



'Health Professionals Who Naturally Care'



CMA

CODE OF ETHICS & BY – LAWS



CODE OF ETHICS

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1. INTRODUCTION

The aims and duties of the Federal Executive are:

- 1.1 To establish a standard of ethics to be adhered to by Members of the Complementary Medicine Association (from hereon in will be referred to as the 'Complementary Medicine Association' or 'CMA').
- 1.2 To recommend to individuals within the Association: Standards in administration, advertising, personal and clinical hygiene, and attitudes towards Members of the Association.
- 1.3 Establishing definite systems of referring patients to other Members of the Association or other professionals.
- 1.4 To periodically inspect practices of Members of the Association.
- 1.5 To conduct reviews into Member conduct and recommend disciplinary action when formal complaints have been raised with the association or when the Federal Executive deems necessary.
- 1.6 To create a code of ethics based on professional codes as befits those who give themselves to the spiritual welfare of the community, to the care of the sick, and the cause of justice, or the protection of the nation, is the brotherhood of the Association and the service to the community before personal gain or profit.
- 1.7 Any infringement of this code could result in the removal of privileges or the expulsion of the Member concerned, after due consideration of the findings of the Federal Executive.

2. SCOPE OF PRACTICE

- 2.1 A Member must act at all times and under all circumstances in conformity with the laws of nature and of the community. His/her conscience must always be in agreement with his/her thoughts, judgements, feelings, words, deeds and actions. His/her motives, aims, and purposes must always be inspired by the spirit of unselfishness, of devotion to the service of his/her fellow man, and of self-improvement, in management, of his/her cases, his/her decisions must always be in favour of what is best for the patient's health.
- 2.2 The CMA does not recommend, endorse or advise Members to prescribe outside of his/her expertise and professionally recognised training.
- 2.3 The CMA does not recommend or endorse Members selling Practitioner Only products to any person without an appropriate consultation.
- 2.4 If prescribing practitioner only products, although possibly outside of his/her scope of professionally recognised training, then the Member must follow the listed indications, contra-indications and dosages for the product they have recommended.
- 2.5 CMA Members must comply with relevant state laws, including Unregistered Health Practitioners Code of Conduct.

3. DEFINITION OF CLINIC PRACTICE

3.1 The discipline concerned with the assessment and management of health from a holistic/evidence-based approach based on the aims and ideals of The Complementary Medicine Association.

4. DUTY TO THE ASSOCIATION

4.1 A Member should regard it as his/her duty:

- (a) To support the aims and ideals of the Complementary Medicine Association in a professional manner.
- (b) To support the Association in its activities for the maintenance and betterment of the Association.
- (c) To assist any Federal Executive Member in his/her administration of the Complementary Medicine Association.

4.2 To maintain the highest personal character in both public life and professional life.

4.3 To endeavour to keep himself/herself informed with every modern development of the profession, and to increase his/her knowledge and efficiency by the adoption of modern methods of proven worth and to contribute his/her share to the general knowledge and advancement of the Association.

4.4 To never treat a patient whilst his/her ability, skills or judgement to do so is, in the opinion of the Federal Executive, impaired by the consumption of alcohol or drugs.

4.5 To be conscientious in enlightening patients regarding the maintenance of their health.

4.6 To acknowledge that the quality of his/her professional performance is a direct measure of the standing of the Complementary Medicine Association in the community.

4.7 A Member shall never indecently expose a patient or himself/herself in any way but shall always conduct himself/herself in an orderly and proper manner.

4.8 A Member shall never take part in any illegal, immoral or improper relations with any patient.

4.9 It shall be unethical to share fees in cases that are referred by a colleague, either temporarily or permanently, for partial or complete care.

4.10 A Member is to immediately notify the CMA administration office via email or other written notification if/when any criminal charges are brought against him/her, whether or not in relation to his/her capacity as a natural therapies' practitioner.

5. DUTY TO PATIENTS

5.1 A Member shall not neglect or abandon a patient he/she has accepted in the course of his/her practice, nor shall he/she discharge that patient before his/her recovery without due notice to the patient, his/her relatives, or persons responsible for the patient's welfare, or until another practitioner has assumed full responsibility.

