



Code of Ethics and Practice for BANT members

Issue 5 (November 2005)

27 Old Gloucester Street London WC1N 3XX

Tel 0870 606 1284 Fax 0870 606 1284

Web site: www.bant.org.uk

General contact: theadministrator@bant.org.uk

The BANT member is requested to consult the Council of BANT, through theadministrator@bant.org.uk, should any difficulties arise, regarding his understanding, interpretation, and implementation of this Code of Ethics and Practice.

| <u>Contents</u> | <u>Page</u> |
|---|--------------------|
| OWNERSHIP AND USE OF THE CODE | 5 |
| ROLE AND MEMBERSHIP OF BANT | 5 |
| ROLE OF THE ETHICS COMMITTEE OF BANT | 6 |
| GENERAL CONDUCT OF THE MEMBER | 6 |
| CONSULTATION AND ADVICE | 6 |
| Definitions | |
| Register of Clients and record keeping | |
| REGISTERED MEDICAL PRACTITIONERS | 7 |
| PERSONAL RELATIONSHIPS BETWEEN THE MEMBER AND HIS CLIENTS | 8 |
| Practitioner conduct (including 'Terms of Engagement') | |
| Safety and client medical conditions | |
| Trade discounts and commission payments | |
| Disclosure | |
| LEGAL REQUIREMENTS | 9 |
| Children under the age of 16 | |
| Negligence | |
| Venereal diseases, Aids and Herpes | |
| Misrepresentation | |
| Trade descriptions | |
| Titles | |
| Other professions | |
| CONFIDENTIALITY | 10 |
| INSURANCE | 11 |
| RELATIONSHIPS WITH OTHER PRACTITIONERS | 11 |
| ADVERTISING | 12 |
| Laws relating to advertising and diseases | |
| MEDIA PUBLICITY | 12 |
| LITERATURE | 12 |
| STATIONERY | 13 |
| TRAINING | 13 |
| DISCIPLINARY AND COMPLAINTS PROCEDURE | 13 |
| PREMISES | 14 |
| HEALTH AND SAFETY AT WORK | 14 |
| FIRST AID - KNOWLEDGE AND REQUIREMENTS | 15 |
| HEALTH AND PERSONAL HYGIENE | 15 |
| DIAGNOSTIC TESTS | 15 |
| INJECTIONS AND INTRAVENOUS TREATMENT | 15 |
| NUTRITIONAL SUPPLEMENTS | 16 |

| | |
|--|----|
| APPENDIX 1: The full role of the BANT Ethics Committee | 17 |
| APPENDIX 2: Guidance for nutritional therapists visiting hospitals | 18 |
| APPENDIX 3: Terms of Engagement | 19 |
| APPENDIX 4: Notifiable Diseases and Active Viral Infective Hepatitis | 20 |
| APPENDIX 5: Advertising practice – additional information | 21 |
| APPENDIX 6: Major changes introduced to the content of codes | 22 |
| APPENDIX 7: Guidelines issued since date of printing of The Code | 22 |

BRITISH ASSOCIATION FOR NUTRITIONAL THERAPY

CODE of ETHICS and PRACTICE for BANT MEMBERS

OWNERSHIP AND USE OF THE CODE.

1.1 This BANT Code of Ethics and Practice is the property of the BANT member, the content of which is intended to support, benefit, and protect both the member and his clients. Any misuse, printing or copying of this document is strictly prohibited. Whilst copies of The Code must not be given to non-members, a BANT member may show potential and existing clients, or interested medical practitioners, relevant parts of The Code. (B).

1.2 References in this document to the singular shall include the plural and vice versa. References to the masculine gender shall be construed so as to refer to the feminine gender for the sake of ease. References to the 'Code of Ethics and Practice for BANT members' are referred to as 'The Code'. References to 'a member of BANT' are referred to as 'the Member'. Each code is followed by a letter, either L, B or G, that provide an indicator as to the category of the content of each code: '(L)' indicates a legal or statutory requirement. '(B)' indicates a BANT requirement. '(G)' indicates a guideline. (G).

1.3 The Code will be updated, as and when necessary, with the date of the most recent changes shown, in the page header, in brackets after 'Issue 4'. Following the release date and printing of this Code, any Guidelines issued will be added to 6, and key changes made to code content will be shown, together with the date of the change, at 7 on the BANT web site, www.bant.org.uk. (G).

ROLE AND MEMBERSHIP OF BANT

2.1 The British Association for Nutritional Therapy (henceforth known as "BANT") is the body governing the ethical conduct of all nutritional therapists who are members of BANT. (B).

2.2 The Member must be duly qualified as a nutritional therapist and must be the holder of a BANT approved qualification from an approved training body or college. (B).

2.3 In this regard, the primary function of BANT is to assist its members in attaining the highest standards of integrity, knowledge, competence and professional practice, in order to protect the clients' interests, Nutritional Therapy and the nutritional therapist. (B).

2.4 Membership of BANT must be regarded as an assurance to clients, the medical profession, other healthcare professionals and the general public of the nutritional therapist's professional competence and integrity. (B).

2.5 Nutritional Therapy involves dietary intervention, including the judicious use of supplementation for the maintenance of health and prevention of disease, which is complementary to orthodox medicine. (G).

2.6 BANT seeks to ensure that the role and importance of nutrition is properly understood and that Nutritional Therapy is firmly established as a publicly recognised profession. (B).

2.7 All nutritional therapists must ensure that their name appears on a public register of practitioners held and approved by BANT to confirm that they are fully qualified and insured to practise. (B).

2.8 The Member may belong to other organisations whose ethical standards may differ from those of BANT. Such dual membership does not give the Member immunity from the consequences of contravening The Code. (B).

ROLE OF THE ETHICS COMMITTEE OF BANT [The full role is set out at Appendix 1.]

3.1 A fundamental role of the Committee is to discern whether a formal complaint, against a BANT member from a member of the public or another practitioner, is justified. It is the intent to independently protect the public and support the member where such protection and support are due. (B).

