



# **Guidelines for the advertising of naturopathic and herbalist services**

## **Contents**

Guidelines for the advertising of naturopathic and herbalist services .....	1
Summary .....	3
Scope of application .....	3
Overview .....	3
Advertising of regulated health services .....	4
1 Definition of advertising .....	4
1.2 Advertising of products .....	4
2 Obligations under other legislation .....	4
2.1 Competition and Consumer Act 2010 (Cth).....	4
2.2 Information on consumer protection legislation.....	5
2.3 Therapeutic goods legislation.....	5
3 Professional obligations .....	5
3.1 Ensuring competence.....	5
3.2 Professional qualifications.....	6
3.3 Substantiation of claims .....	6
3.4 Authorising the content of advertising .....	6
3.5 No substitute for informed consent .....	6
4 What is acceptable advertising? .....	6
5 What is unacceptable advertising? .....	7
6.1 Use of graphic or visual representations.....	8

6.2 Use of comparative advertising .....	9
6.3 Advertising of qualifications and titles.....	9
6.4 Advertising of price information .....	11
6.5 Use of gifts or discounts in advertising .....	11
6.6 Use of scientific information in advertising .....	11
7.1 Therapeutic Goods Advertising Code 2007 .....	12
7.2 Advertising of scheduled medicines.....	12
7.3 Advertising of vitamin supplements.....	12
8.1 Persons who are not registered .....	14
Review .....	14

## **Summary**

These guidelines relate to the advertising of naturopathic and Western herbal medicine services (the guidelines) and have been modelled from the Australian Health Practitioner Regulation Agency (AHPRA) guidelines that were jointly developed by the national boards under s. 39 of the Health Practitioner Regulation National Law 2009 (the National Law).<sup>1</sup>

## **Scope of application**

These guidelines apply to any person who provides or operates a business that provides regulated health services, including:

- naturopaths registered with ARONAH
- herbalists registered with ARONAH
- employers of the above practitioners
- employees of the above practitioners
- students who are registered under the National Law should also be familiar with these guidelines.

## **Overview**

ARONAH recognises the value of providing information to the public about naturopaths and Western medical herbalists and the services they provide. Advertising can provide a means of conveying general information on the availability of services and procedures to consumers, helping them obtain a better understanding of services and options available, and enabling them to make informed health care choices.

Any information provided in an advertisement for a regulated health service should be reliable and useful, and assist consumers to make informed decisions about accessing services.

There are risks that false, misleading or deceptive advertising can lead to the indiscriminate or unnecessary provision of health services, or create unrealistic expectations about the benefits, likelihood of success and safety of such services, with possible adverse consequences for consumers. There is potential for inaccurate or misleading advertising of health services to cause harm to consumers, both physically and psychologically. This is particularly relevant in cases in which the consumer may be vulnerable or not sufficiently well informed to make a decision about the suitability of certain types of services.

The guidelines aim to protect the public from advertising that is false, deceptive and misleading, and provide guidance to practitioners about advertising of health services. They include an explanation of the possible consequences of breaching these advertising provisions.

---

<sup>1</sup> The National Law is contained in the schedule to the Health Practitioner Regulation National Law 2009 (Qld).

## **Advertising of regulated health services**

### ***1 Definition of advertising***

Advertising includes but is not limited to all forms of printed and electronic media, and includes any public communication using television, radio, motion pictures, newspapers, billboards, books, lists, pictorial representations, designs, mobile communications or other displays, the Internet or directories, and includes business cards, announcement cards, office signs, letterhead, telephone directory listings, professional lists, professional directory listings and similar professional notices.

Advertising also includes situations in which practitioners make themselves available or provide information for media reports, magazine articles or advertorials, including where practitioners make comment or provide information on particular products or services, or particular practitioners.