5.2 If a Member chooses to charge a "No-show fee" – he/she must notify the patient (at the time of booking the appointment) that they will be charged if they don't call ahead to cancel the appointment. A patient can be charged such a fee but is not legally obliged to pay.

The decision to charge such a fee is at the discretion of the Member. It is, at all times, better to continue a good rapport with patients, to ensure they reschedule.

5.3 No exaggeration of the patient's condition should be made.

5.4 A Member must recognise the limitation of the treatment he/she can provide and refer clients to other competent health practitioners. In appropriate circumstances, a Member should recommend to his/her patient that additional opinions and services be sought.

5.5 It should be the aim of every Member to establish and maintain high ideals of professional honour and responsibility, and endeavour in every way to render satisfaction to the patient.

5.6 No specific guarantee regarding results to be obtained by treatment should be given, but an assurance only of benefit where some can confidently be expected is permissible.

5.7 It is the duty of every Member to administer methods of treatment as they are suitably qualified, and as determined by his/her professionally recognised training/ qualifications.

5.8 The CMA does not recommend or endorse any Members be involved in Multi-Level Marketing systems.

5.9 A Member shall never divulge, except with the written consent of his/her patient, or when required by law, or where failure to do so might constitute a menace or danger to the patient's wellbeing, or to other persons, other community, confidence of that patient, facts concerning his/her clinical history, domestic life and/or observation of his/her character, disposition of mind or body brought to light during the treatment of that patient.

In cases of discussing a patient case for the purpose of seeking further professional opinion or education, see guidelines described in 5.11 (below).

5.10 A Member should refuse to treat a patient who is under the influence of alcohol or drugs, which in the opinion of the Member, affects their mental or physical stability or in any way their communication ability.

- 5.11 A Member shall not disclose any information that may identify the patient when discussing a clinical case with another suitably qualified party without the patient's written prior consent. In such cases it is recommended that the only identifying features be a patient code: not including initials or birthdate.
- 5.12 A Member shall not knowingly cause injury or termination of the life of a foetus or attempt to do so by any means whatsoever.
- 5.13 A Member shall not knowingly do or attempt to do anything which might bring about sterility in a patient.

6. DUTIES OF MEMBERS TO EACH OTHER AND OTHER PROFESSIONS

- 6.1 A Member should refrain from adverse criticism of a fellow Member or a Member of another health or related profession, except as required by law or the Executive in course of issues of investigation.
- 6.2 Where results are unsatisfactory in cases requiring patient care, a consultation should be arranged where possible for the patient with another Member or other practitioner.
- 6.3 Loss due to theft or other means of membership certificate must be reported to the Executive.
- 6.4 When a Member refers a patient to a colleague, it is suggested that relevant patient information should be forwarded.

It is not necessary to forward original or photocopies of clinical records, providing accurate details in general terms together with any assisting comments, are communicated to the recipient practitioner concerned.

Copies of Pathology reports or X-rays in your possession, should be forwarded on request. In accordance with (5.8) above.

- 6.5 When a patient wishes to transfer to another practitioner, the patient and recipient, should request in writing that all relevant information be made available to the requesting practitioner.
- 6.6 In cases where care other than naturopathy or nutritional advice is deemed necessary or advisable, the patient should be advised accordingly.
- 6.7 To assist in the establishment of friendly relations and professional co-operation, a Member commencing practice should pay a courtesy call to other established Members in the same locality at the time of his/her commencement in practice.
- 6.8 When aligning themselves in practice with other Members, the Member must insist that the other Members maintain the standards expressed in this Code of Ethics.

7. PUBLICITY, ADVERTISING AND LITERATURE

7.1 The following standard of ethics refer explicitly to publicity, advertising and literature for Members of the Complementary Medicine Association.