3.2 The Committee will take a proactive role and advise BANT Council of any changes to The Code to ensure that the ethical standards of BANT are maintained and seen by members, other professional bodies and the public, to be relevant and leading-edge. (G).

3.3 The Committee is not equipped or empowered to judge the efficacy of Nutritional Therapy, or to assess why certain individuals may not have benefited from nutritional advice. (B).

3.4 The Committee will consider all relevant issues that it either initiates or that are referred to it and, should any changes be required, will make relevant draft proposals to the Council of BANT, and implement the decisions of Council. (B).

GENERAL CONDUCT OF THE MEMBER

4.1 The Member shall at all times conduct himself in an honourable and courteous manner and with due diligence in his relations with his clients, the public and with other members of BANT. He shall conduct himself at all times in a manner that does not bring BANT into disrepute (B).

CONSULTATION AND ADVICE

5.1 Prior to a consultation the Member should take care to explain fully in writing, or orally, the general procedures involved in the consultation, including such matters as questionnaires, likely content and length of consultation, number of consultations, laboratory tests, fees etc. (B).

5.2 The first appointment, with a client, should be a face-to-face consultation. Further personal contact, either face-to-face or by telephone, should be made at appropriate intervals with clients to ensure continuity of care. (B).

5.3 If, for any reason, an initial face-to-face consultation is not possible, a telephone consultation may be conducted and must be accompanied by thorough case taking and client questionnaire. If this is the case, the following guidelines must be adhered to:

- a) The client must be advised on initial contact that a 'face to face' consultation is a preferable form of consultation. (B).
- b) The client should be offered the BANT contact number for him to try to find a practitioner in his local area to enable a 'face to face' consultation to take place. (B).
- c) Notes must be made in the client's file as to the reason for not holding an initial 'face to face' consultation (e.g. invalidity or ill health, distance from any available practitioner, personal choice of practitioner etc.) (B).
- d) Wherever possible, at some point in the therapeutic relationship, the practitioner should make a visit to the client or ask him to call in for an appointment. (B).

5.4 Definitions

It is important that the Member makes his client aware that he is being given either a Full Consultation or General Advice. (B). These are defined as follows:

- a). 'Full Consultation'.
 - Consultation must be specific to the individual client.

- Personal contact must be made between practitioner and client, preferably face to face or, alternatively, by telephone with the client.
 - Personal contact must be for a minimum of 30 minutes
 - A full client case history must be established and recorded.
 - Consultation to be followed up with specific dietary and supplement advice
 - The Code must be followed.
- b). 'General Advice'.
- Advice given in a manner other than in the detail as set out above.
 - Where the member gives short consultations, or 'Tasters', as at Trade Fairs etc. or on the internet.
 - Such advice can encompass general dietary advice and supplementation, with dosages following manufacturers guidelines.
 - Whilst the advice given will be limited, The Code must be followed.

5.5 Register of Clients and record keeping.

a) Names and addresses of all clients and dates of attendance should be recorded in a suitable Client Register. While such information is confidential, the Member may be obliged to show it to the Health Authorities or to the police in certain circumstances. When a client has come direct to the member practitioner, the ownership of the client records is with that practitioner. Should a client be referred-on to the member practitioner, by another practitioner, ownership of the client records must be agreed between the two practitioner parties.(B).

b) The Member must ensure that he keeps reasonably clear and comprehensive records of his consultations including the date of any advice, dietary plan, supplements recommended or other advice given. This is especially important for the defence of any negligence actions as well as for efficient and careful practice. Records must be kept for at least six years from the completion of each consultation and from the date of the practitioner's most recent meeting with the client, this being the limitation period for actions. The BMA insist that records of advice given to children are retained until the child reaches his 18th birthday. (L).

c) In determining whether or not any record of the nature of any advice given is reasonable, it shall be for the member compiling the record to show to the Ethics Committee of BANT that on the basis of his notes he can demonstrate what advice was given and whether that advice was competently and reasonably given both in the analysis and in practice. (B).

REGISTERED MEDICAL PRACTITIONERS

6.1 During any consultation, a client with potential undiagnosed health problems should be recommended to seek medical advice, if this has not already been done, to ensure no underlying pathology has been overlooked. If the client does not wish to consult a medical practitioner then this must be reported in the clinical notes. Details of the nutritional analysis and advice given must be kept and made available to the client and his medical practitioner at all times, should the client request it. (B).

6.2 The Member must not countermand instructions or prescriptions for medication given by a registered medical practitioner. It must be left to the client to make his own decision in the light of nutritional information received. All nutritional therapists visiting hospitals should comply with the guidance shown at Appendix 2. (B).

6.3 The Member should strive for a good relationship and full co-operation with medical and other recognised health professions. Clients must not be led to believe that Nutritional Therapy replaces medical care. (G).

PERSONAL RELATIONSHIPS BETWEEN THE MEMBER AND HIS CLIENTS

7.1 Practitioner conduct

- a). The BANT Member and practitioner is a professional and independent health specialist and must be able to demonstrate this at all times. (B).
- b). The Member must never promise cure or recovery. Nutritional Therapy claims that the advice given may enhance the body's natural means of resistance to disease. (B).
- c). Clients place complete trust in a nutritional therapist's care, skill and integrity. The Member must in no way abuse his position of trust by, for example, the use of undue influence to gain a financial benefit from a client, abuse of professional visits to a client's home or abuse of knowledge gained in professional confidence, to pursue a personal relationship either with the client or a member of his family. (B).
- d). Personal relationships of a romantic or sexual nature with a client are treated as serious professional misconduct and may possibly render the Member liable to prosecution under Criminal Law. (L).
- e). The Member must not advise a client in any case which exceeds his capacity or competence, but should call in another nutritional therapist or refer the client to the appropriate practitioner or Registered Medical Practitioner. (B).
- f). It is unacceptable to solicit a client to accept advice when he or she has not specifically requested it. It is however acceptable to explain the meaning of and relevance of Nutritional Therapy and education when this is felt appropriate, e.g. if a member is asked, or where there is an obvious opening for such information to be given during the course of a conversation. (L).
- g). BANT does not catalogue every possible misdemeanour, but expects the Member to conduct himself in a professional manner at all times and to be aware of his responsibilities. If the member is unsure of what is acceptable and what is permissible, he should ask the Governing Council. Proper moral conduct must always be paramount in the Member's relations with clients and he shall conduct himself at all times in a manner that does not bring BANT into disrepute.(B).
- h). A "Terms of Engagement" document to define, at the outset, the relationship between the BANT nutritional therapist and his client, is set out at Appendix 3. BANT highly recommends that this important document should be discussed, understood and signed by both parties, prior to the commencement of a business relationship, to provide the necessary datum reference point and mutual protection throughout that relationship.

