
Code of Conduct

for Australian Naturopaths and Western Herbal Medicine Practitioners

September 2026

Developed in collaboration between the Naturopaths and Herbalists Association of Australia (NHAA), Australian Natural Therapists Association (ANTA), Australian Naturopathic Practitioners Association (ANPA) and Complementary Medicine Association (CMA)

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Table of Contents

Table of Contents.....	2
Overview	4
Definitions.....	5
Introduction	8
1 Providing Good Care	9
1.1 Introduction	9
1.2 Good Care	9
1.3 Decisions about access to care	10
1.4 Public Communication and Professional Responsibility	10
1.5 Scope of Practice.....	11
2 Working with Patients	12
2.1 Partnership	12
2.2 Informed Consent	12
2.3 Effective Communication with the patient	13
2.4 Confidentiality and Privacy	13
2.5 Health Records.....	14
2.6 Access to Care and Non-Discrimination	14
2.7 Children, Young People and Vulnerable Patients	14
2.8 End-of-Life Care	15
2.9 Culturally safe and sensitive practice.....	15
2.10 Patients who may have additional needs	15
2.11 Family, Carers or Support People	16
2.12 Adverse Events and Open Disclosure.....	16
2.13 Emergency Situation	16
2.14 Complaints	16
2.15 Ending a Professional Relationship	17
2.16 Professional Boundaries and Personal Relationships	17
2.17 Closing or Relocating a Practice	17
3 Trauma Informed Care.....	18
3.1 Good practice involves:.....	18
3.2 Re-traumatisation	18
3.3 Professional Responsibility	19
4 Working with Other Practitioners.....	20
4.1 Respect for Colleagues.....	20
4.2 Teamwork and Collaboration	20
4.3 Discrimination, Bullying and Harassment	20
4.4 Delegation, Referral and Handover	21

5 Working within the Healthcare System	22
5.1 Use of Healthcare Resources	22
5.2 Sustainability of Healthcare Resources.....	22
5.3 Health Advocacy and Public Health	22
6 Minimising Risk and Maintaining Professional Performance.....	23
6.1 Risk Management	23
6.2 Practitioner Performance	23
6.3 Continuing Professional Development	23
7 Professional Behaviour	24
7.1 Reporting Obligations	24
7.2 Insurance, Legal and other requirements.....	24
7.3 Advertising	24
7.4 Conflicts of Interest.....	25
7.5 Financial and Commercial Dealings	25
7.6 Insurance	25
7.7 Reports, Certificates and Giving Evidence	26
8 Artificial Intelligence and Digital Health Technologies.....	27
9 Practitioner Health and Wellbeing.....	28
9.1 Your Health	28
9.2 Other Practitioners' Health	28
10 Teaching, Supervising, Mentoring and Research.....	29
10.1 Teaching, Supervising and Mentoring.....	29
10.2 Research Ethics	30
11 Cultural Safety.....	31
11.1 Aboriginal and Torres Strait Islander Health and Cultural Safety	31
11.2 Culturally Safe Practice for All Communities	31
Appendix A Supplementary Schedules	33

Overview

This Code of Conduct seeks to assist and support Naturopaths and Western Herbal Practitioners within Australia. The delivery of effective healthcare needs to occur within an ethical framework. Practitioners have a duty to make the care of patients/clients their first concern and to practise safely and effectively. Maintaining a high level of professional competence, integrity and conduct is essential for ~~to~~ ensuring high-quality patient care.

This Code of Conduct (the Code) was developed with collaboration between the Naturopaths and Herbalists Association of Australia (NHAA), Australian Natural Therapists Association (ANTA), Australian Naturopathic Practitioners Association (ANPA) and Complementary Medicine Association (CMA) — to support members in delivering effective health services within an ethical framework.

This Code sets out 11 principles for practitioners in relation to:

1. Providing good care, including scope of practice
2. Working with patients
3. Working with other practitioners
4. Working within the healthcare system
5. Minimising risk and maintaining professional performance
6. Professional behaviour
7. Practitioner health and wellbeing
8. Teaching, supervising, mentoring and research
9. Cultural safety
10. Trauma-informed care
11. Artificial intelligence and Digital Health Technologies

Each principle is followed by practical guidance about how to apply it in practice. The professional values and conduct expectations in this Code apply to all settings in which practitioners work, including in-person consultations, telehealth, and digital or electronic communications.

All Associations representing Naturopaths and Western Herbal medicine practitioners are invited to adopt this Code of Conduct. This Code applies to all members of any participating association. Practitioners must be familiar with this Code and apply the guidance it contains. This Code is not a substitute for relevant legislation. Where any conflict exists between this Code and the law, the law takes precedence.

Definitions

In this Code, unless the context otherwise requires:

Artificial Intelligence – refers to the capability of machines or computer systems to perform tasks that typically require human intelligence.

Bullying – repeated and intentional use of words or actions against a person or group to cause distress and risk to their wellbeing. Bullying is usually carried out by people who have more influence or power over someone else, or who want to make someone else feel less powerful or helpless.

Complaint – has two phases, one directly to the practitioner and one to the association

1. Any expression of dissatisfaction concerning the practitioner's conduct, care, services, or professional practice.
2. A statement of dissatisfaction that can be submitted to the practitioner's affiliated association.

Conflict of Interest – Situations where a practitioner's professional duties could be compromised by personal, financial, or commercial interests. These must be disclosed and managed to prevent patient harm.

Cultural safety – an environment, workplace, or service in which individuals from diverse backgrounds are treated with dignity, respect and without discrimination, including Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practice requires health practitioners to recognise and appropriately consider cultural identity, lived experience and individual needs, while maintaining their professional responsibility to exercise independent clinical judgement and to provide safe, ethical and evidence-informed healthcare. Practitioners should engage respectfully with differing cultural beliefs and perspectives and must not engage in racism or discriminatory conduct. Respectful discussion, questioning or professional disagreement, where clinically or professionally appropriate, does not of itself constitute culturally unsafe practice.

Delegation – is the process of entrusting a specific task to another person or member of staff while ensuring they have the appropriate knowledge, skills, and authority to do so without compromising quality or safety. It requires clear instruction, appropriate supervision, and the delegator maintaining ultimate accountability for the outcome. The practitioner retains overall responsibility for the care of the patient.