7.2 Literature - (Definition)

- (a) The Association's literature is that material propagated and accepted by the Federal Executive and accepted by the media (newspapers, magazines, television, radio, business directories, cinema and all electronic forms of media) designed to promote the Association and the ethical advancement of its Members and its aims into the community, the industrial and the cultural organisations and governments of Australia.
- (b) Unless first approved by the Federal Executive, the aforementioned literature shall not be published or distributed by a Member of the Complementary Medicine Association.
- (c) Any literature pertaining to the Association published or distributed by a Member, shall not defame, breach privacy or any Australian laws, and shall be in good taste.

7.3 **ADVERTISING**

- (a) All advertising made by any Member of the Association should firstly be compliant with all relevant laws, be truthful and in good taste.
- (b) Misleading statements, exaggerations, premiums and/or gifts should not be used to attract patients. This includes, but is not limited to gift vouchers, gift cards and any other monetary specific gifts or incentives.
- (c) Advertising should not compare one Member with another practitioner and should not compare one technique with another technique or qualification of one to the other.
- (d) 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.
- (e) A Member must not knowingly or recklessly take or use a protected title for a health profession, that could reasonably be expected to lead to belief, that he/she is a Regulated Health Professional, unless he/she is registered for that profession.
- (f) It is encouraged that Members when advertising themselves and their services, make reference to their membership of the Complementary Medicine Association.

7.4 **NEWSPAPERS & MAGAZINES**

Advertising will be permitted in the following manner:

- (a) Advertisements restricted to the professional pages, unless provision is made in the publication of special merit. (For example: *Health Section*).
- (b) Advertising must be restricted in size to not more than a half page.
- (c) Personal advertising will be limited in the use of name, address, Member's qualifications, services offered, telephone numbers, other contact methods or web address, hours of practice and Association's house mark.
- (d) It is recommended that the CMA logo be used but is not a requirement. If using the CMA logo, it must be utilised in originally obtained form and not altered or formatted in any way (other than re-sizing only). The CMA does not require that you use the logo on web pages, social media or stationery, but does encourage Members to proudly display their membership. And, where possible and appropriate, use links to the CMA site(s) and resources.

7.5 **STATIONERY**

- (a) It is recommended that letterheads and business cards should contain only name, clinic address (including clinic web address and contact details), qualifications and contact details. It is further recommended that the official CMA logo be used. (No additions or alterations, within or around the emblem will be permitted).
- (b) Office bearers of the Association must not advertise their official positions on office stationery.

7.6 **SIGNS**

- (a) Signs should be made of material in keeping with good taste and should conform to Local Government regulations.
- (b) Signs should also conform to Association guidelines as set by the Association from time to time (For example: colour, lay-out etc.).

7.7 **BUSINESS DIRECTORY**

When promoting themselves through such means, it is the responsibility of the Member to ensure that any promotion / online post / publication conforms with the current Code of Conduct set by the Association and appropriate government bodies. Specifically, the Member or their representative needs to be aware of claims of treatment of serious health conditions, and all legal obligations under their appropriate state or national law.

A Member must also ensure that advertising of products must comply with appropriate TGA advertising standards.

7.8 **RADIO, TELEVISION, CINEMA, INTERNET and ALL OTHER SOCIAL MEDIA ADVERTISING**

All material created or displayed for public viewing, must comply with appropriate state or national laws, and any guidelines set out in this Code of Conduct. They must also comply

with TGA advertising rules and standards. It is the responsibility of the Member to ensure that such compliance is adhered to.

7.9 MEMBER ADVERTISING THROUGH CMA

If a CMA Member wishes to advertise to other Members, he/she is required to abide by and follow the current process, and if applicable, pay the necessary, current price for such advertising.

8. MALPRACTICE

- 8.1 In the event of a claim or charge or suggestion of a claim, or charge being made against a Member of the Association for malpractice, it shall be the duty of the Member concerned to submit immediately to the Federal Executive, a full and detailed written report of the case. Immediately after consideration by the Executive, the Member shall be advised on what action it considers should be taken (if any).
- 8.2 If the Member concerned shall accept and follow the advice given by the Federal Executive, then the Association shall give such assistance as it may determine.
- 8.3 Professional indemnity insurance is compulsory for all full practicing Members on attaining membership.

