

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.

Advice to the Profession documents are dynamic and may be edited or updated for clarity at any time. Please refer back to these articles regularly to ensure you are aware of the most recent advice. Major changes will be communicated to our members; however, minor edits may only be noted within the documents.

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## Preamble

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

- Practise medicine competently, safely, and with integrity; avoid any influence that could undermine your professional integrity (Commitment to Professional Integrity and Competence)
- Communicate information accurately and honestly with the patient in a manner that the patient understands and can apply, and confirm the patient’s understanding (Precept 5)
- Fulfill your duty of confidentiality to the patient by keeping identifiable patient information confidential; collecting, using, and disclosing only as much health information as necessary to benefit the patient; and sharing information only to benefit the patient and within the patient’s circle of care (Precept 18)
- Avoid impugning the reputation of colleagues for personal motives (Precept 33)
- Avoid using your role as a physician to promote services (except your own) or products to the patient or public for commercial gain outside of your treatment role (Precept 24)
- Treat your colleagues with dignity and as persons worthy of respect: colleagues include all learners, health care partners, and members of the health care team (Precept 31)

Because advertising is so ubiquitous, CPSA acts mostly on concerns brought to our attention rather than actively monitoring physician advertising. 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.

CPSA 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, CPSA 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.

## Third Party Advertising

CPSA's [Advertising](#) standard defines an advertisement as “any communication made orally, in print, through electronic media or via the internet (including websites and social media), **by or on behalf of a registered member**, to the public where its substantial purpose is to promote the regulated member, the regulated member’s services, or the clinic or group where the regulated member practices or with which the regulated member is associated.” (From CPSBC’s [Advertising](#) Practice Standard).

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

Physicians must be aware of any advertising done on their behalf —such as work completed by a hired advertising service or a colleague in a multi-discipline practice —as the physician is responsible for ensuring it complies with the *Advertising* standard of practice. A physician will need to be able to show they reviewed and approved third party advertising upon request.

This includes advertising done by a corporation that owns a medical clinic and virtual health apps. Under the *Responsibility for a Medical Practice* standard, the Medical Director or individual physicians, if no Medical Director is identified, may be held responsible for ads that contravene the *Advertising* standard.

Third party websites where physicians have no control over the content (e.g., physician rating websites, Google reviews, etc.) are **not** considered third party advertising. However, if, for example, a physician has a website or social media presence on which patients can provide reviews, recommendations, feedback, opinions, case studies, etc., these would be considered testimonials if they are made public, as physicians have control over whether they are published or kept confidential.

## Testimonials & reviews

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, which is why reviews are considered part of this category.

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' experiences with the physician's practice. Accordingly, CPSA does not allow testimonials.

## **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:

- 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 they have been recognized by CPSA 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 that their core training is in family medicine. At no time can the family physician use the protected title “dermatologist” unless recognized as such by CPSA, on the basis of certification by the RCPSC. In this case, an accepted advertisement might state, “I am not a specialist dermatologist, but a family physician with a special interest in dermatology.”

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; and
- supported by regular continuing medical education.

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

### **PUBLICATION BY CPSA**

In conjunction with its 2015 review of the *Advertising* standard of practice, CPSA reconsidered publication on its website of regulated members’ “Practice Interests” (self-described, no review/approval process) and “Special Interests” (CPSA-approved based on education/training review). To mitigate possible confusion by the public regarding the

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differences between these categories and avoid any perception CPSA is advertising on behalf of its members, this information will no longer be published on the 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 CPSA 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 focuses 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 33 of the [Code of Ethics & Professionalism](#) applies: “Avoid impugning the reputation of colleagues for personal motives; however, report to the appropriate authority any unprofessional conduct by colleagues.” CPSA’s [Duty to Report a Colleague](#) standard expands on this obligation.

## FAQs

### SOCIAL MEDIA AND PAID ADVERTISEMENTS

As long as paid advertisements align with the *Advertising* standard, there is no issue utilizing paid services on social media platforms.

### DIRECT-TO-PATIENT ADVERTISING

It is inappropriate to utilize patient contact information for commercial purposes. For example, a family medicine physician who expands their practice to include aesthetic services cannot mail flyers to their patients. Posting flyers in common areas is an appropriate way to notify patients of new services offered.

### ADVERTISING NEW PHYSICIAN/ACCEPTING NEW PATIENTS

As long as the ad complies with the *Advertising* standard, there is no harm in advertising that a new physician is available or a physician is accepting new patients.

### PRIVATE HEALTH CARE CLINICS AND VIRTUAL CARE APPS

The *Advertising* standard of practice applies to all physicians in every instance of patient care, regardless of location, format or services offered.

### CLINIC/BUSINESS NAME APPROVAL

As long as the name does not contravene the *Advertising* standard, CPSA does not approve or deny clinic names. For example, business names must not disparage other clinics/promise better service than other clinics (e.g., “Calgary’s Best Medical Clinic) or use the names of Schedule 1 or 2 drugs (e.g., “Edmonton’s Methadone and Marijuana Clinic”).

## Resources

CPSA team members are available to speak with physicians who have questions or concerns. Please contact Chantelle Dick, Standards of Practice Advisor, at 780-717-2573 or [chantelle.dick@cpsa.ab.ca](mailto:chantelle.dick@cpsa.ab.ca).

### RELATED STANDARDS OF PRACTICE

- [Code of Ethics & Professionalism](#)
- [Conflict of Interest](#)
- [Duty to Report a Colleague](#)
- [Informed Consent](#)
- [Patient Record Content](#)

- [\*Responsibility for a Medical Practice\*](#)
- [\*Sale of Products by Physicians\*](#)

## COMPANION RESOURCES

- Advice to the Profession:
  - [Conflict of Interest](#)
  - [Informed Consent for Adults](#)
  - [Informed Consent for Minors](#)
- [Health Professions Act](#)
- [Canadian Code of Advertising Standards](#)
- [Health Canada Regulation of Health Products Advertising](#)