This definition excludes material issued to persons during consultations where such material is designed to provide the person with clinical or technical information about health conditions or procedures, and where the person is afforded sufficient opportunity to discuss and ask questions about the material. However, the information should not refer to services by the practitioner that could be interpreted as promoting that practitioner's services as opposed to providing general information to the patient or client about a procedure or practice. Also, this definition is not intended to apply to material issued by a person or organisation for the purpose of public health information, or as part of a public health program or to health promotion activities (e.g. free diabetes screening, which confer no promotional benefits on the practitioners involved). The definition does not apply to tenders, tender process, competitive business quotations and proposals, and the use of references about non-health services in those processes, provided the relevant material is not made available to the general public or used for promotional purposes (e.g. published on a website).

### **1.2 Advertising of products**

The guidelines only apply to the advertising of products that are therapeutic goods within the meaning of the Therapeutic Goods Act 1989 (Cwlth) and do not apply to the advertising of other products that are not associated with the provision of professional services.

## ***2 Obligations under other legislation***

Persons who advertise regulated health services must also comply with Commonwealth, State and Territory consumer protection legislation. Compliance with these guidelines does not exempt advertisements for services from the need to comply with these laws.

### **2.1 Competition and Consumer Act 2010 (Cth)**

The Competition and Consumer Act 2010 (Cth) is the new name for the Trade Practices Act 1974. The new law includes what is now called the Australian Consumer Law: a single, national law covering consumer protection and fair trading. The new law is Commonwealth legislation and applies in the same way nationally. State and territory governments will apply the entire Australian Consumer Law in each jurisdiction.

The Australian Consumer Law includes a general ban on conduct in trade or commerce that is misleading, deceptive or unconscionable. It is administered by the Australian Competition and Consumer Commission (ACCC) and each state and territory's consumer law agency.

The ACCC takes action against persons who make false or misleading claims about their products or services.

Practitioners should become familiar with the Australian Consumer Law. Information can be found at [www.consumerlaw.gov.au](http://www.consumerlaw.gov.au)

## **2.2 Information on consumer protection legislation**

The relevant consumer affairs departments publish brochures with information regarding the advertising of services and penalties for breaches of the consumer protection legislation.

## **2.3 Therapeutic goods legislation**

The advertising of therapeutic goods (including medicines and appliances) is regulated by the Commonwealth Therapeutic Goods Administration under the Therapeutic Goods Act 1989 (Cwlth) and the Therapeutic Goods Regulations 1990 (Cwlth).

Under the Therapeutic Goods Act 1989 (Cwlth), an 'advertisement in relation to therapeutic goods includes any statement, pictorial representation or design, however made, that is intended, whether directly or indirectly, to promote the use or supply of the goods'.

With respect to the advertising of therapeutic goods, practitioners are expected to comply with the requirements of the Therapeutic Goods Act 1989 (Cwlth), and regulations and relevant standards, including:

- Therapeutic Goods Advertising Code 2007
- Price Information Code of Practice.

The full text of the Therapeutic Goods Advertising Code 2007 may be downloaded from the Therapeutic Goods Advertising Code Council's website at <http://www.tgacc.com.au>

For specific requirements with respect to the advertising of therapeutic goods, see Section 7, 'Specific requirements of these guidelines'.

There are also restrictions on the advertising of scheduled medicines in each State and Territory's drugs and poisons legislation.

## **3 Professional obligations**

Practitioners should always consider their professional ethical obligations and their legal obligations when advertising services. Persons who advertise services should always be aware that consumers of health services may not be in a position to judge the merits of advertised services and products, and that they are more likely to hold a health provider in some esteem, making them more vulnerable to believing the advertising claims.

Practitioners should not advertise in a manner that could be considered as attempting to profit from or take advantage of limited consumer understanding of the properties of medicines, other therapeutic goods or services.

### **3.1 Ensuring competence**

When advertising a health service, a practitioner should ensure that he or she is competent by reason of his or her education, training and/or experience to provide the service advertised, or to act in the manner or professional capacity advertised.