This document to be signed prior to and separately from a commercial agreement between both parties that would define such aspects as the member's fee rates, product costs etc. (B).

7.2 Safety and client medical conditions. The safety of the client should always be paramount. (B).

- a) The Member is bound to comply with the relevant codes regarding supplementation of nutrients, diagnostic tests, injections etc. (B).
- b) Should a nutritional therapist discover, in a client, a notifiable disease that is clinically identifiable as such, he should insist that a Registered Medical Practitioner is called in. It is a statutory requirement that certain infectious diseases are notified to the Medical Officer of Health (MOH) of the district in which the client resides or in which he is living when the disease is diagnosed. The person responsible for notifying the MOH is the Registered Medical Practitioner in charge of the case. A list of notifiable diseases is shown at Appendix 4. (L).

c) Where a client is known to be suffering from a terminal or potentially fatal condition and is not seeing a doctor more than once every four weeks, the member should advise that he sees a doctor at regular intervals. A post mortem has to be carried out before a death certificate can be issued in any case where the deceased has not been seen by a doctor during the four weeks preceding his death. (L).

7.3 Trade discounts and commission payments.

The main income, generated as members of BANT, should come from consultative, advisory, educational and promotional aspects of Nutritional Therapy. (G).

a) In addition to supplying supplements as an integral part of a consultation, the Member may also act as a supplier of laboratory tests, or any other products related to Nutritional Therapy. The member may choose to benefit from trade discounts and commission payments when offered by the supplier on products purchased by him for such use. The member decides whether such payments, in whole or in part, are retained in his Nutritional Therapy business, or passed onto the client. (B).

b) The Member may accept commission directly from the supplier. This can also apply when repeat orders for products prescribed by the Member, are placed directly by a client with the supplier, with the prior agreement of the Member. However, to protect both the Member and the client, both parties must be in a formal client relationship and implementing the prescribed programme of treatment, timings, review meetings and record taking as arranged initially between the parties. (B).

7.4 Disclosure

The Member must disclose whether he is a Shareholder, Director, Owner, Employee in, or Consultant to, or any other similar interest in companies or Associations that supply such products. Disclosure should be preferably in writing, by a notice clearly displayed in the consulting room, by statements in leaflets describing the practice, on invoice/receipt forms, or practice stationery as appropriate. (B).

LEGAL REQUIREMENTS

8.1 It is essential that the Member complies with any legal requirements as enacted, which may affect him. These include the following provisions (note further provisions are included under their related subject headings of The Code):

8.2 Children under the age of 16.

a) A parent or guardian who fails to provide adequate medical aid for a child under the age of 16 commits a criminal offence. Because Nutritional Therapy is not medical aid as defined by the law, a member who advises a child, whose parents refuse medical aid, runs the risk of being considered as aiding and abetting that offence. Where it is known that the parents are not receiving medical attention for the child, the Member is most strongly advised to secure the signature of the parent or guardian accordingly. The signed statement should be kept with the nutritional records of the client. (L).

b) The Member is not permitted to advise or examine clients under sixteen years of age without the written consent of their parent or guardian and without their parent or guardian being present. Such practice may otherwise be considered assault on the client. (L).

8.3 Negligence

The most likely risk run by a member from a legal point of view is a claim in negligence for damages. This means that a practitioner must have certain regard for their clients' interests and that, if through some act of commission or omission committed without sufficient regard for the client, that client sustains injury, the practitioner is liable to pay damages. (L).

8.4 Venereal diseases, Aids and Herpes.

- a) It is illegal to treat for reward, whether direct or indirect (e.g. for a 'contribution') venereal diseases such as syphilis, gonorrhoea or soft chancre. Therefore a member may not advise clients suffering from these diseases unless the service is entirely free. (L).
- b) It is legal to give healing to people with AIDS and congenital herpes. (L).

8.5 Misrepresentation

A client whose treatment proves unsuccessful could recover these fees (and expenses incurred) as damages for breach of contract if he could show that he was induced to engage the practitioner's services by means of misrepresentation made by the practitioner about his ability or the efficacy of the treatment. (L).

8.6 Trade descriptions

Any statement about the nature of services offered, which can be proven to be false, misleading or inaccurate, can give rise to prosecution. A person guilty of an offence is liable, on conviction, to a fine or to imprisonment. The Member therefore should not make any statement about himself, his qualifications or experience, his ability to diagnose or treat or the beneficial effect of treatment in general, unless he knows positively that such statement is true. (L).

8.7 Titles

- a) Any member who is also a member of any other professional organisation shall be entitled to use any relevant title or qualification, provided that the title or those qualifications are not in any way used to mislead the client. (L).
- b) No member may falsely use the title 'Doctor' or 'Dietician' directly or indirectly in such a way as to imply that he is a Registered Medical Practitioner or Dietician. Examples of direct use by a member would be publicly using the title or simply by referring to himself as a doctor or dietician. An example of indirect use would be to permit a person to refer to the member as a doctor or dietician without correcting him. (L).
- c) The law makes it a criminal offence for anyone who does not hold the relevant qualification to use any of the titles specified hereunder or to use any other title or description which suggests or implies that he is on the appropriate statutory register.

Titles include; Chemist, Chiropodist, Chiropractor, Dental Practitioner, Dental Surgeon, Dentist, Dietician, Doctor, Druggist, General Practitioner, Medical Laboratory Technician, Midwife, Nurse, Occupational Therapist, Optician, Orthoptist, Osteopath, Pharmacist, Physiotherapist, Radiographer, Remedial Gymnast, Surgeon, Veterinary Practitioner, Veterinary Surgeon. (L).

