

Overview of updates to CMCNZ Advertising Standard and Guidance – 2026 Review

#	Document	Current wording (summary / excerpt)	Suggested wording	Rationale
1	Standard	Advertising must not be false, misleading or deceptive; claims must be substantiated.	Add explicit clause: <i>“CM practitioners must not advertise in a way that directly or indirectly implies a therapeutic purpose, including through wording, imagery, testimonials, hashtags, or overall context.”</i>	ASA 2026 places strong emphasis on implied therapeutic claims . Both webinars make clear that implication alone can constitute a breach, regardless of intent. Explicit wording improves clarity and enforceability.
2	Standard	Substantiation of claims required; practitioner must be competent to provide advertised services.	Clarify: <i>“Evidence or clinical rationale does not permit advertising claims that are otherwise prohibited under this Standard.”</i>	Webinars clearly distinguish between clinical evidence and permissible advertising claims . This avoids “research shows” being used to justify inappropriate advertising.
3	Standard	Public safety section notes vulnerability and exploitation of tangata whai ora.	Strengthen wording to explicitly include emotional distress, chronic illness, fertility, pregnancy, mental health, and limited health literacy as vulnerability factors.	ASA broadened vulnerability beyond age or illness. Explicit inclusion aligns with HPCA public-protection intent and known complaint areas.
4	Standard	Testimonials addressed mainly through Guidance; responsibility implied rather than explicit.	Add short responsibility statement: <i>“Advertising includes testimonials and reviews published on practitioner-controlled platforms. Practitioners are responsible for</i>	Both webinars confirm that advertiser-controlled UGC is advertising. This supports consistent moderation expectations without expanding the Standard excessively.

			<i>removing non-compliant content once aware of it.”</i>	Webinar 3 makes clear that moderation is an ongoing responsibility, not a one-off response once a complaint is received.
5	Standard	Definition of advertising; general obligations apply	Advertising includes any message or content controlled directly or indirectly by the practitioner, including website content, social media posts, comments, testimonials, reviews, hashtags, imagery, and linked content, where intended to influence choice, opinion, or behaviour.	ASA webinar 3 explicitly confirms that advertiser-controlled digital content and context (including hashtags and linked material) are advertising. Making this explicit in the Standard strengthens enforceability and avoids reliance on Guidance alone.
8	Guidance	Testimonials must not imply therapeutic benefit; limited examples provided.	Expand with clear examples of permitted vs non-permitted testimonials (e.g. service experience vs symptom improvement).	Webinars provide clear examples. Expanded guidance will reduce misunderstanding, particularly for ESL practitioners.
9	Guidance	Social media addressed generally; professionalism and monitoring noted.	Add explicit guidance that hashtags, emojis, reposts, and linked content can constitute claims; moderation of comments is required.	ASA treats hashtags and linked content as advertising claims. This is a common risk area for practitioners and needs clearer guidance. Webinar 3 confirms that hashtags, emojis, reposts, and linked content can independently constitute

				advertising claims, even where no explicit therapeutic wording is used.
10	Guidance	Claims should be truthful, balanced, and substantiated.	Add a plain-language “support vs treat” explanation with examples and a test question (e.g. “Does this imply moving the body from one state to another?”).	This concept is repeatedly emphasised in both webinars and is highly effective for practitioner understanding.
11	Guidance	Vulnerable audiences referenced at principle level.	Add a short subsection on vulnerable audiences with CM-specific examples (fertility, pain, stress, immunity).	ASA 2026 treats vulnerability as central. CM-specific examples improve practical application.
12	Guidance	Social media monitoring encouraged; confidentiality emphasised.	Clarify that practitioners must have a reasonable process for monitoring and responding to advertising content on platforms they control.	Aligns with webinar emphasis on ongoing responsibility without importing ASA enforcement mechanisms.
13	Guidance	ASA Code and TAPS referenced as optional resources.	Retain but clarify TAPS as a risk-reduction tool, not Council approval.	Webinars show strong correlation between lack of pre-vetting and upheld complaints; clarification avoids practitioner misunderstanding.
14	Guidance	Distinction implied through claims and substantiation	Add a dedicated subsection explaining the difference between advertising a health service and advertising a method of treatment , including ASA-style example wording for acceptable “support” statements and examples of wording that would constitute a therapeutic claim.	Webinar 3 provides unusually clear, practical guidance on how services may describe who a service is for without implying therapeutic purpose. Capturing this reduces practitioner confusion and complaint risk, particularly around the use of “treat” language.