### **3.2 Professional qualifications**

Practitioners must state clearly their professional qualifications. Credentials and a practitioner's expertise in a particular field should be clear to the public. A practitioner who does not hold specialist registration or an endorsement must not claim or hold himself or herself out to be a specialist or to hold endorsed registration, either explicitly or by implication, or attempt to convey that perception to the public. See Section 6.4, 'Advertising of qualifications and titles' for further information.

### **3.3 Substantiation of claims**

Practitioners must be certain that they can substantiate any claims made in advertising material, particularly in relation to outcomes of treatment, whether implied or explicitly stated. Unless there is accepted scientific evidence that there are no material risks associated with the type of treatment, an advertisement for health services should alert the public to the fact that there are associated health risks.

### **3.4 Authorising the content of advertising**

Practitioners are responsible for the style and content of all advertising material associated with the provision of their goods and services. Practitioners may not delegate accountability for ensuring the accuracy of advertising and compliance with these guidelines to an administrator, manager, director, media or advertising agency, or other unregistered person.

An employed practitioner may not have direct control over the content of an advertisement. However, employed practitioners are required to review the content of any advertising of their services and to take reasonable steps to prevent any noncompliance with these guidelines.

Practitioners should not allow the services they provide to be advertised, or make themselves available for 'advertorials', media reports or magazine articles to promote particular health services or therapeutic goods unless they have made specific arrangements to approve and sign off the content, and have had reasonable opportunity to ensure that the published version of the advertorial or promotional article adheres to these guidelines. This requirement only applies to advertising, that is, promotional activities, and comments that are part of independent news reporting where individual practitioners or health services do not derive any benefit are not captured.

### **3.5 No substitute for informed consent**

The main purpose of advertising of health services is to present information that is reasonably needed by consumers to make an informed initial decision about the availability and suitability of the services offered. Any initial decision by a consumer in response to an advertised service does not substitute for informed consent and does not remove the obligation on a practitioner to obtain informed consent before proceeding to provide the service.

## ***4 What is acceptable advertising?***

Advertising used to inform the public of the availability of regulated health services may be considered to comply with these guidelines if it is information published in the public interest, and is factual, honest, accurate, clear, verifiable and not misleading. This section is intended to provide examples of the type of advertising of services that the boards consider to be acceptable. These examples are not intended to be exhaustive. As such, advertising may contain:

- (a) a factual and clear statement of the service(s) and/or any product(s) offered

- (b) contact details of the office of the practitioner, including email or website addresses, and telephone numbers
- (c) the gender of practitioners
- (d) a statement of office hours regularly maintained by the practitioner and the availability of after-hours services
- (e) non-enhanced photos or drawings of the practitioner or his or her office
- (f) advice on the availability of wheelchair access to any premises to which the advertisements relate
- (g) a statement of any language(s) other than English fluently spoken by the practitioner or another person in his or her office (this does not affect other guidance provided by the national board about use of qualified interpreters where appropriate)
- (h) a statement about fees charged or other insurance plan arrangements and instalment fee plans regularly accepted
- (i) a statement of the names of schools and training programs from which the practitioner has graduated and the qualifications received, subject to Section 6.4, 'Advertising of qualifications and titles'
- (j) reference to any practitioners who hold specialist registration or endorsement under the National Law and their area of specialty or endorsement
- (k) a statement of the teaching positions currently or formerly held by the practitioner in board-approved or accredited institutions, together with relevant dates
- (l) a statement of the accreditation or certification of the practitioner with a public board or agency, including any affiliations with hospitals or clinics
- (m) a statement of safety and quality accreditation of the practice or health care setting
- (n) a list of the practitioner's peer reviewed publications
- (o) any statement providing public health information encouraging preventative or corrective care (public health information should also be evidence based wherever possible).

### ***5 What is unacceptable advertising?***

This section is intended to provide a clear indication of the type of advertising of services that the boards consider to be unacceptable. Where examples are provided, they are intended to assist practitioners and other persons who advertise health services. They are not intended to be exhaustive.

