

Modality is a traditional medicine and/or natural therapy approved and adopted by the National Council of the Association from time to time and practiced by ANTA Accredited Practitioners.

Month means calendar month.

National Council means the governing body of the Association consisting of Modality Branch Chairpersons/Directors of National Council representing the approved and adopted modality branches of the Association.

Parent in relation to a child, includes;

- a step-parent;
- an adoptive parent;
- a foster parent;
- a guardian;
- a person who has custody or daily care & control

Patient means a person engaged in a relationship with a practitioner for the purpose of receiving therapeutic care.

Persons shall include partnerships, associations and companies (unincorporated and incorporated) as well as individuals.

Practitioner means any practitioner who is a current Member of ANTA.

Professional Service – value of: a financial value arrived at after considering the duration, skill, and experience involved in the performance of those services together with any special circumstances.

Office means the registered office of the Association.

Sexual Misconduct physical or verbal contact of, or relating to, or characterized by sexuality that occurs concurrent with the practitioner-patient relationship.

Telecommunications means any telecommunications facility including but not limited to phone, fax, email, computer or data transmission facility, small message service (SMS).

The Rules or these present mean and include the present Rules, supplementary, amended or substituted Rules for the time being in force.

Traditional Medicine and Natural Therapies means philosophy, art and sciences, which have for its objects the maintaining of the body in, or restoring of the body to, a state of health. ANTA Traditional Medicine and Natural Therapy Practitioners employ such arts and sciences for the treatment of internal and external diseases generally as shall from time to time be approved and adopted by National Council.

The word **or** is not exclusive.

Unethical Practitioner means a Practitioner member of this Association not conforming to approved standards of professional behaviour as set out in this Code.

Writing includes any way of representing or reproducing words in a visible form.

Words importing the masculine gender include feminine gender.

Words importing the singular number only, include the plural number and vice versa.

Words importing persons also include corporations.

4. THE ANTA CODE OF CONDUCT

4.1 THE PRACTITIONER & THE PATIENT

4.1.1 Patient Care

The Practitioner shall:

4.1.1.1 Practice only the Natural Therapies and Traditional Medicine disciplines in which a qualification is held, and only to the scope of that qualification.

4.1.1.2 Consider first the health and wellbeing of the patient.

4.1.1.3 Do no harm; a Practitioner shall do nothing that will injure the patient either physically or emotionally.

4.1.1.4 Treat the patient with compassion and respect.

4.1.1.5 Where the patient presenting for treatment is a child ensure that the patient's parent or legal guardian gives written consent.

4.1.1.6 Approach health service as collaboration between practitioner and patient.

4.1.1.7 Encourage the patient to understand their responsibility to:

- communication openly;
- participate in decisions about treatment recommendations;
- comply with agreed treatment programs.

4.1.1.8 Practice according to the principle of informed consent.

4.1.1.9 Practice with due diligence the spirituality, philosophy, art and science of the Natural Therapies and Traditional Medicine disciplines in which accreditation is held.

4.1.1.10 Maintain a current Professional Indemnity insurance in accordance with the policy guideline as decided by National Council from time to time.

4.1.1.11 Maintain a current First Aid certificate in accordance with the policy guideline as decided by National Council from time to time.

4.1.1.12 Continue lifelong self-education to maintain currency of the standard of professional care.

4.1.1.13 Recognise professional limitations and be prepared to refer a patient to other health service practitioners, as appropriate.

4.1.1.14 When referring patients to other health service practitioners, ensure to the best of their ability, the appropriate qualifications of that health service practitioner.

4.1.2 Patient Exploitation

The Practitioner shall:

4.1.2.1 Not exploit the patient in any manner, for any reason.

4.1.2.2 Refrain from engaging in sexual or romantic activity with the patient or the patient's parent or guardian.

4.1.2.3 Avoid non-sexual contact if there is any reason to believe that the non-sexual contact may be perceived as, or lead to, sexual contact.

4.1.3 Patient Record

The Practitioner shall:

4.1.3.1 Maintain patient confidentiality. Exceptions to this must be taken very seriously. Exceptions may include:

- with the explicit consent of the patient;
- where required by the law;
- where there is a serious risk to the patient or another person;
- where part of approved research, or
- where there are overwhelming societal interests.

4.1.3.2 Maintain accurate, complete and up-to-date clinical records.

4.1.3.3 Protect and maintain the confidentiality and security of patient records.

4.1.3.4 Ensure security of storage, access and utilisation of patient information.

4.1.3.5 Retain all patient records for the duration necessary to meet clinical needs or as required by State or Federal Law.

4.1.3.6 Upon request by the patient, provide the patient with access to and or copies of records relevant to the patient.

4.1.3.7 Upon request by the patient, forward copies of patient records relevant to the patient to another practitioner.

4.1.3.8 Upon request by the patient, make available to another health service practitioner a report of findings and treatment relevant to the patient.

