

# **BANT Professional Practice Handbook**

**Version 3.3**



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**BANT Professional Practice Committee (PPC)**

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## Section 1 – The Handbook

### 1.1 Purpose of the Handbook

This handbook provides guidance and advice on the practice of nutritional therapy and the principles of personal professional conduct and performance. It includes guidance on the expectations of the public and clients.

It is an evolving document and will be updated as and when changes occur within BANT or the Nutritional Therapy profession.

You are also encouraged to read the FAQ section of the BANT website, which discusses common questions that arise as to the interpretation of the information contained within this handbook –

[www.bant.org.uk/members-area/professional-practice/frequently-asked-questions-of-the-ppc/](http://www.bant.org.uk/members-area/professional-practice/frequently-asked-questions-of-the-ppc/)

The standards set out in this document apply to all members of BANT, regardless of their employment status (whether working as a private practitioner, in a partnership or as an associate, employee or locum) and their working environment (whether in the local community, in a multi-disciplinary practice or in public health).

All BANT members are personally accountable for their professional activity and must be able to explain and justify each and all of their decisions. They must also act safely and lawfully at all times.

BANT seeks to protect the public by developing and promoting the nutritional therapy profession. As part of that duty, BANT has adopted the CNHC Code of Conduct, Performance and Ethics which lays down the standards of conduct and practice expected of members of BANT, and this is a public document.

All BANT members should familiarise themselves with and follow the CNHC Code - [www.cnhc.org.uk/code-conduct-registrants](http://www.cnhc.org.uk/code-conduct-registrants)

The BANT Professional Practice Handbook is the property of BANT and its members, and the contents are intended to support, benefit and protect both the BANT Practitioner and his or her client.

**Any misuse, printing or copying of this document is strictly prohibited.**

**Copies must not be given to non-members – it is for internal use only.**

## 1.2. Purpose of Handbook and Code of Conduct

Membership of BANT must be regarded as an assurance to clients, the medical profession, other healthcare professionals and the general public, of the BANT practitioner's professional competence and integrity.

BANT fully supports and recommends that all nutrition professionals involved in providing advice to the public should come under the strictest regulation and from 2014 all members have to be registered with the Complementary and Natural Healthcare Council (CNHC), unless exempt as per [Terms and Conditions of Membership](#) – point 5. BANT members also agree to abide by the BANT Handbook of Professional Practice (this document), which is designed to ensure that members of the public receive a consistent, professional and safe experience when visiting a qualified BANT practitioner member.

The member has the right to 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 CNHC Code of Conduct, Performance and Ethics and the BANT Professional Practice Handbook.

## 1.3 The Roles of Nutritional Therapist and Nutritionist

### a) Professional Titles

If you are registered with the CNHC: when conducting 1:1 nutrition consultations with clients in a clinical setting, you should refer to yourself as a “Registered Nutritional Therapy Practitioner” or the shortened version “Registered Nutritional Therapist”.

If you are registered with the HCPC as a dietitian, you have a statutorily protected title which you can use with all work in the application of nutrition science, clinical or other.

When working outside of the traditional 1:1 consultation, using or applying nutrition science, you are acting as a “Registered Nutritionist”. When you use that title in formal communications you are advised to use it with the post-nominals “MBANT” for clarity. Or you can refer to yourself as a “BANT Registered Nutritionist”. For example, you may refer to yourself as John Smith MBANT, Registered Nutritionist or John Smith, BANT Registered Nutritionist.

### b) Registered Nutritional Therapy Practitioner / Registered Nutritional Therapist

You can find the official definition of Nutritional Therapy and the role of the Nutritional Therapist on the BANT website at the following link:

[www.bant.org.uk/about-nutritional-therapy/why-use-nutritional-therapy/](http://www.bant.org.uk/about-nutritional-therapy/why-use-nutritional-therapy/)

## c) Registered Nutritionist

The activities of a Registered Nutritionist are anything outside of clinical practice which encompasses the application of nutrition science. This may include:

- education of the public, media and other health professionals on the importance of nutrition for human health through presentations, group workshops, the provision of literature, use of media such as radio and TV;
- undertaking postgraduate research, Masters degrees and PhDs to further develop the field of nutritional therapy;
- performing clinical audits and disseminating findings through appropriate reports and publications;
- contributing to academic journals through writing articles, reports and case studies;
- teaching nutritional therapy in primary, secondary and tertiary educational establishments;
- training health food traders and other groups in industry;
- updating professional knowledge through continuing professional development (CPD);
- providing technical support in industrial settings.

If you are involved in either:

- the practice of other non-nutritional modalities; or
- the retail of supplements or laboratory services to the general public *outside of an individual consulting relationship* [see section 2.5f)],

it must be made clear that these fall outside the scope of BANT as a professional association and the BANT logo may not be used on any promotional material for these activities.

These are binding requirements. Members must also comply with all related legislation in the country in which they are practising, and it is their responsibility to make themselves aware of this legislation.

## d) Diet Protocols

BANT practitioners do not work with a 'one-size fits all' model, but assess clients as individuals and support them accordingly, with personalised diet and lifestyle programmes. Whilst BANT does not generally endorse or recommend the use of diet protocols with clients, if you have undertaken any training on diet protocols such as



FODMAPS, AI diet, paleo or vegan diets, you may find it appropriate to use these with some clients in certain circumstances. In these instances, you should ensure the diet programme you recommend is personalised for your client's needs and that you review it on a regular basis to keep it relevant.

BANT practitioners are not permitted to use the GAPS protocol with clients or make reference to GAPS on their websites, blogs or any handout information. The GAPS diet goes against BANT's code of conduct by making health claims and claiming to 'treat' certain conditions such as autism. BANT members are not permitted to be registered as GAPS practitioners and any practitioners found to still be associated with or making reference to the GAPS protocol will have their BANT membership rescinded.

Elemental diets do not come under the remit of a BANT practitioner. An elemental diet consists of simple nutrients as a sole source of nutrition for a limited period of time (14-21 days), such as amino acids and monosaccharides, with minerals. These diets may be administered via oral drinks, nasogastric tube, PEG tube or through intravenous methods, depending on the patient's needs. The elemental form of this diet allows the nutrients to be assimilated easily into the body, sparing some of the digestive process, and are used in patients who have limited digestive function, and who are unable to digest, absorb or metabolise food through normal ingestion. Products must be administered under medical /dietetic supervision and usually involve gradual re-introduction of food, possibly tailored to support and improve the patient's condition. Nutritional Therapists are not able or qualified to support patients through this process, nor when the subsequent diet is introduced at the end of the Elemental Diet.

## 1.4 The Professional Practice Committee

The Professional Practice Committee (PPC) sets standards (as set out in the CNHC Code of Conduct, Performance and Ethics [www.cnhc.org.uk/code-conduct-registrants](http://www.cnhc.org.uk/code-conduct-registrants) and the BANT Professional Practice Handbook ([www.bant.org.uk/bant/jsp/member/pdf/professionalPractice/BANT\\_PROFESSIONAL\\_PRACTICE\\_HANDBOOK.pdf](http://www.bant.org.uk/bant/jsp/member/pdf/professionalPractice/BANT_PROFESSIONAL_PRACTICE_HANDBOOK.pdf)) for professional practice and monitors their implementation by practitioners.

The PPC is charged by BANT Council with maintaining a clear focus on all aspects of professional practice, including essential linkages with BANT's other core objectives related to training, education and research.

The PPC has the following key roles:

- 1) To investigate complaints against a BANT member by another BANT member but only where the complaint relates to the member's professional practice in their work with clients or other activities associated with applied nutrition (e.g. teaching, supervision, writing etc.).



- 2) To investigate complaints from members of the public against members who are registered with CNHC
- 3) To investigate all complaints from members of the public against BANT members who are not registered with CNHC
- 4) To advise members, if they are uncertain, on how to apply the CNHC Code of Conduct, Performance and Ethics and the BANT Professional Practice Handbook

You can see this remit plus the information on the Professional Practice Committee members at the following link:

[www.bant.org.uk/members-area/professional-practice/professional-practice-committee-ppc/](http://www.bant.org.uk/members-area/professional-practice/professional-practice-committee-ppc/)

## Section 2 – Professional Practice

### 2.1 Contract with the client

When you see a client, you enter into a relationship where the terms must be clearly understood and accepted by both sides. It is your duty to ensure, to the best of your ability, during and after the consultation, that the client understands what you can and cannot offer.

