



**New Zealand Dietitians Board**  
*Te Mana Mātanga Mātai Kai*



# **Code of Ethics and Conduct** *for* **Dietitians**

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updated **November 2017**



## INTRODUCTION

### Scope of Practice for Dietitians from 1 April 2017

Dietitians are registered health practitioners who evaluate scientific evidence about food and nutrition and translate it into practical strategies. Dietitians work in partnership with individuals, whānau, communities and populations, in states of health and disease, to support optimal health and well-being.

Dietitians use their dietetic knowledge, skills, and judgement in a variety of contexts, which includes promoting and protecting public health, directing and delivering medical nutrition therapy services, and managing food and health systems. They may perform a variety of functions, including policy development, leadership, management, research, education, and communication roles.

Dietitians with a prescribing endorsement are able to prescribe Special Foods and approved nutrition-related medicines.

Dietitians are accountable for ensuring that their practice is consistent with the Dietitians Board's competency requirements, Code of Ethics and Conduct, and relevant legislation.

A practising dietitian must hold a current annual practising certificate (APC) with the Dietitians Board (New Zealand), and must not practise outside the above scope of practice.

### Functions of the Dietitians Board (New Zealand)

The Dietitians Board regulates the practice of registered dietitians. The Board operates under the Health Practitioners Competence Assurance Act 2003 (HPCA Act). The **principal purpose** of the HPCA Act is *to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are fit and competent to practise their professions*" (section 3(1) HPCA Act).

Under section 118(i) of the HPCA Act, one of the **functions** of the Dietitians Board is to: *'set standards of clinical competence, cultural competence, and ethical conduct to be observed by health practitioners of the profession'*.

### Treaty of Waitangi / Te Tiriti o Waitangi

The Dietitians Board acknowledges the Treaty of Waitangi / Te Tiriti o Waitangi as the founding document of Aotearoa New Zealand and recognises and respects the specific importance of health services for Maori as the indigenous people of Aotearoa New Zealand.

The *Code of Ethics and Conduct* (the Code) acknowledges the contemporary application of the Treaty of Waitangi/Te Tiriti o Waitangi and the principles of partnership, protection and participation as integral to providing effective dietitian services for Maori.

Dietitians support the Maori consumer/whanau/family/community/hapu/iwi (Maori) on their pathway to achieving optimal health outcomes by:

1. Working in partnership.
2. Enabling rangatiratanga/self-determination.
3. Providing culturally appropriate services which recognise the diversity of Maori in identity, beliefs, values and practices.
4. Integrating Maori models of Oranga and Hauora/health and wellbeing into services.
5. Promoting other services which meet the needs of Maori.

***Explanatory note***

*The term “consumer” is used through-out this document. This is the term used in the Code of Health and Disability Services Consumers’ Rights, and is intended to include to all people to whom dietitians provide dietetic services - including “patients”, “clients” and “the public”.*

## **CODE OF ETHICS AND PROFESSIONAL CONDUCT**

### **What are Ethics?**

Ethics are the common moral framework at the core of every health profession. Dietitians carry out their professional activities within a larger social context and thus need to adhere to ethical principles to contribute to a stable society. This Code records the ethical principles of registered dietitians in New Zealand. Adherence to the Code is an obligation of every registered Dietitian (NZRD).

### **What is Professional Conduct?**

Professional Conduct is the *do’s and don’ts* of professional practice. The standards of professional conduct are those defined by the Board describing the behaviour or conduct that dietitians are expected to uphold.

### **Purpose**

The purpose of this *Code of Ethics and Conduct* is to:

1. Provide a set of standards for the ethical and professional behaviour expected of dietitians towards consumers, society, self and profession.
2. Provide tools to evaluate the ethical and professional behaviour conduct of dietitians.

## PRINCIPLES OF THE PROFESSION

### Ethical guidelines for dietetic practice

The dietetic profession is characterised by a defined body of knowledge and skills, tertiary level education and by common attributes, values and principles. The Code describes the ethical principles of registered dietitians in New Zealand. Acceptance of these principles and adherence to the Code are obligations of each registered dietitian.

The Code is not intended to be exhaustive. There may be obligations or situations that are not expressly provided for. In such circumstances, New Zealand registered dietitians must base all their professional decisions on the following:

- 1. Autonomy** - The right of consumers to make their own choices, after receiving objective evidence-based information, must be respected.
- 2. Beneficence** - You must act in the best interests of consumers.
- 3. Non Maleficence** - You must not cause harm.
- 4. Justice** - You must act fairly and provide services in an objective, non-discriminatory and unbiased manner.