Discrimination – occurs when a person, or a group of people, is treated less favourably than another person or group because of their background or certain personal characteristics.

Electronic – means any digital form of communication, including email, online meeting technologies, internet, social media, etc.

Harassment – unwelcome conduct directed at a person on the basis of certain personal characteristics, such as race, sex, pregnancy, marital status, breastfeeding, age, disability, sexual orientation, gender identity or intersex status, that a reasonable person would consider offensive, humiliating or intimidating.

Informed Consent – The process of ensuring clients fully understand treatment options, potential risks, and benefits before agreeing to care

Mentor – An experienced naturopath or herbalist who provides professional guidance, support, and role-modelling to newer or developing practitioners. A mentor is not a supervisor or employer; their role is to share knowledge, lived experience, and strategies that help mentees grow in confidence, skills, and professional identity.

Patient – a person who has entered a therapeutic and/or professional relationship with a practitioner. The term 'patient' includes 'clients' and 'consumers'. It can also extend to their families and carers (including kinship carers), and to groups and/or communities as users of health services, depending on context. Where relevant, references to 'patient' in this Code extend to substitute decision-makers.

Patient-centred care – The understanding that each patient is unique. It involves open communication, respect for diverse cultural backgrounds, and active collaboration with the patient in their health decisions

Power Imbalance – The recognition that practitioners hold a position of authority over vulnerable patients. Exploitation which can be financial, physical, emotional, or sexual is strictly prohibited.

Practice – any role, whether remunerated or not, in which the individual uses their skills and knowledge as a practitioner in their regulated health profession. For the purposes of this code, practice is not restricted to the provision of direct clinical care. It also includes using professional knowledge in a direct non-clinical relationship with patients, working in management, administration, education, research, advisory, regulatory or policy development roles and any other roles that have an impact on safe, effective delivery of health services.

Practitioner – a health practitioner who is a current financial member of one of the member associations of NATHUA, or any association who chooses to adopt this Code of Conduct.

Professionalism – The demonstration of integrity, compassion, respect, and transparency in all aspects of clinical practice. Practitioners are expected to treat patients as individuals and protect their dignity

Providing care – includes, but is not limited to, any care, treatment, examination, advice, service or goods provided in respect of the physical, mental or emotional health of a person, whether remunerated or pro bono.

Racism – includes prejudice, discrimination or hatred directed at someone because of their colour, ethnicity or national origin.

Referral – involves one practitioner directing a patient to obtain an opinion or treatment from another practitioner. Referral usually involves the transfer (in part) of responsibility for the care of the patient, usually for a defined time and a particular purpose, such as care that is outside the referring practitioner's expertise or scope of practice.

Sexual harassment – unwelcome sexual conduct that a reasonable person would anticipate would offend, humiliate or intimidate the person harassed.

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

Substitute decision-maker – includes a parent, guardian, legally appointed decision-maker or other person with authority to make healthcare decisions on behalf of a patient who does not have capacity to make their own decisions. References to 'patient' in this Code extend to substitute decision-makers where relevant.

Supervision – a professional, contracted relationship between a practitioner and an experienced professional (the supervisor) in the practitioner's area of practice. Supervision supports practitioners' accountability and adherence to professional, ethical and workplace standards (including this code); critical reflection; and ability to meet the professional development and work role needs of the practitioner. Supervision is collaborative, may result in reciprocal learning, can be formalised via written agreements or discussion regarding relevant terms, participant roles, expectations, learning goals, and may involve documentation of supervisory activities and progress.

Introduction

Use of the Code

This Code seeks to assist and support practitioners to deliver appropriate, effective services within an ethical framework. Practitioners have a professional responsibility to be familiar with this Code and to apply the guidance it contains.

This Code will be used:

- to support individual practitioners in the challenging task of providing good health care and fulfilling their professional roles and to provide a framework to guide professional judgment
- as an additional resource for a range of uses that contribute to enhancing the culture of professionalism in the Australian health system: for example, in practitioner education; orientation, induction and supervision of students; and by administrators and policy makers in hospitals, health services and other institutions. Practitioners must always act in accordance with the law.

The Code is not a substitute for the provisions of the National Code of Conduct for Healthcare Workers, other relevant legislation and case law. If there is any conflict between the Code and the law, the law takes precedence. Practitioners need to be aware of, and comply with, the policies and guidelines of their association. The Code does not address in detail the range of general legal obligations that apply to practitioners, such as those under privacy, child protection and antidiscrimination legislation.

Practitioners should ensure that they are aware of their obligations under the general law and other legislation and act in accordance with them.

This Code is not an exhaustive study of professional ethics or an ethics guide.

1 Providing Good Care

The care of patients is the primary concern of every practitioner. Good practice is centred on patients, and it involves understanding that each person is unique and working in partnership with them, adapting what you do to address their needs and reasonable expectations.

1.1 Introduction

Care of the patient or client is the primary concern for health professionals in clinical practice. Providing good care includes:

- a) assessing the patient or client, taking into account their history, views and an appropriate physical examination where relevant; the history includes relevant psychological, social and cultural aspects
- b) formulating and implementing a suitable management plan (including providing treatment and advice and, where relevant, arranging investigations and liaising with other treating practitioners)
- c) facilitating coordination and continuity of care
- d) recognising the limits to a practitioner's own skills and competence and referring a patient or client to another practitioner when this is in the best interests of the patients or clients
- e) recognising and respecting the rights of patients or clients to make their own decisions.

1.2 Good Care

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

- a) assessing the patient, taking into account their history, views and relevant psychological, social and cultural aspects
- b) formulating and implementing a suitable management plan, including providing treatment and advice and, where relevant, arranging investigations and liaising with other treating practitioners
- c) facilitating coordination and continuity of care
- d) recognising and working within the limits of your competence, and referring a patient to another practitioner when this is in their best interests
- e) practising within an evidence-based and patient-centred framework
- f) considering the balance of potential benefit and harm in all clinical management decisions
- g) taking steps to alleviate the symptoms and distress of patients whether or not a cure is possible
- h) supporting the right of the patient to seek a second opinion
- i) ensuring that personal views do not adversely affect the care of a patient
- j) Recognising and respecting the rights of patients to make their own informed decisions about their care, including the right to decline treatment or advice

Practitioners must not guarantee a cure or a specific therapeutic outcome. Treatment benefits may be discussed with patients but must not be promised or implied as certain.