It is your duty to take reasonable care, when using your professional knowledge and skills, in advising clients. You must also take every reasonable step to ensure that anyone assisting you at your place of work is competent to carry out the duties delegated and that they are properly trained and supervised where necessary.

BANT does encourage the use of the BANT Terms of Engagement (ToE). You can download the most recent version from the PPC section of the website.

[https://bant.org.uk/bant/jsp/member/pdf/professionalPractice/TERMS\\_OF\\_ENGAGEMENT.pdf](https://bant.org.uk/bant/jsp/member/pdf/professionalPractice/TERMS_OF_ENGAGEMENT.pdf)

The **BANT** Terms of Engagement (ToE) document is designed to be signed by both the client and practitioner member at the start of the consultation to provide mutual protection and reference throughout, and to make the remit of the consultation clear and transparent to all involved.

You may provide additional information or alter the document; however, it will not subsequently be endorsed by BANT and can therefore not carry the BANT logo. BANT encourages you to use it in its original format and provide additional information in a separate document.

It is important to remember that the Terms of Engagement relates only to the practice of Nutritional Therapy and that should the practitioner include other modalities in the consultation, he/she will need to make this clear from the outset so as not to cause any confusion.

As well as using the Terms of Engagement, it is recommended that all Nutritional Therapists provide clients with a Commercial Agreement.

A Commercial Agreement not only provides the client with vital information about the way a practitioner works, but it also protects the practitioner by ensuring that clear, relevant information is given at the start of the working relationship. This will also help to manage the client's expectations and it is recommended that both the client and the practitioner sign this document.

The information in a Commercial Agreement will be different for each practitioner but it should clearly provide details of how you run your business and may include the following, for example:

- fee structure
- additional charges e.g. tests, supplements
- additional information on commission/interpretation fees
- deposits
- payment and cancellation policies
- appointment details
- hours of business
- location
- response time (to emails, phone messages, etc)
- support structure between consultations
- details of packages (if applicable) and what is included
- what the client will receive at, after, or between consultations
- the time it will take to provide reports or supplement programmes

## 2.2 The Law

### a) General guidelines

You must at all times act within the law. It is your responsibility to ensure that you understand your legal obligations and to keep up to date with any changes that may affect your practice. If you are ever in doubt take legal advice.

BANT cannot provide legal advice.

Reporting criminal activity that a BANT practitioner learns about through a therapy consultation is a decidedly tricky situation. The information shared between a client and therapist, in almost all cases, is meant to be kept confidential in order to build a trusting relationship. However, there can be exceptions to this rule. Most of these exceptions are related to the possibility of violence or violence that has already occurred.

If a client confides in a BANT practitioner that she and her children are being abused by her husband/partner or another family member it is important initially to check with the client to see if she has already informed someone and whether Social Services are involved.

If it is sexual abuse or domestic violence the BANT practitioner would need to advise his/her client to seek support from social services or the police as they have specialist teams to deal with such situations. If the BANT practitioner knows or suspects that the mother will not seek advice, this is not protecting the child or children, then the BANT practitioner has a

responsibility to the child and must inform the mother that she intends to make a referral to social services.

This is clearly detailed in Children Act 1989 – [www.legislation.gov.uk/ukpga/1989/41/contents](http://www.legislation.gov.uk/ukpga/1989/41/contents) and the 'paramountcy of the child' which is a principle stemming from Family Law Act 1975, in which it was stated that the best interests of the child must be regarded as the paramount consideration when making specified decisions as to the child's health and welfare.

## **b) Children under the age of 16**

From the age of 16, children are presumed by law to be competent to give consent for themselves. If you have any doubts whether a child seeking a consultation is over 16, you must ask for proof of identity. You must not advise or consult with clients who are under sixteen years of age, without the written consent of their parent or guardian, and without their parent or guardian being present.

BANT encourages members to use the BANT Consent to Consult a Child Form – [https://bant.org.uk/bant/jsp/member/pdf/professionalPractice/CONSENT\\_TO\\_CONSULT\\_A\\_CHILD.pdf](https://bant.org.uk/bant/jsp/member/pdf/professionalPractice/CONSENT_TO_CONSULT_A_CHILD.pdf)

Under the Children Act 1989 the following people may have parental responsibility:

- the child's parents;
- the child's mother but not the father if they are not married, and not even if they marry later, unless the father has acquired parental responsibility by becoming registered as the child's father through either a court order or parental responsibility agreement;
- the child's legally appointed guardian;
- the person in whose favour the court has made a residence order concerning the child;
- a local authority named in a care order for a child;
- a local authority or authorised person who holds an emergency protection order for the child.

BANT practitioners should also follow the UK Government Guidelines. You can view the government guidelines in the booklet 'Seeking consent: Working with Children' available at [https://dera.ioe.ac.uk/9286/1/dh\\_4067204.pdf](https://dera.ioe.ac.uk/9286/1/dh_4067204.pdf)

### **The following is taken from that publication:**

*"Children aged 16 and 17*

*Once children reach the age of 16, they are presumed in law to be competent to give consent for themselves for their own surgical, medical or dental treatment, and any associated procedures, such as investigations, anaesthesia or nursing care. This means that in many*

*respects they should be treated as adults – for example if a signature on a consent form is necessary, they can sign for themselves.*

*However, it is still good practice to encourage competent children to involve their families in decision-making. Where a competent child does ask you to keep their confidence, you must do so, unless you can justify disclosure on the grounds that you have reasonable cause to suspect that the child is suffering, or is likely to suffer, significant harm. You should however seek to persuade them to involve their family, unless you believe that it is not in their best interests to do so."*

**Please also note section B4.7 of the CNHC Code of Conduct, Ethics and Performance which states** 'As with adults, consent is valid only if an appropriately informed person capable of consenting to the particular treatment gives it voluntarily. However, unlike with adults, the refusal of a competent person aged 16 to 17 may in certain circumstances be overridden by either a person with parental responsibility or a court'.

Anyone working with children should also read and familiarise themselves with 'Working Together to Safeguard Children - A guide to inter-agency working to safeguard and promote the welfare of children'. This can be downloaded at:

[www.webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-00030-2013](http://www.webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DFE-00030-2013)

A parent or guardian, who fails to provide adequate medical aid for a child under the age of sixteen, commits a criminal offence. Nutritional therapy is not medical aid, as defined by the law.

If you advise a child whose parents refuse medical aid, you risk being considered to be aiding and abetting in that offence. Where you believe that parents are not providing necessary medical attention for the child, you are most strongly advised to inform the Children and Young People's Service of the social services department of your local authority, or the child protection officer of your local police force (Ref: Children Act 1989).

When working with children in a care home situation – it is necessary to have permission from the parent to work with the child. The parent must attend the consultations and it is advisable for the care worker to also attend. You will need to obtain permission from the parent to have ongoing communication with the care worker. This also applies to working with adults in care homes.

## **c) Vulnerable children and adults**

You have a duty under the law to safeguard the welfare of children and vulnerable adults if you work with them. If you have any concerns which cannot be discussed with a colleague or other agencies, you should contact your local social services department.

You should also contact social services if you consider a person or vulnerable adult to be at risk.

In general, however, you should try to discuss your concerns with the child or vulnerable adult as far as their age or understanding allows, or with their parents or guardian.

Aim to obtain agreement, from the person or child in question, to make a referral to social services unless you consider such discussion would place the child or you or your practice staff at risk of significant harm.

## **d) Titles**

If you are a member of any other professional organisation, you may use any relevant title or qualification, provided that the title or those qualifications are not in any way used to mislead the public.

You may not falsely use the title 'doctor' or 'dietician' directly or indirectly in such a way as to imply that you are a registered medical practitioner or state registered dietician. Examples of direct use would be publicly using the title or simply referring to yourself as a doctor or dietician. An example of indirect use would be to permit another person to refer to you as a doctor or dietician without correcting that person.

## **e) Other professions**

You may not attend a woman in childbirth, or attend for reward ten days thereafter, unless you are a registered midwife or registered nurse qualified to practise midwifery.

The Veterinary Surgeons Act 1966 prohibits anyone, other than a qualified veterinary surgeon, from consulting with animals; including diagnosing ailments and giving advice based upon such diagnosis.

## **2.3 Practitioner Conduct**

### **a) Consultation and Advice**

Prior to a consultation you must take care to explain fully the general procedures involved, including issues such as:

- Questionnaires
- Fees
- Likely content and length of consultation
- Number of consultations
- Functional tests and Supplements
- Payment and cancellation policy
- Privacy Policy
- Consents Form

The first appointment, with a client, should be a face-to-face consultation. Further personal contact, either face-to-face or by telephone or Skype etc., should be made at appropriate intervals with a client to ensure continuity of care. The use of Skype/other forms of electronic communication, including the use of webcam, do not currently constitute a face-to-face consultation.