## PRINCIPLES OF THE CODE

The following eight principles reflect the values considered fundamental to the practice of dietetics in Aotearoa New Zealand. Members of the public trust dietitians with their health and wellbeing. To justify this trust, dietitians must adhere to the values outlined below and the standards contained in this document.

### All dietitians must:

1. Make the best interests of consumers their top priority.
2. Work in partnership with consumers.
3. Respect the confidentiality and privacy of consumers.
4. Maintain and demonstrate high standards of professional conduct and assume responsibility and accountability for their actions.
5. Advertise products, brands or services only in a manner that protects and supports the health and wellbeing of the New Zealand public, whilst also upholding the integrity of the profession.
6. Work with colleagues in ways that best serve the interests of consumers.
7. Act in a manner that promotes public trust and confidence in dietitians and enhances the reputation of the profession.
8. Maintain their competence.

## **Principle One**

### ***Dietitians make the best interests of consumers their top priority***

Dietitians must:

- (a) Consider the health and wellbeing of consumers to be their top priority.
- (b) Treat every consumer with respect and dignity.
- (c) Base all dietetic practice and recommendations on the best available scientific evidence.
- (d) Provide services in a manner that minimises the potential for harm and optimises the quality of life of consumers.
- (e) Refer a consumer to other practitioners if the requirements of that consumer fall outside the dietitian's expertise or scope of practice.
- (f) Respect the unique needs and values of all consumers without discrimination.
- (g) Respect the cultural needs and values of consumers.
- (h) Recognise the imbalance of power and knowledge inherent in the professional/consumer relationship.
- (i) Conduct themselves with honesty, integrity and fairness.
- (j) Not financially or emotionally exploit consumers.
- (k) Balance their duty of care to each patient/client with their duty of care to the wider community - In particular, this means allocating and using resources fairly and efficiently.

## **Principle Two**

### ***Work in partnership with consumers***

Dietitians must:

- (a) Actively engage with their communities to promote good health and nutrition
- (b) Respect the autonomy and freedom of choice of consumers.
- (c) Establish respectful partnerships with patients/clients consumers that acknowledge consumer needs and goals.
- (d) Communicate effectively and appropriately with consumers.
- (e) Explain the options available to the consumer, including the risks, side effects, benefits and costs, so that they can make informed decisions.
- (f) Make sure all information given is impartial, honest and relevant.
- (g) Communicate scientific advice accurately and in a clear and understandable manner.
- (h) Respect a consumer's right to refuse treatment.

## Principle Three

### ***Dietitians respect the confidentiality and privacy of consumers***

Dietitians must:

- (a) Hold all patient/client information securely and in confidence.
- (b) Only use the information provided by a consumer for the purpose it was provided for, unless the use is authorised by the consumer or as required by law<sup>1</sup>.
- (c) Keep all consumer information confidential after the relationship has ended.
- (d) Maintain records that are accurate, comprehensive and current.
- (e) Not disclose identifiable personal or health information about a consumer without their consent, unless disclosure is required or permitted by law<sup>2</sup>.
- (f) Take all reasonable steps to respect and protect the dignity and privacy of consumers at all times.

## Principle Four

### ***Dietitians maintain and demonstrate high standards of professional conduct and assume responsibility and accountability for their actions***

Dietitians must:

- (a) Be able to justify all professional decisions.
- (b) Be accountable for practising safely and competently.
- (c) Not practise under the influence of drugs or alcohol.
- (d) Not engage in a sexual or intimate relationship with a client/patient.

## Principle Five

### ***Dietitians advertise<sup>3</sup> products, brands or services, only in a manner that protects and supports the health and wellbeing of the New Zealand public, whilst also upholding the integrity of the profession***

Dietitians who advertise must:

- (a) Recognise the overriding duty to protect the health and wellbeing of consumers, over the personal or financial interests of the dietitian and those close to him or her.
- (b) Ensure that any advertising in which they are involved, or which uses their name or likeness is not false, misleading or deceptive.

