

# CODE OF ETHICAL PRACTICE

## FOR DERMAL CLINICIANS & THERAPISTS



The Australian Society of Dermal Clinicians





## The Australian Society of Dermal Clinicians (ASDC)

ABN 20 239 508 647  
PO Box 9206 South Yarra  
Victoria. 3141  
E: [info@dermalclinicians.com.au](mailto:info@dermalclinicians.com.au)

# Code of Ethical Practice for Dermal Clinicians and Therapists.

## Foreword

The Australian Society of Dermal Clinicians (ASDC) is a professional association for Dermal Clinicians, Dermal Therapists, Clinical Aestheticians, and industry associates. A key role of the ASDC is to increase the professionalisation of Dermal Clinicians, Therapists, and Clinical Aestheticians as non-registered health professionals through self-regulatory processes. This is in alignment with the National Code of Conduct for Non-Registered Health Professionals which is regulated by health complaints legislation in each state. One of the main objectives of the ASDC is to promote high standards of care to protect the public when receiving skin health services. The ASDC does this by the development of standards, guidelines, and codes, creating the benchmark for safe, and ethical practice.

The Australian Society of Dermal Clinicians Code of Ethical Practice outlines the legal requirements as well as expected professional behaviours and conduct for Dermal Clinicians as allied health professionals in Australia within all practice settings. It is supported by ASDC guidelines for practice, and with other standards and codes is the foundation for expectations and requirements for providing skin health services that are patient-centered and evidence-based. The ASDC acknowledges that Dermal Clinicians use their knowledge and skills in a variety of roles and settings. This can include clinical and non-clinical relationships with clients in private clinical practice, primary, outpatient, and community health care services, management, administration, education, research, governance, advisory, policy development, and regulatory roles.

This Code of Ethical Practice has been developed as an evidence-based guideline consistent with existing national and international codes of practice for health and allied health professions. A review of literature, existing documentation as well as analysis with the predecessor code or practice was conducted by the General Committee. The development of the code of ethical practice is further informed by the profession, international working groups, and collaboration with the NVH (Dutch Skin Therapy Association) as well as an evaluation of complaints received by the ASDC against the conduct of Dermal Clinicians and Therapists.

**Jennifer Byrne**

**Chairperson of the Australian Society of Dermal Clinicians**

BHSc (Clinical Dermal Therapy), BA (Architecture), Grad Dip (Wound Care), Grad Cert (Tertiary Education), Dip (Beauty Therapy). Lecturer & Clinic Coordinator Dermal Science - Victoria University

The following code of ethics has been developed by the Australian Society of Dermal Clinicians to provide guidance for dermal health professionals. This guideline has been developed in alignment with resources provided by State and Commonwealth governments, national and global health organisations, and collaboration with allied health and health professions. The recommendations within this code of conduct are provided to assist dermal health professionals to maintain their legal and ethical obligations as allied health professionals.

Document produced on behalf of the Australian Society of Dermal Clinicians by ASDC General Committee Adapted from resources provided by the AHPA collaborative and publicly accessible health and medical professions guidelines

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## **WHO ARE THE AUSTRALIAN SOCIETY OF DERMAL CLINICIANS?**

### **Who are the ASDC?**

The (ASDC) is a not-for-profit professional association for Dermal Clinicians, Dermal Therapists, Clinical Aestheticians, and industry associates. The ASDC is a collaborative professional community of practitioners, educators, researchers, and industry representatives who have a special interest in skin health, integrity, and the clinical management of skin conditions, disorders, and disease.

### **Our vision**

Dermal health professionals are recognised for high standards of patient safety, as providers of evidence-based skin health education as well as the therapeutic management of skin in health and disease.

### **Our mission**

The Australian Society of Dermal Clinicians (ASDC) is recognised as the trusted representative body for Dermal Clinicians and Dermal Therapists. The ASDC advocates for and provides support in ongoing education for our member network and professional community. The ASDC sets standards of care and best practice to ensure safety and quality in the provision of skin health services and dermal therapies.

### **Our Purpose**

The board, advisory committees and members of the Australian Society of Dermal Clinicians are leading practitioners, educators, researchers, industry members as well as students and consumers. Together we work with a common focus to support and guide the profession with an aim to ensure standards and safety.

### **The Profession**

Dermal Clinicians, Dermal Therapists, and Clinical Aestheticians are unregistered, self regulated health professionals providing services for the assessment and management of skin health and integrity. In providing skin health services they manage common skin conditions providing non-surgical, therapeutic interventions to assist with acute and chronic skin conditions, disorders, and diseases.