To comply with ARONAH advertising guidelines and standards, advertising of services must not:

- (a) create or be likely to create unwarranted and unrealistic expectations about the effectiveness of the health services advertised
- (b) encourage (directly or indirectly) inappropriate, indiscriminate, unnecessary or excessive use of health services; for example, references to a person improving their physical appearance and the use of phrases such as 'don't delay', 'achieve the look you want' and 'looking better and feeling more confident' have the potential to create unrealistic expectations about the effectiveness of certain services and encourage unnecessary use of such services
- (c) mislead, either directly, or by implication, use of emphasis, comparison, contrast or omission
- (d) use testimonials or purported testimonials

- (e) compare different health professions where there is no evidence on which to base the comparison and/or in a way that may mislead or deceive
- (f) claim that the services provided by a particular health profession are better, as safe as or safer than others
- (g) refer to the recovery time following provision of a health service that may lead to unrealistic expectations
- (h) lead to, or be likely to lead to, inappropriate self- diagnosis or self-treatment
- (i) abuse the trust or exploit a lack of knowledge by patients or clients
- (j) fail to disclose that there are health risks associated with a treatment
- (k) omit the necessary warning statement
- (l) contain language that could cause undue fear or distress
- (m) contain any information or material that is likely to make a person believe his or her health or wellbeing may suffer from not taking or undertaking the health service
- (n) contain price information that is inexact, or fails to specify any conditions or variables to an advertised price (see Section 6.5, ‘Advertising of price information’), or offers time-limited discounts or inducements
- (o) contain any claim, statement or implication that
  - either expressly, or by omission, that the treatment is infallible, unailing, magical, miraculous or a certain, guaranteed or sure cure
  - a practitioner has an exclusive or unique skill or remedy, or that a product is ‘exclusive’ or contains a ‘secret ingredient’
  - a practitioner provides superior services to those provided by other registered health practitioners
  - the results of the health service offered are always effective
  - the services can be a substitute for public health vaccination or immunisation
- (p) purport to inform the public fully of the risks of undertaking a health procedure or to replace the process of informed consent
- (q) provide a patient or client with an unsolicited appointment time that has not been requested by the patient or client
- (r) promote tobacco products, smoking, alcohol, or any other addictive substances or products that are known to affect health adversely
- (s) be vulgar, sensational, contrary to accepted standards of propriety or likely to bring a health profession into disrepute, for example, because the advertising is sexist.

## ***6 Specific requirements***

### **6.1 Use of graphic or visual representations**

Practitioners should use any graphic or visual representations in health service advertising with caution. This includes photographs of patients, clients or models, diagrams, cartoons or other images. A ‘photograph’ in relation to the advertised treatment includes images, graphic or other visual representations or facsimiles.

If photographs of people are used in advertising of treatments, the photographs must only depict a real patient or client who has actually undergone the advertised treatment by the advertising doctor or practice, and who has provided written consent for publication of the photograph in the circumstances in which the photograph is used. Practitioners should not use photographs of actual patients or clients if the patient or client is vulnerable as a result of the type of treatment involved or if their ability to consent may be otherwise impaired.



Use of ‘before and after’ photographs in advertising of regulated health services has a significant potential to be misleading or deceptive, to convey to a member of the public inappropriately high expectations of a successful outcome and to encourage the unnecessary use of health services. If ‘before and after’ photographs are used, care must be taken to ensure the public can trust the truthfulness of the images; for example by:

- providing images that are as similar as possible in content, camera angle, background, framing and exposure
- ensuring consistency in posture, clothing and make up
- ensuring consistency in lighting and contrast
- stating if photographs have been altered in any way
- confirming that the referenced procedure is the only visible change that has occurred for the person being photographed.

The guidelines do not prohibit use of stock photographs and models other than in relation to the advertising of particular treatments, provided that the other requirements of these guidelines are met. However, practitioners should exercise caution due to the potential to mislead consumers.

## **6.2 Use of comparative advertising**

It is difficult to include all required information to avoid a false or inaccurate comparison when comparing one health service or product with another. Therefore, comparative advertising is at risk of misleading the public. If practitioners use any form of comparative advertising, practitioners must not:

- make unsubstantiated claims, or
- deride or otherwise criticise the services or products offered by another practitioner, or
- make sensational statements that cannot be corroborated.