8.8 Other Professions

- a) The Veterinary Surgeons Act 1966 prohibits anyone other than a qualified veterinary surgeon from treating animals, including diagnosis of ailments and the giving of advice based upon such diagnosis. (L).
- b) The Member may not attend women in childbirth or attend for reward ten days thereafter, unless he is a registered midwife or registered nurse qualified to practise midwifery. (L).

CONFIDENTIALITY

9.1 The Member, his assistant and receptionist has an implicit duty to keep names, attendances, all information, records and views formed about clients entirely confidential. No disclosure may be made to any third party, including any member of the client's own family, without the client's written consent. (L).

9.2 The Member may only divulge information about a client, without the client's consent, where it is required by due process of law, whether that be by statute, statutory instrument, order of any court of competent jurisdiction. (L).

9.3 No third party, including assistants and members of the client's family, may be present during the course of a consultation with a consenting adult without the client's express consent. (B).

9.4 The Member may, provided that he does not otherwise breach The Code, refer to the details of any client's health status and the advice given thereon upon condition that the Member does not in anyway refer to any information which could lead, directly or indirectly, to the identification of the client concerned. (B).

INSURANCE

10.1 The Member must ensure that he and any staff employed by him, or working on his premises, are adequately insured against professional negligence or any other claim brought by the public. This insurance must cover all therapies practiced. The Member is also advised to take up insurance covering the legal cost necessary to defend an action. (B).

10.2 Where the Member has his own premises, he is legally obliged to ensure that he is adequately insured against accidents occurring on the premises under the Occupier's Liability Act. Where practice takes place on someone else's premises it is advisable that the Member check that those premises are insured against Occupier's Liability. (L).

10.3 If the Member elects not to insure with a BANT recommended insurer, he must declare on joining, and with each renewal, that he has appropriate insurance. If this insurance lapses, his membership of BANT is forfeited. (B).

RELATIONSHIPS WITH OTHER PRACTITIONERS

11.1 The term 'practitioner' includes those people who are either members of BANT or other nutritional therapists or those practising in the other fields of alternative, complementary or orthodox medicine. (G).

11.2 The Member should at all times conduct himself in an honourable and courteous manner in relation to other practitioners. (B).

11.3 It is unethical for the Member to directly encourage clients of other practitioners to transfer to his own practice. Where a client is referred to a member for advice due to holidays, illness or any other reason, the Member should encourage the client to return to his original practitioner as soon as this is possible. The Member should advise the original practitioner of any advice given or recommendations made in his absence. In all events the decision as to whether or not to return to the original practitioner must rest solely with the client and any attempt made to persuade him to remain with or return to the Member is considered unethical and is regarded as soliciting. (B).

11.4 The Member must ensure that where a consultation with clients is delegated, whether the member is present at or absent from the practice, it is delegated to qualified and competent, practitioners who shall meet The Code. (B).

11.5 Critical views of another practitioner's competence or behaviour held by a member should not be communicated to any third party or to the public as such behaviour may be regarded as slanderous and it may undermine public confidence in the profession. Such criticisms will be regarded as unprofessional and should any member be the recipient of such views, then he should act with discretion and express no opinion. Where it appears that the Member has committed proscribed conduct, the correct forum for any such complaints, about the behaviour or competence of the Member, is the BANT Ethics Committee.

ADVERTISING

12.1 The Member, placing an advertisement, must satisfy the requirements of the British Code of Advertising Practice and the Advertising Standards Authority (www.asa.org.uk). The use by the Member of the registered BANT logo is not permitted without prior permission from the Council of BANT. (B).

12.2 Advertising shall not be of a kind that could be regarded as likely to bring the profession into disrepute. (B).

12.3 Advertising that makes any form of curative or unattainable claims, is not permitted by BANT as this may lead to legal claims of misrepresentation being brought against the Member. For example, the statement that '*Vitamin B3 can lower cholesterol levels*' is an unacceptable claim when advertising for sale nutritional supplements. (B).

12.4 When advertising is resorted to, it should be used mainly as an educational forum for the public, explaining the methodology, and benefits of Nutritional Therapy. (G).

12.5 Where the Member is practising or is associated with a residential or multi-disciplinary clinic or is contemplating so doing, he must ensure that his part in any publicity, or advertising, is in keeping with the aims and objectives of BANT. (B).

12.6 Laws relating to advertising and diseases

a) Cancer. It is illegal for the Member to prescribe a remedy, or to advise such, or to make any claim as to treatment of the disease. (L).

b) It is an offence to take part in the publication of any advertisement referring to any article of any description in terms which are calculated to lead to the use of that article for the purpose of treating human beings for any of the following diseases: Bright's Disease; Glaucoma; Cataract; Locomotor Ataxia; Diabetes; Paralysis; Epilepsy or fits; Tuberculosis. (L).

c) The law states that whilst there is no prohibition on advising clients suffering from any disease, in each case the offence is in advertising treatment. (L).

12.7 Direct advertising through unsolicited canvassing, by door-to-door, telephone or personal visits is not allowed. (B). Note: Further information about advertising practice is shown at 5.

MEDIA PUBLICITY

13.1 When participating in any form of publicity, for example in the press, on television or radio, public meeting etc., the Member must ensure that this can in no way be construed as advertising but is educational in content. (B).

13.2 The Member should also realise that, when asked for comment by a newspaper, especially a national newspaper, or an edited television or radio programme, he may have little or no control over the published form or content, and expert advice may be needed to reduce such difficulties. The Member must also ensure that his own publicity does not in any way damage the public image of himself, the profession or the interests of BANT. (B).

LITERATURE

14.1 The circulation of literature intended to educate and inform the public about the work of a nutritional therapist, the scope of his services etc., is acceptable and should be of a strictly professional style and format. (G).

14.2 Relevant literature can be made available to members of the public if an interest is shown e.g. leaflets may be left in a practice reception area by permission, or posted at the request of an individual, or be made available on request at conferences, seminars, etc. (G).