9. UNETHICAL CONDUCT

- 9.1 Before any investigation by the Committee into a complaint of unethical conduct by a Member of the Association, evidence of such complaint shall be submitted to the Federal Executive by Statutory Declaration.
- 9.2 The payment of a commission to any person in consideration of the introduction of new patients is forbidden absolutely.

IN ADDITION TO THE ABOVE CODE OF ETHICS THE FOLLOWING MINIMUM STANDARDS OF PRACTICE ARE RECOMMENDED

10. INTRODUCTION

- 10.1 The need for an established routine of practice, suitable to the Association, becomes necessary when it is considered that the Association has among its Members, graduates from different schools and of varying years of experience in the field. In setting out minimum routine procedures, due consideration has been given to technical advancement taking place in the profession. It has also been taken into consideration that, in the event of legal proceedings against a Member, office records become of prime importance as evidence and some suggestions have been made with this in view.

The routine has been based on these factors and is published here with earnest request that it should be universally adopted.

11. OFFICE PROCEDURE

11.1 Members should conform to a minimum standard in recording new cases and recording progress of the patient, while the patient is under a Member's care. It is suggested that case history and progress records should be kept separate from financial records.

12. CASE HISTORY

12.1 A case history should in all cases include the following:

- (a) Name, address, occupation, date, telephone/mobile number(s) and email address, for both business and after hours.
- (b) Present symptoms and duration of same.
- (c) Previous treatment.
- (d) Past illnesses, operations and/or accidents.
- (e) Abnormalities noted.
- (f) Medical diagnosis (if any).

13. PROGRESS REPORTS

13.1 It is recommended that in addition to complete case history records, progress notations be made in the following instances:

- (a) Date of each visit to the clinic to be recorded.
- (b) When a patient reports changes to symptoms.
- (c) Treatment and any advice given to patient or relatives.
- (d) Results and any remarks to patient, or by patient, to be recorded on each visit, and on conclusion of treatment.

14. RECORDS

14.1 records should be filed for a period of not less than seven (7) years following last visit of patient.

15. CONCLUSION

15.1 Every Member in the interest of the Association and himself/herself shall remain familiar with the Code of Ethics, and By-Laws of the Association, and details of any Act of Parliament with its amendments and regulations affecting his/her profession.

15.2 The above provisions may be altered, amended or rescinded and new clauses added at an Annual General Meeting of the Association by a majority vote of those present at the meeting, provided it is by a voting Member and received by the Secretary in writing one month before the next Annual General Meeting to allow it to become an agenda item.

- 15.3 In cases of differences in interpretation of the above Code of Ethics, the interpretation of the Committee shall prevail.

BY-LAWS TO BE COMPLIED WITH BY MEMBERS OF THE COMPLEMENTARY MEDICINE ASSOCIATION

1. That the Association practitioners be publicly and professionally referred to as: Naturopaths and/or Nutritionists and/or Homeopaths and/or Western Herbal Medicine Practitioners and/or Chinese Herbal Medicine Practitioners and/or Ayurveda Practitioners.
2. That not less than fourteen days' notice be given for all meetings held at a State or Federal level unless exceptional circumstances prevail and do not disadvantage any Member who may wish to attend.
3. That no correspondence/written word be circulated using the Association logo without official endorsement.
4. Move that State meetings be held no less than 28 days before each scheduled committee meeting in order that a report can be in the secretary's hands at least 21 days before each Federal Executive meeting.
5. That Full Members be entitled by way of their membership status to place the following letters after their name - MCMA (Member of the Complementary Medicine Association).
6. That the following membership categories be established:
 - (a) Hon. ACMA (Honorary Associate of the CMA)
 - (b) Hon. MCMA (Honorary Member of the CMA)

To be offered at the discretion of the Federal Executive to people of eminence and value to the Association. This will entitle the recipient to place the above letters after their name. This classification of membership would attract no registration or annual membership fee.