If, for any reason, an initial face-to-face consultation is not practical, a telephone or Skype 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 followed before a telephone/Skype consultation takes place:

- i. The client must be advised on initial contact that a 'face to face' consultation is a preferable form of consultation.
- ii. The client should be given the details of the practitioner directory on the BANT website to allow them to try to find a practitioner in their local area to enable a 'face to face' consultation to take place.
- iii. Notes must be made in the client's file 'electronic or paper' 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 client, client lives abroad etc.)

## **Other forms of communication**

Wherever possible, at some point in the therapeutic relationship, the practitioner should make a visit to the client or ask them to visit for a face-to-face appointment.

If using Skype /Telephone you must ensure that you are not overheard so that the consultation is confidential.

Text messaging should only be used for administrative information such as confirming an appointment or informing a client that you are running late for an appointment. No nutritional advice should be given within a text message. Where possible, the contents of text message should be printed and filed in the client's file 'electronic or paper'.

When using emails you should remember that these need to be filed like any other communications in the client's file 'electronic or paper'.

Forms of social media such as Twitter and Facebook, etc. are not at this point in time considered a suitable method of communication for consultations, and not deemed professional for consultations with a client.

## **b) Professional Standards**

You must be polite, respectful and considerate to all your clients. You must at all times conduct yourself in an honourable and courteous manner and with due diligence in your



relations with your clients, the public, other health professionals and with other members of BANT.

As a BANT member you must abide by the CNHC Code of Conduct, Performance and Ethics and the information contained in the BANT Professional Practice Handbook.

You should maintain a professional standard at all times and conduct yourself at all times in a manner that does not bring BANT into disrepute. If you are unclear of any aspect of the CNHC Code you should initially consult the PPC. [www.cnhc.org.uk/code-conduct-registrants](http://www.cnhc.org.uk/code-conduct-registrants).

### **c) Maintain respect for the client's right to be involved in decisions about their healthcare**

You must share with your clients the information they want or need, to make decisions about their health and wellbeing, and related care options.

The information normally shared with the client would include:

- nutritional health issues (e.g. observations from history taking, information regarding how symptoms relate to nutrition etc.)
- information on functional testing and supplements
- reasons for referring back to GP
- reasons for referrals to other healthcare professionals
- right of the client to undertake a second opinion
- financial implications of the recommended support
- information on the likely number of consultations and the duration of any supplement plan recommended.

### **d) Justify public trust and confidence**

- You must justify public trust and confidence by being honest and trustworthy.
- You must never promise cure or recovery.
- You are not allowed to treat or diagnose medical conditions
- You must not advise a client in any case which exceeds your capacity or competence. In such cases, you should call in another nutritional therapist or refer the client to another appropriate practitioner or a registered medical practitioner.
- You must not create any fear, through disclosing your unjustified views to a client.

## **e) Effective communication**

Establish effective communication with your client by listening to and acknowledging their views:

- Listen to your client's concerns
- Ask for and respect their views
- Encourage them to ask questions
- Answer any questions as fully and honestly as possible
- Check that the client has understood everything
- Ask if they want more information before making any decision

## **f) Avoid conflicts of interest**

To avoid conflicts of interest, you must not ask for, or accept, any inducement, gift or hospitality which may affect or be seen to affect the way you advise or refer clients. You must not abuse your position of trust, such as, by using undue influence to gain financial benefit from a client, or use professional visits to a client's home, or knowledge gained in professional confidence, to pursue a personal relationship either with the client or a member of their family.

It is unacceptable to solicit business with potential clients; it is however acceptable to explain the meaning and relevance of nutritional therapy and nutrition education where this is appropriate; for example if you are asked, or if there is an obvious opening for such information to be given during the course of a conversation.

You must avoid undermining public confidence through arguments between you and members of other healthcare professionals concerning a particular client. This includes soliciting the clients of other healthcare professions.

## **g) Keep up to date with CPD**

Provision of a high standard of practice and care includes commitment to continuing professional development (CPD) in order to keep up to date with the latest developments in nutritional therapy.

BANT CPD is now mandatory for all full members, including non-practising members, and all CPD will need to be entered onto the online BANT CPD logging system.

All members should achieve the mandatory minimum of 30 hours of CPD annually – of which a minimum of these should be 8 hours of Active CPD.

[www.bant.org.uk/members-area/continued-professional-development-cpd/continuing-professional-development-guidelines/](http://www.bant.org.uk/members-area/continued-professional-development-cpd/continuing-professional-development-guidelines/)

For CNHC CPD requirements please refer to [www.cnhc.org.uk/cpd-registrants](http://www.cnhc.org.uk/cpd-registrants)

## **h) Cooperation and respect**

You should at all times conduct yourself in an honourable and courteous manner in relation to other practitioners. Any comments you make about a fellow practitioner or other healthcare professional must be honest, accurate and sustainable. The terms 'practitioner' and 'healthcare professional' includes those people who are either nutritional therapists or those practising in other fields of alternative, complementary or orthodox medicine such as dieticians, GPs, specialists, consultants etc.

If you believe a colleague's conduct, health or professional performance poses either a risk to a client's wellbeing or is liable to bring BANT into disrepute then you are advised to use the BANT Complaints Procedure via the PPC.

The PPC follows a formal Complaints Procedure and Disciplinary Procedures – [www.bant.org.uk/members-area/professional-practice/complaints-and-disciplinary-procedure/](http://www.bant.org.uk/members-area/professional-practice/complaints-and-disciplinary-procedure/)

You should not communicate any critical views of another practitioner's competence or behaviour to any third party or to the public. Such behaviour may be regarded as slanderous and may undermine public confidence in the profession. Such criticisms will be regarded as unprofessional. In the event that you become the focus of such views, you should act with discretion and express no opinion. This also applies when a client may come to you after having seen another NT practitioner.

It is unethical for you directly to encourage clients of other practitioners to transfer to your own practice. Where a client is referred to you by another practitioner to cover for holidays, illness or for any other reason, then you should respect those circumstances and not actively take advantage by encouraging those clients to continue with you.

The decision as to whether or not the client returns to the original practitioner must rest solely with the client, and any attempt made to persuade them to remain with, or return to you, is considered unethical and is regarded as soliciting.

## **i) Referral to other practitioners**

You may wish to refer a client to another NT in cases of holidays, moving out of the area, closing down the practice, retiring or illness. Before you do so you must receive written consent from your client(s).

You must ensure that where a client consultation is delegated (whether you are present at or absent from the practice) it is delegated to a qualified practitioner who is a BANT member and who adheres to the requirements of the CNHC Code of Conduct, Performance and Ethics, as well as the information within the BANT Professional Practice Handbook.

You must be sure that the BANT practitioner has the knowledge, skills and experience to consult with the client safely and effectively and within their scope of practice.

If another BANT practitioner refers a client to you for any reason such as holidays, illness, maternity leave etc., with the intention that the client will return to the referring BANT practitioner you should inform the original BANT practitioner of all the advice given or recommendation made during their absence.

See client records in Section 2.5 b for more detailed information and advice.

You must not receive a referral fee if you refer a client to another practitioner, or if a client is referred to you from another practitioner, as this is considered unethical.

## **j) Registered Medical Practitioners**

It is possible to see clients who are not registered with a GP or other registered medical practitioner, however if you had any specific concerns, or if your client reported any 'red flags' then it is important for you to have a GP to refer them to. Any client presenting with a 'red flag' symptom as outlined in the 'Red Flag Reminder' page on the BANT website (available [here](#)), requires immediate referral to a doctor or other medical professional for a medical opinion. If the client refuses to see a doctor about a red flag symptom on your recommendation, then you are within your rights to refuse to continue working with the client, and we would advise you to consider this, for your own protection. If you feel confident in continuing to work with the client, we advise you to document that they have refused to see a medical professional on your advice. You should also ask the client to sign a disclaimer, stating that you have advised the client to discuss their symptoms with their GP or other registered medical practitioner, but that they have refused to do so.

You must not countermand instructions or prescriptions for medication given by a registered medical practitioner.

As a BANT practitioner, you should strive for a good relationship and full co-operation with medical and other recognised healthcare professions. Clients must not be led to believe that Nutritional Therapy replaces medical care.