14.3 The Member may publish books, pamphlets and articles of an informative nature about nutrition and other relevant subjects. Such publications must however be of scientific or educational value and should avoid matters that might be construed solely as personal advertising. (B).

14.4 If there is any doubt as to the suitability of any publication, directory or any proposed wording, the Governing Council of BANT should be consulted. (B).

STATIONERY

15.1 Letter-headings, business cards and other stationery used in private practice must be of a strictly professional style. The use by the Member of the registered BANT logo is not permitted without prior permission from BANT Council. (B).

15.2 The Member is reminded that, it is a legal requirement for a business that all partners' names be included on all business stationery and at the premises of the practice. Special rules apply to partnerships of more than twenty persons. Changes in partnership should be noted as soon as they occur. Where a limited Company, or Limited Liability Partnership, is formed, they must comply with the provisions of the relevant and current Companies Act and other Acts. (L).

15.3 In all cases where a trading name is used other than that of the legal owner(s) [whether a company or an individual or a group of individuals] the Member must abide by the provisions of the Business Names Act 1985. Details of these provisions can be obtained from the local Trading Standards Office or www.tradingstandards.gov.uk (L).

TRAINING

16.1 'Training' or 'Formal Course of Instruction' means any training that is, or is represented to be, for the purpose of enabling the recipient of the training to practise as a nutritional therapist. Such training must be carried out by BANT approved training providers. (B).

16.2 The Member shall ensure that he follows guidelines produced by the Council of BANT for CPD and that any training undertaken, is at least to National Occupational Standards (NOS). (B).

16.3 It is acceptable for the Member to lecture to other nutritional therapists, medical, paramedical groups, other practitioners of alternative or complementary medicine or to the public, in order that they may better understand either the practice of Nutritional Therapy, or any specialist aspects of it. Such lectures should not be promoted as training individuals to practice Nutritional Therapy. (B).

DISCIPLINARY AND COMPLAINTS PROCEDURE

17.1 Any allegations as to professional misconduct or otherwise made against the Member by anyone will be examined by the Ethics Committee in accordance with the procedures below. The Ethics Committee will act impartially, and make recommendations based solely on the facts and circumstances of each individual case. The full role of the Ethics Committee is set out at Appendix 1. (B).

17.2 Complaints about the Member must be made briefly in writing initially to The BANT Administrator who will forward the complaint letter to the Ethics Committee of BANT. This committee will then forward a copy of the BANT Complaints Form to the complainant for him to set out all the relevant details of his complaint. The formal complaints procedure will only be initiated by the committee, on receipt of the completed and signed Complaints Form from the complainant via the Administrator. The complainant's initial letter and completed Complaints Form will be acknowledged direct by the committee and also copied to the Member concerned. The Ethics Committee will invite the Member to respond, within sixteen days, giving a detailed written explanation of his position along with any supporting

documentation. On receipt of the written submissions from the Member, the Ethics Committee will consider the complaint, and the response from the practitioner, in full. It may request the attendance of either party to provide further information. The practitioner should advise his insurance company that a formal complaint has been made. (B).

17.3 Should the Ethics Committee consider that the Member be disciplined in any way, it will inform him in writing, providing the Member with the option of an appeal to the Ethics Committee within sixteen days. (B).

17.4 After allowing sixteen days for appeal by the Member, followed by any reconsideration of the case by the Ethics Committee, the Member and the complainant will be informed, in writing, of the committee's decision. (B).

17.5 A complaint against the Member can only be upheld if the Member is clearly shown to be in breach of The Code. In such a case the Ethics Committee would seek agreement, for its proposed actions, from the Council prior to informing both parties of the agreed decision. It is then for the complainant, if still aggrieved, to seek redress through a Civil Action. (B).

17.6 The Member should inform BANT whenever he becomes subject to complaint or investigation regarding his nutritional practice and also when subject to legal or police action. (B).

17.7 If the Member requires advice on a professional or ethical matter he may consult the BANT Council, through the Administrator, who will refer him to the appropriate person or committee for advice. (G).

17.8 In cases of allegations against the Member, where BANT is satisfied that the allegations are unjustified, BANT will render all necessary moral and Professional support to the Member in any legal proceedings. (B).

17.9 The Member who breaches the provisions of The Code, shall be committing proscribed conduct and shall render himself liable to the disciplinary procedures of BANT, including warning & expulsion. (B)

PREMISES

18.1 Each practitioner must be aware of and comply with the relevant byelaws of the Local Authority under whose jurisdiction he practices. (L). These include:

- a) Nutritional therapists' premises must be clean, tidy and presentable and kept in proper repair.
- b) Adequate ventilation and artificial lighting must be provided and maintained to meet the requirements of the Local Authority.

18.2 Where the Member is running his practice from his home, he should ensure that he is entitled so to do under his lease or other title deeds and should comply with any relevant business requirements. (B).

HEALTH AND SAFETY AT WORK

19.1 Nutritional therapists must comply with current Health and Safety at Work regulations. This duty extends to both patients and employees. In connection with safety aspects, particular attention is drawn to the following:

- a) All floors, passages and stairs shall be of sound construction and properly maintained and should be kept free from obstruction and from any substance likely to cause person to slip. A substantial handrail and two-way lighting system must be provided to every staircase. (L).
- b) All electrical installations should be in accordance with the Institution of Electrical Engineers Regulations for Electrical Equipment of Buildings. Both the installed and portable appliances

should be subjected to regular examination. Care should be taken to keep cables as short as possible and routed in such a way as to prevent a risk of tripping. (L).

c) Accidents must be dealt with in accordance with current regulations. This will involve the reporting of all major accidents sustained by employees and members of the public to the office of the enforcing authority without delay and by telephone if possible, with written confirmation being made within seven days. Other injuries, also notifiable, are those to employees that result in more than three days absence from work excluding the day of the accident. (L).

d) Where five or more employees are employed, it is the duty of every employer to prepare, and as often as necessary to revise, a written statement of his general policy in respect to the health and safety of his employees and the organisation. This also applies to the arrangements in force for the carrying out of that policy and those for bringing that statement and any revision of it to the notice of all his employees. (L).