7. That Fellowships be created and awarded to Members for outstanding contributions to the Association. These Fellowships will still attract an annual membership fee. To be denoted as FCMA after the Member's name. (Fellow Member of the Complementary Medicine Association).
8. That we invite two (2) CMA Members from the State in which Federal Executive meetings are being held to observe and become involved in discussion. Members to be invited will be at the discretion of the Federal Executive.

9. MEMBERS EMPLOYED IN HEALTH-RELATED RETAIL OUTLETS

It is quite common to see Natural Therapists employed in health food stores and/or pharmacies as a consulting practitioner or as an, 'over the counter (OTC)' advisor on complementary medicines.

However, we draw your attention to your obligations as a CMA member when undertaking such work.

OTC complementary medicine advice within a retail environment

- (a) You are not permitted to diagnose in this capacity.
- (b) Advice should be limited to general information about OTC complementary medicines, such as an explanation of their approved uses etc.
- (c) You should still maintain your own Professional Indemnity Insurance, even though your retailer may advise that you are also covered under their policy.
- (d) You are NOT permitted to charge or issue receipts for this type of advice while operating in this capacity.

Consulting as a practitioner within a retail environment:

- (a) A separate professional and private consulting area is required.
- (b) Professional patient records must be maintained for all consultations and kept in a safe a secure manner to ensure patient privacy. Follow-up consultations are also encouraged.
- (c) 'Practitioner Only' complementary medicines should only be ordered by and invoiced to the practitioner, even though they are being delivered to, and possibly paid for by the retailer.
- (d) 'Practitioner Only' complementary medicines must not be made accessible to the public i.e. within S3 & S4 area, without a professional consultation.
- (e) Such products should only be dispensed after being prescribed by the practitioner.
- (f) Patients should be charged a professional fee by the practitioner for all consultations, and a professional practitioner receipt issued.
- (g) When prescribing 'Practitioner Only' products possibly outside the members scope of qualification;

If Members follow the listed indications and listed contra-indications for a product, then they may be able to prescribe such products. Please note the CMA is not a legal entity, and hence cannot legally advise.

10. That in the situation where an applicant tender's qualifications in practices/therapies or modalities which are not approved by the Federal Executive, or about which the Federal Executive holds some reasonable reservation(s) as to the ethics, safety or morality of those practices, therapies or modalities, the Federal Executive or its delegate(s) shall:

- (a) Inform the applicant of the provisions in the CMA Code of Ethics which forbids the association of the CMA Logo with any practice, therapy or modality which is not approved officially by the CMA.
- (b) Inform the applicant that the practice, therapy or modality included in his/her application is not approved by the CMA Federal Executive and express to the applicant, any further reservations which the Federal Executive may hold with regard to these practices, therapies or modalities.
- (c) Advise the applicant of any Federal Executive recommendation for the applicant to seek further education or take other action which the Federal Executive may deem appropriate.
- (d) Advise the applicant that the membership status will be reviewed by the Federal Executive at any future date at its discretion.

- 11. That Associate membership only be granted to applicants from professions allied to the objectives of the CMA.
- 12. That inclusion of details with private health funds for the purpose of provider registration, be provided to Full Members who hold the relevant and required minimum (recognised) education training and qualifications.
- 13. That all CMA Members work within professional rooms in order to provide his/her patients with privacy and confidentiality.
- 14. CMA Members include a “consent to treat” section in their case history forms, to be signed by the patient. Suggested wording would be:

“I the undersigned, hereby state that all information provided here by me, is a true and accurate record of my health status and I give consent for treatment from this clinic. I understand that my personal details will be stored and used (only) as per the (current) Privacy Act legislated guidelines”

- 15. The Executive agree that in certain circumstances, telephone, Skype and other electronic forms of consultations are acceptable as follows:
 - (a) Circumstances are such that there is no practical alternative than to conduct a telephone or Skype consultation.