[www.bant.org.uk/members-area/professional-practice/guidelines-and-tools/red-flag-reminder/](http://www.bant.org.uk/members-area/professional-practice/guidelines-and-tools/red-flag-reminder/)

## **k) Maintain a non-discriminatory stance at all times**

You must avoid any unfair prejudice on your part. You must not allow your views on a client's lifestyle, age, gender, sexuality, religion, race, culture or social economic status to affect an appropriate assessment or care.

It is discriminatory to refuse to provide a service on a discriminated ground. The laws concerning anti-discriminatory practices include those relating to age, disability, political beliefs, race and ethnicity, religion, sex and sexuality.

## **l) Establish and maintain clear sexual boundaries with your clients and their carers**

Personal relationships of a romantic or sexual nature with a client are unethical and treated as serious professional misconduct.

We recommend that you acquaint yourself with the Council for Healthcare Regulation in Excellence (CHRE) document on 'Clear sexual boundaries between healthcare professionals and patients' obtainable from the following link:

[www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/clear-sexual-boundaries-information-for-patients-and-carers.pdf](http://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/clear-sexual-boundaries-information-for-patients-and-carers.pdf)

## **m) Justify any refusal to continue to support a client**

Although you are free to decide which individuals you accept as clients, you must be able to justify any decision to refuse to continue their nutritional therapy. Justification for this may be acceptable if:

- A client is aggressive or violent
- The client is putting you or your practice staff at risk
- The client is acting against your clinical advice
- The client's case exceeds your capacity and confidence
- The client has an ulterior motive for seeing you

## **n) Blood, Functional and Genetic Testing**

During a consultation with a client you may at any time recommend blood, functional or genetic testing based on your professional judgement to more fully understand your client's health concerns. To protect both you and the client, you must be in a formal client relationship at the time of the recommendation. The recommendation of these tests must be of benefit for the client and not for your own financial gain. What is important is that the 'incentive' does not sway your judgement and professional recommendation to your client.

With all testing companies you use, you should always ensure that they are of a reputable standard.

If you suspect any pathology or genetic predisposition that may lead to a diagnosis, or require counselling, you should write to the client's medical practitioner to discuss your concerns and request the appropriate testing be undertaken by them.

No testing is a substitute for dietary and lifestyle interventions which are the primary tools of a nutrition practitioner.

## **Blood Tests**

Many blood tests are available for your clients on the NHS and this is a route you should discuss with your client initially in order to avoid unnecessary expense for them if at all possible.

You should not offer to undertake phlebotomy services or finger prick tests in clinic unless you are trained and specifically insured to do so.

## **Functional testing**

Functional tests are generally not available on the NHS and prices of similar functional tests can vary from testing lab to testing lab. You should look to recommend the test best known to you whose markers most appropriately help you support your client. If you are unclear about certain tests but your research suggests that a particular test is appropriate for your client, always speak to the testing laboratory before ordering the test so you are ordering this with the knowledge and understanding of its appropriateness.

## **Genetic Testing**

Genetic testing may be used alongside functional and blood testing as part of the functional medicine approach. Before recommending genetic testing to a client you should undertake appropriate training and understand all the potential outcomes and means to support your client when you receive the test results. There are a number of laboratory companies who specialise in genetic testing who offer on-going CPD in the form of workshops, seminars and certified modules. A number of these offer discounts to BANT practitioners so it is always worth checking the BANT Member Benefit table when doing your research on suitable training.

It is particularly important that you do not use genetic testing with a client to 'diagnose' a health concern even if asked by your client. Clients who approach you for genetic testing to understand their risk of developing disease states should always be referred to a medical practitioner.

## **o) Social Media Etiquette**

The internet and social media is an integral part of most NTs' business. As with any marketing communication you must represent yourself and your profession appropriately. As a BANT member you are not only representing yourself but you are ambassadors for the profession as a whole. Your posts should be in line with the values of your training and your professional body. Rules for social media are no different from that of non-tech etiquette however the world of social media moves so much faster. It is important, before posting, to be aware of the possible effects words, pictures and videos may have on the many that they

may be shared with. It is also important to remember that, once out there, retraction is difficult.

The key points to remember are to ensure:

- All the information about yourself is accurate
- Any photos of yourself are appropriately professional
- All information you post is of appropriate value, relevant to your business, insightful and informative
- Your posts are checked for grammar, spelling and to ensure they say what they are meant to say

In addition, you should also take care not to:

- Glorify your qualifications or length of experience
- Mix business and pleasure. Keep your personal and business accounts separate
- Post anything that you would not want all of your clients to see
- Post in haste. If you are irritated or angry about something you have read, reflect on how you might deal with this in a professional manner rather than posting in haste and having regrets. Remember, the social media world moves fast.
- Post on anything that could potentially be viewed as offensive, which is a crime. Ensure your posts cannot be misinterpreted.

## **n) Social Media Bullying**

Unfortunately, no matter how careful you are, there may be an occasion when something you have said is taken out of context and you inadvertently become of the subject of social media bullying.

This is a serious matter. If you do find yourself the subject of social media bullying you should provide the evidence to the social media network involved and the police.

The abuse teams to report abusing messages to for Facebook and Twitter are:

- Twitter: [www.support.twitter.com/articles/20169998](http://www.support.twitter.com/articles/20169998)
- Facebook: [www.facebook.com/help/263149623790594/](http://www.facebook.com/help/263149623790594/)

Report abuse to your local police. Inform them of any messages that threaten your personal safety and that of your family. This is classed as hate crime on the basis of abuse against your personal beliefs.

The links for reporting a crime to the police are:

- Metropolitan Police: [www.content.met.police.uk/Home](http://www.content.met.police.uk/Home)
- All other forces: [www.police.uk/contact/force-websites/](http://www.police.uk/contact/force-websites/)



You also need to report this to the insurer who provides you with liability insurance. In the unlikely event that this leads to loss of earnings you may decide to pursue this legally so it is important to inform your insurers at the outset.

Please also inform the Professional Practice Committee ([bantpractice@bant.org.uk](mailto:bantpractice@bant.org.uk)). The Professional Practice Committee cannot give legal advice but we will do what we can to support you.

## 2.4 Confidentiality and Consent

### a) General guidelines

You (and any staff that you might employ) have an implicit duty to keep all information including names, attendances, records and views formed about clients entirely confidential. Clients have the right to expect you to observe confidentiality at all times; with certain exceptions (see Exceptions to confidentiality Section 2.4 b). This duty survives the death of any client.

No disclosure may be made to any third party, including any member of the client's own family, without the client's written consent unless such information is required by due process of law; whether that is by statutory instrument, or by order of any court of competent jurisdiction.

You must ensure that the confidential information for which you are responsible is at all times secure against loss, theft, fire and improper disclosure. Therefore any records that you keep must be properly secured to a level that any breach of confidentiality is extremely unlikely. Similarly electronic/computer storage should be password protected. This includes data on smartphones.

You may release confidential information regarding a client, to a person appointed by that client, with your client's explicit written permission to do so.

As part of the General Data Protection Regulation (GDPR) and fair processing, a client should be given a choice over whether their data is collected for the purpose of sharing case histories. This is an important for maintaining trust with your client. Hence BANT recommends that you seek explicit consent for sharing of clients' case histories. This applies even if you remove the clients name, address and contact details from the case study.

You must consult with the client directly and not through a third party (e.g. a friend or family member), as you have to be in a formal client relationship in order to give any nutrition and lifestyle advice. You need to ensure that any advice offered is based on taking a full medical and lifestyle history together with the current status and history of prescriptive medicines, over the counter medicines and supplements.

No third party including assistants or family member may be present during the course of the consultation without the client's consent and this must be noted in the client's file electronic or paper.

Conducting a consultation in any public place, even a discreet area within a public place, is not allowed under any circumstances. This is to protect the client's confidentiality.

## **b) Exceptions to confidentiality**

You may only disclose confidential information about your client without their consent if you are compelled to do so by order of a court of law, or other legal authority, or if to do so would be in the public interest. The latter may be necessary when it is deemed that your duty to society overrides your duty to your client. This situation may arise when a client puts themselves, or others, at serious risk, for example, through possible infection, violence, suicide or serious criminal act.

You may at times, and in the interests of your client's health, need to share confidential information with the client's medical advisor, legal guardian or close relative. In exceptional circumstances you may do so without consent, for example if the client is incapable of giving consent or unreasonably refuses to do so or if it is undesirable on medical or other grounds to seek consent. In all circumstances where there is any doubt in your mind you must seek advice from BANT PPC ([bantpractice@bant.org.uk](mailto:bantpractice@bant.org.uk)).