The Australian Society of Dermal Clinicians recognises that in providing skin management and health services, providers can have varying education levels and qualifications. This impacts the scope of practice for skin health professionals, the delegation of roles and responsibilities when

working with other dermal health professionals and medical or health professionals as well as the accepted use of professional titles. To further assist the industry, the wider health community, and the public to understand these differences and galvanise professional identity the ASDC advocates the use of the following titles. This is based on the breadth and depth of education specific to the theory and scope of practice of dermal therapy/skin health services.

**Dermal Clinician**, being an allied health professional with a bachelor degree with a minimum duration of 3 years from an ASDC endorsed institution; and

**Dermal Therapist**, being a vocational graduate certificate, diploma or associate degree qualification from an ASDC endorsed institution.

## **Dermal Therapy/Skin Management Services**

Dermal Clinicians and Therapists provide skin health education and therapeutic skin management strategies to all people in Australia, of all ages and cultural backgrounds. Therapies can include the use of topical products or minimally invasive, non-surgical procedures. Dermal health professionals work independently and collaboratively with general and specialist medical and allied health professionals.

Dermal Clinicians and Therapists provide skin health services to assist with managing common skin problems in the general population. This includes concerns about general skin health or appearance as well as prevention and management of ageing and skin problems associated with photodamage. Dermal health professionals can provide advice and management to assist with common conditions and disorders relating to skin, adipose, hair, and nails. Dermal Therapies play a role in managing scars, oedema, and general skin health as part of pre and post-operative preparation or recovery.

Dermal Clinicians are also educated in managing more complex people with comorbidities and moderate to more severe presentations of common skin conditions. As allied health professionals they will work in collaboration with and are often integrated with medical and allied health professionals or teams to develop holistic care plans. These dermal health professionals can address various acute and chronic skin conditions that may be associated with medical and chronic health conditions or skin changes as part of their treatment. More common patient groups include but are not limited to the aged, diabetics, people with vascular disease, lymphatic dysfunction, and cancer.

In Australia, dermal therapy and skin health services are regulated by various Commonwealth, state, and territory laws. Dermal Clinicians and Therapists are required to comply with these laws and regulations as applicable nationally and in their own state.



## HOW TO USE THIS CODE OF ETHICAL PRACTICE

This code of ethical practice applies to all Dermal Clinicians and Therapists. In applying to become a member of the Australian Society of Dermal Clinicians applicants accept to be responsible and accountable for abiding by the standards and expectations outlined in this code. The ASDC will review this code of ethical practice to ensure that it complies with changes to national legislation, with this review being undertaken at a maximum of every two (2) years. It will also be benchmarked against national and international standards to ensure that there is consensus and discussion with professional bodies regarding the emerging issues that face Dermal health professionals now and into the future.

The code of ethical practice outlines the legal requirements, professional conduct, and behaviours expected of Dermal Clinicians and Therapists in Australia, irrespective of where and how they are using their knowledge and skills, paid or unpaid, to improve skin health education and management. This includes interactions that may be face to face, virtual, digital, or online as well as using platforms including social media, publications, presentations or other forms of publicity. The standards explain the conduct expected by colleagues, the industry, and the public in their clinical and non-clinical interactions with Dermal Clinicians and Therapists.

It is expected that Dermal Clinicians and Dermal Therapists will also exercise professional judgement to provide the best possible patient-centered and evidence-based care when providing skin health services.

The Australian Society of Dermal Clinicians acknowledges that individual Dermal Clinicians and Therapists will have their own beliefs and values. This code outlines a benchmark by which all Dermal Clinicians and Therapists must adhere to and students must work toward professional practice to ensure safe and ethical, patient-centered care.

The code of ethical practice is in alignment with the National Code of Conduct for Non-Registered Health Professionals that is regulated or in the process of being implemented in states and territories of Australia. It also ensures that Dermal Clinicians and Therapists meet their obligations in adhering to national regulatory and legal requirements that apply to their practice.

Dermal health professionals should not rely solely on this code as compliance with the commonwealth, state, and territory or case laws. Where there is a conflict between the code and any law, the law takes precedence.

### **The code of ethical practice will be used to:**

1. To provide a guide for the public and colleagues of Dermal Clinicians and Therapists regarding the conduct expected in their interactions with Dermal Clinicians and Therapists.