1.3 Decisions about access to care

Practitioner decisions about access to care need to be free from bias and discrimination. Good practice involves:

- a) always treating patients or clients with respect
- b) not prejudicing the care of a patient or client because a practitioner believes that the behaviour of the patient or client has contributed to their condition
- c) upholding the duty to the patient or client and not discriminating on grounds irrelevant to health care, including race, religion, sex, disability, or other grounds specified in antidiscrimination legislation
- d) investigating and treating patients or clients on the basis of clinical need and the effectiveness of the proposed investigations or treatment, and not providing unnecessary services
- e) keeping practitioners and their staff safe when caring for patients or clients; while action should be taken to protect practitioners and their staff if a patient or client poses a risk to health or safety, the patient or client should not be denied care, if reasonable steps can be taken to keep practitioners and their staff safe
- f) being aware of a practitioner's right to not provide or participate directly in treatments to which the practitioner objects conscientiously, informing patients or clients and, if relevant, colleagues of the objection, and not using that objection to impede access to treatments that are legal
- g) not allowing moral or religious views to deny patients or clients access to health care, recognizing that practitioners are free to decline to provide or participate in that care personally.

1.4 Public Communication and Professional Responsibility

While practitioners have the right to hold and express their personal views and values, they must recognise that the distinction between personal and professional identities may not always be clear to the public. Practitioners should carefully consider the impact of their public comments, conduct, and activities, including those undertaken online, and how these may influence public confidence in the profession.

Communications made through professional channels, including professional email accounts, websites, social media platforms, presentations, publications, and other public forums, are likely to be viewed as representing both the individual practitioner and the profession. Even where practitioners are expressing personal opinions, members of the public may reasonably associate those views with their professional role.

Practitioners must therefore ensure that their public communications are respectful, accurate, evidence-informed, and consistent with their professional and ethical obligations. They should avoid making statements or engaging in conduct that could undermine public trust in the profession, cause harm, mislead the public, or bring the profession into disrepute.

Professional responsibilities extend beyond the clinical setting. A practitioner's public presence is an extension of their professional practice, and the manner in which they conduct themselves in public forums reflects on the integrity, credibility, and reputation of both the individual practitioner and the profession as a whole.

1.5 Scope of Practice

Practitioners must practise only within the modalities, disciplines and areas in which they hold appropriate qualifications, training and experience. Before moving into a new area of practice, ensure you have sufficient training and/or qualifications to achieve competency in that area. Recognise the limits of your competence and refer patients to other practitioners when this is in their best interests.

2 Working with Patients

Relationships based on openness, trust and good communication will enable practitioners to work in partnership with patients. An important part of the practitioner–patient/client relationship is effective communication.

2.1 Partnership

A good partnership between practitioner and patient or client requires high standards of personal conduct. This involves:

- a) being courteous, respectful, compassionate and honest
- b) treating each patient or client as an individual
- c) encouraging and supporting patients to be well-informed about their health and to participate actively in decisions about their care
- d) recognising the power imbalance inherent in the therapeutic relationship and not exploiting patients physically, emotionally, mentally, sexually or financially
- e) protecting the privacy and right to confidentiality of patients
- f) respecting the right of patient's autonomy to choose whether to participate in any treatment or to accept advice

2.2 Informed Consent

Informed consent is a person's voluntary decision about healthcare made with knowledge and understanding of the benefits and risks involved. Good practice involves:

- a) providing information to patients in a way they can understand before asking for their consent, and ensuring adequate opportunity for questions
- b) obtaining informed consent before undertaking any examination or investigation or providing treatment. Note this may not be possible in an emergency situations, refer to emergency protocols when required.
- c) obtaining financial consent by discussing all fees and costs associated with proposed care, before or during services provided
- d) documenting consent appropriately, including written consent for procedures involving significant risk
- e) when working with a patient or client who are minors (<17 years of age) or lack the decision-making capacity, consent is managed through normal legal frameworks. For minors see “Children and Young People section 2.7”. For all other cases, obtaining the consent of a substitute decision-maker and attempting to obtain the patient's or client's consent as far as practically possible
- f) informing patients when artificial intelligence (AI) or other digital health technologies are used in their consultation, clinical documentation or care recommendations, and obtaining their consent before use — including respecting their right to decline (see also 6.7)

2.3 Effective Communication with the patient

Effective communication underpins every aspect of good practice and applies equally to in-person and technology-based consultations including telehealth and digital communications. Good practice involves:

- a) listening to patients, asking for and respecting their views about their health, and responding to their concerns and preferences
- b) All staff involved with patients/clients should be treated with professional and respectful communication at all times
- c) informing patients of the nature and need for all aspects of their clinical care and giving them adequate opportunity to question or decline
- d) Encouraging patients/clients to discuss and disclose all health treatments from other health providers they have had or having for their condition including conventional, complementary or alternative.
- e) discussing conditions and available treatment options, including their possible benefits, risks, limitations and alternatives
- f) endeavouring to confirm that patients understand what has been communicated
- g) taking all practical steps to meet the specific language, cultural, diversity (including neurodiversity) and communication needs of patients, including using qualified interpreters where necessary
- h) ensuring that patients are informed of material risks associated with any proposed management plan
- i) Where appropriate, ensure appropriate communication occurs with other health professionals

All professional conduct standards apply equally to telehealth consultations.