15	Guidance	Claims must be substantiated	Clarify that ACC or private insurer funding may be used as evidence of service recognition or acceptance , but does not permit advertising of therapeutic outcomes or guarantees.	Webinar 3 confirms ACC funding may contribute to substantiation, but does not override advertising prohibitions. Clarification reduces misunderstanding without weakening the Standard.
16	Guidance	Use of titles referenced generally	Add explicit guidance on the use of the title “Dr”, including the requirement to qualify overseas or non-medical doctorates, consistent with ASA examples (e.g. “Dr X, Chiropractor”).	Webinar 3 provides specific, practical guidance on the use of professional titles in advertising. Explicit inclusion improves clarity and reduces misleading presentation risks.
17	Guidance	Substantiation and evidence requirements discussed generally.	Add clarification that references to “traditional use” in the ASA Therapeutic and Health Advertising Code do not override prohibitions on therapeutic claims for health services. For CM practitioners, traditional knowledge may inform clinical practice but does not permit advertising claims of treatment, cure, or outcomes. Advertising should remain framed in terms of general support, consistent with the “health	Webinar 3 emphasises that advertising for health services must be conservative and must not imply therapeutic purpose, regardless of the evidentiary tradition underpinning the practice. Clarifying this distinction reduces practitioner confusion, avoids false reliance on “traditional use” as an advertising defence, and supports

			service vs method of treatment” distinction.	culturally competent but legally safe application of the Standard.
22	Guidance	Resource section	<p>Include statement;</p> <p>The Council recognises the cultural significance and global recognition of traditional medical knowledge, including as reflected in World Health Organization policy frameworks. These documents support the safe, effective, and culturally respectful integration of traditional medicine into health systems. They do not alter the legal requirements governing advertising, which must remain truthful, not misleading, and consistent with New Zealand law.</p>	<p>Include these in the reference list: Included for contextual awareness only; does not alter advertising requirements.</p> <p>World Health Organization. (2024). <i>Beijing Declaration of the 2024 World Conference on Traditional Medicine</i>. World Health Organization.</p> <p>World Health Organization. (2025). <i>Global traditional medicine strategy 2025–2034</i>. World Health Organization. https://www.who.int</p>

Supporting practitioner resources

To support practitioner understanding and implementation of the revised Advertising Standard and expanded Guidance, two accompanying practitioner-facing resources have been developed:

- an **easy-read cover sheet**, which explains the purpose of the review, what has and has not changed, and how the documents are intended to be used; and
- an **Advertising self-review checklist (practitioner resource)**, designed as a voluntary, non-enforcement tool to help practitioners review their own advertising in a practical way.

These resources do not create new standards or requirements. They are intended to support clarity, reduce misunderstanding (including for practitioners for whom English is not a first language), and demonstrate a proportionate, educative approach to advertising regulation.



**Chinese Medicine Council
of New Zealand**
新西兰中医管理局

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Purpose

The purpose of this Standard is to protect members of the public from false, misleading, and deceptive advertising, or the provision of inappropriate or unnecessary services, or the creation of unrealistic expectations and to guide CM (Chinese Medicine) practitioners about the advertising of health-related products and services. This Standard should be read in conjunction with the Council's Advertising Guidance document available on the Council website.

