



Aboriginal and Torres Strait Islander health practice	Occupational therapy
Chinese medicine	Optometry
Chiropractic	Osteopathy
Dental	Paramedicine
Medical	Pharmacy
Medical radiation practice	Physiotherapy
Nursing and Midwifery	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 These responses will not be published.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)

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

Q19.

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

You may select more than one answer

- Aboriginal and Torres Strait Islander Health Practice
- Chinese Medicine
- Chiropractic
- Dental
- Medical
- Medical Radiation Practice
- Midwifery
- Nursing
- Occupational Therapy
- Optometry
- Osteopathy
- Paramedicine
- Pharmacy
- Physiotherapy
- Podiatry
- Psychology

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?

Clear

Q10.

How relevant is the content of the revised guidelines?

Relevant

Q12.

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

I feel that the sections on evidence, given how poor so much of it is, should be revisited. In many instances the research is well behind what is actually working in clinical practice and generally only reinforces what is already being done in the treatment room. This section significantly impacts on the public's ability to gain knowledge about treatment options that "those in research" don't deem to be significant or important. We live in a fast paced world with new developments in techniques and technology far outstripping the antiquated and old fashioned "research" model performed in our tertiary institutions. Secondly the section on testimonials has always confounded me. Every industry in the world other than health services uses it. The suggestion that someone having great reviews and sways members of the public to choose that practitioner are somehow bad is obtuse. If someone has a mass of positive reviews then it follows that they would be good and as a profession we want patients going to good clinicians because this ensures great outcomes for patients AND protects them from poorer quality clinicians. The status quo allows sub-standard clinicians to fly under the radar. It seems AHPRA would rather have members of the public see sub-standard clinicians who wouldn't get positive reviews because they are no good, rather than have them see above average clinicians who would get positive reviews. I struggle to see how this protects the public. And on the point of fake reviews, seriously? We struggle to do the work we do already and you think we have time for this? You would be lucky if 1% of the clinical population would do this and if this is the major reason for not allowing testimonials I feel the whole thing is myopic. People want to see reviews. They want to read about people's experiences. This is how the modern person selects who and what they are going to use. If government is serious about protecting the public they should focus on companies such as [REDACTED] as a start for the simply outlandish claims they make. We aren't even playing the same game let alone being in the same ball park

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.

Most of it - it is all relevant to practitioners and this information can be difficult to find and interpret

Q22.

How helpful is the structure of the revised guidelines?

Structure is good

Q32. Are the flow charts and diagrams helpful?

Yes

No

Q34.

Please explain your answer.

Most people are visual learners so it simplifies the process and milestones what to look for and when

Q16.

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

Yes - the use of other businesses trading names in keywords on Google or other search engines Currently there are practices that will show up in google ads when a person searches for a specific business (in an effort to steal their patients) even to the point of using the competitors name in their advertisement even though it has nothing to do with their competitor. This confuses people looking for services and is an unethical practice. I understand AHPRA is responsible for ensuring the public are not unnecessarily confused. This would be a place to look at.

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.

Social media - the advertising landscape changes far more quickly than that. We live in a digital age. I personally feel anything longer than 2 years would be redundant and even that is too long

Q24.

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

There has to be something done about non-regulated health services promoting products that are used by regulated health services. Again it confuses the public. As an example, in our profession most patients don't know the difference between a custom orthotic vs a generic one and believe the rubbish that they get told. This could potentially end up hurting them at worst and be financially worse off at best

Q36.

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

We have to bring our thought process around this into the 21st century. The digital age and in line with what the public want. This old school, paternalistic type approach is not benefiting the public in my opinion and is actually having the affect of reducing the quality of clinicians because they aren't going to get called out on it. And whilst i know this isn't the brief of AHPRA, however it is negatively affecting the health professional workforce as well, driving an inability to run viable businesses that employ and provide for further development of practitioners. The upshot is that there will be fewer quality clinicians to provide the treatment for the public and in the longer term actually result in less protections and worse health outcomes for the public

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*.

This question was not displayed to the respondent.