2.4 Confidentiality and Privacy

Practitioners have ethical and legal obligations to protect the privacy of people requiring and receiving care. Patients have a right to expect that practitioners and their staff will hold information about them in confidence, unless they consent certain information to be shared or release is required by law or public interest considerations. Good practice involves:

- a) treating all patient or client information as confidential
- b) seeking consent before disclosing information where practicable
- c) complying with applicable privacy and health records legislation, including in relation to electronic and digital records
- d) ensuring surroundings allow private and confidential consultations and discussions to take place
- e) ensuring all staff understand their confidentiality obligations and refrain from discussing patients in a non-professional context
- f) not disclosing any information that may identify a patient or client when discussing a clinical case for professional education purposes, except with written consent

2.5 Health Records

Maintaining clear, accurate, and secure health records is essential for the continuing good care of patients. Good practice involves:

- a) keeping accurate, up-to-date, legible records that report relevant details of clinical history, clinical findings, investigations, information given to patients, and treatment and management provided
- b) ensuring records are held securely and are not subject to unauthorised access, including electronic records
- c) ensuring records show respect for patients and do not include demeaning or derogatory remarks
- d) ensuring records are sufficient to facilitate continuity of care
- e) making records at the time of events or as soon as possible afterwards
- f) recognising the right of patients to access information contained in their health records and facilitating that access
- g) promptly facilitating the transfer of health information when requested by patients

Records must be retained for a minimum of seven years following the patient's or client's last visit, or until a patient who was a minor at the time of treatment reaches the age of 25, whichever is the longer period. Where state or territory legislation requires a longer retention period, that period applies.

2.6 Access to Care and Non-Discrimination

Decisions about access to care must be free from bias and discrimination. Practitioners must not refuse care or treat patients less favourably on the basis of race, culture, religion, sex, age, disability, sexual orientation, gender identity or other grounds specified in anti-discrimination legislation. Where a practitioner has a conscientious objection to a treatment, they must inform the patient or client of their objection, ensure the patient or client can access care elsewhere, and not allow their objection to impede access to lawful treatments. This provision is intended to be principle-based and non-exhaustive.

2.7 Children, Young People and Vulnerable Patients

When caring for children and young people, practitioners must place their interests and wellbeing first. Good practice involves:

- a) considering the young person's capacity for decision-making and consent; where a young person is judged to be of sufficient age and maturity to understand the nature of the proposed care, they may be able to give their own informed consent
- b) encouraging appropriate involvement of parents or guardians in decisions about care and allowing the parents or guardians to consent in the best interests of the child
- c) treating children and young people with respect, listening to their views, encouraging questions, and providing information in a way they can understand
- d) remaining alert to children and young people who may be at risk of abuse or neglect, and notifying appropriate child protection authorities as required by law

Practitioners must comply with all relevant state and territory legislation regarding working with children and vulnerable persons, including any applicable screening and clearance requirements.

2.8 End-of-Life Care

Practitioners have an important role in supporting patients and their families through end of life. This includes:

- a) recognising the limits of naturopathic and herbal medicine in prolonging life
- b) respecting the patient's or client's right to refuse treatment or to request the withdrawal of treatment already begun
- c) respecting diverse cultural and spiritual practices related to death and dying
- d) supporting appropriate palliative care arrangements where relevant
- e) facilitating advance care planning where relevant
- f) providing physical, psychological, emotional and spiritual support for the patient or client, their family and carers during this time
- g) taking reasonable steps to ensure support is provided to patients and their families, even when it is not possible to deliver the outcome they desire

2.9 Culturally safe and sensitive practice

RE: refer to section 9 for further information

Good practice involves genuine efforts to understand the cultural needs and contexts of different patients or clients to obtain good health outcomes. This includes:

- a) having knowledge of, respect for and sensitivity towards the cultural needs of the community practitioners serve, including those of Indigenous Australians and those from culturally and linguistically diverse backgrounds
- b) acknowledging the social, economic, cultural, and behavioural factors influencing health, both at individual and population levels
- c) understanding that a practitioner's own culture and beliefs influence their interactions with patients or clients
- d) adapting practice to improve engagement with patients or clients and health care outcomes.

2.10 Patients who may have additional needs

- Some patients or clients (including those with impaired decision-making capacity) may have additional needs. Good practice in managing the care of these patients or clients includes:
 - a) paying particular attention to communication
 - b) being aware that increased advocacy may be necessary to ensure just access to health care
 - c) recognising that there may be a range of people involved in their care such as carers, family members or a guardian, and involving them when appropriate
 - e) being aware that these patients or clients may be at greater risk.

2.11 Family, Carers or Support People

Providing high-quality, patient-centred care often involves effective communication and collaboration with the people who support the patient or client. Good practice includes:

- a) recognising and respecting the important role of relatives, carers, partners, guardians, and other support persons in the care and wellbeing of the patient or client; and
- b) communicating with, and providing information to, relatives, carers, partners, and other support persons in a timely and appropriate manner, where the patient or client has provided consent or where otherwise permitted by law.

2.12 Adverse Events and Open Disclosure

When something goes wrong in the course of providing care, practitioners have a responsibility to be open and honest with the patient or client. Good practice involves:

- a) recognising what has happened and acting immediately to rectify the problem where possible, including seeking help and advice
- b) explaining to the patient or client as promptly and fully as possible what occurred and its anticipated consequences
- c) acknowledging any distress and providing appropriate support
- d) complying with relevant reporting obligations
- e) reviewing adverse events and implementing changes to reduce the risk of recurrence
- f) ensuring patients have access to information about the processes for making a complaint

2.13 Emergency Situation

When responding to an emergency, practitioners should provide assistance that is appropriate to the circumstances, while taking into account their own safety, level of competence, available resources, and the needs of other patients or clients. Good practice includes acting promptly, within the limits of the practitioner's training and scope of practice, and facilitating access to emergency medical services or other appropriate care where required. Practitioners should continue providing assistance until emergency services or another suitably qualified person assumes responsibility for care, or until it is reasonable and safe to cease providing assistance.

2.14 Complaints

Patients have a right to raise concerns about their care. When a complaint is made, good practice involves:

- a) acknowledging the patient's or client's right to complain
- b) working with the patient or client to resolve the issue where possible
- c) providing a prompt, open and constructive response, including an explanation and apology where appropriate
- d) ensuring that the complaint does not adversely affect the patient's or client's care — in some cases it may be advisable to refer the patient or client to another practitioner
- e) complying with the relevant association's complaints policies and procedures

- f) must facilitate access to complaints processes by ensuring that information on how to make a complaint is readily available to patients and clients. Where required by law, the relevant state, territory, or national Code of Conduct, together with information about the complaints process and relevant complaints body, must be clearly displayed in a location visible to patients and clients and made available online where appropriate

2.15 Ending a Professional Relationship

In some circumstances the relationship between a practitioner and a patient or client may become ineffective or compromised and may need to end.