2. To provide Dermal Clinicians and Therapists with a framework for evaluating decisions that may impact the safe and ethical delivery of health services and interactions with patients.
3. To support Dermal Clinicians and Therapists to meet the expectations of their professional role and identity as health professionals.
4. To be used as a resource to further the profession and enhance the professionalism of Dermal Clinicians and Therapists when developing policy, procedures, and education that relates to the practice of Dermal Clinicians and Therapists.
5. To be used to assist in the education and training of supervising clinicians and students of the roles and responsibilities of Dermal Clinicians and Therapists.
6. When a complaint is made against a Dermal Clinician or Therapist, their behaviour will be evaluated against this code of ethical conduct. Dermal Clinicians and Therapists must be prepared to justify or explain their conduct and decisions. Misconduct can result in disciplinary action by the ASDC including suspension or termination of membership and registration. Failure to comply with the national code of conduct for unregistered health professionals can result in public notifications according to health complaints law that is reported to the health ombudsman or health commissioner in their state/territory. More serious non-compliance with legal requirements may also result in legal action.

## **National Legislation relating to the Code of Ethical Practice - Background to the development of this code.**

In 2015 the COAG council initiated the process for implementation of a [national code of conduct for unregistered health care workers](#). The stimulus for this was to provide a means of regulating and managing complaints relating to providers of health services. This included health care workers that may be providing health services outside their AHPRA registration, as well as for de-registered AHPRA health professionals. For example a nurse with qualifications as a naturopath. It also aims to provide a minimum standard expected for all health care professionals not currently included in AHPRA registration. This includes self-regulating allied health professions. The ASDC was invited to attend the working group for implementation of the code of conduct as Dermal Clinicians and Therapists were identified as providers of health services. Each state and territory has initiated a process to implement these regulatory processes by amending legislation as well as integrating accountability for a complaints process that involves liaising with AHPRA and peak professional self-regulating bodies in the resolution of complaints about health service providers.

Figure 1. State and Territory Regulation of unregistered health care providers<sup>1</sup>.

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<sup>1</sup> The code does not address in full or in detail all of the legal and ethical requirements that relate to the practice of Dermal Clinicians and Therapists. It is expected that Dermal Clinicians and Therapists are



State	Code of Conduct	Health Complaints	Legislation
Victoria	<a href="#">Code of Conduct for General Health Services</a>	<a href="#">Health Complaints Commissioner</a>	Health Complaints Act 2016 Health Records Act 2001 Health Records Regulations 2012 Privacy and Data Protection Act 2014 Freedom of Information Act 1982 Freedom of Information (Access Charges) (Amendment) Regulations 2002 Charter of Human Rights and Responsibilities Act 2006
New South Wales	<a href="#">Code of conduct for unregistered health practitioners</a>	<a href="#">Health Complaints Commission</a>	Public Health Regulation 2012 Public Health ACT 2010
Queensland	<a href="#">National code of conduct for health care workers (Queensland)</a>	<a href="#">Office of the Health Ombudsman</a>	Health Ombudsman Regulation 2014 Human Rights ACT 2019 Public Health ACT 2005
South Australia	<a href="#">Code of conduct for certain health care workers</a>	<a href="#">Health and Community Services Complaints Commissioner</a>	Health and community services complaint ACT 2004
Western Australia	<a href="#">National code of conduct for health care workers in Western Australia-consultation</a>	<a href="#">Health and disability Services Complaints Office</a>	Health and Disability Services Complaints ACT 1995
Tasmania		<a href="#">Health Complaints Commissioner Tasmania</a>	<a href="#">Health Complaints Act 1995</a> <a href="#">Health complaints code of conduct amendment 2018</a>
Northern Territory	<a href="#">Code of Health and Community Rights and Responsibilities</a>  <a href="#">National Code of Conduct for unregistered health care workers -implementation in</a>	<a href="#">Health and Community Services Complaints Commission</a>	<a href="#">Health and Community Services Complaints Regulation 1998</a>

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responsible for maintaining currency and adhering with regulations, guidelines and ACTS that relate to professional practice including but not limited to workplace occupational health and safety, privacy and management of health records, standards of care and human rights, working with vulnerable populations including children, aged and disabled, anti-discrimination, cultural competency, bullying/ harassment, assault and battery and defamation.