The Council recognises and seeks to give effect to Te Tiriti o Waitangi as the foundational governance document in Aotearoa New Zealand, and affirms the rights of iwi, hapū, and Māori in the shaping and governance of our nation. Te Tiriti o Waitangi also influences our roles and responsibilities as citizens in our community and shapes personal and professional conduct. As such, CM practitioners must embed culturally safe and competent practices into all aspects of clinical practice, including advertising and ensure all advertising demonstrates respect for the cultural beliefs, values, and practices of all tangata whai ora.

The Council recognises the value of providing information to the public about practitioners and the services they provide, and that advertising can provide a means of conveying such information. Any information provided in an advertisement for a service should be reliable and useful in assisting tangata whai ora to make informed decisions about accessing services and health care choices.

The standards set by the Council are minimum standards which are used by the Council, the public of New Zealand, competence review committees, professional conduct committees, the Health and Disability Commissioner, the Health Practitioners Disciplinary Tribunal, and the courts to measure the competence, performance, and conduct of CM practitioners.

Professional Obligations

The following statements apply to all forms of advertising.

The Council's Standards of Professional Conduct states under Principle 1 (Act with integrity and honesty), that CM practitioners will:

- Comply with all legal, professional, and ethical obligations and any other relevant standards, including those in the HPCA Act.
- Not exploit the client's vulnerability or lack of knowledge when providing or recommending services.
- Comply with national advertising requirements and relevant legislation on consumer protection, fair trading, and therapeutic goods advertising, to ensure ethical promotion of therapeutic products and services.

- Accurately represent the nature, care and skill of the services or care provided, to comply with legal, professional, ethical, and other relevant standards.

New Zealand Law and Advertising Codes

CM practitioners must be aware of and comply with their obligations regarding therapeutic claims of goods and services under New Zealand legislation and standards relevant to advertising including, without limitation, the [Fair-trading Act 1986](#), the [Consumer Guarantees Act 1993](#), the [Medicine Act 1981](#), and the [Code of Health and Disability Services Consumers' Rights](#).

The [Advertising Standards Code](#) and the [Therapeutic and Health Advertising Code](#) published by the Advertising Standards Authority may also be relevant as they provide guidance as to good advertising practice.

Definition of advertising

'Advertising and Advertisement(s)' means any message, the content of which is controlled directly or indirectly by the advertiser, expressed in any language, and communicated in any medium with the intent to influence the choice, opinion, or behaviour of those to whom it is addressed.

'Advertising' therefore means any published information about a CM practitioner's practice, including but not limited to signage; corporate printing such as business cards, stationery; and social and print media such as websites, blogs, Facebook, Instagram, TikTok, WeChat, LinkedIn; and newspapers.

This includes website content, social media posts, comments, testimonials, reviews, hashtags, imagery, and linked content where the intent is to influence choice, opinion, or behaviour. Advertising includes testimonials and reviews published on practitioner-controlled platforms. Practitioners are responsible for removing non-compliant content once they become aware of it.

Advertising may have adverse consequences for the public when it is false, inaccurate, misleading, or deceptive. This may lead to public harm with the provision of inappropriate or unnecessary health services or create unrealistic expectations.

Advertising Principles

Advertising principles relating to CM products and services are defined in the Therapeutic and Health Advertising Code. Restrictions may be applied to any advertisements describing medicines, medical devices, and methods of treatment if they do not abide by these principles.

Definitions of products and services

A therapeutic product is one that is intended to be used by humans for a therapeutic purpose. This includes:

- preventing, diagnosing, monitoring, alleviating, treating, curing, or compensating for a disease, ailment, defect, or injury.
- testing the susceptibility of humans to a disease or an ailment.
- investigating, replacing, modifying, or supporting part of a human's anatomy
- disinfecting medical devices.
- maintaining health and providing for human nutritional supplementation.

A therapeutic service or method of treatment (such as acupuncture or tuina) is defined as:

- services that offer a method of treatment for a range of medical conditions, OR
- services that offer support for normal healthy body functions.