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<sup>1</sup> Section 6 (principle 10) Privacy Act 1993/Health Information Privacy Code

<sup>2</sup> Section 6 (principle 10) Privacy Act 1993/Health Information Privacy Code

<sup>3</sup> For the purposes of this Code, "advertise" and "advertising" includes, but is not limited to, any public communication using television, radio, motion picture, newspaper, billboard, list, display, the internet or directory, and includes business cards, announcement cards, office signs, letterhead, telephone directory listings, professional lists, professional directory listings and similar professional notices, and which is intended to promote dietetic services, food or drink, supplements and other health-related products, a dietitian or a clinic or group with which a dietitian is associated. Importantly this definition excludes material issued to patients or clients during consultations where such material is designed to provide the patient or client with clinical or technical information about dietetics or health conditions and where the patient is afforded sufficient opportunity to discuss and ask questions about the material. Also, this definition is not intended to apply to material issued by a person or organisation for the purpose of public health information or as part of a public health programme.

- (c) Not make claims for the health benefits of products, brands of services unless these are supported by the **principles of evidence based practice**<sup>4</sup>, nor claim that one is better than another unless the claim is validated by scientific evidence that has been published in a **reputable source**<sup>5</sup>.
- (d) Not allow any potential financial reward to influence the recommendation of a product, brand or service.
- (e) Not make any unsubstantiated representation and ensure they comply with the Fair Trading Act<sup>6</sup> and Food Standards Code<sup>7</sup>

**For further information about the application of Principle Five, please see the APPENDIX 1. Guidelines for applying Principle Five.**

## Principle Six

### ***Work with colleagues in ways that best serve the interests of consumers***

Dietitians must:

- (a) Treat colleagues courteously, respectfully and reasonably.
- (b) Support the professional development of other dietitians.
- (c) Engage in effective communication and cooperation with colleagues and other health practitioners, to achieve optimum nutritional outcomes for the consumers.
- (d) Take responsibility for the transfer of dietetic care of a consumer to other dietitians, health practitioners, or organisations, ensuring that information is communicated in a clear and timely manner.
- (e) Recognise and acknowledge differences in opinion and remain objective.

## Principle Seven

### ***Dietitians act in a manner that promotes public trust and confidence in dietitians and enhances the reputation of the profession***

Dietitians must:

- (a) Recognise and uphold the duty of care a dietitian has to protect and enhance the health of consumers.
- (b) Notify any breaches or potential breaches of the Code of Ethics and Professional Conduct to the Registrar of the Dietitians Board.
- (c) Notify the Registrar if they are convicted of an offence<sup>8</sup>.

<sup>4</sup> For the purposes of this Code, the definition of 'evidence based practice' is taken from the well-known and highly-regarded definition proposed by David Sackett (1934-2015) and colleagues, and means "the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research." Sackett D, Rosenberg W, Muir Gray JA, Haynes RB and Scott Richardson W. *Evidence based medicine: what it is and what it isn't*. British Medical Journal 1996; 302:71-72.

<sup>5</sup> A reputable source of scientific evidence is a high quality academic peer-reviewed journal.

<sup>6</sup> Fair Trading Act (1986) Fair Trading Amendment Act (2013)

<sup>7</sup> Food Standards Code 1.2.7

<sup>8</sup> See in particular section 100(2) HPCA Act for offences against specified legislation

- (d) Protect members of the public by reporting the unethical or incompetent behaviour of dietitians to the appropriate persons or bodies if they pose a risk to the safe delivery of health services<sup>9</sup>.
- (e) Ensure the consumer understands any conflicts of interest or potential conflicts that you have and which might affect your advice or decision-making.
- (f) Not offer or accept incentives, gifts, financial reward or hospitality that may be seen to affect their professional judgment.
- (g) Not bring the profession into disrepute.
- (h) Not compromise standards of practice to meet commercial targets.
- (i) Not allow any agreement, arrangement or business association to compromise professional independence.
- (j) Comply with all relevant provisions in the Health Practitioners Competence Assurance Act 2003 and all other applicable law.
- (k) Comply with the responsibilities set out in the Code of Health and Disability Services Consumers Code of Rights.
- (l) Comply with all professional, ethical, and other relevant standards.

## **Principle Eight**

### ***Maintain their competence***

Dietitians must:

- (a) Hold a current Annual Practising Certificate at all times when practising dietetics.
- (b) Maintain a high standard of skill and knowledge through on-going Professional Development and annual participation in the Dietitians Board Continuing Competence Programme.
- (c) Practise in areas where the dietitian has the relevant competencies, training, experience, and professional supervision as required.

