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CPSO Policy Department
College of Physicians and Surgeons of Ontario
80 College Street
Toronto, Ontario. M5G 2E2

Via Email: advertising@cpso.on.ca

Dear CPSO Policy Department:

Thank you for the invitation to provide feedback on the CPSO Advertising Policy and Advice Document.

We recognize and support the CPSO's role to serve and protect the public and appreciate the privilege that we are afforded as physicians and surgeons to be a self-regulated profession. We appreciate that the CPSO has a very important role in protecting the best interests of patients and educating physicians on their ethical obligations towards their patients.

We found this policy to provide useful guidance to physicians on the matters contained.

There were areas for which we have some questions and/or suggestions.

Definitions

The definition of advertising is quite broad and includes things like business cards, blogs, social media posts, and other information related to the physician's practice, regardless of the form or the manner of distribution.

We suggest the inclusion of examples of what specific information is appropriate to include or example of what is commonly included in appropriate advertisements i.e. Name, qualifications, experience, contact details, office location, office hours, et cetera.

We wondered if the following examples are acceptable advertising practices:

- In public health physicians may tweet/re-tweet things like point-of-care COVID testing kits and lack of current evidence for them which may have named the actual device (e.g. spartan cube). Would the CPSO consider this advertising or under the purview of providing generic public health advice?
- Physicians who do consultant work which may require advertising their services, post on social media, or even handing out business cards.

We ask if the CPSO has any guidance or concern with the term "special interest". This is a term we see used more frequently in advertising than the term "practicing in" that is reflected in the document.

Advertising Content

"2. Physicians must only advertise in a manner which:

- a. is readily comprehensible;
- b. is dignified;
- f. is respectful and balanced in tone;"

... 2.



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Many of the criteria in this list are subjective so we would propose that the points in 2 be defined in the *Advice* document (e.g. what is the CPSO definition of comprehensible? Is this speaking about reading level; that we offer multiple languages for our patient population?).

Directing and Targeting Prospective Patients

Would a coordinated referral through a third party, for example a hospital, fall under the directive? For example, does it apply to a hospital that notifies doctors that a new specialist has set up practice and we can now refer patients to them, or that they have set up a central booking system?

In addition, clarity on whom the document refers to in identifying "someone" should be included - a patient, other physicians, healthcare providers? Is advertising to other physicians from a body (hospital, company) allowable? Many new to practice physicians have new practice announcements through the OMA, are these allowable?

A general question is how do these apply to organizations for which a physician may be a part of? As an example, a local Public Health might publish on its website a non-exhaustive list of local businesses where you can purchase a face mask, for the general public they see the top public health physician as the face of the organization - could a complaint be made against them for advertising the businesses?

We suggest that more clarity be provided on how/whether App-based remote physician providers fit into this. If a physician is using advertisements in different or numerous jurisdictions, which regulatory authority policy/policies would be applied?

CPSO Advice Document

Lines 134 - 136: We believe it would be helpful to clarify what falls into the term "other businesses" and if there are exemptions. For example, family physician offices might have posters for specific mental health services (some government-sponsored like *BounceBack* or *Big White Wall*, others NGOs like domestic violence hotlines) or resources (lists of local food banks, handouts with the closest 2-3 labs or imaging facilities, etc.) that can be helpful resources to patients. Would these practices be considered an endorsement of other businesses under this policy?

We believe that more transparent criteria on how the ICRC decides what is in "good taste" and what is not be provided in the advice document

The Advice document is clear fundraising efforts are typically not considered advertisement, we suggest that sponsorship be specifically identified as being considered advertising or not.

We would like to note that new to practice physicians may be disadvantaged in their equitable ability to utilize opportunities in advertising due to prohibitive costs.

We do, as always, appreciate being included in the CPSO's consultative process.