	<a href="#">the Northern Territory Information Paper</a>		
Australian Capital Territory (ACT)	<a href="#">National Code of Conduct for Health Care Workers- Consultation.</a>	<a href="#">Health Services Commissioner</a>	Health Records (Privacy and Access) ACT 1997 Privacy ACT 1988 Human Rights Commission ACT 2005

## **Code of Ethical Conduct for Dermal Clinicians and Therapists.**

The code is presented as 'standards' that provide minimum requirements expected for professional behaviours, values, and conduct of Dermal Clinicians and Therapists in order to comply with ethical and legal requirements and provide quality skin health services. It is expected that Dermal Clinicians and Therapists will still exercise critical thinking and judgement when applying them.

For the purposes of this code of ethical conduct '**Dermal (skin) health professional**' refers to both Dermal Clinicians and Therapists that are providing skin health services including education and management strategies. The term '**individual**' or '**person**' refers to clients or patients that are receiving skin health education or management or are otherwise interacting with a Dermal Clinician or Therapist.

A '**Skin health service**' is any service that can directly or indirectly alter the structure and function of the skin (integument) and/or its appendages. The aim of the service is to correct dysfunction, disorder, or disease, promote health and wellbeing, or prevent further damage. In doing so that action of the therapy can induce alterations that may be long-term and may not be completely reversible. This can include therapies that are topical, manual, or use a variety of applied energy sources. This differs from a '**beauty service**' that is superficial and focused on improving or maintaining cosmetic appearance. This alteration or change is temporary (less than 3 months) and completely reversible.

### **Standard 1: Person-centered focus and Evidence for practice**

Dermal health professionals must provide person-focused, evidence-based skin health education and services. The provision of person-centered care respects the need for shared decision-making between the Dermal health professional and the person, including their needs, preferences, and other impacting factors such as health and psychosocial status.

1.0 Dermal health professionals should provide evidence-based education and services in a manner that considers the person's needs, preferences and values and work together in decision making to provide safe skin health care and achieve desired outcomes.

1.01 Dermal health professionals should respect that decisions are a shared responsibility with the person. The person may wish to also nominate family members, friends, partners, or other health and allied health professionals to be part of this process.

1.02 Dermal Health professionals must advocate on behalf of the person and be able to where necessary involve and consider the opinions of legal guardians or those with power of attorney in the decision making regarding the provision of health services for the person.

1.03 Dermal health professionals must encourage and support where necessary other opinions in treatment such as referral for medical or a second skin health professional opinion.

1.04 Dermal health professionals must respect the right of a person to decline or withdraw consent for skin health services.

1.10 Dermal health professionals must undertake adequate health and physical assessment in order to identify, prevent and manage risks and adverse outcomes of skin health services.

1.11 Dermal health professionals must take all precautions to prevent and manage risks to public safety in accordance with ASDC, industry, and jurisdictional regulatory standards and guidelines when providing skin health services.

1.12 Dermal health professionals should refuse treatment of those that are at significant risk of adverse outcomes of skin health services due to physical or mental impairment until expert health professional advice has been sought and provided by the person.

1.13 Dermal health professionals practice in an evidence-based paradigm basing clinical decisions on current scientific knowledge and best practice.

## **Standard 2: Communication, therapeutic relationships**

Dermal health professionals understand that effective communication and therapeutic relationships require interactions that are compassionate, respectful, and honest with a focus on positive outcomes for the person receiving care. Dermal health professionals practice in a manner that respects diversity and is culturally competent.

2.0 Dermal health professionals communicate in a manner that is non-judgmental and is professional and respectful in all forms of communication, written and verbal that is with or about the person.

2.01 Dermal health professionals understand and use strategies to overcome barriers to effective communication such as differences in language, level of health knowledge as well as the impact of bias, attitudes, values, and beliefs on the safe delivery of skin health services.

2.02 Dermal health professionals take necessary measures to confirm that the person understands the information that has been communicated to them.

2.10 Dermal health professionals respect people's right to privacy and confidentiality and will not disclose information regarding their treatment or personal details without consent being provided and documented.

2.11 Dermal health professionals will take all necessary measures to protect the privacy of the person by conducting consultation or discussing treatment in as private an environment as possible and only accessing their records when authorised as part of their professional treatment.

2.12 Dermal health professionals will maintain accurate, up-to-date, and thorough records of interactions with the person receiving skin health services.

2.13 Dermal health professionals will take all necessary steps to ensure the person has access to their records if requested.

2.14 Dermal health professionals must facilitate in a timely manner the transfer of records if requested by the person or their legal representative.

2.20 Dermal health professionals will only provide education and skin health services that are evidence-based and in the best interests of the person.

2.21 Dermal health professionals conduct themselves ethically and provide options for the client that will serve their needs and are in the best interests of the person. These choices should be based on current evidence and best practice regardless of whether the current workplace of the dermal health professional is able to offer all of these options.