4.1.4 Practitioner – Patient Relationship

The Practitioner shall:

4.1.4.1 Respect every patient's right to freely choose a practitioner, to accept or reject advice and to make decisions about treatment or procedures at all times.

4.1.4.2 Recognise that an established therapeutic relationship between practitioner and patient must be respected.

4.1.4.3 Refrain from denying treatment to the patient because of a judgement based on discrimination.

4.1.4.4 Inform the patient when a personal moral judgement or religious belief alone prevents recommendation of some form of therapy, so that they may seek care elsewhere.

4.1.4.5 Recognise the patient's right to decline to enter into a therapeutic relationship where there is a choice of health care provider available.

4.1.4.6 Recognise the right to decline to continue a therapeutic relationship.

4.1.4.6.1 Inform the patient that the therapeutic relationship is withdrawn so that the patient may seek care elsewhere.

4.1.4.6.2 Discontinue the therapeutic relationship only if another health service provider is available.

4.1.5 Financial Considerations

The Practitioner shall:

4.1.5.1 Place an appropriate value on professional services when determining any fee.

4.1.5.2 Ensure that a current schedule of fees is displayed and patients are made aware of any or all relevant fees where possible.

4.1.5.3 Provide full disclosure when referring the patient to institutions or services in which a direct financial interest is held.

4.1.5.4 Place professional duties and responsibilities to the patient above the commercial interests of a practice or institution.

4.1.6 Clinical Research

The Practitioner shall:

4.1.6.1 Accept the responsibility to advance the Traditional Medicine and Natural Therapies disciplines by participating in properly and ethically developed research involving human participants.

4.1.6.2 Where choosing to participate in Clinical Research, the Practitioner shall:

4.1.6.2.1 Ensure that responsible human research committees appraise the scientific merit and the ethical implications of the research.

4.1.6.2.2 Recognise that considerations relating to the well-being of individual participants in research take precedence over the interests of research or society.

4.1.6.2.3 Ensure that all research participants or their agents are fully informed and have consented to participate in the study.

4.1.6.2.4 Refrain from using coercion or unconscionable inducements as a means of obtaining consent.

4.1.6.2.5 Inform treating practitioners of the involvement of patients in any research project, the nature of the project and its ethical basis.

4.1.6.2.6 Respect the participant's right to withdraw from a study at any time without prejudice to medical treatment.

4.1.6.2.7 Ensure that the patient's decision not to participate in a study does not compromise that practitioner-patient relationship or appropriate treatment and care.

4.1.6.2.8 Ensure that research results are reviewed by an appropriate peer group before public release.

4.1.7 Teaching in the Clinical Environment

The Practitioner shall:

4.1.7.1 Honour their obligation to pass on their professional knowledge and skills to colleagues and students.

4.1.7.2 Before embarking on any clinical teaching involving patients, ensure that patients are fully informed and have consented to participate.

4.1.7.3 Respect the patient's right to refuse or withdraw from participating in clinical teaching at any time without compromising the practitioner-patient relationship or appropriate treatment and care.

4.1.7.4 Avoid compromising patient care in any teaching exercise.

4.1.7.5 Ensure that the patient is managed according to the best-practice diagnostic and therapeutic methods and that the patient's comfort and dignity are maintained at all times.

4.1.7.6 Where relevant to clinical care, ensure that it is the treating practitioner who imparts feedback to the patient.

4.1.7.7 Refrain from exploiting, in any way, students or colleagues under supervision.

4.1.7.8 Ensure the currency of qualifications required to conduct clinical teaching.

4.1.8 The Dying Patient

The Practitioner shall:

4.1.8.1 Respect the patient's autonomy regarding the management of their medical condition including the refusal of treatment.

4.1.8.2 Recognise the need for physical, psychological, emotional, and spiritual support for the patient, the family and other carers not only during the life of the patient, but also at death.

4.2 THE PRACTITIONER & THE PROFESSION

4.2.1 Professional Conduct

The Practitioner shall:

4.2.1.1 Build a professional reputation based on integrity and ability.

4.2.1.2 Maintain a safe and hygienic practice environment.

4.2.1.3 Recognise that their personal conduct may affect their reputation and that of their profession.

4.2.1.4 Refrain from making frivolous or vexatious comments, which may disadvantage the reputation of a colleague.

4.2.1.5 Where a patient alleges unethical or unprofessional conduct by another practitioner, respect the patient's right to complain and assist them to access the appropriate complaints handling mechanism.

4.2.1.6 Accept responsibility for personal psychological and physical wellbeing as it may affect professional ability.

4.2.1.7 Not undertake to treat a patient whilst professional judgement is potentially impaired due to the effects of fatigue, illness or substance.

4.2.1.8 Keep up-to-date on relevant professional knowledge, codes of professional practice and legal responsibilities.

4.2.1.9 Ensure that any therapeutic or diagnostic advance is described and examined through professional channels, and, if proven beneficial, is made available to the profession at large.