FIRST AID – KNOWLEDGE AND REQUIREMENTS

20.1 Practising Members must attend the one-day 'First Aid in the Workplace' course and be able to apply its recommendations as and when required, as stated under the Health and Safety Executive Approved Code of Practice L74 1997. The H&SE book is titled Approved of Practice [ISBN: 0717610500]. Further advice is available on 01425 615 227 and www.abcfirstaid.co.uk. (L).

20.2 The necessary First Aid equipment, medical items and procedures, must be kept on the premises of the Member's practice at all times, in accordance with Health and Safety regulations. (L).

HEALTH AND PERSONAL HYGIENE

21.1 All nutritional therapists must ensure that their own health, including personal hygiene, does not endanger in any way the health of the patient. (B).

21.2 Observance of a high standard of personal hygiene is essential (L). All cuts and wounds must be washed and dressed with a waterproof dressing immediately. Nutritional therapists must refrain from smoking or eating whilst engaged in practice. (B).

21.3 A nutritional therapist should not carry out consultations when knowingly suffering from an infectious condition. (B).

DIAGNOSTIC TESTS

22.1 The taking of blood, in connection with diagnostic tests, must only be carried out by a Registered Medical Practitioner, a State Registered Nurse or a trained Phlebotomist. They must follow agreed good practices regarding the use and disposal of equipment. Hepatitis B must be recognised as an occupational hazard to those nutritional therapists who are duly qualified to draw blood or pierce the skin, and is referred to in detail at Appendix 4. (L).

22.2 Other available, non-invasive diagnostic tests may be carried out by nutritional therapists on their premises, without the requirement to be a registered medical practitioner, where the nutritional therapist has received adequate and proper training in the use and methodology of such tests. Such tests may include, but are not limited to, hair mineral analysis, urine, stool (which are then sent to one of the appropriate laboratories for analysis), pulse, zinc-taste tests, blood pressure and any other diagnostic tests. (L).

INJECTIONS AND INTRAVENOUS TREATMENT

23.1 Only the Member who is a Registered Medical Practitioner or State Registered Nurse, working under the auspices of Registered Medical Practitioners, is permitted to administer nutrient injections or

give any other intravenous, intramuscular or subcutaneous nutrient treatment. Clients should be referred to their Registered Medical Practitioner or to one of the appropriate laboratories. The Member thus qualified must ensure that he uses pre packed sterile disposable syringes and needles only. He must follow agreed good practices regarding the use and disposal of equipment. (L).

NUTRITIONAL SUPPLEMENTS

24.1 Nutritional supplements are classified as food under EU legislation. Complex new legislation regarding nutrition and health claims relating to food, including food supplements, is due before the European Parliament in 2005 that may allow 'reduction of disease risk' and 'structure/function' claims for some foods or food constituents. Such claims that may be allowed will have to be approved by the European Food Safety Authority before they can be used. Until the time that such claims are permissible and in all other circumstances, practitioners must be careful to distinguish between 'professional advice' and a 'health claim'. For example, the statement that '*Vitamin B3 can lower cholesterol levels*' whilst being an acceptable form of professional advice is an unacceptable claim when selling or advertising for the sale of nutritional supplements. (L).

24.2 It is imperative for all nutritional therapists to regularly update themselves, through the use of nutritional journals, lectures, conferences, tapes, etc., and continue their professional education on the subject of Nutritional Therapy including the safe and toxic levels of nutritional supplements, nutrient-drug interactions, nutrient-nutrient interactions and food supplement legislation. (B).

24.3 The laws relating to the sale and prescription of nutritional supplements must be complied with and some of the more important laws are listed below. (L).

The Medicines Act 1968 (Amendment) Regulations 1992

Food supplements are covered by the Medicines Act 1968, with amendments, which prohibits us from making medical claims. <http://www.apnt.org.uk/HMRWG.htm>

Food Act 1984 (with amendments)

The Food Safety Act 1990

Food Labelling Regulations 1996

The Food Supplements (England) Regulations 2003 (Effective 1 August 2005)

Information is available at: <http://www.legislation.hms.gov.uk/si/si2003/20031387.htm>

24.4 It is permissible to make claims in support of nutritional supplements in a book or other literature that is not involved in the direct selling or advertising of nutritional supplements. (B).

24.5 It is illegal to prescribe or administer hormones (to include sex, adrenal, pituitary, thyroid) that are licensable medicinal products unless the Member is medically qualified. It is acceptable to test for hormonal status and then advise clients to consult a medical practitioner with your recommendations.

24.6 The Member considering own labelling of nutritional supplements must comply with all the relevant legislation, which includes such issues as packaging, permitted additives, labelling, weights and measures. This is a complex area and the Member is advised to get expert advice. The Food Standards Agency website contains details of the relevant legislation: see www.food.gov.uk/enforcement. (L).

APPENDIX 1

THE FULL ROLE OF THE BANT ETHICS COMMITTEE, [BEC].

AP1.1 Role of the BANT Ethics Committee:

AP1.1.1 A fundamental role of the Committee is to discern whether a formal complaint, against a BANT Member from a member of the public or another practitioner, is justified. It is the intent to independently protect the public and support the Member where such protection and support are due.

AP1.1.2 The Committee will take a proactive role and advise Council of improvements to the BANT Code of Ethics and Practice, to ensure that the ethical standards of BANT are maintained and seen by the Member, other professional bodies and the public, to be relevant and leading-edge.

AP1.1.3 The Committee is not equipped or empowered to judge the efficacy of Nutritional Therapy, or to assess why certain individuals may not have benefited from nutritional advice.

AP1.1.4 The Committee will consider all relevant issues that it either initiates or that are referred to it and, should any changes be required, will make relevant draft proposals to the Council of BANT, and implement the decisions of Council.