2.22 A person receiving skin health services should never feel pressured to undertake skin health services and should be involved in the decision making to ensure the solution is most suitable to their needs and personal circumstances

2.30 Dermal health professionals must not make any claims about services, their qualifications, education, or affiliations that would be considered false, misleading, or misrepresentation.

2.40 Dermal health professionals provide full disclosure, obtain informed consent and take into consideration business practices such as providing cooling of periods relevant to the health service and patient skin health conditions.

2.50 Before proceeding with any skin health service a dermal health professional must obtain appropriate informed consent for that service and document this in a manner to comply with all jurisdictional laws and regulations.

### **Standard 3: Interprofessional and collaborative practice**

Dermal health professionals don't require a referral to evaluate a skin concern or condition. As such they are often the primary contact for people reporting problems with their skin health. Dermal health professionals understand that the health, disorder, or disease of the skin can

impact and be impacted by many other systems of the body. Skin disorder and disease may be a sign or symptom of a comorbid or underlying yet undiagnosed medical condition or disease. Dermal health professionals work collaboratively with other allied health and health professionals to improve health outcomes.

3.0 Dermal health professionals that are engaged in providing education or management strategies for those with complex medical histories including comorbid conditions may provide a report to their GP of their assessment and management for continuity and communication of care.

3.10 Dermal health professionals will engage the advice and opinions through referral to other expert skin health, allied health, and health professionals in the care plans of people with skin health conditions or concerns where appropriate to ensure safe management of the person's skin condition.

3.20 Dermal health professionals must not attempt to dissuade their patients from seeking or continuing medical treatment.

3.30 Dermal health professionals will participate in collaborative peer education opportunities respecting the privacy and confidentiality of their patients to contribute to the knowledge of the profession.

## **Standard 4: Professional ethics and behaviours**

Dermal health professionals practice with integrity, compassion, and honesty. They maintain appropriate professional boundaries with colleagues and patients. Dermal health professionals do not involve themselves in any practices that may exploit others or result in conflicts of interest.

4.0 Dermal health professionals will maintain professional boundaries in order to operate in the therapeutic zone with their patients. A therapeutic relationship has a start and an end and is always person-focused in order to work toward achieving goals or outcomes of care and skin health services.

4.01 Dermal health professionals recognise the inherent power imbalance in their relationship with patients and will establish professional boundaries. Dermal health professionals will discuss expectations, be clear in their communication about these boundaries and prepare the person for when/how the therapeutic relationship will end.

4.10 Dermal health professionals will actively avoid providing care to people they have existing relationships with that will impact their objectivity during care or be a potential conflict of interest.

4.11 Dermal health professionals will not during the care of a person establish a personal, business, or sexual relationship.



4.20 Dermal health professionals will not participate in self-disclosure that is not for the purpose of the therapeutic relationship or become over-involved in their therapeutic relationships.

4.30 Dermal health professionals will take measures to prevent under involvement in their therapeutic relationships including indifference, disengagement, or lack of appropriate care.

4.31 Dermal health professionals have a duty of care to recognise over involvement or under involvement in themselves and colleagues and to disclose this concern to an appropriate person.

4.32 Dermal health professionals will reflect on the circumstances and document if this has occurred and take steps to manage or remedy the situation.

4.33 If a therapeutic relationship has become compromised the dermal health professional will recognise this and refer the person to another skin health professional including the transfer of any records or communicating any clinical information that may be required.

4.40 Dermal health professionals must recognise that those seeking skin health services can be vulnerable to exploitation due to the psychological impact of skin dysfunction, disorder, and disease as well as pressures to conform with ideals of beauty and attractiveness.

4.41 When working with a person that is identified as at high risk of vulnerability for exploitation, Dermal health professionals will use their professional judgment in altering or extending cooling-off periods as well as mandating additional referral and expert health professional advice when making decisions regarding the impact and outcomes of health services. This includes those that are identified as at risk due to psychological impairment including emotional distress as well as those under the age of 18.

4.42 Dermal health professionals must not provide personal opinions or express beliefs that may be used to influence or exploit a person's vulnerability.

4.50 Dermal health professionals will avoid misrepresentation or conflicts of interest by accurately and honestly disclosing their qualifications, education, and affiliations.

4.51 Dermal health professionals must describe their qualifications and education honestly and accurately when applying for employment, in any advertising materials such as websites and social media, self-promotion, presenting, publications, or when promoting goods and services.