4.2.1.10 Recognise that when providing any part of a professional service via a telecommunications facility the absence of a face-to-face meeting or physical examination means that critical clinical information necessary for safe and efficacious treatment is unavailable. Practitioners shall therefore act within the limitations of the telecommunication service and refrain from prescribing medication.

4.2.2 Reporting Unethical Colleagues

The Practitioners shall:

4.2.2.1 Be obliged to report suspected unethical or unprofessional conduct by a colleague to the relevant body in accordance with:

- the nature and severity of the issue;
- this Code;
- the ANTA Constitution and, or
- legal requirements.

4.2.3 Referral to Other Health Service Professionals

The Practitioner shall:

4.2.3.1 Refer a patient to another health service professional when it is believed that the patient will benefit.

4.2.3.2 Consult or collaborate with an appropriate colleague acceptable to the patient if diagnosis or treatment is difficult or obscure, or in response to a reasonable request by the patient.

4.2.3.3 Take due care to refer to a fellow healthcare professional only when the referring practitioner is reasonably confident that the services provided on referral will be performed competently, within accepted professional standards and within the law.

4.2.3.4 When referring a patient, make available to the health service professional, with the patient's knowledge and consent, all relevant information and indicate whether or not they are to assume the continuing care of the patient during their illness.

4.2.3.5 When another health service professional has requested a professional opinion, report in detail any findings and recommendations to that practitioner.

4.2.3.6 Advise a patient with a notifiable disease to seek immediate medical attention.

4.2.3.7 Advise a patient if they have a transmittable disease.

4.3 ADVERTISING

The Practitioner shall:

4.3.1.1 Adhere to all relevant Federal and State legislation advertising codes.

4.3.1.2 Confine advertising of professional services to the presentation of information reasonably needed by patients or colleagues to make an informed decision about the availability and appropriateness of the services.

4.3.1.3 Ensure that any announcement or advertisement directed towards patients or colleagues is demonstrably true in all respects. Advertising should not bring the profession into disrepute.

4.3.1.4 Advertising should not compare one technique with another technique or qualification of one to the other.

4.3.1.5 Exercise caution in public endorsement of any particular commercial product or service.

4.3.1.6 Be vigilant that direct-to-consumer advertising of complementary medicines and treatments:

- does not create false expectations,
- does not promote self-diagnosis and self-treatment,
- does encourage consultation with a suitably qualified complementary medicine professional.

4.3.1.7 A member shall be conscientious in enlightening the public regarding the maintenance of good health, remembering that quality of service shall be a measure of the standing of the profession as a whole.

4.3.1.8 Not advertise official positions, as office bearers of the Association, on office stationery.

4.4 PROFESSIONAL INDEPENDENCE

The Practitioner shall:

4.4.1.1 Safeguard clinical independence and professional integrity from increased demands from society, third parties, individual patients and governments in order to provide high quality healthcare.

4.4.1.2 Protect clinical independence, as it is essential when choosing the best treatment for patients and defending patients' health needs against all who would deny or restrict necessary care.

4.4.1.3 Refrain from entering into any contract with a colleague or organisation that may conflict with professional integrity, clinical independence or the primary obligation to the patient.

4.4.1.4 Recognise the right to refuse to carry out services which are considered to be professionally unethical, against personal moral convictions, or which are considered not to be in the best interests of the patient.

4.4.1.5 Compete ethically among colleagues and other health service practitioners on the basis of quality of service, skill and experience.

4.5 THE PRACTITIONER & SOCIETY

The Practitioner shall:

4.5.1.1 When it is suspected that an adverse reaction has occurred as a result of a complementary medicine or therapy, be obliged to communicate that information to the appropriate Authority.

4.5.1.2 Accept a personal responsibility to act within the law and to conduct business in accordance with Commonwealth and State legislation.

4.5.1.3 Accept a share of the profession's responsibility to society in matters relating to health and safety of the public, health education and legislation affecting the health of the community.

4.5.1.4 When providing information on Traditional Medicine and Natural Therapies to the public, recognise a responsibility to give the generally held opinions of the profession in a form that is readily understood.

4.5.1.5 When presenting any personal opinion, that is contrary to the generally held opinion of the profession, indicate that this is the case.

4.5.1.6 Endeavour to improve the standards and quality of Traditional Medicine and Natural Therapies in the community.

5. REFERENCES

American Medical Association Principles of Medical Ethics. www.ama-assn.org

Australian Medical Association Code of Ethics – 2003. www.ama.com.au

Australian Natural Therapists Association – Code of Professional Ethics

Australian Natural Therapists Association (formerly the Australian Naturopathic Physician's Association) – Code of Professional Ethics

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Guidelines on Privacy in the Private Health Sector – Office of the Federal Privacy Commissioner

Health Records Act 2001 Victoria, Act No. 2/2001



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