AP 1.2 Complaints / Enquiries received

AP1.2.1 In the event of receiving a written complaint / enquiry, the committee:

- a) Must decide whether the Member is in breach of The Code and, if so, specify which sections.
- b) Must decide what action is to be taken in the event of the complaint being upheld and must communicate in writing its decision to the Member and the complainant. Client and Member will be given the right to appeal.
- c) Is obliged to accept the findings of a court of Law where a dispute, having been referred to the Committee, cannot be resolved to the satisfaction of all parties involved, and the matter has been referred to the legal process for civil action.

AP1.2.2 The Committee will respond to all queries and concerns of the Member regarding relevant aspects of working practice. Members are invited to submit enquiries to the Committee through the BANT Administrator.

AP1.2.3 The Ethics Committee will maintain anonymity of both complainant and Member.

AP 1.3 The BANT Code of Ethics and Practice.

AP1.3.1 Individual codes will be revised (as in 1.4 above) as and when necessary in order to take account of relevant issues such as: changes in laws, working practices, Members and client experiences, complaints and queries received etc. whilst protecting the rationale and professionalism of BANT and its membership. Such revisions to be added to the relevant appendix of The Code as and when such revisions are agreed by BANT Council.

AP1.3.2 The Code will be reviewed in total, once every three years.

AP 1.4 Committee structure.

AP1.4.1 The Ethics Committee of BANT shall consist of eight voluntary BANT Members who will be subject to reselection year by year. One member to be a Student member of BANT. One member to be a

Lay Member and therefore not a member of BANT. The Chairman will be selected from amongst the committee membership and approved by BANT Council to which the Chairman will report on all matters concerning Ethics.

AP1.5 Role of Committee members.

AP1.5.1 Each member of the Committee must be adequately familiar with the content of the current Code of Ethics and Practice.

AP1.5.2 The Member should make known to the Committee any breaches of good practice that he encounters or any practice brought to his attention that may bring BANT into disrepute.

AP 1.6 Committee meetings and records:

AP1.6.1 The Ethics Committee will meet as and when necessary. A quorum will comprise the Chairman plus 3 committee members.

AP1.6.2 The Committee will keep confidential written and e-mail records of all its deliberations, meetings and decisions taken. This will include, when appropriate, telephone discussions.

AP1.6.3 The Committee will provide an annual summary for BANT members of the nature of all complaints and queries received (including those not pursued), decisions made and the ensuing action taken. Anonymity will be maintained at all times.

AP1.6.4 Based on the annual summary, the Committee will provide information to all BANT Members, additional to that in the Code of Ethics and Practice, regarding best practice and professionalism.

APPENDIX 2

GUIDANCE FOR NUTRITIONAL THERAPISTS VISITING HOSPITALS

TO PROVIDE ADVICE

AP2.1 The hospital is responsible for the patient. (L).

AP2.2 Nutritional therapists may advise their clients whilst in hospital only with permission from the hospital authority and with advice to their client's Registered Medical Practitioner. As a matter of courtesy the person responsible for the ward should also be advised. (L).

AP2.3 If other patients in the hospital request advice, the permission of the hospital authority should be obtained and the person responsible for the ward, and the new client's Registered Medical Practitioner, must be advised. (L).

AP2.4 Nutritional therapists must never undermine their client's faith in hospital treatment or regime. (B).

AP2.5 Where credentials are requested by the relevant person or body, these must be produced. (L).

APPENDIX 3

TERMS OF ENGAGEMENT

BETWEEN THE BANT NUTRITIONAL THERAPIST AND HIS CLIENT. (B).

Introduction

Good nutrition helps build the body's natural strength and resistance, however, no claim is made as to the efficacy of any nutritional protocols.

The degree of benefit obtainable from Nutritional Therapy may vary between clients with similar health problems and following a similar Nutritional Therapy programme.

The nutritional therapist

Nutritional advice will be tailored to support diagnosed conditions and/or health concerns identified and agreed between both parties.

Nutritional therapists are not permitted to diagnose, or claim to treat, medical conditions,

Nutritional advice is not a substitute for professional medical advice and/or treatment.

Standards of professional practice in Nutritional Therapy are governed by the BANT Code of Ethics and Practice.

The client

You are responsible for contacting your GP about any health concerns.

If you are not being treated by your GP, you should still let him know that you are receiving nutritional therapy.

If you are receiving treatment from your GP, or any other medical provider, you should tell him about any nutritional strategy provided by a nutritional therapist. This is necessary because of any possible reaction between medication and the nutritional programme.

It is important that you tell your nutritional therapist about any medical diagnosis, medication, herbal medicine, or food supplements, you are taking as this may affect the nutritional programme.

If you are unclear about the agreed nutritional therapy programme / food supplement doses / time period, you should contact your nutritional therapist promptly for clarification.

You must contact your nutritional therapist should you wish to continue any specified supplement programme for longer than the original agreed period, to avoid any potential adverse reactions.

You are advised to report any concerns about Nutritional Therapy promptly to your nutritional therapist for discussion and action

We understand the above and agree that our professional relationship will be based on the content of this document.

Signed by client: Date.....

Signed by nutritional therapist: Date.....

{A signed copy of the this document to be retained by both the client and the nutritional therapist}

© British Association for Nutritional Therapy.

This Code document is the property of the BANT member. Any other use, printing, or copying is strictly prohibited.

APPENDIX 4

AP3.1 NOTIFIABLE DISEASES

It is a statutory requirement that certain infectious diseases are notified to the Medical Officer of Health (MOH) of the district in which the client resides or in which he is living when the disease is diagnosed. The person responsible for notifying the MOH is the Registered Medical Practitioner in charge of the case. If therefore, a nutritional therapist were to discover a notifiable disease which is clinically identifiable as such he should insist that a Registered Medical Practitioner is called in. Each local authority decides which diseases shall be notifiable in its area. There may therefore be local variations, but it is assumed that the following diseases are notifiable everywhere:

| | | |
|---------------------|-----------------------|------------------|
| Acute Encephalitis | Infective Jaundice | Relapsing Fever |
| Acute Meningitis | Leprosy | Scarlet Fever |
| Acute Poliomyelitis | Leptospirosis | Tetanus |
| Anthrax | Malaria | Typhoid Fever |
| Cholera | Measles | Typhus |
| Diphtheria | Ophthalmia Neonatorum | Yellow Fever |
| Dysentery | Paratyphoid Fever | Whooping Cough |
| Food poisoning | Plague | Tuberculosis (?) |

[this item is category (L).