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<sup>9</sup> Dietitians have a discretion to notify the Board of competence concerns about another practitioner (section 34(1)) of the Health Practitioners Competence Assurance Act 2003

## BREACHES OF THE CODE

1. This Code will be used by the Dietitians Board as a standard by which a dietitian's conduct is measured.
2. This Code may be used by the Health Practitioners Disciplinary Tribunal (HPDT), the Health and Disability Commissioner (HDC), the Ministry of Health and others, as a standard by which a dietitian's conduct is measured.
3. A failure by a dietitian to comply with this Code may result in, as appropriate:
  - (a) A referral to a Professional Conduct Committee, if one or more questions about the appropriateness of the conduct or safety of the practice of a dietitian has been raised, pursuant to section 68(3) of the HPCA Act;
  - (b) A Professional Conduct Committee laying a charge before the HPDT;
  - (c) A Competence Review, pursuant to section 36(4) of the HPCA Act;
  - (d) Referral to the HDC;
  - (e) Referral to the Ministry of Health Enforcement unit;
  - (f) Referral to the Advertising Standards Authority; and/or
  - (g) Such other action as the Dietitians Board may deem appropriate in the circumstances.

## LEGISLATION

This Code should be read in conjunction with relevant current legislation (and amendments) and with relevant policies, procedures, competencies and standards that regulate professional dietetic practice.

Current legislation can be checked on [www.legislation.govt.nz](http://www.legislation.govt.nz)

### Relevant legislation/resources:

1. Health Practitioners Competence Assurance Act 2003
2. Treaty of Waitangi Act 1975
3. Privacy Act 1993 and Health Information Privacy Code 1994
4. Advertising Standards Authority: Advertising Codes of Practice 2010
5. Health and Disability Commissioner Act 1994
6. Mental Health (Compulsory Assessment and Treatment) Act 1992
7. Human Rights Act 1993
8. New Zealand Bill of Rights Act 1990
9. Consumer Guarantees Act 1993

10. Fair Trading Act 1986
11. Fair Trading Amendment Act 2013
12. Code of Health and Disability Services Consumers Rights 1996
13. Health and Safety in Employment Act 2002
14. Medicines Act 1981
15. Crimes Act 1961
16. Food Act 2014
17. Commerce Act 1986
18. Sackett D, Rosenberg W, Muir Gray JA, Haynes RB and Scott Richardson W. *Evidence based Medicine: what it is and what it isn't*. [British Medical Journal 1996; 302:71-72](#).
19. Ministry of Health Food and Nutrition Guidelines
  - a) <http://www.health.govt.nz/our-work/eating-and-activity-guidelines/current-food-and-nutrition-guidelines>
20. International Code of Marketing of Breast-milk Substitutes
  - a) [http://www.who.int/nutrition/publications/code\\_english.pdf](http://www.who.int/nutrition/publications/code_english.pdf)
21. Australia New Zealand Food Standards Code – in particular Standard 1.2.7 Nutrition, Health and Related Claims
  - a) <http://www.comlaw.gov.au/Details/F2013L00054>
22. Commerce Commission website - <http://health.comcom.govt.nz/>
  - a) Fact Sheets for the Health Profession - <http://comcom.govt.nz/fair-trading/fair-trading-act-fact-sheets/health-and-nutrition-claims/>
23. Therapeutic Advertising Pre-Vetting Service
  - a) The System - [http://www.anza.co.nz/Category?Action=View&Category\\_id=369](http://www.anza.co.nz/Category?Action=View&Category_id=369)
  - b) Guidelines - [http://www.anza.co.nz/Category?Action=View&Category\\_id=265](http://www.anza.co.nz/Category?Action=View&Category_id=265)
24. Advertising Standards Authority - <http://www.asa.co.nz/>

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*These URL's were correct at the time of publication*

## APPENDIX 1.

### Guidelines for Applying Principle Five

This section provides **guidelines** for applying Principle 5 of the *Code of Ethics and Conduct* to dietetic professional judgments. These guidelines may be used to determine whether there has been a breach of Principle 5.

It is the Board's expectation that dietitians have regard for the Ministry of Health's population-specific Food and Nutrition Guidelines and its Eating and Activity Guidelines<sup>10</sup> and that these guidelines form the basis of population nutritional advice.

Dietitians must always consider their professional, ethical and legal obligations when advertising products, brands or services, and particularly how members of the public - patients, clients, families, whanau and communities in Aotearoa/New Zealand will perceive or receive the advertising.

It is essential that any advertising has information that is both easily understood by the public and will not mislead the public.