Good practice requires:

- a) ensuring that the patient or client is adequately informed of the decision
- b) that arrangements are made for the continuing care of the patient or client, and
- c) that relevant clinical information is transferred appropriately.
- d) Where possible, practitioners should not discontinue care until another health service provider is available.

2.16 Professional Boundaries and Personal Relationships

Professional boundaries mean the clear separation that must exist between professional conduct aimed at meeting the health needs of patients and the practitioner's own personal views, feelings and relationships. Good practice involves:

- a) recognising the inherent power imbalance in the therapeutic relationship and maintaining professional boundaries
- b) never using a professional position to establish or pursue a sexual, exploitative or otherwise inappropriate relationship with anyone under your care, or with those close to the patient or client such as their carer, guardian, spouse or the parent of a child patient or client
- c) recognising that personal or sexual relationships with former patients may be inappropriate depending on the nature and extent of the professional relationship and the vulnerability of the former patient or client
- d) not expressing personal beliefs to patients in ways that exploit their vulnerability or are likely to cause them distress
- e) Not lending or borrowing money from patients/clients or vice versa
- f) Providing treatment where personal interests may compromise professional judgement
- g) Not developing dependency relationships with patients/clients

2.17 Closing or Relocating a Practice

When closing or relocating a practice, or when retiring or moving between practices, practitioners should give advance notice to patients as early as reasonably possible, and facilitate arrangements for the continuing care of all current patients, including the transfer or appropriate management of all health records in accordance with applicable privacy and health records legislation.

3 Trauma Informed Care

Practitioners should recognise that many patients and clients have experienced trauma, including adverse childhood experiences, family violence, abuse, neglect, discrimination, systemic injustice, natural disasters, chronic illness, or other distressing life events. Trauma can have ongoing impacts on physical, psychological, emotional, social, cultural, and spiritual wellbeing. Practitioners should provide care that promotes safety, respect, trust, and empowerment while minimising the risk of re-traumatisation.

3.1 Good practice involves:

- a) recognising the prevalence and potential impacts of trauma on health, wellbeing, behaviour, communication, and treatment engagement
- b) providing care in a manner that promotes physical, emotional, cultural, and psychological safety
- c) treating patients and clients with dignity, compassion, respect, sensitivity, and without judgement
- d) recognising signs of distress, trauma responses, or vulnerability and responding appropriately within the practitioner's scope of practice and competence
- e) obtaining informed consent throughout care and recognising that consent is an ongoing process that may be withdrawn at any time
- f) respecting a patient's or client's autonomy, choice, personal boundaries, and right to participate in decisions regarding their care
- g) communicating clearly, transparently, and respectfully, and explaining assessments, examinations, procedures, and treatment recommendations before they occur
- h) avoiding practices, language, or behaviours that may be coercive, intimidating, shaming, dismissive, discriminatory, or otherwise contribute to re-traumatisation
- i) fostering collaborative and person-centred therapeutic relationships that acknowledge each patient's or client's strengths, resilience, experiences, and goals
- j) recognising the intersection of trauma with culture, identity, gender, disability, sexuality, socioeconomic status, and other lived experiences
- k) providing culturally safe and responsive care, including recognising the historical and ongoing impacts of colonisation, racism, and systemic discrimination on Aboriginal and Torres Strait Islander Peoples and other communities
- l) maintaining professional boundaries while demonstrating empathy and compassion
- m) understanding the limits of their competence and making appropriate referrals when specialised trauma or mental health support is required
- n) undertaking ongoing professional development to maintain knowledge and skills in trauma-informed and culturally safe practice
- o) supporting a practice environment, policies, and procedures that promote safety, trust, accessibility, inclusion, and respect for all patients and clients.

3.2 Re-traumatisation

Practitioners should take reasonable steps to minimise the risk of re-traumatisation. This includes recognising that healthcare interactions, assessments, questioning, physical examinations, or clinical

environments may trigger distressing memories or responses in some individuals. Practitioners should respond with sensitivity, respect patient and client choice, and adapt their approach where appropriate to support safety and wellbeing.

3.3 Professional Responsibility

Trauma-informed care is not a specialised treatment modality but an approach to practice that should inform all professional interactions. Practitioners are responsible for integrating trauma-informed principles into their clinical decision-making, communication, professional conduct, and organisational systems to support safe, ethical, and person-centred care.

4 Working with Other Practitioners

Good relationships with colleagues and other practitioners strengthen the therapeutic relationship and enhance care. Practitioners have a responsibility to contribute to a professional culture of mutual respect and safety.

4.1 Respect for Colleagues

Practitioners must

- a) communicate clearly, effectively, respectfully and promptly with colleagues and other practitioners involved in the care of a patient or client;
- b) acknowledge and respect the contributions of all practitioners involved in care;
- c) behave professionally and courteously toward colleagues at all times, including in digital and social media communications;
- d) refrain from making unfair or unfounded critical comments about the practice or reputation of another practitioner including in digital and social media communications.

4.2 Teamwork and Collaboration

Patient and client outcomes are enhanced when team members communicate effectively, demonstrate mutual respect, and understand the roles, responsibilities, capabilities, limitations, and professional obligations of one another. Working collaboratively does not diminish a practitioner's individual accountability for their professional conduct, decisions, and the care they provide. When working collaboratively or as part of a healthcare team, good practice involves:

- a) understanding your role and the roles of other team members, and attending to the responsibilities associated with that role
- b) communicating effectively with other team members to support continuity of care
- c) informing patients about the roles of team members and who has ultimate responsibility for coordinating care
- d) acting as a positive role model for team members
- e) supporting clear delineation of responsibilities within the team, including identifying a recognised team leader or care coordinator where appropriate, while acknowledging that care may be delivered by practitioners from different health professions and models of care;

4.3 Discrimination, Bullying and Harassment

There is no place for discrimination (including racism), bullying or harassment — including sexual harassment — in healthcare. Practitioners are expected to contribute to a culture of respect and safety for all. Good practice involves:

- a) never engage in, ignore or excuse discriminatory, bullying or harassing behaviour, whether in person or in digital and social media communications
- b) recognising that bullying and harassment takes many forms, including verbal and physical abuse, racism, humiliation, exclusion, intimidation and pressure in decision-making

- c) taking appropriate action if you witness such behaviour, including reporting serious, or ongoing conduct to the relevant body
- d) supporting colleagues who report discrimination, bullying or harassment

4.4 Delegation, Referral and Handover

When delegating, referring or handing over care, good practice involves:

- a) taking reasonable steps to ensure that the person receiving the delegation, referral or handover has the appropriate qualifications, experience, knowledge and skills to provide the required care
- b) understanding that a practitioner who delegates remains responsible for the overall management of the patient or client and for the decision to delegate
- c) communicating sufficient, and appropriate information in a timely manner about the patient or client and their care to enable safe continuing care
- d) advising patients when referral to another practitioner will benefit them, including when a condition is outside your scope of practice
- e) when another practitioner has requested a professional opinion, reporting findings and recommendations to that practitioner

5 Working within the Healthcare System

5.1 Use of Healthcare Resources

Practitioners must use healthcare resources wisely and ensure that services provided are appropriate, necessary and likely to benefit the patient or client. Practitioners must not provide excessive, unnecessary or unreasonably required services. Ensure that the patient is supported with transparent and equitable allocation to health care resources that are supported by the client's clinical needs, best available evidence, or accepted professional standards. Professional duties and responsibilities to patients take precedence over the commercial interests of a practice or institution.

5.2 Sustainability of Healthcare Resources

Practitioners should promote the sustainable, equitable, and environmentally responsible use of healthcare resources. They should demonstrate professional and environmental responsibility in the procurement, preparation, handling, storage, supply, use, and disposal of therapeutic goods, taking reasonable steps to minimise waste, reduce environmental harm, and support the safe and efficient use of resources while maintaining high standards of patient care

5.3 Health Advocacy and Public Health

Practitioners have a responsibility to promote the health of the community through health education, disease prevention and, where relevant, screening. Practitioners who have expertise and influence that can protect and advance the health and wellbeing of individuals, communities and populations should use that expertise responsibly and in the public interest.

Practitioners must be aware of and comply with their obligations in relation to notifiable diseases in their relevant state or territory. Where an adverse reaction to a complementary medicine or therapy is suspected, practitioners must report this to the company the product is from and the TGA adverse event reporting.

6 Minimising Risk and Maintaining Professional Performance

6.1 Risk Management

Minimising risk to patients is a fundamental component of practice. Good practice involves:

- a) understanding and applying the principles of risk minimisation and management
- b) participating in quality assurance and improvement processes
- c) participating in systems for surveillance and monitoring of adverse events and near-misses, including reporting such events to the relevant authority
- d) supporting colleagues who raise concerns about patient or client safety
- e) taking all reasonable steps to address issues that may compromise the safety of patients

6.2 Practitioner Performance

The welfare of patients may be put at risk if a practitioner is performing poorly. Good practice involves:

- a) recognising and minimising the risks of fatigue and long working hours
- b) not treating patients while professional judgement maybe impaired by fatigue, illness or the effects of any substance
- c) taking steps to protect patients from being placed at risk of harm by a colleague's conduct, behaviour, practice or ill health
- d) taking appropriate steps to assist a colleague to receive help if there are concerns about their performance or fitness to practise
- e) Taking appropriate investigative action from complaints regarding a practitioner or staff member
- f) seeking advice from the relevant association if unsure about obligations

6.3 Continuing Professional Development

Practitioners must maintain and develop their knowledge, skills and professional behaviour throughout their working life. This requires self-reflection and participation in relevant professional development, practice improvement and performance-appraisal processes. Practitioners must keep their knowledge and skills up to date to ensure they continue to work within their competence and scope of practice. The minimum continuing professional development requirements for each member association are set out in that association's CPD guidelines and membership requirements.

7 Professional Behaviour

In professional life, practitioners must display a standard of behaviour that warrants the trust and respect of patients, colleagues and the community. This includes observing and practising the principles of ethical conduct.

7.1 Reporting Obligations

Practitioners have professional obligations to report to their member association and their employer if limitations are placed on their practice, or if they are the subject of criminal charges related to their professional role. Practitioners are 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 and any applicable legal requirements. Seek advice from the relevant association or a professional indemnity insurer if unsure about reporting obligations.

7.2 Insurance, Legal and other requirements

Practitioners must ensure that they maintain appropriate professional indemnity insurance arrangements that adequately cover their scope of practice and professional activities. Practitioners should also comply with any professional indemnity insurance requirements specified by their relevant professional association, employer, or applicable regulatory framework.

7.3 Advertising

Advertising of services, programs and products must comply with all relevant legislation, including the Competition and Consumer Act 2010 (Cth), applicable TGA advertising requirements, and the guidelines of the relevant member association. Good practice involves:

- a) ensuring that any information published about services, or programs is factual and verifiable
- b) Advertising of products must comply with TGA product advertising requirements
- c) not making false, misleading or deceptive claims about services or outcomes
- d) not creating unreasonable expectations of benefit or encouraging the indiscriminate or unnecessary use of health services
- e) never claiming to cure a condition; therapeutic benefits may be described as recovery but must not be guaranteed
- f) not comparing professional services, qualifications or techniques with those of other practitioners or modalities in a misleading way
- g) ensuring that any use of the title 'Dr' is not misleading and does not imply registration as a medical practitioner
- h) stating the terms and conditions of any inducement, gift, discount or other offer in plain language

7.4 Conflicts of Interest

A conflict of interest arises when a practitioner has financial, professional or personal interests that may affect, or be perceived to affect, the care they provide. Multiple interests are common and require identification, careful consideration, appropriate disclosure and accountability. Good practice involves:

- a) recognising potential conflicts of interest and resolving them in the best interests of the patient or client
- b) acting in the best interests of patients when making referrals or arranging treatment
- c) informing patients when you have an interest that could affect, or could be perceived to affect, their care
- d) not accepting inducements, gifts or hospitality from companies that sell or market therapeutic goods or other health products
- e) declaring to patients any professional or financial interest in any product or service recommended, prescribed or sold from your practice, and not making an unjustifiable profit from the sale or endorsement of the product or service
- f) recognise that therapeutic goods, commercial interests, marketing activities, sponsorship arrangements, and promotional materials may influence clinical decision-making. Practitioners must remain aware of potential sources of influence and ensure that all recommendations and treatment decisions are based on the best interests of the client, professional judgement, and the best available evidence
- g) avoid conflicts of interest associated with multi-level marketing (MLM) arrangements. Recommendations involving MLM products must be made only where clinically appropriate and in the patient's or client's best interests. Practitioners must disclose any financial interest in products they recommend, supply, or sell and must not use the therapeutic relationship to recruit patients or clients into an MLM scheme or to obtain financial gain from their participation.

