



Advertising review: easy-read guide for practitioners

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What is this?

This coversheet explains a package of documents about advertising by Chinese medicine practitioners in Aotearoa New Zealand. The package includes:

- the **Advertising Standard** (reviewed),
- the **Advertising Standard – Guidance** (expanded examples and explanations), and
- a new **Advertising self-review checklist** (a practical support tool for practitioners).

These documents sit alongside the Council’s existing Standards of Professional Conduct and relevant New Zealand advertising and consumer protection law.

Why is the Council reviewing advertising?

Advertising matters because members of the public often rely on it when making decisions about their health care. Advertising that is unclear, misleading, or overly promotional can:

- create unrealistic expectations,
- cause harm to people who may be vulnerable or distressed, and
- undermine trust in practitioners and in the profession as a whole.

The Council routinely reviews its standards to ensure they remain current, clear, and fit for purpose. As part of this process, advertising standards are reviewed on a regular cycle (approximately every three years).

This review has also been informed by changes and updates to the Advertising Standards Authority (ASA) codes, which apply across the health sector. The Council aims to ensure its Advertising Standard and Guidance remain aligned with these national advertising expectations and provide timely, practical direction for practitioners.

Since the Advertising Standard was last approved, the way practitioners advertise has changed significantly – particularly through social media, online platforms, and user-generated content. The review is intended to make expectations clearer and provide

better practical guidance, rather than to introduce new or unexpected rules, and to support practitioners to update advertising in line with current requirements.

What has not changed

The core principles remain the same:

- Advertising must be truthful, balanced, and not misleading.
 - Practitioners must not claim or imply that their services *treat, cure, fix, or guarantee outcomes*.
 - Practitioners are responsible for advertising content they control, including websites, social media pages, and reviews or comments once they become aware of them.
 - Advertising must be socially responsible and take particular care with people who may be vulnerable (for example, those experiencing distress, mental health concerns, chronic illness, or fertility- or pregnancy-related concerns).
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What has been clarified or strengthened

The reviewed documents place clearer emphasis on:

- the difference between advertising a health service and advertising a method of treatment,
- the use of “support” language rather than treatment or outcome language,
- how testimonials, reviews, hashtags, emojis, images, and reposted content can imply a claim even when no explicit claim is made,
- practitioner responsibilities when using social media and online platforms,
- appropriate use of titles, qualifications, and specialist wording, and
- advertising that is culturally respectful and safe, consistent with Te Tiriti o Waitangi.

More examples have been added to the Guidance to help practitioners apply these principles in everyday practice.

The advertising self-review checklist

The Advertising self-review checklist is a new practitioner support tool. It is designed to help you:

- check your advertising before you publish or update it,
- review existing advertising (including social media),
- identify and fix issues early, and

- demonstrate good governance and professional responsibility.

The checklist:

- does **not** create new standards,
- is **not** an audit or enforcement tool, and
- does **not** guarantee compliance.

It is intended as a practical, common-sense screening tool that you can use on your own or with peers, supervisors, or colleagues.

How practitioners are expected to use this package

A simple approach is:

1. **Read** the Advertising Standard and Guidance.
 2. **Use the checklist** to review advertising you control (websites, social media, online listings, print materials).
 3. **Make changes** where needed.
 4. **Repeat** when you publish new advertising and as part of routine review (for example, annually).
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Reassurance

The Council recognises that most practitioners want to advertise responsibly and do the right thing. This review is intended to:

- improve clarity,
- reduce uncertainty,
- support culturally safe and ethical practice, and
- help protect both practitioners and the public.

Feedback from practitioners and stakeholders is welcomed as part of the consultation process.

This is an easy-read summary only. Practitioners remain responsible for understanding and complying with the Advertising Standard, the Advertising Guidance, and relevant New Zealand law.

Advertising self-review checklist (practitioner resource)

What is this checklist?

This Advertising self-review checklist is a voluntary practitioner resource designed to support Chinese medicine practitioners to review their own advertising in a practical, common-sense way.

It is intended to help practitioners:

- check advertising before publishing or updating it,
- review existing advertising (including social media),
- identify potential issues early, and
- support good professional and clinic governance.

Important information for practitioners

This checklist:

- is **not compulsory**,
- does **not** create new standards or requirements,
- is **not** an audit, compliance, or enforcement tool,
- does **not** need to be submitted to the Council, and
- does **not** guarantee compliance with advertising or legal requirements.

It is provided as a **support tool only**.

Practitioners remain responsible for understanding and complying with:

- the CMCNZ Advertising Standard,
- the Advertising Guidance, and
- relevant New Zealand advertising and consumer protection law.

Who can use this checklist?

This checklist may be useful:

- for individual practitioners reviewing their own advertising,
- as a **peer or supervision tool**,
- for clinic or practice governance discussions,

- for new graduates, and
- for practitioners new to practising in Aotearoa New Zealand.

There is **no single “right” way** to use this checklist. Practitioners may adapt it to suit their own practice context.

How to use this checklist

A simple approach is to:

1. List the advertising channels you control (for example, websites, social media, online listings, print materials).
2. Work through each section and mark **Yes / No / Not applicable**.
3. Add brief notes where helpful.
4. If you identify an issue, record what you plan to change and when.

Many practitioners find it useful to repeat this process:

- when publishing new advertising, and
- as part of routine review (for example, annually).