A court of law may order you to disclose information without the consent of the client. If this happens you should only release the specific information you are ordered to release. You may wish to take legal advice in these circumstances before releasing information or documents.

You may need to allow an inspector of taxes to see your practice financial records. To protect your clients' confidentiality, financial affairs should be kept separate from your clinical notes.

## **c) Client consent**

Ability to give consent is based on a person's capacity to understand, not their age. If someone is suffering from a mental incapacity, they (even if an adult) may not be capable of giving consent. This is set out in Section One of the Mental Capacity Act 2005.

The Adults with Incapacity (Scotland) Act 2000 provides ways to help safeguard the welfare of people aged 16 and over, who lack the capacity to take some or all decisions themselves because of a mental disorder or inability to communicate. Services in Northern Ireland are set out in the [Comprehensive Legal Framework for Mental Health and Learning Disability - August 2007](#)

(Easy Read Summary - [www.health-ni.gov.uk/articles/bamford-review-mental-health-and-learning-disability](http://www.health-ni.gov.uk/articles/bamford-review-mental-health-and-learning-disability))

When working with clients in care homes you must obtain permission from the parent or next of kin responsible for your client's overall health issues. This person must be present in any consultations undertaken. You should also obtain permission from this person for the Careworker to be present at the consultation and for you to liaise directly with the Careworker if necessary.

## **d) Third person at the consultation**

Where a client may wish to bring along their partner, mother/father to a consultation to act as support or perhaps because they are involved with the food provision in the home, this is acceptable. In this instance it is **not** a requirement for the third party to counter-sign the 'Terms of Engagement' document. A record of the third party however should be noted in your client file 'electronic or paper' and notes pertaining to that consultation.

However, in some instances it may be *essential* for a third party to be present; for example to help explain issues on behalf of a child (see section 2.2b of the BANT Professional Practice Handbook), an elderly person, a person with learning difficulties or some other form of communication difficulty such as deafness or as a translator. In these instances, a signature **must** be obtained from the client to give authority for any confidential information to be discussed with the third party – see section 2.4. All parties must also sign the 'Terms of engagement'.

## **e) Student observations**

You may receive requests from nutritional therapy or medical students asking to observe your consultations. This is to be encouraged as it is part of the core curriculum for nutritional therapy students to observe qualified practitioners. However, you must ensure that such requests are from genuine students studying at an approved institution. Full guidelines for both practitioners and students relating to student observations and forms to be signed can be found at [www.bant.org.uk/members-area/professional-practice/guidelines-and-tools/student-observations/](http://www.bant.org.uk/members-area/professional-practice/guidelines-and-tools/student-observations/) Members of BANT are able to indicate on their online record that they have agreed to be observed. Students need to ensure that their observation of the client is treated with the utmost confidentiality. The clients' personal details (name, address) **MUST NOT** be recorded by the student anywhere in their notes.

You must also request permission from each client for the attendance of the student in the consultation, this should be included on your consent form and you should reconfirm consent prior to each consultation that is observed.

## **2.5 Commercial Issues**

### **a) Data Protection - European General Data Protection Regulation 2018 (GDPR)**

Data Protection is a legal issue.

It is important that all members acquaint themselves with the **European General Data Protection Regulation 2018 (GDPR)**, which sets out the requirements for handling personal data and sensitive personal data. Personal data include data that identify living individuals. Sensitive personal data are information about racial or ethnic origin, political opinions, religious beliefs or other beliefs of a similar nature, membership of a trade union, physical or mental health or condition, sexual life and the commission, or alleged commission, of any offence and any related proceedings.

The GDPR gives more rights to individuals in the processing of their personal data which means that individuals can request access, corrections and removal of their personal information in ways that weren't available under the **Data Protection Act 1998**. Focus is on transparency with privacy notices detailing how data will be used and a requirement for procedures documenting exactly how data will be processed and secured. GDPR requires clear evidence of consent from individuals with previous methods of recording consent no longer being valid. Additionally, GDPR also gives increased powers to the ICO (Information Commissioner's Office) to investigate organisations and breaches. Everyone that processes personal information must notify the Information Commission's Office (ICO) at [www.ico.gov.uk](http://www.ico.gov.uk) in order to register and pay the annual fee.

It is recommended that all BANT members read the BANT documentation on GDPR. This includes guidance notes, templates for a typical Nutritional Therapy, a webinar and FAQ document [www.bant.org.uk/members-area/professional-practice/guidelines-and-tools/data-protection/](http://www.bant.org.uk/members-area/professional-practice/guidelines-and-tools/data-protection/).

## **b) Client records**

Please note that you may be required to submit your notes to BANT PPC where a complaint has been raised against you.

- i. You must keep legible, accurate, easily understandable and dated case notes. These notes should always be made in indelible ink and record, as a minimum:
  - your client's personal details, i.e. name and address and dates of attendance
  - all problems and symptoms reported by your client;
  - relevant medical and family history;
  - your clinical findings;
  - the details and date of any advice, dietary plan, supplement recommendations or other advice given;
  - advice given to the client regarding the issues or potential risks associated with any advice given;
  - records of consent and/or consent forms;
  - any functional testing you provided or arranged and their results;

- any communication with, about or from your client;
- copies of any correspondence, report, test results concerning your client;
- outcome of any recommendations that were given and any adverse reactions;
- where consultation took place and how e.g. clinic, home, face to face, telephone/skype;
- a summary of any text conversation;
- when a third party is present at a consultation e.g. member of client's family or student/observer;
- detailed notes of any telephone conversations along with dates and a summary of advice given;
- computer records – files should include emails copies, between client and the NT and any protocol /supplement programme that has been;
- signed copy of any Terms of engagement (ToE)

- ii. You must give clients access to their personal health records, if they request them, in line with legislation.

## **c) Ownership and storage of records**

You must keep client files (electronic and/or paper), and any additional records you may have (e.g. contact details on your phone), safely and in a good condition for exactly 8 years from the date of the client's last visit to you or, if the client is a child, until his or her 25th birthday, unless the client was 17 at the conclusion of the nutritional therapy when the files and any additional records should be kept until their 26th birthday. Client files/records should never be kept beyond 8 years.

In the event of a client death, the files/records must still be kept for exactly 8 years after the date of the last consultation, and then be destroyed or, if the client is a child, until his or her 25th birthday, unless the client was 17 at the conclusion of the nutritional therapy when the files and any additional records should be kept until their 26th birthday.

You must arrange for your client's files/records (electronic and/or paper), to be stored safely and to be destroyed as appropriate when you close down your practice. In the event of your death, you must arrange for a third party (such as a solicitor or other person named in the will) to store your client records securely and confidentially. You are recommended to include a file detailing all client records and dates for them to be destroyed, exactly 8 years after the date of the final consultations.

If an employer has ownership of the client files/records it is their responsibility to comply with retention periods. Where a BANT practitioner is employed and the employer sources the clients, then ownership of the client files/records (electronic and/or paper) would remain with the employer should the BANT practitioner leave the employment. This would be the case

unless the employer specifies that the BANT practitioner should retain ownership of the client files/records.

If the BANT practitioner is working in a clinic environment, renting a room and sourcing their own clients, then they should retain ownership of all their client files/records (electronic and/or paper) ensuring these are stored correctly.

These guidelines are in line with the CNHC guidelines and are recognised as the industry standard. To ensure compliance with GDPR and industry standards, BANT recommends that members regularly review file retention dates in order to adhere to the guidelines for destroying client files/records on the required date.

## Transfer of Case Notes

In the event you wish to retire or sell or pass on your business or client base or individual clients, you will need to obtain your client's written consent to pass on any personal records to a third party. We recommend that the original BANT practitioner continues to hold the original files /records as detailed above and copies of the files/records are passed to the new BANT practitioner.

See section 2.11 Discontinuing Clinical Practice.

## d) Professional indemnity insurance

You must have full professional indemnity insurance as required by CNHC and BANT.

You are personally liable to your clients for any breach of duty or harm to them. You must ensure that you, and any staff you employ or who work on your premises, are adequately insured against professional negligence or any other claim brought by a member of the public. This insurance must cover all therapies you practise. You are also advised to have insurance covering the legal costs of defending any action against you.

Under the **Occupier's Liability Act (1957)**, you are legally required to ensure you are adequately insured against accidents occurring on any premises that you own and use for your practice. If you practise at someone else's premises you are advised to check that those premises are insured against Occupier's Liability.

You must inform your insurance company of any changes in your circumstances that may affect your policy. You must ensure that your insurance has enough "run off" to protect you when you are closing your practise.