AP3.2 ACTIVE VIRAL INFECTIVE HEPATITIS

Viral hepatitis is believed to consist of several disease states, a common feature of which is infection of the liver, which may lead to clinical 'Yellow Jaundice'. The Infection is caused by different viruses of which hepatitis A and hepatitis B viruses are the most common and well known. (L).

AP3.2a) Hepatitis A Hepatitis A (formerly 'infectious hepatitis') is normally transmitted through the faecal-oral route in the same way as most of the enteric infections that cause 'food poisoning'. It has an incubation period of about four weeks and is a common infection in conditions of poor sanitation and overcrowding. There is an increased incidence among travellers to countries with inadequate sanitation. Shellfish can also be a cause of the infection. (L).

AP3.2b) Hepatitis B Hepatitis B was formerly known as 'serum hepatitis'. Various body fluids such as saliva, urine, etc. have been implicated in the spread through the blood system either by penetration of the skin with infected needles, razors, etc. or contact with broken skin from contaminated apparatus or surfaces. It usually has a longer incubation period lasting between six weeks and six months.

Hepatitis B must be recognised as an occupational hazard to those nutritional therapists who are duly qualified to draw blood or pierce the skin. It is often acquired by exposure to the blood of apparently healthy people such as symptom-less carriers of the virus, or from people incubating the infection but not yet ill. It is thus essential that practitioners are aware of the risk of contracting the infection and employ the highest standards of care in practice at all times.

High standards of hygiene and safety consciousness will greatly reduce the incidence of hepatitis B, but the risk to clients and Practitioners of the infection from unwise procedures must never be underestimated.

APPENDIX 5

FURTHER INFORMATION ABOUT ADVERTISING PRACTICE

AP4.1 The relationship between the nutritional therapist and the client is one of trust and it is essential that advertising shall be of such nature that the trust of the client is not abused. (B).

AP4.2 Advertising shall give members of the public useful and necessary information, whilst retaining their confidence in Nutritional Therapy. (B).

AP4.3 Although advertising of a solely commercial nature is not encouraged, BANT does recognise the need at this time for some form of advertising to promote the profession of Nutritional Therapy. The Member may otherwise find it difficult to gain access to clients. The Member is primarily encouraged to gain such access through referrals, public lectures, written articles, personal media appearances etc. The interests of the client are paramount at all times in matters concerning advertising. (B).

AP4.4 The following wording is an example of the format which may be employed in advertising:-

[Mr./Ms./Mrs..... is a qualified nutritional therapist practising at Following direct consultation and analysis of individual nutritional requirements, a programme is specifically designed which may help, by improving the body's natural healing powers, to promote improved health through implementation of advice on lifestyle, diet and supplements. (G).

AP4.5 Non-nutritional qualifications and titles may be shown in connection with a nutritional therapist's practice, such as degrees from bona fide academic institutions, and state honours. (L).

AP4.6 Where fees are quoted in an advertisement, the fees charged for any consultation, be it initial, follow-up or telephone, shall be stated. A clear indication of exactly what is included within the fees quoted shall be given (e.g., whether advice, if appropriate, is included within the initial consultation fee). If VAT is payable this should be stated and the total fee quoted should be inclusive of VAT. Any arrangements for the discounting of fees shall be limited to specific groups or classes of clients and not be related to advice given on particular conditions. (B).

AP4.7 Nutritional therapists are responsible for ensuring that their advertisements appear in surroundings that are appropriate to professional practice. (G).

AP4.8 The Member must make no false or misleading claims about his practice or the profession. (B).

AP4.9 Advertising shall not create unjustified expectations as to the form of the advice or consultations or the length of time needed to implement the same, or its prospects for relieving the condition concerned. (B).

AP4.10 Claims of superiority in advertisements are inappropriate. (B).

AP4.11 When using a name plate to a practice, it should be professionally prepared and meet the requirements of the local planning authority. (B).

AP4.12 The Member may appear in bona fide directories issued e.g. by newspapers, commercial enterprises, libraries, health associations, etc. even if payment is required. The Member should ensure that he does not discourage these directories from inviting other members of BANT to appear, or other healing professions. (G).

AP4.13 Essential practice information, consisting of: names and qualifications, addresses and telephone numbers, hours of business, creches, and information about nutritional therapy, may be distributed to medical practitioners, dispensing chemists, libraries, information centres, Citizens' Advice Bureaux, health food stores, health clubs and leisure centres. (G).

APPENDIX 6

CHANGES INTRODUCED TO THE CONTENT OF CODES.

For member interest and rapid reference only:

***Some key content in this Code, issue 5, where different from previous Code issue 4.
[To eliminate confusion, Members should destroy their copy of the previous Code.]***

Item 7.1 (h) & Appendix 3. Added all new: 'Terms of Engagement'. A document signed by both client and Practitioner member at the start of a business relationship to provide mutual protection and reference throughout that relationship. (B).

Items 4.1 & 7.1 (g). Added last sentence: He* shall conduct himself at all times in a manner that does not bring BANT into disrepute. (B). [Note: * referring to the Member].

Item 5.5 (a). Added last 2 sentences: To cover ownership of client records when a client is referred-on to a member practitioner, by another practitioner. (B).

Items 17.2 to 17.5 inclusive. Changes: to better clarify the revised BANT Complaints Procedure, that also includes longer period of time for a member to respond to requests from the Ethics Committee. (B).

Item 24.3. Added: List of major Laws relating to the sale and prescription of nutritional supplements and website information addresses. (L).

APPENDIX 7

GUIDELINES ISSUED SINCE DATE OF PRINTING OF THE CODE

ISSUE 5 (November 2005)

Guidelines will be added to this Appendix should any be released following the date of this Code (issue 5) and up to the date when the next Code (issue 6) is to be released.
