

Registered Nutritional Therapy Practitioners are advised to conduct regular audits of their practices, at least once a year. This audit tool can be used regardless of whether you practise from home, in rented premises or are employed. It is based on the requirements for the training of Registered Nutritional Therapy Practitioners as set out in the NOS and Nutritional Therapy Education Commission (NTEC) Core Curriculum, BANT Professional Practice Handbook and CNHC Code of Conduct, Ethics and Performance. It is a template tool which can be amended as appropriate and you may add your own additional criteria and standards.

Conduct a Self-Audit

Work through the self-audit tool and tick box 'yes' or 'no' to mark compliance against each of the questions asked. Tick 'n/a' for any question which does not apply to your practice.

Use the audit tool comments box at the end of each section to make additional notes.

Outcome of Audit

What is the outcome of your audit? - i.e., are there any areas of non-compliance?

What issues have you identified that need attention?

Action Plan

Set realistic deadlines considering risk, time and cost.

File your action plan and use it next year to check progress.

You can reflect and report on your findings as a part of your CPD.

Health and Safety at Work

You must be familiar and comply with the requirements and provisions of current Health and Safety at Work legislation. This places a duty on you to conduct your work to ensure, so far as is reasonably practicable, that not only clients and employees, but also the public and other visitors, are not exposed to risks to their health or safety www.hse.gov.uk.

Using the Self Audit Tool

You are advised to complete this audit tool for each of the premises you work from.

The Practice Audit is made up of the following sections:

Section 1: Documentation Checklist
Section 2: Health & Safety at Work
Section 3: Personal Standards
Section 4: Practice Management

AUDIT SUMMARY & ACTION PLAN	
Name and Address of Clinic:	Date of audit:
	Date of previous audit if undertaken:

Brief summary of issues (if any) from previous audit and action taken:

Brief summary of outcome of this audit (*an overall statement, include any areas of concern, link as appropriate to previous audit*):

Section & item	Description	Action	Date completed

Section 1: Documentation Checklist			
	Yes	No	n/a
a) Health and Safety Risk Assessment (over five staff)			
b) Health and Safety Law/Poster			
c) Accident Book			
d) Fire Risk Assessment			
e) Fire Evacuation Procedures			
f) Fire appliance/s certificate and/or Certificate of Maintenance of Fire Appliances			
g) Smoke alarm check			
h) PAT – Portable Appliance Testing Certificate			
i) Gas safety inspection certificate (if relevant)			
j) Electricity safety inspection certificate			
k) Certificate of Public Liability			
	Yes	No	n/a
l) Product and Professional Indemnity Insurance Policies			
m) First Aid at Work Certificate			
n) Other:			
Comments:			

Section 2: Health & Safety at Work			
2.1 Is your clinic a safe workplace? In particular...	Yes	No	n/a
a) if you employ five or more people, do you keep an up-to date written statement of your health and safety policy for employees, including your arrangements for carrying out the policy, and ensure that all your employees are made aware of it and abide by it?			
b) is there a substantial handrail and two-way lighting system provided for every staircase?			
c) is every dangerous part of equipment, appliance or machinery effectively guarded?			
d) is equipment and machinery regularly inspected and maintained, where necessary?			
e) are all gas appliances and installations in accordance with the Council for Registered Gas Installers, and subject to regular examination?			
f) are all the electrical installations in accordance with the Institute of Electrical Engineering and Technology Regulations for the Electrical Equipment of Buildings? Are the installations and portable appliances subject to regular examination?			
g) are all cables kept as short as possible and routed and/or taped to prevent the risk of tripping?			
h) are all floors, passages and stairs of sound construction, properly maintained, and kept free from obstruction and substances likely to cause people to lose their footing?			
i) are accidents dealt with in accordance with the provisions of the Reporting of injuries, Disease, and Dangerous Occurrences regulations 1995?			
j) do treatment devices carry a CE mark?			
2.2 Does the treatment room have...	Yes	No	n/a
a) a wash basin with a hot and cold-water supply, located in or in the vicinity of the treatment room?			
b) dispenser liquid soap and disposable paper towels?			
c) sterile wipes for cleaning equipment?			
d) sufficient space to allow free movement, safe handling of equipment, performance of procedures and placing of the client?			
e) furniture which is clean and maintained in good repair?			
f) smooth, easily cleanable surfaces on tabletops, shelves and all working surfaces?			
g) adequate artificial lighting, heating and ventilation?			
h) adequately sized bin with disposable liner?			