BANT does not administer insurance cover for its members but our members get preferential rates from the providers listed on the BANT website. Members receive renewal notices direct from their insurance provider. If you choose not to take insurance with a BANT recommended insurer ([www.bant.org.uk/nutritional-therapy-careers/join-bant/professional-indemnity-insurance/](http://www.bant.org.uk/nutritional-therapy-careers/join-bant/professional-indemnity-insurance/)), you must declare on joining BANT and at each subsequent renewal,



that you have appropriate insurance. **If this insurance lapses, your BANT membership will then become invalidated.**

If you intend to work outside of the United Kingdom, or wish to provide advice to any client who is not based in the United Kingdom, please ensure that you contact your individual insurer to establish the territorial limits of your professional indemnity cover before carrying out any work.

See also section 2.7b) insurance for available types of insurance.

## **e) Business name and partnerships**

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](http://www.tradingstandards.gov.uk).

Changes in partnership should be noted as soon as they occur. Where a limited company, or limited liability partnership, is formed, it must comply with the provisions of the current Companies and other Acts.

## **f) Sale and recommendation of products and services**

As a member of BANT, your main income as a Nutritional Therapist should derive from consultative, advisory, educational and promotional aspects of nutritional therapy. You may also supply supplements you recommend to your client as an integral part of a consultation. In addition, you may also act as a supplier of laboratory tests, or any other products, related to nutritional therapy.

You may choose to benefit from trade discounts and commission payments when offered by the supplier on products purchased by you for such use. You may also choose whether such payments, in whole or in part, are retained in your nutritional therapy business, or passed onto the client. However, to protect both you and the client, both parties must be in a formal client relationship and implementing the prescribed nutrition programme, timings, review meetings and record taking as arranged initially between the parties.

If you recommend products or services to clients, you must, at the time of recommendation, declare any financial benefit you may receive for this. In addition, you must only recommend products or services that will, in your professional judgement, be most appropriate for your client.

You should at all times put the client's health and specific individuality first and only recommend supplementation if it may benefit the client and not for your own financial gain. What is important is that the 'incentive' does not sway your judgement and professional recommendation to your client.



Recommending supplements which are only available through an MLM company to clients with whom you are in a formal client relationship is allowed under the BANT logo. You cannot however, sell any supplement to a member of the public with whom you are not in a formal client relationship, under the BANT logo. Similarly, you cannot recruit or induce members of the public, or other BANT NTs, to sell nutritional supplements, upon which you will earn commission.

## **It is important for members selling supplements to be aware of the following:**

- the European regulations and ASA advertising guidelines with regard to supplements. See section on Legislation – [www.cap.org.uk/Advertising-Codes/Non-Broadcast/CodeItem.aspx?cscid=%7Bcf74af6a-6344-48b5-bc38-9407d822dcbc%7D-.V36fM\\_krLX4](http://www.cap.org.uk/Advertising-Codes/Non-Broadcast/CodeItem.aspx?cscid=%7Bcf74af6a-6344-48b5-bc38-9407d822dcbc%7D-.V36fM_krLX4)
- the relevant regulations for the country if you are working outside the UK
- supplements should actually only be recommended as part of a full nutritional therapy consultation.
- you should make it clear that the supplements you sell have been checked for safety and quality and the brands stocked adhere to the standards set out by the EU vitamins directive.
- supplements being sold need to be within the normal scope of NT practice refer to links [www.tools.skillsforhealth.org.uk/competence/show?code=CNH8](http://www.tools.skillsforhealth.org.uk/competence/show?code=CNH8) and [www.tools.skillsforhealth.org.uk/competence/show?code=CNH9](http://www.tools.skillsforhealth.org.uk/competence/show?code=CNH9)
- if you are selling supplements on a website, they should be sold from a clearly distinct area of the website (or ideally, a separate website) from your nutritional therapy pages, and not from pages showing the BANT logo.
- you should also make sure you have prominent disclaimer warning that supplements should be taken under the guidance of a doctor or nutritional therapist, that taking different supplements together could result in too-high doses of common ingredients, and that anyone taking prescription medication should inform their GP before taking supplements of any kind.

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

You should not provide testimonials, or promote specific products or services, referencing BANT membership, or under the BANT logo.

## **Selling food products or own label products**

If you choose to sell homemade products to paying clients then there are Food Safety aspects that you will need to adhere to i.e. the products would need adequate preservation, with appropriate storage recommendations, and an indication of a 'best before' if quality related, or 'use by' if safety related.

All food(s) produced for public consumption has to be properly labelled and safe for consumption. The premises where the products are being made have to be licensed by the local authority. They will provide you with more detailed information and how you can comply with regulations.

It is also advisable to familiarise yourself with the Consumer Protection Act 1987, available here - [www.legislation.gov.uk/ukpga/1987/43](http://www.legislation.gov.uk/ukpga/1987/43).

When considering own-labelling of food products you 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 you are advised to seek expert advice. The Food Standards Agency website provides details of the relevant legislation - see [www.food.gov.uk/enforcement](http://www.food.gov.uk/enforcement).

## **g) Disclosure**

You should declare to your client any financial or other benefit you receive for introducing him or her to other professionals or to any commercial organisations.

You must disclose whether you are a shareholder, director, owner, employee in, or consultant to, or have any other similar interest in, companies or associations that supply products and services.

Disclosure can be verbal or in writing.

## **h) Criminal Record Checks**

There are different procedures for obtaining a Criminal Records check in England, Scotland and Northern Ireland (see below).

It is not a requirement by BANT for members to have a Criminal Records check, however some employers may request one to be undertaken before they employ you e.g. a GP Practice.

For guidance when working with schools, there will be clear policies and it may be helpful to contact the school or your local education authority for local information.

No matter which organisation you are working with, it is always important for you to discuss with them before commencing any work to ensure that any requirements are understood and appropriate protocols/processes are followed for everyone's protection.

## **England and Wales – DBS Checks**

In England, The Criminal Records Bureau (CRB) and the Independent Safeguarding Authority (ISA) have merged into the Disclosure and Barring Service (DBS) - CRB checks are now called DBS checks.

Only employers can request a DBS check. As an individual you are not able to apply for a DBS check.

How it works: The employer [obtains an application form from DBS](#), and gives to the applicant to complete and return to the employer along with [documents proving their identity](#). The employer sends the completed application form to DBS. DBS sends a certificate to the applicant. The employer has to ask the applicant to see the certificate. It can take around 8 weeks. There are various levels of check that the employer can request.

A DBS check has no official expiry date. Any information included will be accurate at the time the check was carried out. It is up to an employer to decide if and when a new check is needed.

For further information go to:

[www.gov.uk/disclosure-barring-service-check](http://www.gov.uk/disclosure-barring-service-check)

## **Scotland: Disclosure Scotland**

In Scotland there are different levels of checks so you will need to speak to your employer to find out what level of check they require. A 'basic' check is one that you can apply for and obtain as an individual, however a more comprehensive e.g. a 'standard' check, will need to be arranged by the employer.

Please see [www.disclosurescotland.co.uk](http://www.disclosurescotland.co.uk) for further information.

## **Ireland – Access NI Criminal Record Checks**

In Ireland there are different levels of checks so you will need to speak with your employer with regard to the level of check you require. There are checks which you can apply for as an individual, otherwise your employer will join a scheme to enable them to apply for checks in regard to potential employees.

Please see: [www.nidirect.gov.uk/campaigns/accessni-criminal-record-checks](http://www.nidirect.gov.uk/campaigns/accessni-criminal-record-checks) for further information.

## i) Other Modalities

You must make a clear distinction between any different modalities you may practise, so that your client knows what to expect and is absolutely clear about the approach(es) you are using, not just in client consultations, but in all your publicity materials and website.

In practice this means that if you wish to use any modalities other than nutritional therapy with your clients, you must:

- explain fully any other modality you wish to offer to the client so that they understand what is involved and how the approach might help them, and can make an informed choice about any other modality that is offered that is not nutritional therapy.
- use separate Terms of Engagement for each modality that you practise.
- ask the client to sign a separate Terms of Engagement document for each modality that you use with them that is not nutritional therapy.

The role of a BANT nutritional therapist does not include the practice of other non-nutritional modalities. When a BANT nutritional therapist also practises another modality, it must be made clear that this falls outside the scope of BANT and the BANT logo may not be used on any promotional material/website for these modalities.