4.52 Dermal health professionals must not make any claims that they are more qualified than others with equivalent qualifications or use their qualifications to deceive the public that they are competent to provide a skin health service. It is more appropriate to use factual

descriptions of years of experience working with a particular condition or in a particular health setting.

4.60 Dermal health professionals will prevent harm to the public by only providing services that are within their scope of practice that relate to their education and experience. Dermal health professionals take all measures to appropriately prevent and manage adverse events that arise as a result of skin health services.

4.61 Dermal health professionals will only provide skin health services that are within their scope of practice. In determining this a key factor is the capability to manage any common or adverse side effect of treatment safely and competently.

4.70 Dermal health professionals must ensure they have public liability and indemnity insurance that covers their scope of practice and any adverse events resulting from skin health services.

4.71 Dermal health professionals take all steps necessary to prevent adverse events including thorough processes for candidate selection, referral, education, risk assessment, and risk minimisation strategies such as test patching or trial treatments, informed consent, and cooling-off periods. Dermal health professionals must ensure that these processes are documented.

4.72 Dermal health professionals will ensure that in the event of adverse events adequate and appropriate first aid is on hand to manage the event or emergency assistance is sought.

4.73 Dermal health professionals will be open and honest in communicating the adverse event to the person including steps that will be taken to remedy the situation.

4.74 Dermal health professionals in the event of a serious adverse event will report to the appropriate health care provider or authority.

## **Standard 5: Legal obligations and compliance**

Dermal health professionals must ensure they are up to date and comply with all Commonwealth and state laws that pertain to their practice to ensure the safe provision of skin health education and services

5.0 It is important for dermal health professionals to adhere to their legal obligations under the national code of conduct for unregistered health care professionals and health complaints legislation as well any and all other laws relevant to their practice. Dermal health professionals must also adhere to the standards required for registration with the ASDC.

5.01 Dermal health professionals are obliged to inform the ASDC and their employer/s if the health commissioner, ombudsman, or other legal/regulatory body has placed a condition, restriction, limitation, suspension, disciplinary undertaking, or reprimand for a breach of the code of conduct that would place the public at risk or be considered professional misconduct.

5.02 Dermal health professionals are obliged to inform the ASDC of any charges, pleas, or criminal convictions that would place the public at risk or be considered professional misconduct. It is a requirement for ASDC registration for practice to provide a police history and working with children check, as outlined in the ASDC membership and registration bylaw.

5.03 Dermal health professionals must have adequate professional indemnity insurance to cover their scope of practice, business practices, and interactions with the public.

5.10 It is important for dermal health professionals to not engage in unlawful acts or behaviors that may impact their or the profession's reputation.

5.11 Dermal health professionals must respect the property and possessions of other individuals. This includes not willingly causing damage, theft, or not respecting the need to have consent to take or touch the possessions of others.

5.12 Dermal health professionals must not practice while under the influence of alcohol or any drugs whether unlawful or prescription that may impact their ability to practice safely. If a dermal health professional has a medical condition that requires management with medications, they are obligated to discuss with their medical professional whether their practice needs to be modified or suspended in order to ensure they are not a risk to themselves or others.

## **Standard 6: Advertising and procuring clients.**

Dermal health professionals will comply with all legal requirements and guidelines for advertising that relates to the provision of skin health services. Dermal health professionals will promote themselves and skin health services in a manner that is ethical, honest, evidence-based, and person-centered.

6.0 Dermal health professionals understand that skin health dysfunction, disorder and disease require appropriate assessment and evaluation. The planning and provision of skin health services must consider the needs and preferences of each person.

6.10 Dermal skin health professionals must not promote any one service as being more effective than any other unless these claims can be substantiated by clinical evidence that can support robust interrogation.

6.20 Dermal skin health professionals should refrain from claims of ‘specialist’ titles or wording as this may cause confusion or conflicts with registered health professions and may be considered misleading. Wording such as ‘has substantial experience in’ or ‘mainly works in the area of’ may be less misleading.

6.30 Dermal health professionals understand that any education or information provided to the public about their qualifications, education, affiliations, and services must be able to be substantiated with evidence if required. It is good practice to have these on display in the physical premises where therapy is provided and listed accurately on any promotional materials including websites or social media.

6.40 Dermal health professionals should refrain from the sale of any particular skin health service prior to appropriate patient selection criteria being assessed and the person receiving adequate evaluation. If this does occur, policies must be in place to allow the client to exchange or alter these services or goods if they are deemed inappropriate for the purchased skin health services.