Why this checklist exists

Advertising expectations can be difficult to interpret in practice, particularly where:

- wording may imply a claim,
- images, testimonials, hashtags, or emojis are used, or
- social media and user-generated content are involved.

This checklist is intended to support **reflective, ethical, and culturally safe advertising**, and to help practitioners apply the Advertising Standard and Guidance in everyday practice.

References: Related documents include the CMCNZ Advertising Standard, Advertising Guidance, relevant New Zealand advertising law, and ASA codes.

1. Advertising inventory (what to review)

This section helps you list the advertising you control so you can review it carefully.

List all channels where you publish or control content. This includes any platform where you can edit, remove, moderate, or approve content.

Channel / platform	Link or location	Practitioner-controlled? (Yes/No/Nonapplicable)	Last reviewed (date)	Notes

2. Core advertising compliance checks

This section helps you check whether your advertising is clear, honest, and socially responsible.

Item	Meets expectations (Y/N/NA)	Comments / evidence / link
Advertising is truthful, balanced, and not misleading (including by implication, omission, or exaggeration).		
Advertising does not directly or indirectly imply a therapeutic purpose (including via wording, images, testimonials, hashtags, emojis, or overall context).		
Advertising avoids guarantees or absolute claims (for example, “certain cure”, “miraculous”, “infallible”, or claims of absolute safety).		
Advertising avoids urgency or pressure-based messaging (for example, fear-based claims, “act now”, or “don’t miss your chance”).		
Conditions or services listed are conservative and do not imply outcomes.		
Comparisons with other practitioners/services are avoided or strictly factual and substantiated.		

3. “Support” vs “treat” screening (health service vs method of treatment)

This section helps you check that your advertising describes services in a supportive way, without implying treatment or outcomes.

Item	Meets expectations (Y/N/NA)	Comments / evidence / link
Advertising uses “support” style language rather than “treat/cure/fix/resolve” language.		
Advertising wording does not suggest moving a person from illness to health (that is, a therapeutic outcome).		
No claims about diagnosing, curing, preventing disease, or influencing conception/pregnancy outcomes.		
Any reference to conditions is framed as general support (not outcome claims).		

4. Evidence, studies, ACC funding, and traditional knowledge

This section helps you check how evidence, studies, funding, or traditional knowledge are referred to in advertising.

Item	Meets expectations (Y/N/NA)	Comments / evidence / link
All factual claims are able to be substantiated before publishing (evidence exists and is retained).		
Evidence or clinical rationale is not used to justify prohibited advertising claims.		

If mentioning ACC/insurer funding, wording does not imply treatment effectiveness or outcomes.		
References to “traditional use” (if any) do not imply therapeutic outcomes or permission to “treat/cure”.		
Scientific language (e.g., “clinically proven”, “studies show”) is avoided unless strictly accurate and not misleading.		

5. Testimonials, reviews, and user-generated content (UGC)

This section helps you check how testimonials, reviews, and comments appear on platforms you control.

Item	Meets expectations (Y/N/NA)	Comments / evidence / link
Advertising on practitioner-controlled platforms does not include testimonials or reviews that describe symptoms, diagnosis, treatment, or outcomes.		
Any testimonials used are limited to service experience only (for example, communication, professionalism, or clinic environment).		
Where reviews or comments are posted by others, there is a reasonable process to remove or correct non-compliant content once you become aware.		

Screenshots or records of removed content are kept if helpful (optional, for accountability).		
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6. Social media specifics (hashtags, emojis, reposts, links)

This section helps you check how social media content may imply claims, even when no words are used.

Item	Meets expectations (Y/N/NA)	Comments / evidence / link
Hashtags or emojis do not imply therapeutic outcomes (for example, #cure, #heal, #anxietyfree).		
Images and captions do not imply before-and-after changes or guaranteed results.		
Reposted or shared content has been checked for implied claims, including content on(unfinished sentence?).		
Tagged content and comments are monitored reasonably and corrected or removed when needed.		
Confidentiality is protected (no identifiable patient information is shared without appropriate consent).		

7. Titles, qualifications, and practitioner identity

This section helps you check that titles and qualifications used in advertising are clear, accurate, and not misleading.

Item	Meets expectations (Y/N/NA)	Comments / evidence / link
Titles and qualifications used in advertising are accurate, current, and relevant.		
If using the title “Dr” or “Doctor” and not a New Zealand-registered medical practitioner, the qualification is stated clearly and immediately alongside the title.		
Overseas qualifications are clearly identified as overseas where relevant.		

8. Vulnerable audiences and culturally safe advertising

This section helps you check that advertising is socially responsible and takes particular care where people may be vulnerable.

Item	Meets expectations (Y/N/NA)	Comments / evidence / link
Advertising avoids fear, urgency, dependency, or unrealistic outcomes, particularly where content may reach vulnerable audiences.		
Particular care is taken with advertising content that relates to distress, mental health, fertility or pregnancy, chronic illness or pain, or limited health literacy.		

Language, images, and examples used in advertising are culturally respectful and avoid stereotyping.		
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9. Images, consent, privacy, and data collection

Item	Meets expectations (Y/N/NA)	Comments / evidence / link
Written consent exists for any identifiable patient images or stories used in advertising.		
“Before and after” imagery is avoided (high risk of misleading).		
If collecting information via ads/forms (e.g., online booking), privacy information is provided and used appropriately.		

Review summary & action plan

Use this section to record gaps and planned improvements.

Issue / gap	Action required	Responsible person	Due date	Completed (date)