## 2.6 Red Flags, Cancer, Eating Disorders and Renal Disease/Dialysis

### a) Red Flags

It is vital, not only for your client's health, but also for your own protection that if your client reports any of the red flag symptoms as outlined in the ['Red Flag Reminder'](#) page on the BANT website, you are quite clear that they must seek a medical opinion. It is good practice to ensure that any individual that you are working with has consulted their GP or other healthcare practitioner about any undiagnosed condition or any significant changes in symptoms for a diagnosed condition. It is within your right to refuse to continue to work with a client who refuses to do so. With regard to children, if there are ANY symptoms that a parent or practitioner is concerned about then the family should be directed back to their GP immediately.

If you are advising a child whose parents refuse medical aid, you risk being considered to be aiding and abetting in that offence. Where you believe that parents are not providing necessary medical attention for the child, you are most strongly advised to inform the Children and Young People's Service of the social services department of your local authority, or the child protection officer of your local police force (Ref: Children Act 1989).

## **b) Cancer - working with individuals who have a diagnosis of cancer or who are suspected of suffering from cancer.**

You are governed by The Cancer Act of 1939.

Under the Cancer Act, it is a criminal offence to take part in the publication of an advertisement containing an offer to treat any person for cancer or to prescribe any remedy, or to give any advice in the connection with the treatment of cancer. You must never as a Nutritional Therapist use the words "treat, treatment or remedy" in relation to individuals with cancer.

We strongly advise that you only support individuals with cancer or suspected to have cancer after you have completed an accredited or recognised course.

You need to ensure that your client is under the care of a medical professional and establish a dialogue with all medical and health care professionals involved in the care of your client. For detailed guidelines relating to working with clients with cancer, please refer to the full BANT Guidelines on working with client's with cancer available here:

[www.bant.org.uk/bant/jsp/member/pdf/professionalPractice/BANT\\_PPC\\_CANCER\\_GUIDELINES.pdf](http://www.bant.org.uk/bant/jsp/member/pdf/professionalPractice/BANT_PPC_CANCER_GUIDELINES.pdf)

For additional guidelines and also guidelines regarding advertising of your services in relation to supporting clients receiving treatment for cancer please refer to the CNHC Guidelines on the Cancer Act 1939 available here: [www.cnhc.org.uk/assets/pdf/6-119.pdf](http://www.cnhc.org.uk/assets/pdf/6-119.pdf)

## **c) Working with Eating Disorders & Eating Distress**

Working with eating disorders and eating distress is a particularly challenging area of work, and it can be easy to quickly move beyond our 'scope of practice' as nutritional therapists if we work in this field. Nutritional counselling alone is not accepted as a suitable approach for managing individuals with an active eating disorder (or even a history of the same), and there are important issues to consider when working, or considering working, with this client group. In addition, if you are working in private practice and see clients with an eating disorder, or history of an eating disorder, you **must** work in collaboration with other healthcare and medical professionals as part of a multi-disciplinary team. Depending on the situation, this may include working with a psychotherapist, counsellor, CBT specialist plus the client's GP and possibly also a dietician.

As a result, and in the interests of client and practitioner safety, BANT guidance is that nutritional therapists should only work with clients with an active eating disorder or history of an eating disorder if they have undertaken specific, additional training. The Institute for Optimum Nutrition offers an annual, one-day short course which gives nutrition practitioners an opportunity to understand the complexities of supporting clients with eating disorders or history of eating disorders ([www.ion.ac.uk/Event/eating-disorders](http://www.ion.ac.uk/Event/eating-disorders)). If after attending this course members believe this is an area of work they wish to pursue, they

would then need to consider further appropriate training. There are various institutions that offer a wide range of professional training in this field including the National Centre of Eating Disorders ([www.eating-disorders.org.uk/professional-training/](http://www.eating-disorders.org.uk/professional-training/)), University of Chester ([www1.chester.ac.uk/study/postgraduate/obesity-and-weight-management/201909](http://www1.chester.ac.uk/study/postgraduate/obesity-and-weight-management/201909)), Julia Buckroyd Consulting ([www.juliabuckroydconsulting.com/Julia\\_Buckroyd\\_Events/events.html](http://www.juliabuckroydconsulting.com/Julia_Buckroyd_Events/events.html)) and University College London ([www.ucl.ac.uk/medicine/study/postgraduate-taught-degrees/msc-eating-disorders-and-clinical-nutrition](http://www.ucl.ac.uk/medicine/study/postgraduate-taught-degrees/msc-eating-disorders-and-clinical-nutrition)).

## d) Renal disease/dialysis

Renal disease is complex and only specialised renal dietitians have the expert knowledge to manage and advise on correct nutritional treatment. As a nutritional therapist, it is recommended that you do not support any client who presents with symptoms that could be related to kidney disease and that you advise clients to seek medical advice urgently. BANT Nutritional Therapists are also not trained to advise clients on their diet while on dialysis as even minor changes could have an unintended impact on the kidneys; clients suffering from renal disease should be advised to contact the British Association for Dietetics (BDA) and search for a dietitian with this specialism.

Nutritional Therapists may however advise clients with a diagnosed minor kidney condition, such as a history of kidney stones or repeated kidney infections. In the event that there is no kidney disease present, but rather the client has an extra kidney, is missing a kidney or the function of the kidney is not a medical concern, then you may work with the client, but it is recommended that this is in conjunction with their GP or consultant. In order to liaise with a GP/consultant you must obtain written permission from the client beforehand.

## 2.7 Health and Safety

You must comply with Health and Safety and Fire legislation in your work environment. It is recommended that all NTs are familiar with the **Health and Safety at Work Act 1974** ([www.hse.gov.uk/legislation/hswa.htm](http://www.hse.gov.uk/legislation/hswa.htm)). This is the primary piece of legislation covering occupational health and safety in the UK.

### a) First Aid

Members are not legally required to undertake first aid training. It is however recommended that Practising Members attend a 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.



Nutritional Therapy practitioners are required to complete an annual Practice Self Audit tool which contains health and safety points relating to your practice and is available to download from the members section of the BANT website.

[www.bant.org.uk/members-area/professional-practice/guidelines-and-tools/first-aid/](http://www.bant.org.uk/members-area/professional-practice/guidelines-and-tools/first-aid/)

It is further recommended that knowledge be updated at least every 3 years.

## b) Insurance

You should ensure that you have the correct insurance in place that covers you working from home or in clinic.

- **Public liability** – covers you if a client is injured on your premises or if their personal property is damaged in anyway.
- **Employer's liability** – this will only be relevant if you have people working for you e.g. should a member of staff have an accident on the premises and then attempts to prove that the accident came about as a result of your negligence.
- **Product liability** – this is important if you are planning to use or sell products as part of your business.

In addition to the above, each BANT practitioner must be aware of and comply with the relevant by-laws of the local authority. Furthermore, your local authority may require you to obtain a licence to practice, and it is your responsibility to investigate if this is the case where you practise.

## c) Lone working

Many BANT practitioners work alone from their homes. We recommend that you familiarise yourself with the BANT guidelines on lone working. These are intended to highlight areas that may require attention and to raise awareness of the possible risks whether working from home or in a clinic.

[www.bant.org.uk/members-area/professional-practice/guidelines-and-tools/lone-working/](http://www.bant.org.uk/members-area/professional-practice/guidelines-and-tools/lone-working/)

## d) The home as business premises

Where you run a practice from home, you should ensure that you are entitled to do so under the lease agreement or other title deeds. You should also comply with any relevant business and insurance requirements.

You must ensure that your home is properly suitable for a professional consultation.

## e) Risk from you

You should ensure that your own physical and mental health does not put any client at risk.

## f) Self Audit

As a BANT practitioner it is prudent for you to conduct an audit of your practice at least once a year in order to review your practice and to familiarise yourself with the process of self-audit. This audit tool can be used regardless of whether you practise from home, rent premises or are employed. It is based on the requirements for the training of Nutritional Therapists as set out in the NOS [www.tools.skillsforhealth.org.uk/competence/show?code=CNH8](http://www.tools.skillsforhealth.org.uk/competence/show?code=CNH8), [www.tools.skillsforhealth.org.uk/competence/show?code=CNH9](http://www.tools.skillsforhealth.org.uk/competence/show?code=CNH9) and NTC Core Curriculum [www.nutritionaltherapycouncil.org.uk/trainers-1\\_17\\_3240151082.pdf](http://www.nutritionaltherapycouncil.org.uk/trainers-1_17_3240151082.pdf)

## 2.8 Legislation

### a) Legislation relating to advertising and diseases

It is illegal for you to prescribe a cancer remedy, or to advise such, or to make any claim to 'treat' cancer.