7.5 Financial and Commercial Dealings

Practitioners must be honest and transparent in all financial arrangements with patients. Good practice involves:

- a) ensuring patients are made aware of all fees and charges before services are provided, where practicable including payment plans
- b) not exploiting the vulnerability or lack of knowledge of patients when providing or recommending services
- c) not encouraging patients to give, lend or bequeath money or gifts that will benefit a practitioner directly or indirectly
- d) not accepting gifts from patients other than tokens of minimal value such as flowers or chocolates, and making a file note where a token gift is accepted
- e) not becoming financially involved with patients, for example through loans or investment schemes

7.6 Insurance

Practitioners must ensure their practice is covered by appropriate professional indemnity insurance at all times while practising, and must also maintain appropriate public liability insurance. Minimum

insurance requirements are set out in each member association's membership requirements. Practitioners must notify their association if their insurance lapses or if limitations are placed on their coverage.

7.7 Reports, Certificates and Giving Evidence

The community places a great deal of trust in practitioners. Good practice involves:

- a) being honest and not misleading when writing reports and certificates, and only signing documents believed to be accurate
- b) taking reasonable steps to verify the content before signing any document, and not omitting relevant information deliberately
- c) preparing or signing documents and reports within a reasonable and justifiable timeframe
- d) making clear the limits of your knowledge and not giving opinion beyond those limits when providing evidence, whether in person or in a document
- e) Seeking advice from other relevant professionals if unsure about obligations or requirements

8 Artificial Intelligence and Digital Health Technologies

Practitioners who use artificial intelligence (AI) or other digital health technologies in clinical or administrative practice must do so with critical judgement and in a manner consistent with the standards of care set out in this Code. Good practice involves:

- a) maintaining sufficient digital health literacy to evaluate and use health technologies appropriately
- b) exercising independent clinical judgement — AI tools do not replace professional assessment, and responsibility for all clinical decisions remains with the practitioner at all times
- c) using AI tools only within the practitioner's professional scope of practice and qualifications
- d) being transparent with patients when AI has contributed to clinical documentation or care recommendations, and respecting their right to decline its use
- e) ensuring AI use does not compromise patient or client privacy or data security, in accordance with 2.4 of this Code
- f) being aware of the limitations of AI, including the potential for bias, and applying outputs critically in the context of holistic and individualised care

9 Practitioner Health and Wellbeing

Practitioners must attend to their own health and wellbeing, recognising that their health and fitness to practise directly affects the safety and quality of care provided. Practitioners are encouraged to seek an appropriate work-life balance.

9.1 Your Health

Good practice involves:

- a) attending a general practitioner or other appropriate practitioner to meet your health needs, rather than relying on self-diagnosis or self-treatment
- b) seeking expert, independent and objective advice when healthcare is needed
- c) recognising the impact of fatigue and long working hours on your ability to practise safely
- d) not treating patients while your professional judgement is impaired by fatigue, illness or the effects of any substance
- e) where you know or suspect you have a health condition or impairment that could adversely affect your judgement, performance or the health of patients, seeking appropriate advice and modifying your practice accordingly, and not relying on your own assessment of the risk you pose
- f) engaging in consistent reflective practice and proactively attending to your psychological and emotional wellbeing, recognising that sustainable practice supports the quality of care you provide over the long term

9.2 Other Practitioners' Health

Practitioners have a responsibility to support their colleagues in maintaining good health. This involves:

- a) providing practitioners who are patients with the same quality of care provided to other patients
- b) encouraging a colleague to seek appropriate professional support or care where there are reasonable grounds for concern that illness, impairment, or psychological or emotional wellbeing may be adversely affecting their capacity to practise safely. Practitioners should notifying the relevant health complaints body or association if, in the course of practice, it is reasonably believed that a colleague has placed or is placing patients at serious risk of harm
- c) recognising the impact of fatigue on the health of colleagues, including those under supervision, and facilitating safe working hours wherever possible

10 Teaching, Supervising, Mentoring and Research

10.1 Teaching, Supervising and Mentoring

Teaching, supervising and mentoring practitioners and students is an important contribution to the profession and supports safe, ethical, culturally responsive, and evidence-informed practice.

While these roles share common obligations including cultural safety, professional boundaries, confidentiality, and the protection of practitioners and students from exploitation, they differ in formality, accountability, and purpose.

The table below outlines how the obligations in this section apply to each role.

