



Aboriginal and Torres Strait
Islander health practice
Chinese medicine
Chiropractic
Dental
Medical
Medical radiation practice
Nursing and Midwifery
Occupational therapy
Optometry
Osteopathy
Paramedicine
Pharmacy
Physiotherapy
Podiatry
Psychology

Australian Health Practitioner Regulation Agency

Q13.

Guidelines for advertising regulated health services: public consultation

National Boards and the Australian Health Practitioner Regulation Agency (AHPRA) are seeking feedback about the revised *Guidelines for advertising regulated health services*.

Please ensure you have read the [public consultation papers](#) before providing feedback as the questions are specific to the revised guidelines.

Q23.

Privacy

Your response will be anonymous unless you choose to provide your name and/or the name of your organisation.

Privacy notice

This consultation is being conducted by AHPRA and is hosted on a third-party website, provided by Qualtrics. The information collected will be used by AHPRA to evaluate the revised guidelines. The information will be handled in accordance with the privacy policies of AHPRA accessible [here](#) and Qualtrics [here](#).

Q25.

Publication of responses

National Boards and AHPRA publish responses at their discretion. We generally publish responses on our websites to encourage discussion and inform the community and stakeholders.

We will not publish responses that contain offensive or defamatory comments or which are outside the scope of the consultation. Before publication, we may remove personally-identifying information, including contact details.

We can accept responses made in confidence. These responses will not be published. Responses may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential response will be determined in accordance with the Freedom of Information Act 1982 (Cth), which has provisions to protect personal information and information given in confidence.

You must let us know if you do **not** want us to publish your responses.

Published responses will include the name (if provided) of the individual and/or the organisation that made the response.

Q25.

Contact details

We may contact you about your response.

Please write your name and contact details.

(Skip if you wish to be anonymous)

Jacki Kearslake

Q24. Publication of responses

Please select the box below if you do **not** want your response to be published.

Please do **not** publish my response

Q15. About your response

Q23. Are you responding on behalf of an organisation?

Yes

No

Q24. Which of the following best describes your organisation?

This question was not displayed to the respondent.

Q22. Please write the name of your organisation

This question was not displayed to the respondent.

Q17.

Which of the following best describes you?

- I am a health practitioner
- I am a member of the community
- I am an employer (of health practitioners)
- I am a student
- Other I'm a retired health practitioner (dentist) and now assist registered dentists with their online visibility

Q19.

Which of the following health profession/s are you registered in, in Australia?

You may select more than one answer

This question was not displayed to the respondent.

Q8.

Before you answer questions about the guidelines

Please ensure you have read the [public consultation papers](#) before providing feedback as the questions are specific to the revised guidelines for advertising regulated health services.

The following questions will help us to gather feedback about the revised guidelines.

Q9.

How clear are the revised guidelines?

While there are some improvements, the document still lacks a degree of clarity. It still fails to explain and provide guidance of practitioner obligations and describe advertising that is unlawful in a way that is truly helpful to practitioners. We really need to see more specific examples that reflect the experiences of practitioners. The provision of Advertising Resources on the AHPRA website is helpful in improving clarity. More of these should be added, as examples often provide the clarity that words do not. It would be helpful to provide a summary of the most important practical points of each section, such as: 4.3 Testimonials A practitioner will be more likely to remain compliant with this requirement if they: - Do not solicit reviews from patients, either by direct request, letter or email - Deactivate the review/testimonial feature on popular social networks such as Facebook - Do not respond to or respond with care to unsolicited testimonials on third-party review websites such as Google - Ensure that any comments provided by patients that are used in their advertising (such as on their website or social pages) are reviews and not testimonials as per the definition used in these Guidelines - Do not use post-treatment photos of patients in advertising (including on social media) as these may be considered visual testimonials - etc

Q10.

How relevant is the content of the revised guidelines?

They still lack some relevance to the lived experience of practitioners as they navigate the murky waters of (especially) digital advertising. It would be a better document if it would incorporate names of platforms and tactics that are popular in digital marketing. For example, in the table on page 13, there is mention of the ability to disable the reviews/testimonials function on some social networks. It would be more immediately relevant to practitioners to say, "(At the time of printing), social platforms such as Facebook allow business users to deactivate the Review feature, and this is encouraged." Even though it's not possible to name every social network, the more that can be specifically named, the more relevant the document will be. A table like the one on page 13 could be added to the Advertising Resources section with an additional column naming the most popular current social networks and digital platforms that accept reviews.

Q12.

Please describe any content that needs to be changed or deleted in the revised guidelines.

4.3.3 Who Is Responsible For Compliance With The Prohibition On The Use Of Testimonials In Advertising? In the third row, second column of the table, the text says, "Not all social networking or social media sites allow for editing or removal of reviews/testimonials. However, reviews/testimonials may be required to be removed, such as by disabling the reviews/testimonials functions, IF THEY POSE A RISK TO THE PUBLIC." This is inconsistent with the rest of the Guidelines. It infers that a testimonial may be kept on the practitioner or practice's social site if it is judged unlikely to pose a risk to the public. This distinction is not made elsewhere. Would it be more useful to recommend that practitioners and practices disable the reviews/testimonials function of their social media accounts? 4.3.3 Who Is Responsible For Compliance With The Prohibition On The Use Of Testimonials In Advertising? Page 13, Final Paragraph The final sentence in this paragraph is, "Practitioners should also not direct or encourage clients to place reviews". Soliciting reviews is a common practice in digital marketing. Placement of this sentence on a separate line will provide more emphasis to it.