6.41 Dermal health professionals should refrain from offering bulk service packages or retail incentives for skin health services that are not in the best interest of the person with skin dysfunction, disorder, or disease.

6.42 It is important that prior to bulk purchase of services or products that a thorough pre-evaluation of candidate suitability, skin health condition, severity, and symptoms is conducted. There must be an option of modifying treatment service or products after evaluation of treatment outcomes, complications, and efficacy is observed.

6.50 Dermal health professionals must not offer or receive any financial payment or gift that is related to the provision of a skin health service, client referral processes to other health providers.

6.51 Dermal health professionals will not ask people to gift, lend or provide money that will benefit the dermal health professional or their business directly or indirectly,

6.60 Dermal health professionals must ensure that there is transparency in the fees and charges that relate to the provision of skin health services.

6.61 Dermal health professionals must provide fees and charges to the person as part of the full disclosure process prior to obtaining informed consent. This should be documented.

6.70 Dermal health professionals work with registered health professionals and must be aware of the regulatory and legislative requirements or restrictions that pertain to advertising their practice and services.

6.80 Dermal health professionals take care not to advertise skin health services in a manner that creates unrealistic expectations regarding benefits or outcomes.

6.81 This includes the use of advertising materials such as photographs and testimonials that may provide unrealistic expectations and may only be reflective of an individual experience.

6.82 Caution must be used when using photographs as it may not be clear if the image has been altered

6.83 It may also not be clear what other services and skincare may have contributed to the effect observed.

6.90 Advertising of skin health services should not downplay risks and complications by using words that may imply the procedure is completely safe, effective, miraculous, or risk free. It is important to include information that individual results may vary and that individual suitability for assessment prior to treatment is required.

## **Standard 7: Health and wellbeing**

Dermal health professionals promote health and wellbeing for themselves, their colleagues, and the wider Australian population. Dermal health professionals must take all precautions to prevent harm to colleagues or the public caused as the result of physical or mental impairment. Dermal health professionals must take all precautions to prevent risks to the public caused through transmission infection.

7.0 Dermal Health Professionals have a responsibility to maintain their own, support their colleagues, and promote in their workplaces physical, emotional, spiritual, and mental wellbeing in order to be able to work in the therapeutic zone with their patients/clients.

7.10 Dermal health professionals must understand and maintain currency with principles and objectives for public health promotion.

7.20 Dermal health professionals should advocate and promote health and disease prevention through education and screening and refer to medical practitioners for prompt and appropriate diagnosis of notifiable diseases.

7.30 Dermal health professionals take measures to reduce the impact of stress and fatigue on their ability to make clinical decisions and provide safe care or impact more long term on their health.

7.40 Dermal health professionals must maintain the required vaccinations for practice in health care settings and clinical environments that are relevant to their state or territory department of health recommendations.

7.50 Dermal health professionals should seek advice from an objective health professional to assist with modification to or suspension of clinical practice if there are concerns they may have a condition that can potentially put people at risk or impact their ability to safely deliver skin health education and services.

7.51 Dermal health professionals with a diagnosed physical, mental, or infectious condition must take and follow advice from their suitably qualified registered health professional on the necessary modifications to practice to avoid harm to the public, themselves, and their colleagues.

7.60 Dermal health professionals must adhere to standard precautions and public health orders related to the provision of skin health services relevant to the risk rating of that procedure.

7.70 Dermal health professionals must comply with all relevant jurisdictional requirements for infection control including council, state, and commonwealth regulations as well as industry guidelines.

7.80 Dermal health professionals are obligated to maintain currency with requirements, information, procedures and protocols to prevent infection that may need to be adapted and modified due to public health orders and infection control policies.



## **Standard 8: Education, Training, and Research**

Dermal health professionals must maintain currency and competence relevant to the scope of practice in providing skin health services and contribute to the further ongoing development of self and the profession.

8.0 Dermal health professionals must not provide health services including education, therapy, procedures, or techniques that are outside of their education and experience and therefore not within their scope of practice.

8.10 Dermal health professionals must engage in professional development and education in order to maintain clinical currency and competence. Dermal health professionals that are registered for practice with the ASDC must complete CPE hours as outlined in the Membership and Registration Bylaw.

8.20 Dermal health professionals must complete the necessary qualifications in order to meet the requirements to extend the scope of practice outside their primary skin health qualification.

8.30 It is the responsibility of all dermal health professionals to contribute to the development of the profession by providing opportunities for students and graduates to learn and to receive the benefit of mentoring, oversight, and feedback.