Principle 1: Social Responsibility

Therapeutic and Health advertisements shall observe a high standard of social responsibility particularly as consumers often rely on such products, devices and services for their health and wellbeing.

Principle 2: Truthful Presentation

Advertisements should be truthful, balanced and not misleading. Advertisements shall not mislead or be likely to mislead, deceive or confuse consumers, abuse their trust, exploit their lack of knowledge or without justifiable reason, play on consumer fear. This includes by implication, omission, ambiguity, exaggerated or unrealistic claim or hyperbole.

Advertisements must not directly or indirectly imply a therapeutic purpose. This includes implication through wording, imagery, testimonials, hashtags, or overall context.

Public safety

CM practitioners must not advertise in a manner that could be considered as an attempt to profit from or take advantage of limited understanding of tangata whai ora. Some tangata whai ora could be particularly vulnerable. They may be inclined to believe claims about certain treatments and to seek out those treatments. You must not take advantage of the

vulnerabilities of tangata whai ora when you advertise. Vulnerability may arise due to factors such as emotional distress, mental health concerns, chronic illness, fertility or pregnancy-related concerns, or limited health literacy.

Informed consent

A decision made by someone in response to an advertisement cannot be considered as their informed consent for the practitioner to provide them with the advertised service.

The Council's informed consent practice standard describes informed consent as an interactive and ongoing process which requires effective communication between the practitioner and the patient. Practitioners must obtain the patient's informed consent before providing care to the public and ensure it remains valid.

Substantiation of claims

When advertising a service, a CM practitioner must be competent by reason of their education, training or experience to provide the service advertised or to act in the manner or professional capacity advertised. A practitioner must be certain that any claims made in advertising material can be substantiated by the best available evidence. This is particularly important in the case of claims regarding outcomes of treatment, whether implied or explicit. Evidence or clinical rationale does not permit advertising claims that are otherwise prohibited under this Standard.

Consequences of breach of advertising requirements

Any real or perceived breach of advertising requirements should be notified to the Council. Where advertising breaches a code or law, the Council may refer complaints to another agency, including the Health and Disability Commissioner, the Commerce Commission, Medsafe, or the Advertising Standards Authority.

Acknowledgements

This document incorporates and acknowledges information from Advertising Standards Authority, Acupuncture New Zealand, the Dental Council of New Zealand, New Zealand Acupuncture Standards Authority, the Osteopathic Council of New Zealand, and the Physiotherapy Board of New Zealand.



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Purpose

The purpose of the Advertising Standard is to protect members of the public from false, misleading, and deceptive advertising, or the provision of inappropriate or unnecessary services, or the creation of unrealistic expectations and to guide CM practitioners about the advertising of health-related products and services. This document supplements and expands on the Advertising Standard available on the Council website.

The Council recognises and seeks to give effect to Te Tiriti o Waitangi as the foundational governance document in Aotearoa New Zealand, and affirms the rights of iwi, hapū, and Māori in the shaping and governance of our nation. Te Tiriti o Waitangi also influences our roles and responsibilities as citizens in our community and shapes personal and professional conduct. As such, CM practitioners must embed culturally safe and competent practices into all aspects of clinical practice, including advertising and ensure all advertising demonstrates respect for the cultural beliefs, values, and practices of all tangata whai ora.

This standards guidance also states the Council's position on medical advertisements and the use of client testimonials. It provides a reference guide for CM practitioners when making decisions about advertising their professional services and supports the appropriate use of health resources so that clients make informed decisions about their healthcare.

The Council recognises the value of providing information to the public about practitioners and the services they provide, and that advertising can provide a means of conveying such information. Any information provided in an advertisement for a service should be reliable and useful in assisting tangata whai ora to make informed decisions about accessing services and health care choices.

The standards set by the Council are minimum standards which are used by the Council, the public of New Zealand, competence review committees, professional conduct committees, the Health and Disability Commissioner, the Health Practitioners Disciplinary Tribunal, and the courts to measure the competence, performance, and conduct of CM practitioners.