## **6.3 Advertising of qualifications and titles**

A practitioner should state clearly his or her professional qualifications. Credentials and a practitioner’s expertise in a particular field should be clear to the public.

### *6.3.1 Use of titles in advertising*

A practitioner is prohibited from knowingly or recklessly taking or using any title that could be reasonably understood to induce a belief that the practitioner is registered in a health profession or a division of a health profession in which the practitioner is not registered.

A practitioner is prohibited from knowingly or recklessly taking or using a title that, having regard to the circumstances, indicates or could be reasonably understood to indicate the person is a registered health practitioner, or authorised or qualified to practise in a health profession.

Practitioners should avoid developing abbreviations of protected titles as these may be confusing.

If practitioners choose to adopt the title ‘Dr’ in their advertising, and they are not registered medical practitioners, then (whether or not they hold a Doctorate degree or PhD) they should make it clear that they do not hold registration as medical practitioners; for example, by including a reference to their health profession whenever the title is used, such as:

- Dr Isobel Jones (Naturopath)
- Dr Walter Lin (Herbalist).

In Australia and New Zealand, the titles ‘Professor’ and ‘Associate Professor’ are used by academics and can only be used by an individual while that person is currently employed by the conferring higher education institution in that role. The right to use the title is extinguished on

resignation or retirement from the institution. The exception is an Emeritus Professor who may use that title for life. In Australia, the use of the title 'Professor' or 'Associate Professor' directly implies that the person is currently employed in that role in an Australian University. When using the title 'Professor' in advertising, the name of the institution conferring the title should be included in order to fully inform the reader.

### *6.3.2 Advertising of specialties and endorsements*

An unregistered practitioner may not claim to be registered under the National Law or holding himself or herself out as being registered under the National Law in any of the regulated health professions.

An unregistered practitioner is prohibited from knowingly or recklessly taking or using a specialist title for a recognised specialty unless the person is registered under the National Law in the specialty.

A practitioner who is not a specialist health practitioner from taking or using a title, name, initial, symbol, word or description that, having regard to the circumstances indicates, or could be reasonably understood to indicate, that the person is a specialist health practitioner or is authorised or qualified to practise in a recognised specialty.

A practitioner who does not hold specialist registration under the National Law may not use the title 'specialist', or through advertising or other means, present themselves to the public as holding specialist registration in a health profession.

A practitioner may not claim:

- to hold a type of registration, or endorsement of registration that they do not hold, or
- to be qualified to hold an endorsement they do not hold. A practitioner who does not hold an endorsement under the National Law may not, through advertising or other means, present themselves to the public as holding such an endorsement (e.g. using professional titles that are associated with an approved area of practice endorsement).

### *6.3.3 Other qualifications or memberships*

Advertising qualifications or memberships may be useful in providing the public with information about experience and expertise but may be misleading or deceptive if patients or clients can interpret the advertisements readily to imply that the practitioner is more skilled or has greater experience than is the case.

Patients or clients are best protected when practitioners advertise only those qualifications that are:

- approved for the purposes of registration or endorsement of registration, or
- conferred by approved higher education providers (within the meaning of the Higher Education Support Act 2003 [Cwlth]), or
- conferred by an education provider that has been accredited by a government accreditation authority such as a government department. A list of accreditation authorities and approved qualifications for each health profession is available at the website of the relevant national board. Practitioners who are considering the use of titles, words or letters to identify and distinguish themselves in advertising, other than those professional titles protected under the National Law for their profession, are encouraged to ask themselves the following questions:
  - Why do I wish to use this title, qualification, membership, words or letters in advertising material?
  - Am I well qualified in the areas of practice that I offer and promote with these words?

- Is the basis for my use of title, qualification, membership, or other words or letters
  - relevant to my area of health practice?
  - current?
  - verifiable?
  - credible?
- If I display or promote my qualifications in advertising materials, is it easy to understand?
- Is there any risk of people misunderstanding or misinterpreting the words, letters or titles that I use?