PRACTICE SELF AUDIT TOOL

	Yes	No	n/a
j) procedures and facilities for the safe handling and disposal of clinical waste if blood is taken?			
k) access for disabled clients?			
2.3 Is the cleanliness of the treatment room/s & examination surfaces maintained by...	Yes	No	n/a
a) cleaning and dusting at least weekly all tabletops, shelves and impervious surfaces with a damp cloth and occasionally with hot water and detergent?			
b) regularly washing all impervious floor surfaces with appropriate disinfectant/cleansers?			
c) vacuum cleaning daily?			
d) emptying waste bins at the end of the day?			
e) banning all animals and birds?			
Comments:			

Section 3: Personal Standards			
3.1 Do you maintain your own health and personal hygiene by...	Yes	No	n/a
a) covering all cuts and wounds with a waterproof dressing?			
b) keeping hands/nails clean?			
c) washing hands before and after examinations/ investigations/ treatments?			
d) wearing suitable clean clothing and, optionally, a clean uniform?			
e) refraining from wearing strong smelling perfumes and/or personal hygiene products?			
f) refraining from smoking, eating or drinking whilst practising?			
g) informing your general practitioner(s) early if you suspect that you are suffering from, or have been in contact, with an Infectious Notifiable Disease and ensuring that your general practitioner(s) know that you are engaged in nutritional therapy practice?			
h) avoiding consulting when you are suffering from an infectious or contagious condition?			
Comments:			

Section 4: Practice Management			
4.1 Do you ensure that the following information is recorded?	Yes	No	n/a
a) the names and contact details of clients?			
b) the dates of attendance of an individual client?			
c) the client's perception of their needs?			
d) the client's expectations of NT? (Terms of Engagement Agreement)			
e) presenting conditions/problems?			
f) the client's past medical history and potential allergies?			
g) the client's current medication/treatment/complementary therapy treatments including herbs and nutraceuticals?			
h) possible contraindications/red flags?			
i) social and family history/lifestyle?			
j) measures/tests (anthropometric/other) investigations/results or analysis?			
k) the recommendations given?			
l) the outcomes of any review of provided recommendations?			
m) referral letters?			
n) consent to contact third parties?			
o) fee structures and charges?			
4.2 Do you ensure confidentiality by...	Yes	No	n/a
a) ensuring that client notes are not left unattended unless in a locked environment or cabinet?			
b) training other staff to respect confidentiality?			
c) seeking informed consent to pass client information to a third party?			
d) requesting informed consent from the client for a third party to be present during a consultation?			
e) anonymising client details on material used in presentations, case conferences and any other domain where identity must be protected?			
f) storing client records securely for exactly 8 years?			
g) storing children's records securely until their 25 th birthday unless they were 17 at the conclusion of the nutritional therapy when the files and any additional records should be kept until their 26 th birthday?			
h) having a parent, guardian or designated carer present if the client is under 16yrs of age?			
4.3 Do you ensure informed consent by...	Yes	No	n/a
a) requesting a client's permission before physical contact			
b) explaining the need for specific tests, justifying the cost, whilst showing regard for financial constraints and other			

possible issues that the patient may have before obtaining client approval to proceed with tests			
c) explaining and negotiating proposed dietary and lifestyle changes and responding to any client concerns before obtaining client approval			
d) explaining and negotiating the proposed nutraceutical protocol, having taken into consideration any constraints, before agreeing the final plan			
4.4 When dealing with Promotional Materials and Sales do you ensure that...	Yes	No	n/a
a) promotional materials comply with Advertising Standards Authority (ASA)?			
b) promotional and educational materials are professionally presented?			
c) if required, disclosure of vested interest/s are displayed (clinic & promotional materials)?			
d) laws and regulations relating to advertising and medical conditions are not contravened?			
e) limited company or limited liability partnership conforms to Companies Act 2006?			
f) sales and prescriptions comply with Medicines Act, Food Act, Food Safety Act, Food labelling regulations, Food Supplement regulations?			
g) own labelled supplements comply with relevant legislation?			
h) hormones and other licensed medical products are not prescribed? (unless medical practitioner)			
Comments:			