How to comply with the Advertising Standard

General guidelines

- Do not use any advertising methods and/or material that brings the CM profession into disrepute.
- All advertising must be presented accurately; be balanced and not misleading; use non-technical and easily understood language; provide facts and statistics from a reputable and verifiable source; and comply with all legislative requirements and the Council's Standards of Professional Conduct.
- When advertising CM services only list conditions if they align with the usual purposes for CM and have proven effectiveness.
- Never make claims to cure anything or promise specific clinical outcomes.
- Do not offer guarantees and avoid using exaggerated terms like: best / cheapest / the only / NZ's favourite etc.
- Avoid comparisons with other health services or practitioners.

- Promote CM services on their own evidence-informed and positive merits.
- CM practitioners are solely responsible for the nature and content of any advertising associated with their practice.
- Choose appropriate language and images for advertisements to avoid unnecessary stereotyping and ensure cultural integrity. Before publication, obtain any necessary copyright licenses, and consents to use with personal images and other personal information.

Health services and methods of treatment

Advertising for Chinese Medicine services must clearly distinguish between describing a health service and describing a method of treatment.

Advertising a health service may include information about:

- the type of service offered.
- the practitioner's scope of practice.
- who the service is intended for.
- how the service may support general health or wellbeing.

Advertising must not describe or imply that the service treats, cures, fixes, or resolves specific medical conditions or health outcomes. In advertising, wording that refers to "support" is generally acceptable, while wording that refers to "treatment", "cure", or specific outcomes is not.

Examples of acceptable wording:

- "Acupuncture services to support people living with chronic pain."
- "Chinese Medicine consultations focused on supporting general wellbeing."
- "Services for people seeking support with stress and lifestyle balance."

Examples of wording that is not acceptable:

- "I treat chronic pain."
- "This treatment cures anxiety."
- "My services fix fertility problems."

A useful test for practitioners is to ask: ***"Does this advertisement suggest that my service moves a person from a state of illness to a state of health?"***

If yes, the wording is likely to imply a therapeutic purpose and may not comply with advertising requirements.

Testimonials

'Testimonial' means a recommendation or positive statement, made by another person. For example, a positive statement about a CM practitioner's care, skill, expertise, or treatment, that may also include expressions of appreciation or esteem, or a character reference or a statement of the benefits received from the care provided. Testimonials are not limited to comments from tangata whai ora but may also

include feedback and endorsements from colleagues, other health care professionals, friends, family, and the wider community-based whānau.

Testimonials for natural health products and health services are permitted under the [Therapeutic and Health Advertising Code](#) in some instances, however CM practitioners must take care to ensure they do not contain any information that implies the product or service has a therapeutic benefit. Testimonials also should not claim or imply that the product or service has beneficially affected the health of a person as they may create an unrealistic expectation of outcomes for other tangata whai ora.

Not all reviews or positive comments made about a regulated health service are considered testimonials. For example, comments about customer service or communication style that do not include a reference to clinical aspects are not considered testimonials for the purposes of the legislation.

A clinical aspect exists if one of the following is expressed:

- Symptom – the specific symptom or the reason for seeking treatment.
- Diagnosis or treatment – the specific diagnosis or treatment provided by the practitioner.
- Outcome – the specific outcome or the skills or experience of the practitioner either directly or via comparison.

When testimonials are published by tangata whai ora about their own care, CM practitioners, or their practice, those practitioners named in the statements must ensure that they comply with relevant legislation and Codes or promptly take all steps available to remove such content once they become aware of it. Testimonials must be removed even if they were posted by a third party, where they appear on a platform controlled by the practitioner.

Examples of permitted and non-permitted testimonials

The following examples are provided to help practitioners understand how the rules apply in practice.

Permitted examples (non-clinical, service-related):

- “The clinic was welcoming and professional.”
- “The practitioner explained things clearly and made me feel comfortable.”
- “Appointments were well organised and easy to book.”