#### **6.4 Advertising of price information**

Information in advertising of health services about the price of procedures must be clear and not misleading. If the advertising is for goods or equipment that fall within the definition of a therapeutic good under the Therapeutic Goods Act 1989 (Cwlth), then the advertising must comply with the Therapeutic Goods Advertising Code 2007 and the Price Information Code of Practice as updated from time to time.

It is generally difficult to provide an accurate price of a health service in an advertisement due to the personal nature of such services and the number of variables involved in the treatment of each person. Any person advertising health services should be very careful when including price information in health service advertising due to the significant potential for such information to mislead or encourage the unnecessary use of health services.

If fees and price information are to be advertised, then price information should be exact, with all fees for services clearly identifiable, and any conditions or other variables to an advertised price or fee disclosed.

Practitioners or other persons who advertise services:

- must not use phrases like ‘as low as’ or ‘lowest prices’, or similar words or phrases when advertising fees for services, prices for products or price information, or stating an instalment amount without stating the total cost
- should not compensate or give anything of value to a representative of the press, radio, television or other communication medium for professional publicity unless the fact of compensation is made known publicly
- must not advertise time-limited and special offers.

#### **6.5 Use of gifts or discounts in advertising**

The use of gifts or discounts in advertising is inappropriate, due to the potential for such inducements to encourage the unnecessary use of regulated health services.

If a practitioner or a person advertising a health service does use a discount, gift or any other inducement to attract patients or clients to a service, the offer must be truthful, and the terms and conditions of that offer must be set out clearly in the advertisement.

Discounts, gifts or other inducements must not be used in advertising of medicines that have potential for abuse or misuse due to the greater potential for harm. In relation to other medicines and therapeutic goods, the boards strongly discourage the use of prizes, bonuses, bulk purchases or other endorsements that may encourage the unnecessary consumption of medicines or other therapeutic goods.

#### **6.6 Use of scientific information in advertising**

The board encourages caution when using scientific information in advertising of health services. When a practitioner chooses to use scientific information in advertising, it should:

- a reference to its permitted indications only
- (where applicable) a list of the ingredients
- the following statements prominently displayed be presented in a manner that is accurate, balanced and not misleading
- use terminology that is understood readily by the audience to whom it is directed
- identify clearly the relevant researchers, sponsors and the academic publication in which the results appear be from a reputable and verifiable source.

## ***7 Advertising of therapeutic goods***

### **7.1 Therapeutic Goods Advertising Code 2007**

Under the Therapeutic Goods Advertising Code 2007:

- there are general prohibitions on advertisements for therapeutic products that
  - appeal to fear
  - are misleading
  - raise unrealistic expectation on claims to efficacy
  - claim to have miraculous properties, etc
- advertising must not be directed to minors, with certain exceptions (e.g. sunscreen and condoms)
- representations about abortifacient action, neoplastic disease (except in relation to the use of sunscreens), sexually transmitted diseases (except in relation to contraceptive devices), HIV/AIDS or mental illness are prohibited
- approval must be obtained from the Therapeutic Goods Administration to advertise therapeutic goods for ‘serious diseases’ that are listed in the Code.

Advertisements must contain:

- the trade name of the product a reference to its permitted indications only
- (where applicable) a list of the ingredients
- the following statements prominently displayed
- always read the label
- use only as directed
- if symptoms persist, see your doctor/health care professional.

### **7.2 Advertising of scheduled medicines**

Almost all State and Territory drugs and poisons laws prohibit the advertising to the public of substances in Schedule 4 (prescription only medicines), Schedule 8 (controlled drugs) and Schedule 9 (prohibited substances) of the current Poisons Standard (the Standard for Uniform Scheduling of Drugs and Poisons). The same restriction applies to the advertising of substances in Schedule 3 (pharmacist only medicines), with the exception of those substances listed in Appendix H of the current Poisons Standard.