It is an offence to advertise any therapy, procedure or product to treat the following diseases: Bright's disease; glaucoma; cataract; locomotor ataxia; diabetes; paralysis; epilepsy or fits; tuberculosis; hepatitis; motor neurone disease.

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'.

As a BANT Nutritional Therapist you are not allowed to diagnose medical conditions - this is the sole domain of registered healthcare professionals. Naturally, we will come across symptom clusters that suggest certain conditions may be present. However, when this is the case, it is imperative that you refer such clients to their GP for a formal diagnosis.

As a BANT practitioner, you should strive for a good relationship and full co-operation with medical and other recognised healthcare professions. Clients must not be led to believe that Nutritional Therapy replaces medical care.

[www.bant.org.uk/members-area/professional-practice/guidelines-and-tools/red-flag-reminder/](http://www.bant.org.uk/members-area/professional-practice/guidelines-and-tools/red-flag-reminder/)

BANT does not permit any advertising that makes any form of curative or unattainable claims, as this may lead to legal claims of misrepresentation being brought against you.

For example, the statement that 'Vitamin B3 can lower cholesterol levels' is an unacceptable claim when advertising the sale of nutritional supplements.

Members should familiarise themselves with the requirements of the Food Standards Agency ([www.food.gov.uk](http://www.food.gov.uk)) and the BANT briefing note on the EU health claims regulation April 2008 - [www.bant.org.uk/centre-of-excellence/submissions-and-responses/](http://www.bant.org.uk/centre-of-excellence/submissions-and-responses/)

## 2.9 Advertising

### a) General Guidelines

The interests of the clients must remain paramount at all times in matters concerning advertising.

Although advertising of a solely commercial nature is not encouraged, BANT does recognise the need for some form of publicity to promote the profession of Nutritional Therapy, otherwise it may be difficult for members to access clients.

**You may gain such access through:**

- Referrals
- Public lectures
- Written article
- Personal media appearances
- Internet
- Social media
- Leaflets

All advertising carried out by you, or by someone on your behalf must follow the law and guidance issued by the Advertising Standards Authority (ASA).

The ASA is the UK's independent regulator for advertising across all media and it applies/regulates all Advertising Codes written by the Committees of Advertising Practice (CAP). Further information about the ASA can be found via this link: [www.asa.org.uk/About-ASA.aspx](http://www.asa.org.uk/About-ASA.aspx)

It is the ASA's remit to ensure that all marketing is: Legal, decent, honest and truthful.

To find out which commercial communications the ASA monitors please refer to the BANT PR Toolkit – [www.bant.org.uk/centre-of-excellence/knowledge-sharing/resources/toolkits/](http://www.bant.org.uk/centre-of-excellence/knowledge-sharing/resources/toolkits/)

If you practise in a residential or multi-disciplinary clinic or are considering so doing, you must ensure that your part in any publicity or advertising is in keeping with the CNHC Code of Conduct, Performance & Ethics and the BANT Professional Practice Handbook.

You are responsible for ensuring that your advertisements appear in locations that are appropriate to professional practice, for example libraries, dental practices, GP surgeries etc.

You may advertise in bona fide directories issued or registers (printed or online), for example, by newspapers, commercial enterprises, libraries and health associations, even if payment is

required. You should ensure that you do not discourage these directories from inviting other members of BANT, or other healing professions, from also appearing.

Direct advertising through unsolicited canvassing, door-to-door visits, leaflet drops, telephone or personal visits including emails is not allowed.

**We would like to re-iterate that it is your responsibility to ensure that your publicity materials comply.**

## **Essential Practice Information**

You may distribute essential practice information such as name, qualifications, addresses, telephone numbers, hours of business and 'creche' availability, as well as information about nutritional therapy, to medical practitioners, dispensing chemists, libraries, information centres, Citizens' Advice Bureaux, health food stores, health clubs and leisure centres.

Where fees are quoted in an advertisement, there should be clarity on what they include.

You must meet the requirements of the local planning authority when using a practice name plate.

## **Advertising Support and the CNHC**

You also need to be aware that the CNHC has worked with the Committee of Advertising Practice (CAP) Copy Advice team and BANT to produce the wording to describe Nutritional Therapy.

The purpose of this is to offer you wording that you can use to describe your practice in a way that will reduce, to a very great extent, the risk of a successful complaint to the ASA.

The CNHC will keep registered practitioners updated about any amendments to the wording which will result from any future ASA adjudications. The CNHC has also produced Advertising Guidance in consultation with CAP and this can be downloaded from the CNHC website under 'Publication/Guidance Sheets' - [www.cnhc.org.uk/guidance-registrants](http://www.cnhc.org.uk/guidance-registrants)

## **b) Literature**

You may circulate literature intended to educate and inform the public about the work of a nutritional therapist and the scope of your services. Such literature must be presented in a strictly professional style and format.

You may also make relevant literature available to members of the public if an interest is shown. For example, leaflets may be left in a practice reception area with permission, or posted at the request of an individual, or made available on request at conferences, seminars and other similar events.

You 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.

If there is any doubt about the suitability of any publication, directory or any proposed wording, you should consult the BANT Communications Team [communications@bant.org.uk](mailto:communications@bant.org.uk).

## **c) Media Publicity**

You must ensure that participation in any form of publicity, be it in the press, on television or radio, or in public meetings or similar, is educational in content and cannot be construed as advertising.

You must also be aware that when asked for comment by a newspaper (especially a national newspaper) or an edited television or radio programme, you may have little or no control over the final published or broadcast format, and you may need to seek expert advice first (BANT Communications Team [communications@bant.org.uk](mailto:communications@bant.org.uk)) to avoid unintended outcomes.

You must also ensure that your own publicity does not in any way damage your public image, the profession or the interests of BANT and the CNHC.

## **2.10 Disciplinary and complaints procedures**

### **a) Investigation by BANT**

Complaints are to be sent directly to the Professional Practice Committee (PPC).

[www.bant.org.uk/members-area/professional-practice/complaints-and-disciplinary-procedure/](http://www.bant.org.uk/members-area/professional-practice/complaints-and-disciplinary-procedure/)

BANT practitioners should inform BANT whenever they are subject to a complaint or an investigation regarding their nutritional practice, and also when subject to legal or police action.

If a BANT practitioner requires advice on a professional or ethical matter he or she should consult the PPC.

In cases of allegations against a BANT practitioner, where BANT is satisfied that the allegations are unjustified, BANT will offer all necessary moral and professional support to the BANT practitioner in any legal proceedings.

Any BANT practitioner who breaches the provisions of the CNHC Code of Conduct, Performance and Ethics and the information set out in the BANT Professional Practice

Handbook, shall be liable to BANT's Disciplinary Procedures, including warnings and/or membership to be rescinded.

[www.bant.org.uk/members-area/professional-practice/complaints-and-disciplinary-procedure/](http://www.bant.org.uk/members-area/professional-practice/complaints-and-disciplinary-procedure/)

## **b) Investigation by other professional bodies**

If you are subject to any investigation or adverse decision by another professional body, whether in healthcare or otherwise, you must notify BANT PPC and give full details as soon as reasonably practical.

## **c) Criminal Offence**

If you are convicted of a criminal offence or have accepted a police caution, then you must inform BANT and the CNHC and give full details within at least 28 days of the conviction. Each case will be considered individually and a decision made in the light of the circumstances of the case.

Your BANT membership and CNHC registration may be at risk if you are convicted of a criminal offence that involves, for example, one of the following types of behaviour:

- Violence
- Abuse
- Sexual misconduct
- Supplying drugs
- Drink-driving offences where someone was hurt or killed
- Serious offences involving dishonesty
- Any serious criminal offences for which you received a prison sentence

## **2.11 Discontinuing Clinical Practice**

When you finally decide to stop practising to either retire or move on to other ventures there are considerations that need to be taken into account:

- If you intend to stop practising, you will at the very least need to let on-going clients know what is happening and when, preferably in writing, and give them advice on finding an alternative Nutritional Therapist.
- If you wish to pass your business on to a particular Nutritional Therapist, you must write to all your 'active' clients and seek their permission to pass their client records on to the new therapist. To facilitate this you may find it useful to include a consent form that the client just has to sign and date, with a stamped, addressed envelope.
- You must keep your insurer informed of what you are intending to do and let them know when you stop practising.

- You will need to keep copies of all your client records for eight years in case a retrospective complaint or action is taken against you.
- You will need to keep records of your accounts for a minimum of six years for HM Revenue and Customs.
- It is also advisable to arrange secure disposal of client files in the event of a death.