Q27.

Should some of the content be moved out of the revised guidelines to be published in the advertising resources section of the AHPRA website instead?

- Yes
- No

Q29.

If yes, please describe what should be moved and your reasons why.

The resources section is a great initiative and has the potential of being very helpful to practitioners. It still needs many more examples of acceptable and non-acceptable advertising. The table on page 13 could reside in the Advertising Resources Section, preferably with an additional column naming specific review sites. This will allow AHPRA to keep the content up-to-date for practitioners.

Q22.

How helpful is the structure of the revised guidelines?

The new layout is helpful and incorporating links to relevant sections and tools on the AHPRA website is a useful inclusion.

Q32. Are the flow charts and diagrams helpful?

- Yes
- No

Q34.

Please explain your answer.

Diagrams are always helpful. In the case of those that have been added to the proposed Guidelines, they reflect the simplicity of the decision-making process. "Does the review refer to a clinical aspect of care?" - YES - Not permitted The diagrams could be enhanced, either within the document or in the Advertising Resources area, by including the clinical aspects of care: is a symptom mentioned (YES/NO), is a service mentioned (YES/NO), is a judgement made about the clinical prowess of the practitioner (YES/NO).

Q16.

Is there anything that needs to be added to the revised guidelines?

Associated Legislation In advertising, practitioners should also be aware of their obligations under Copyright Law. This could be added to Appendix 1: Associated Legislation and Agencies 4.1.3 Titles and claims about registration, competence and qualifications It would be helpful to specifically mention CPD and other courses in this section. Some practitioners like to share the names of courses they have attended on their website and will want to do this in a way that doesn't contravene National Law. 4.3.1 What Is A Testimonial? A footnote (9) states "Practitioner-patient communication is considered a clinical aspect of care". It would be helpful to provide one or more specific examples of this. Warning Statements For Surgical or Invasive Procedures The Public Consultation Paper indicated that "Appendix 6 (b) - Use of warning statements for surgical or invasive procedures" had been removed and instead included in the examples of false, misleading or deceptive advertising: "Minimises or underplays or under-represents the risk or potential risk associated with a treatment or procedure." The rationale is that "the intent of this requirement was to ensure that advertising did not minimise or negate the potential risk involved when undertaking high-risk procedures. As the requirement applied to all surgical procedures it unintentionally captured advertising that did not require such warnings." It would be interesting to know what is meant by "advertising that did not require such warnings." One problem with the previous requirement to include the surgical warning was that it often appeared alongside content that was written in a manner that implied the certainty of success of the treatment and that downplayed or failed to mention associated risks. It was included because it was required but was inconsistent with the rest of the content. The Guidelines would be more helpful if they were to include a statement specifically addressing surgical treatments, such as: "4.4 Examples where advertising may contravene this section of the National Law include where it: - Minimises the complexity of risk associated with a treatment (especially when treatments are surgical, invasive or irreversible) 4.4.1 Images and Photographs There is no reference to the use of stock images in advertising regulated health services. For example, the use of stock images of people (mostly attractive young women) with very white teeth is common on dental websites on pages related to teeth whitening and cosmetic dentistry. The Guidelines should specifically mention the use of stock images as being potentially misleading. Specifically Mentioning Google Ads and Facebook Ads Ad copy on these platforms is often written by digital agencies and not reviewed by practitioners (thereby causing some of these small ads to contravene National Law). Agencies often write new ad copy, including callouts and site links (Google Ads) and landing pages (Facebook Ads) and publish them on the fly without consulting the practice owner. While the responsibility obviously lies with the practice owner, drawing attention to these workflows and how practitioners will need to manage them would be helpful.

Q38. It is proposed that the guidelines will be reviewed every five years, or earlier if required.

Is this reasonable?

- Yes
- No

Q40.
Please explain your answer.

Yes, I think it's reasonable to review within the five-year timeframe. AHPRA should consider reviewing the Advertising Resources and Examples section on the website more frequently as digital advertising tactics change.

Q24.
Please describe anything else the National Boards should consider in the review of the guidelines.

Add Plenty of Additional Specific Examples Specific examples are extremely helpful to practitioners. While these don't belong in the Guidelines document, additional examples should be added to the AHPRA website and linked to directly from the Guidelines. - For each regulated profession - For most sections of the Guidelines Include information in the Advertising Resources section about "Common Digital Marketing Practices" and why they are or are not likely to be compliant with the Guidelines. This would be a helpful reference or checklist for practitioners when they consider the pros and cons of advertising tactics offered by digital marketing consultants or agencies. Practitioners assume that digital marketing agencies will be aware of the National Law. A specific statement that this assumption is naive (even dangerous) would be helpful. Requirements of Other Platforms: A recommendation that practitioners be aware of the terms and conditions and guidelines about utilising digital platforms (particularly Google and Facebook) and ensuring compliance with them.

Q36.
Please add any other comments or suggestions for the revised guidelines.

The "plain English" description of The Guidelines for non-practitioners is terrific.

Q27.

Thank you!

Thank you for participating in the consultation.

Your answers will be used by the National Boards and AHPRA to improve the *Guidelines for advertising regulated health services*.