### **7.3 Advertising of vitamin supplements**

Advertisements for vitamin supplements must be accompanied by the words ‘Vitamin supplements may be of assistance if dietary intake is inadequate’. These words must be placed as close as possible to the item being advertised. Placement of these words in a footnote is not acceptable.

#### **7.4 Advertisements for analgesics for internal use**

Subject to Section 7.2, 'Advertising of scheduled medicines', any advertisements for analgesics for internal use are to be accompanied by the words '*Use only as directed. Incorrect use could be harmful. Consult your health care practitioner if pain or symptoms persist*'. These words must be placed as close as possible to the item being advertised. Placement of these words in a footnote is not acceptable.

An analgesic for internal use consists of one or more of the following:

- salicylic acid and its derivatives and their salts
- codeine
- other nonsteroidal anti-inflammatory drugs
- paracetamol, except when formulated in combination with other ingredients for symptomatic and episodic use in the treatment of colds.

#### **7.5 Advertisements for Schedule 3 medicines Listed in Appendix H of the current Poisons Standard**

Advertisements for Schedule 3 medicines listed in Appendix H of the current Poisons Standard (the *Standard for Uniform Scheduling of Drugs and Poisons*) are to be accompanied by the words '*Your pharmacist's advice is required*'. These words must be placed as close as possible to the item being advertised. Placement of these words in a footnote is not acceptable.

#### **7.6 Use of Repeat Authorisation Forms for advertising**

The tear-off strip on the right-hand side of Repeat Authorisation Forms for prescription medicines must not be used for advertising, other than a statement, if considered necessary, of the name, address and telephone number of the pharmacy that issued the repeat authorisation and their hours of business.

#### **7.7 Other board-specific requirements**

The Pharmacy Board of Australia also requires that advertising of medicines must not:

- offer any personal incentives to pharmacy assistants or employed pharmacists to recommend or supply therapeutic products
- include an offer of a sample.

Advertising of other therapeutic goods must state '*Your (practitioner) will advise you whether this preparation (product name) is suitable for you/your condition*'.

#### **8 Consequences of breach of advertising requirements**

ARONAH reminds all practitioners of their legal and ethical responsibilities in providing the public with clear and accurate information about the availability of health services. Practitioners are also reminded that members of the public may have limited understanding of many aspects of these services and may be vulnerable as a result.

In determining whether an advertisement is misleading, whether it creates an unreasonable expectation of beneficial treatment, or encourages (directly or indirectly) the indiscriminate or unnecessary use of regulated health services or medicines, ARONAH will consider the overall impression of the advertisement and the likely impact the advertisement may have on a member of the public. Specifically, ARONAH will consider what conclusions a member of the public can reasonably infer from material contained within an advertisement and whether the material is likely to mislead or deceive, either directly or by omission. Qualifiers or disclaimers should be displayed obviously rather than contained in fine print.

ARONAH cannot give legal advice or opinion, and cannot ‘vet’ or pre-approve advertisements for compliance with these guidelines. If a person is in doubt about whether his or her advertisement might be in breach of these guidelines, that person should seek his or her own advice (e.g. from professional indemnity insurers or lawyers) before placing the advertisement.

### **8.1 Persons who are not registered**

A breach of s. 133 of the National Law by a person who is not a registered health practitioner or a body corporate may result in the person (or body corporate) being prosecuted in the relevant State or Territory Magistrates’ Court, and a financial penalty may be imposed.

### ***9 How a notification or complaint may be made***

If a person reasonably believes that an ARONAH registrant is disregarding these guidelines with respect to the advertising of a health service, the person may make a notification to ARONAH. A notification or complaint must include the basis for making the notification; that is, it must specify what the notification is about.

A complaint may be made verbally, by writing to Australian Register of Naturopaths and Herbalists, PO Box 711, Fortitude Valley Qld 4006, AUSTRALIA or by email [admin@aronah.org](mailto:admin@aronah.org)

### **Review**

These guidelines will commence on 21 March, 2013 and be reviewed on 21 March, 2016.