	Teaching	Supervision	Mentoring
Definition	The structured transfer of knowledge, clinical skills and professional competence to students or practitioners, typically within an educational program or clinical placement.	A professional, contracted relationship between a practitioner and an experienced professional in the practitioner's area of practice. Supports accountability, adherence to professional and ethical standards, critical reflection, and professional development.	An experienced naturopath or herbalist who provides professional guidance, support, and role-modelling to newer or developing practitioners. A mentor is not a supervisor or employer; their role is to share knowledge, lived experience, and strategies that help mentees grow in confidence, skills, and professional identity.
Nature of relationship	Formal; usually institutional (university, college, clinical placement)	Formal and contracted; may include written agreements covering roles, expectations, learning goals, and documentation	Voluntary and collegial; may be informal or semi-structured
Accountability	Teacher holds responsibility for curriculum delivery, assessment, and student safety in clinical settings	Supervisor supports practitioner accountability but responsibility for supervision cannot be transferred; practitioner retains professional accountability for their own practice	No formal accountability chain; mentor shares experience without directing clinical decisions
Assessment role	Yes — must be honest and objective when assessing performance	Yes — includes effective oversight, feedback and assessment of supervised practitioners	No — guidance-based, not evaluative
Patient consent required	Yes — patients must be informed of student involvement and consent obtained	May apply where supervision involves direct patient care	Generally not applicable (no direct patient involvement)

	Teaching	Supervision	Mentoring
Professional boundaries	Must maintain boundaries; avoid conflicts of interest	Must maintain boundaries; must not supervise someone with a pre-existing close personal relationship	Must maintain boundaries; avoid dependency or exploitation
Confidentiality & consent	Must ensure confidentiality and appropriate consent in both in-person and digital environments		
Key focus	Knowledge and skill acquisition	Accountability, critical reflection, professional standards	Confidence, professional identity, lived experience
Reciprocity	Primarily one-directional (teacher → student)	Collaborative; may result in reciprocal learning	Often reciprocal; mutual growth common
Exploitation safeguard	Must not exploit students in any way	Must not exploit colleagues under supervision in any way	Must support practitioner autonomy while avoiding dependency or exploitation

10.2 Research Ethics

Where practitioners are involved in the design, organisation, conduct or reporting of health research involving humans, they must ensure that research is conducted ethically and in accordance with the National Health and Medical Research Council's (NHMRC) National Statement on Ethical Conduct in Human Research and other applicable guidelines. This includes:

- ensuring ethics committee approval before commencing research
- ensuring that human participation is voluntary and based on fully informed consent
- disclosing funding sources and any potential conflicts of interest to the ethics committee
- monitoring progress and reporting adverse events or unexpected outcomes promptly
- respecting participants' right to withdraw from research at any time and without giving reasons, and without prejudice to their care
- adhering to guidelines regarding publication of findings, authorship and peer review
- reporting possible fraud or misconduct in research as required

A patient's or client's decision not to participate in research must not compromise the practitioner-patient/client relationship or the care provided. The power imbalance must be recognised and not affect practitioner or patient health.

This list is not exhaustive, and practitioners are expected to comply with all applicable research requirements, standards, regulations, and ethical obligations

11 Cultural Safety

Providing culturally safe care is an important professional responsibility. Practitioners must provide care that respects cultural identity and diversity and is free from racism, discrimination, harassment and prejudice.

In assessing cultural safety, the experiences and perspectives of patients or clients, and where appropriate their families and communities, should be recognised and given appropriate consideration. Cultural safety should be assessed having regard to those perspectives together with the practitioner's conduct, the clinical and professional context, and the standards reasonably expected of a practitioner in the circumstances.

Respect for cultural identity, beliefs and lived experience does not require a practitioner to affirm or agree with all beliefs, perspectives or requests. Practitioners retain their responsibility to exercise independent professional judgement and to provide safe, ethical and evidence-informed care. Respectful discussion, questioning or professional disagreement, where clinically or professionally appropriate, does not of itself constitute culturally unsafe practice.

11.1 Aboriginal and Torres Strait Islander Health and Cultural Safety

Practitioners must provide care that is respectful, culturally safe, and responsive to the needs, values, beliefs, and preferences of Aboriginal and Torres Strait Islander peoples. This includes:

- a) recognising the unique cultures, histories, knowledge systems, and continuing contributions of Aboriginal and Torres Strait Islander peoples
- b) demonstrating respect, dignity, and professionalism in all interactions with Aboriginal and Torres Strait Islander patients, families, communities, and colleagues
- c) reflecting on and addressing personal attitudes, assumptions, and potential biases that may influence professional judgement or patient care
- d) supporting patient-centred decision-making through respectful partnership, communication, and collaboration with individuals, families, and communities where appropriate
- e) fostering professional relationships that are inclusive, respectful, and free from discrimination, harassment, or prejudice
- f) seeking to understand and respond appropriately to the cultural, social, and community contexts that may influence health and wellbeing

The experience and perspective of the individual receiving care is an important consideration in assessing cultural safety. Practitioners should engage in ongoing reflection and professional development to ensure their practice is respectful, responsive, accessible and appropriate for Aboriginal and Torres Strait Islander peoples.

11.2 Culturally Safe Practice for All Communities

Culturally safe practice requires practitioners to recognise how their own values, experiences, beliefs, and cultural perspectives may influence their interactions with patients, families, communities, colleagues, and students. Good practice includes:

- a) treating all individuals with respect, dignity, fairness, and compassion
- b) recognising and respecting diversity in culture, ethnicity, language, faith, disability, age, gender identity, sexuality, family structure, socioeconomic background, and lived experience
- c) understanding that individuals may have different perspectives on what constitutes respectful and culturally safe care
- d) considering the social, cultural, economic, environmental, and historical factors that may influence health and wellbeing
- e) communicating in a manner that is respectful, inclusive, and responsive to individual needs and preferences
- f) avoiding discrimination, prejudice, stereotyping, or assumptions that may adversely affect professional relationships or patient care
- g) creating and maintaining a professional environment that promotes safety, inclusion, mutual respect, and equal opportunity
- h) engaging in ongoing self-reflection and professional development to strengthen cultural awareness, communication skills, and inclusive practice

Culturally safe practice requires ongoing reflection on communication, professional relationships, decision-making, and the influence of personal and organisational factors on healthcare delivery.

Appendix A Supplementary Schedules

The following matters are not addressed within this Code and should be developed as supplementary schedules by each association or collectively by NATHUA member associations, as appropriate:

- Association-specific CPD requirements (minimum hours/points, approved activities, audit processes)
- Association-specific minimum professional indemnity and public liability insurance amounts
- First Aid certificate requirements (minimum standard and currency period)
- Telehealth-specific billing and receipt requirements for private health insurance purposes
- Policies & Procedures on digital health tech & AI use in practice
- Social Media & Advertising guidelines
- Scope of practice schedules for each approved modality
- Working with children / vulnerable persons screening requirements by state and territory
- Each association's complaints and disciplinary processes
- Criminal history check