8.31 Dermal health professionals in a supervisory role over students and graduates within the first 1-2 years of practice should seek opportunities to develop their skills, practices, and attitudes in order to continually improve as educators and mentors.

8.32 Dermal health professionals in a supervisory role over students and graduates within the first 1-2 years of practice should take into consideration their level of competence, learning style, and needs in order to further develop their abilities through planned supervision or learning opportunities.

8.33 Dermal health professionals in supervisory roles should avoid conflicts of interest. Such as having a pre-existing, non-professional relationship with students/graduates that may impact or impair their capacity to be objective in the assessment of their learning outcomes, competence or to provide learning experiences.

8.40 It is the responsibility of dermal health professionals to contribute to the improvement of the profession, clinical practice, and quality of health services by participating in quality control and peer feedback opportunities.

8.41 When assessing peer skin health professionals feedback should be constructive, objective, fair and honest.

8.42 Assessment including references should not put the public at risk by being biased, inadequate, inaccurate, or outcomes not being discussed or reported promptly after the assessment or observation of clinical practice was completed.

8.50 Dermal Health professions where possible should contribute to the improvement of the profession through ethical research activities.

8.51 Dermal health professionals that are involved in research activities have additional obligations to ensure that research design, conduct, and reporting are ethical and in alignment with the safe and ethical provision of skin health education and services.

# **Australian Society of Dermal Clinicians Code of Ethical Practice Summary Document**

This code of ethical practice applies to all Dermal Clinicians and Therapists. In applying to become a member of the Australian Society of Dermal Clinicians applicants accept to be responsible and accountable for abiding by the standards and expectations outlined in this code.

It is expected that Dermal Clinicians and Dermal Therapists will also exercise professional judgement to provide the best possible patient-centered and evidence-based care when providing skin health services.

Dermal health professionals should not rely solely on this code as compliance with the commonwealth, state, and territory or case laws. Where there is a conflict between the code and any law, the law takes precedence

## **Standard 1: Person-centered focus and Evidence for practice**

Dermal health professionals must provide person-focused, evidence-based skin health education and services. The provision of person-centered care respects the need for shared decision-making between the Dermal health professional and the person, including their needs, preferences, and other impacting factors such as health and psychosocial status.

## **Standard 2: Communication, therapeutic relationships**

Dermal health professionals understand that effective communication and therapeutic relationships require interactions that are compassionate, respectful, and honest with the focus on positive outcomes for the person receiving care. Dermal health professionals practice in a manner that respects diversity and is culturally competent.

## **Standard 3: Interprofessional and collaborative practice**

Dermal health professionals understand that the health and disorder or disease of the skin can impact and be impacted by many other systems of the body. Skin disorder and disease may be a sign or symptom of a comorbid or underlying yet undiagnosed medical condition or disease. Dermal health professionals work collaboratively with other allied health and health professionals to improve health outcomes.

## **Standard 4: Professional ethics and behaviours**

Dermal health professionals practice with integrity, compassion, and honesty. They maintain appropriate professional boundaries with colleagues and patients. Dermal health professionals do not involve themselves in any practices that may exploit others or result in conflicts of interest.

### **Standard 5: Legal obligations and compliance**

Dermal health professionals must ensure they are up to date and comply with all Commonwealth and state laws that pertain to their practice to ensure safe provision of skin health education and services

### **Standard 6: Advertising and procuring clients.**

Dermal health professionals will comply with all legal requirements and guidelines for advertising that relates to the provision of skin health services. Dermal health professionals will promote themselves and skin health services in a manner that is ethical, honest, evidence based and person-centered.

### **Standard 7: Health and wellbeing**

Dermal health professionals promote health and wellbeing for themselves, their colleagues, and the wider Australian population. Dermal health professionals must take all precautions to prevent harm to colleagues or the public caused as the result of physical or mental impairment. Dermal health professionals must take all precautions to prevent risks to the public caused through transmission infection.

### **Standard 8: Education, Training, and Research**

Dermal health professionals must maintain currency and competence relevant to the scope of practice in providing skin health services and contribute to the further ongoing development of self and the profession.

### ***Declaration***

I, (printed name) agree to accept and uphold the values, behaviours, and conduct outlined in the code of ethical practice as a dermal health professional and member of the Australian Society of Dermal Clinicians. I understand that not upholding these standards of ethical practice may result in disciplinary action should I be deemed in breach or have demonstrated professional misconduct.

Date (insert here)