- (b) That the consultation is carried out professionally and in accordance with the Association's Constitution and Code of Ethics by which the practitioner is bound.
- (c) That proper notes of the consultation are made and retained.
- (d) That the client is made aware that Health Fund rebates will not be applicable to telephone consultations.
- (e) That the client is made aware that Health Fund rebates may not be applicable to Skype consultations.
- (f) The practitioner must ensure that any receipts issued for such a consultation, must clearly state that the consultation was a "telephone, Skype, online or other electronic form of consultation."

16. (30.2) That CMA Members who change their practice premises must provide photos of their new premises, in the same manner and with the same requirements, as detailed on the official CMA Membership Application form.

17. (31.4) That upon annual membership renewal, should a (practicing) Member not have accumulated the required minimum of 20 CPE points, they shall be responsible for supplying the necessary evidence of balance of points to the administration office before the next monthly Health Fund provider update lists are distributed. Failure to do so will result in provider status (if applicable) being ceased until such time as relevant items are received.

(31.5) the 20 CPE points awarded to new graduates for their first year of practice, will apply for that first year of practice and that thereafter, those practitioners will be required to accrue 20 CPE points per year, as is required for all practicing Members of the Association.

(165.4) That the CMA's CPE point policy for all practicing Members, will be maintained post PHI reforms beginning 1st April 2019. As the CMA is part of the Australian Naturopathic Federation and the World Naturopathic Federation, this is strongly suggested as a minimum standard.

Continuing education and professional development is pertinent to all Members in order to enforce the updating of knowledge, and to sustain quality education standards to better serve patients and the public at large, particularly in relation to public safety.

(165.5) That the CMA's First Aid policy for all practicing Members, will be maintained post PHI reforms beginning 1st April 2019. All practicing Members must hold a current First Aid certificate equivalent to HLTAID011 or higher, which is valid for a period of three (3) years. Upon expiry and undertaking of a renewal course, the new certificate must be supplied to the CMA office as soon as completed.

This is a minimum requirement within many Australian workplaces, and it particularly promotes high practice standards and public safety.

Should first aid become expired and a new certificate is not provided, practice status will be placed on hold and health fund provider registration (where applicable) will be ceased until a valid certificate is received. The CPR component, which is valid for 12 months, does not need to be supplied if renewed.

(165.6) That the CMA's Professional Indemnity and Public Liability Insurance policy for all practicing Members, will be maintained post PHI reforms beginning 1st April 2019.

Professional Indemnity and Public/Products Liability Insurance, to a minimum cover of \$2M & \$10M respectively must be held. For Chinese Herbal Medicine Members, \$5M & \$10M respectively is a basic requirement for professional practitioners for protection of both patients and self/practice in the case of litigation. Combined Malpractice and Product Liabilities should also be considered.

Should insurance cover become expired and a new certificate is not provided, practice status will be placed on hold and health fund provider registration (where applicable) will be ceased until a valid certificate of currency/policy schedule is received.

(195) All practicing Members must hold a current Working with Children check (WWC) or Working with Vulnerable People Clearance (WWVP) or Blue Card or Ochre Card, in accordance with their relevant State or Territory Legislation.

18. (40.5) Temporary Leave of Membership.

In circumstances such as maternity or paternity leave, personal or family illness, further education, extended travel or other reasons considered valid by the Federal Executive, temporary leave of membership may be granted according to the following provisions:

- (a) That the Member shall apply in writing for the leave of membership, stating the reasons for the request and the period of leave requested.
- (b) That the Member shall not practice during the period of leave of membership.
- (c) That the leave of membership shall be for a fixed period of time as agreed between the Member and the Federal Executive and shall not exceed twenty-four (24) months, except in exceptional circumstances as approved by the Federal Executive at their discretion.
- (d) That the requirement for professional indemnity insurance, current first aid and CPE points, shall be waived during the period of leave of membership.
- (e) That the membership fee due during the period of leave of membership shall be 50% of the normal annual membership fee.
- (f) That at the end of the period of leave of membership, the Member shall be reinstated at the same level of membership that they held at the time that they were granted the leave of membership, and that payment of normal annual membership fees shall resume.
- (g) That the Member shall sign an undertaking to abide by the above conditions for leave of membership.