These examples focus on customer service and experience and do not refer to symptoms, diagnosis, treatment, or outcomes.

Not permitted examples (clinical or outcome-related):

- “My migraines are gone after treatment.”
- “This treatment cured my anxiety.”
- “I no longer need medication because of this practitioner.”
- “The treatment fixed my fertility issues.”

These examples are not permitted because they refer to symptoms, treatment, or health outcomes and may create unrealistic expectations for other tangata whai ora.

The Use of Titles in Advertising

- Claim only those titles and qualifications to which you are entitled, to avoid any perceived or actual misperceptions about qualifications
- The term Dr or Doctor by practitioners that are not a registered medical practitioner could be misleading to the public as it may infer the status of a current medical qualification or registration. Unless you are a Medical Doctor registered with the Medical Council of New Zealand, do not use the title 'Doctor' or 'Dr' without clearly specifying for example 'Doctor of Chinese Medicine (Beijing)', 'Dr of Chinese Medicine' or placing 'PhD' after your name (if applicable) to indicate your qualification
- Where the title "Dr" or "Doctor" is used by a practitioner who is not a New Zealand-registered medical practitioner, the qualification must be stated clearly and immediately alongside the title. The qualification must not be obscured, delayed, or separated in a way that could mislead the public about the practitioner's professional status.

Use of the terms "specialist", "specialises in", or similar wording

The terms "specialist", "specialises in", or similar wording may imply that a practitioner holds a recognised specialist scope of practice.

Practitioners must not use the title "Chinese medicine specialist", or any wording that implies specialist registration, unless they are registered with the Council in the specialist scope of practice and hold a current practising certificate for that scope.

Wording such as "specialises in", "specialising in", or "specialist in" must not be used in advertising if it would reasonably be understood by the public to imply specialist registration or advanced clinical status beyond the practitioner's registered scope of practice.

Responsibility for the content of advertisements

CM practitioners are responsible for the form and content of the advertising associated with their practice, even if a third party wrote the advertisement on their behalf.

If you practise on your own or in a partnership, you cannot delegate the responsibility for complying with this statement to an administrator, manager, director, or any other person. If you are in a management or governance role, you may be responsible for the content of any advertising that your organisation publishes.

Use of Images in Advertising

CM practitioners should exercise caution when using images in their advertising. Images, particularly "before and after" photos, have a significant potential to mislead or deceive, to convey to a member of the public inappropriately high expectations of a successful outcome and to encourage the unnecessary

use of services or products. Before and after images that illustrate a therapeutic outcome are arguably a form of testimonial and are not permitted.

If a CM practitioner chooses to use images, they must ensure that they:

- Are solely for the purpose of providing accurate and useful information.
- Are used only when the patient has given his or her fully informed written consent; and
- If they are 'before and after' images they must also:
 - have not been altered in any way.
 - show a realistic portrayal of the outcome that can reasonably and typically be expected.
 - are consistent with regard to positioning, lighting, camera angle and posture.

Insurers and third-party funders

CM practitioners must understand and comply with the requirements of insurers or third-party funders, including Accident Compensation Corporation, regarding advertising of services they fund, this includes use of the insurer or third-party funders logos and trademarks. If those policies or recommendations are unclear, approval should be obtained from the party funding those services before any advertising is undertaken.

Social Media

The use of social media is expanding rapidly. Individuals and organisations are embracing user-generated content, such as social networking, personal websites, discussion forums and message boards, blogs, and microblogs. Practitioners are also increasingly participating in online social media, and this may be perceived as a form of advertising. When an online activity can be viewed by the public or limited to a specific group of people, CM practitioners must maintain professional standards and be aware of the implications of their actions under current legislation, as in all professional matters.

Advertising on social media includes not only the main text of a post, but also contextual elements such as hashtags, emojis, images, captions, reposted or shared content, tagged content, comments and user generated content, and linked material. These elements may, individually or together, imply a therapeutic claim even where no explicit claim is made.

