

Advertising

Related Standards of Practice: [Advertising](#)

The College of Physicians & Surgeons of Alberta (CPSA) provides advice to the profession to support physicians in implementing the *CPSA Standards of Practice*. This advice does not define a standard of practice, nor should it be interpreted as legal advice.

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General

Advertising by a physician must first adhere to the [Code of Ethics](#), which identifies the following responsibilities to the patient and to the profession:

- resist any influence or interference that could undermine your professional integrity (Precept 7)
- make every reasonable effort to communicate with your patients in such a way that information exchanged is understood (Precept 22)
- protect the personal health information of your patients (Precepts 31 and 33)
- recognize that the self-regulation of the profession is a privilege and that each physician has a continuing responsibility to merit this privilege and to support its institutions (Precept 46)
- avoid impugning the reputation of colleagues for personal motives (Precept 47)
- avoid promoting, as a member of the medical profession, any service (except your own) or product for personal gain (Precept 50)
- treat your colleagues with dignity and as persons worthy of respect (Precept 52)

The College’s [Advertising](#) standard defines an advertisement as “any message (spoken, text or image-based), in any medium, about a regulated member and/or a clinic, group, product or service with which a regulated member is associated, the content of which is **controlled directly or indirectly** by a regulated member.”

The bold words relate directly to the [Direction and Control of a Medical Practice](#) standard, in which responsibility for advertising is part of a regulated member's duty to maintain direction and control of his/her practice, including when the advertising is coordinated by a person/s working under the member's direction, control or supervision.

Because advertising is so ubiquitous, the College acts mostly on concerns brought to our attention rather than monitoring proactively. Our approach is to manage these concerns collaboratively with the physician to develop a shared understanding. Inevitably, innovative schemes arise that require specific guidance, but these should be the exception.

The College appreciates and understands that other providers outside our jurisdiction, particularly those providing uninsured services, may have greater latitude in advertising. While not allowing comparable latitude for physicians might seem unfair and restrictive, the College believes the right to use the protected titles "physician" and "medical doctor" and enjoy the public trust implicit in those titles more than makes up for any suggested disadvantage, providing our professional standards remain high and respected.

Advertising Practice Information

Advertising includes providing information about the regulated member's qualifications and availability. This information might be provided on a business card, a notice about a practice opening or a sign posted at the practice location. The intent is to inform patients and potential referring physicians about the physician's scope of practice and any specific practice interests.

The following are examples of acceptable advertisements in the general provision of care:

- reminder to a patient of an upcoming appointment
- offer to reduce a fee or charge to a specific patient on compassionate grounds
- offer to reduce a fee or charge to an established patient for a service provided within a training context
- notice to patients that prices for uninsured services are subject to change without notice
- offer for free consultation to inform and assess the eligibility of a patient for an uninsured product or service

In such advertising, a regulated member must include the practice discipline identified on the member's practice permit and may use any protected titles for which he/she has been recognized by this College as per Schedule 21(2) of the [Health Professions Act](#). Specialty designations are usually indicative of certification by the Royal College of Physicians and Surgeons of Canada (RCPSC) or the College of Family Physicians of Canada. For example, the title "dermatologist" usually indicates the member has a Fellowship in Dermatology with the RCPSC.

Full disclosure to the public about one's training and credentials is essential and most contentious in the provision of cosmetic surgical services. A patient seeking a rhinoplasty, for example, should know whether the surgeon offering the service is a plastic surgeon or an otorhinolaryngologist, and the patient seeking liposuction should know whether the physician offering the service is a dermatologist, a family physician or a plastic surgeon. Knowing the medical background, training and credentials of the service provider is imperative to making a well-informed decision.

Advertising Practice Interests

Physicians often develop skills and expertise as subsets of the practice discipline recognized on their practice permit.

Members are allowed to advertise information about practice areas and interests for which they are duly qualified to assist both patients and colleagues in prudently accessing services and expertise.

For example, a family physician with an interest in the management of skin disorders who has completed meaningful training in this area (e.g., several-month course) may advertise a “practice interest” in skin diseases or skin conditions, provided the physician also indicates at the same time his/her core training is in family medicine. At no time can the family physician use the protected title “dermatologist” unless recognized as such by this College, usually on the basis of certification by the RCPSC. Similarly, use of the term “dermatology” alone or in combination with recognized non-RCPSC certification is prohibited.

For a regulated member to include a practice interest in advertising, it must be:

- within the context of the regulated member’s expertise
- a focus of his/her practice
- supported by regular continuing medical education

In short, for a regulated member to include a practice interest in advertising, it must be:

- within the context of the regulated member’s practice discipline
- a focus of his/her practice
- supported by regular continuing medical education

When a concern about practice interest advertising by a regulated member is brought to the attention of the College, the regulated member is expected to produce evidence of this commitment.

Publication by the College

In conjunction with its 2015 review of the [Advertising](#) standard of practice, the College reconsidered publication on the CPSA website of regulated members’ “Practice Interests” (self-described, no review/approval process) and “Special Interests” (College-approved based on education/training review). To mitigate possible confusion by the public regarding the differences between these categories and avoid any perception the College is advertising on behalf of its members, **the College will no longer publish this information on the CPSA website.**

The two categories are being merged into “Practice Interests” as described above, and terminology is being standardized. Regulated members will be asked to update Practice Interests at least annually during practice permit renewal, but this information will not appear on the College website.

Comparative Advertising

Comparative advertising characterizes a physician’s own services, outcomes or processes in relation to another provider. A regulated member may publish comparative information that is factually correct and supported by solid methodology to assist the public and profession in making informed choices and to support opportunities for all members to aspire to excellence.

Three examples:

- A regulated member contracts a company to survey current patients about their satisfaction with reception staff and finds a high proportion are very satisfied; this information can be advertised.
- A regulated member obtains data from a properly conducted study that his/her risk-stratified outcome is above average. The member’s outcome and the average data can be shared, but not the individual outcomes of other providers.
- A regulated member self-identifies as “one of the best.” This claim is acceptable only if the member can support it with objective evidence that is publicly available.

Professionalism demands that comparative advertising focus on output and performance, **not** personal attack. The word “disparage” is used intentionally in clause 3 of the standard to prohibit activities and comments that denigrate the services provided by colleagues. If a regulated member truly has concerns with a colleague’s practice, Precept 48 of the [Code of Ethics](#) applies: “Avoid impugning the reputation of colleagues for personal motives; however, report to the appropriate authority any unprofessional conduct by colleagues.” The College’s [Duty to Report a Colleague](#) standard expands on this obligation.

Testimonials

A testimonial is a published endorsement by an individual patient about the skills and qualities of a regulated member. While typically positive, a testimonial can also be negative.

Testimonials are a problem for several reasons, most notably because patient privacy is compromised and selection bias may lead to misconceptions by the public. While publication by an independent party of **all** feedback (good *and* bad) collected in a transparent and fair manner may be acceptable, publication of selected testimonials might not fairly reflect most patients’ experience with the physician’s practice. Accordingly, the College does not allow testimonials.