### APPLICATION of PRINCIPLE FIVE

In applying Principle 5, it is essential to ensure any advertising is within the bounds of the Code.

Consideration of the following questions may be helpful:

- (a) Does the advertising recognise and support your overriding duty to protect the health and wellbeing of the public?
- (b) Is the advertising based on high quality scientific evidence?
- (c) Is the advertising both easily understood and not misleading to the public?
- (d) Are comparative claims supported and validated with high quality scientific evidence and easily understood information?
- (e) Is protecting the health and wellbeing of the public your highest priority; not any payment or other incentives?

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<sup>10</sup> In 2017 there are 4 Ministry of Health documents that provide the Ministry's evidence base for population nutrition advice: *Infants and Toddlers (0-2)*, *Children and Young People (2-18)*, *Pregnant and Breastfeeding Women and Older People*. The Ministry is moving these documents over to a new format (the Eating and Activity Guidelines Series) of which there are currently 4 documents:

*Eating and Activity Guidelines for New Zealand Adults*  
*Guidance for Healthy Weight Gain During Pregnancy*  
*Consensus Statement on Vitamin D and Sun Exposure in New Zealand*  
*Companion Statement on Vitamin D and Sun Exposure in Pregnancy and Infancy in New Zealand*

## NOTES on PRINCIPLES OF EVIDENCE BASED PRACTICE<sup>11</sup>

In applying Principle 5, it is essential for a dietitian to **establish** that the product, brand or service or which he/she is endorsing has been developed in accordance with the **principles of evidence based practice**. The following questions may be helpful in this regard:

- (a) Are the claims made about the product, brand or service based on methodologically sound clinical trials with appropriate cohort selection, size, control group and trial duration? Were the results statistically and clinically significant and appropriate to the New Zealand context?
- (b) Has/have the findings of the study/studies been replicated and confirmed?
- (c) Have there been long term follow-up studies? Do they confirm initial findings? Are the results applicable to the New Zealand context?
- (d) How were any trials or product/service developments funded? Were they conducted independently/with appropriate bias controls?
- (e) Do the principal researchers or advocates for the products/brands/services have a strong track record of reputable work in this field?
- (f) Has the work that is the scientific basis for the claims made about the product, brand or service been published in a reputable source?
- (g) Is there evidence that the work has been academic peer reviewed by experts in this field?
- (h) How does the work fit into the wider body of evidence in the field? Is it moving with it? Is it in opposition?

## NOTES on ADVERTISING

### A. Comparative advertising

It is difficult to include all the required information to avoid a false or inaccurate comparison when comparing one product, brand or service with another. Therefore, when making a comparison in advertising there is a risk of misleading the public.

Dietitians must be accurate and use high quality scientific evidence in their advertising in a way which accurately compares products, brands or services with others. The information provided must be easily understood by the public.

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<sup>11</sup> For the purposes of this Code, the definition of 'evidence based practice' is taken from the well-known and highly-regarded definition proposed by David Sackett (1934-2015) and colleagues, and means "the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research." Sackett D, Rosenberg W, Muir Gray JA, Haynes RB and Scott Richardson W, *Evidence based medicine: what it is and what it isn't*. British Medical Journal 1996; 302:71-72

## B. Authorising of advertising of products, brands or services

1. Dietitians are responsible for the form and content included in the advertising of products, brands or services and cannot delegate this responsibility or accountability for errors or inaccuracy to others.
2. Dietitians must ensure the accuracy of his or her advertising of products, brands or services and must personally ensure compliance with this Code.
3. As a regulator, the Dietitians Board is **not** able to vet or pre-approve advertising, an endorsement, or a promotion for compliance with this Code. This is because the Board may be asked to formally adjudicate on the outcome of a complaint or investigation and such vetting may be seen as pre-determination.
4. If a dietitian is in doubt about whether his or her advertising of products, brands or services might be in breach of the *Code of Ethics and Conduct*, it is recommended that the dietitian seek advice from a lawyer or from the Therapeutic Advertising Pre-Vetting Service (TAPS), a service provided by the Advertising Standards Authority.
5. Complaints about advertising should be directed to the Dietitians Board or the Advertising Standards Authority.

The Dietitians Board has adopted some Principles and wording from the Codes of the Physiotherapy Board of New Zealand, the Dental Council, the Nursing Council of New Zealand, and other national and international organisations.

This is acknowledged with grateful thanks.

**This Code is scheduled for review by December 2020**

## CONTACT INFORMATION

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