Information circulated on social media may end up in the public domain and remain there, regardless of the practitioner's intent at the time of posting. This form of media may breach a person's rights and may therefore pose the potential risk of disciplinary action for practitioners.

Practitioners must maintain the confidentiality of tangata whai ora, to avoid the potential for allegations of defamation and the need to maintain appropriate professional boundaries.

CM Practitioners must:

- Routinely monitor their own social media presence to ensure that the personal and professional information is accurate and appropriate.
- Maintain appropriate boundaries in on-line tangata whai ora-practitioner interactions and relationships, and ensure privacy and confidentiality is maintained.
- Always separate personal and professional content online. Note all content on a social media account for business is considered advertising. If you have a personal account and include some posts relating to your business, they should be labelled #ad or similar.

- Recognise and understand that actions and content posted on-line can negatively affect a practitioner's reputation among the public and colleagues, and may even have consequences for their CM careers.
- Ensure no online testimonials are posted on their social media sites.
- Obtain approval in writing for the use on a practitioners' social media sites of any personal images or information related to their tangata whai ora.

Practitioners are expected to take reasonable steps to monitor and manage advertising content on social media platforms they control. This does not require constant monitoring, but practitioners must respond appropriately and in a timely manner to remove or correct non-compliant content once they become aware of it.

Discounts, promotions, and gift certificates

Advertisements offering discounts, promotions or gift certificates must not undermine the CM practitioner's relationship with tangata whai ora and the informed consent process. In particular, the practitioner providing the service must ensure that:

- The tangata whai ora understands that the purchase of the promotion or coupon does not amount to granting informed consent for any services that may be provided.
- The assessment and treatment are necessary and appropriate.
- Any offer does not contravene the Code of Health and Disability Services Consumers' Rights or the Council's Standards of Professional Conduct.
- Before treatment, the client understands the treatment options and gives informed consent in writing.
- The client has the right to opt out of treatment at any time.
- The offered treatment is not provided if a proper assessment indicates that it is not suitable for the person.

Media contact

CM practitioners may be interviewed by name or prepare articles for the lay press on issues of general interest provided that:

- The interviewer understands that the opinion voiced is that of the practitioner alone and does not represent the profession or part of the profession. This must be stated.
- They do not allow the name, address, or phone number of their practice to be used as the primary focus of the media contact.
- They do not make any self-laudatory, misleading, or sensational statements or deprecate other types of treatments or the achievements of others.
- They do not use their involvement solely to attract or gain new clientele.
- testimonials from tangata whai ora or other persons are not used.

How to comply with Advertising Principles

Advertising principles relating to CM products and services are defined in the Therapeutic and Health Advertising Code. Restrictions may be applied to any advertisements describing medicines, medical devices, and methods of treatment if they do not abide by these principles.

Principle 1: Social Responsibility

Therapeutic and Health advertisements will observe a high standard of social responsibility particularly as consumers often rely on such products, devices and services for their health and wellbeing.

Mandatory information

Advertisements must contain the mandatory information as detailed in the Therapeutic and Health Advertising Code to encourage responsible prescribing, recommendation, sale, and use.

This information must be set out in a way (legible / audible) that ensures it can be readily understood by the audience to whom it is directed.

Safety and Effectiveness

Advertisements must not contain any claim, statement, or implication that the products, devices or services advertised:

- Are safe or that their use cannot cause harm or that they have no side effects or risks
- Are effective in all cases.
- Are infallible, unfailing, magical, miraculous, or that it is a certain, guaranteed, or sure cure.
- Are likely to lead persons to believe that.
- They are suffering from a serious ailment.
- Harmful consequences may result from the therapeutic or health product, device or service not being used.

Vulnerable Audiences

Advertisements should not portray unrealistic outcomes, prey on, or misrepresent information to vulnerable audiences (e.g., sick, elderly, pregnant women, overweight people).

In the context of Chinese Medicine advertising, vulnerability may arise in situations such as emotional distress, mental health concerns, fertility or pregnancy-related concerns, chronic pain or illness, or where people have limited health literacy. Advertising must take particular care not to create fear, urgency, dependency, or unrealistic expectations in these contexts.

Scientific language

The use of scientific language in advertisements is acceptable, providing that it is appropriate to, and readily understood by, the audience to whom it is directed.

Principle 2: Truthful Presentation

Advertisements should be truthful, balanced and not misleading. Advertisements must not mislead or be likely to mislead, deceive or confuse consumers, abuse their trust, exploit their lack of knowledge or without justifiable reason, play on consumer fear. This includes by implication, omission, ambiguity, exaggerated or unrealistic claim or hyperbole.

Truthful presentation

Advertisements must be accurate. Statements and claims must be valid and able to be substantiated. Substantiation should exist prior to a claim being made. For medicines and medical devices, therapeutic claims must be consistent with the approved indication(s) for medicines or the listed intended purpose for medical devices.

Evidence, ACC funding, and traditional knowledge

Practitioners must ensure that all advertising claims are truthful, accurate, and able to be substantiated. However, the existence of evidence, clinical rationale, traditional knowledge, or funding arrangements does not permit advertising claims that are otherwise prohibited.

ACC or private insurer funding may indicate recognition or acceptance of a service for funding purposes. It does not permit advertising claims about treatment, cure, guaranteed outcomes, or therapeutic results.

References to “traditional use” in the Therapeutic and Health Advertising Code do not override restrictions on advertising for health services. Traditional knowledge systems may inform clinical practice, but advertising must remain conservative and must not imply therapeutic purpose or outcomes.

Advertising should be framed in terms of general support, consistent with the distinction between advertising a health service and advertising a method of treatment.

Inappropriate or excessive use

Advertisements must not encourage, or be likely to encourage, inappropriate or excessive purchase or use. Advertisements for prescription medicines must not encourage, or be likely to encourage, inappropriate or excessive prescriptions or requests for a prescription.

Comparative advertising

Comparative advertising must be balanced and not be misleading, or likely to be misleading, either about the product, device or service advertised or classes of products, devices, or services, with which the comparison is made:

- Comparative advertisements must not be disparaging and must be factual, fair and able to be substantiated, referenced to the source and reflective of the body of available evidence.
- Comparative advertisements must not discourage consumers from following the advice of their healthcare practitioner.
- Comparative advertisements must compare ‘like with like’. Advertisements for Natural Health Products and Dietary Supplements will not include comparisons with medicines or medical devices either specifically or generally.

Questions about CM advertising

If CM practitioners are not sure whether an advertisement meets legal, industry and Council requirements then they could consider making use of the [Therapeutic Advertising Pre-Vetting Services \(TAPS\)](#). TAPS is a commercial service provided under the auspices of the Association of New Zealand

Advertisers and is intended to assist advertisers with compliance issues. The Council is not responsible for pre-vetting advertising for practitioners.

Resources

The following links are to useful resources which provide further information:

- [ASA \(Advertising Standards Authority\), Short and Sweet video on the Therapeutic & Health Advertising Code](#)
- [Commerce Commission FACT sheet on Unsubstantiated representation and the Fair-Trading Act.](#)
- [Australian Health Practitioner Regulation Agency. Guidelines for advertising a regulated health service](#)

Contextual resources

The Council recognises the cultural significance and global recognition of traditional medical knowledge, including as reflected in World Health Organization policy frameworks. These resources provide international context for the development and integration of traditional medicine into health systems.

These documents do not alter the legal or regulatory requirements governing advertising in Aotearoa New Zealand. Advertising must remain consistent with New Zealand law, the Advertising Standard, and this Guidance.

- World Health Organization. Beijing Declaration of the 2024 World Conference on Traditional Medicine.
- World Health Organization. Global traditional medicine strategy 2025–2034.

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