

Advertising and Communication with the Public

Registrant Resource

Preamble

Advertising can be a useful tool for patients in making well-informed choices about their care, and to help referring registrants to best meet their patients' needs. Registrants most often use advertising to promote and provide information on the services and type of care they offer, as well as their training and expertise. For the purpose of this document, "advertising" or an "advertisement" means any communication made orally, in print, through electronic media or via the internet by or on behalf of a registrant to the public where its substantial purpose is to promote the registrant, the registrant's services, or the clinic or group where the registrant practises or with which the registrant is associated.

Advertising for each registrant may look different, especially for those offering uninsured services, however the expectations apply to all. The [Advertising and Communication with the Public](#) practice standard was developed based on the CMA [Code of Ethics and Professionalism](#) and the [College Bylaws](#). Registrants are also expected to follow all requirements outlined by federal advertising standards.

The College does not actively monitor or pre-approve/endorse registrants' advertisements, but rather responds to concerns brought forward from the public. This document has been created to assist in applying the standard to ensure advertisements meet the requirements and address common registrant questions.

Advertising services

Advertising is any communication that has the purpose of promoting people, services, clinics, or facilities that a registrant is associated with. This can be unpaid or paid advertising and includes:

- Print ads
- Newsletters
- TV/radio/web ads
- Social media/blog posts (e.g Instagram, Twitter, Facebook, TikTok)
- Logos
- Signage

Registrants are solely responsible for the content of any such advertising prepared by a marketing agency or third party and must ensure by contract that they are fully informed of all such communication with the public. This does not include reviews on external websites such as RateMDs or Google reviews. While these sites may not accurately represent the care provided by registrants, any interference with reviews, such as creating reviews for oneself to appear more highly rated, may be seen as a breach in the practice standard.

While promoting services can be helpful for patients, it must be done professionally and in good taste. The use of incentives, which include prizes, gifts, gift certificates, card points, bonus points, discounts or

time-limited benefits for medical services, or inducements, including alcoholic beverages, for attendance at informational sessions promoting medical interventions, cosmetic or otherwise, are not permitted.

Note: Advertising non-physician services is not the same as advertising physician services. Discounts may be offered on skin care products and facials, for example, but not on services such as Botox, physician consults or cosmetic surgical procedures.

Before and after photos

Registrants practising in medicine related to aesthetics may wish to use before and after photos to promote their results. Before and after photos are permitted if there is documented consent from the patient permitting the use of the photos for advertisement purposes. The use of stock photos depicting models in advertising must include a disclaimer clearly indicating that the person in the photograph is not a patient. Such stock photos must not be edited and must be accurate to the patient's true response to services. If applicable, other disclaimers should be included such as possible diet changes or changes in exercise regime, to ensure the advertisement remains as factual as possible and does not guarantee results for everyone.

Comparative advertising

To remain professional, advertisements must not compare services or personnel to others, or imply any superiority over others. While certain registrants may offer differing services, especially with uninsured services, no registrant can promote themselves to be "better" than someone else. Where patients are limited to who they can see, whether it be due to the primary care shortage or a lack of availability of specialists in their area, care must be taken not to create perceptions of inequities for patients about who they are able to be seen by.

Advertising self

It is important for patients to understand the credentials of their physician or surgeon. While patients may not have a wide choice in choosing a practitioner, it is valuable for them to know the training and expertise of the practitioner who is taking on their care. The College recognizes there are registrants with a wide range of training, expertise, and areas of interest. To protect the best interest of patients, the [College Bylaws](#) and the [Advertising and Communication with the Public](#) practice standard outline the appropriate use of titles.

Use of specialist

Registrants certified by the Royal College of Physicians and Surgeons of Canada (RCPS) or the College of Family Physicians of Canada (CFPC) can refer to themselves as a specialist. Only those with the above-mentioned certifications can refer to themselves as a specialist. Those holding CFPC certification can only refer to themselves as a specialist in family medicine, and those holding a RCPS certification can only refer to themselves as a specialist in their respective certification. Registrants must clearly note whether it is a RCPS or CFPC designation. Only RCSPC certified registrant can use RCPS specialist titles.

For example, a registrant with core training in family medicine, but who practises primarily in a dermatology clinic cannot refer to themselves as a "family medicine dermatologist" or "practising in dermatology" as the title "dermatologist" must only be used by a RCSPC certified dermatologist.

Examples of proper usage:

- Dr. A. Smith, CCFP, Family Medicine Specialist

- Dr. B. John, CCFP (AM), Addictions Medicine Physician
- Dr. C. Rich, FRCPC (cardiology)

Focused areas of practice

Often registrants develop areas of practice in which they have added expertise. Focused areas of practice may come in the form of an RCPSC subspecialty, a CFPC Certificate of Added Competence (CAC), or an area in which a registrant has a dedicated scope of practice and holds further training/education but does not fall under either of the certifications. There is nothing that prohibits registrants from listing their education, accolades, extra skills training, areas of research, etc. Providing areas of interest may be helpful for referring registrants in choosing the best practitioner for their patient.

For example, a registrant with family medicine as their core medical training may focus their practice in maternity care. This physician could advertise themselves as having a focused area of practice in maternity care and work in a maternity-focused clinic; however, they must make it clear their primary training is in family medicine and not imply that they hold a RCPSC certification in obstetrics/gynecology.

For RCPSC certified registrants, most focused areas will come with subspecialties or areas of focused competence. However, if a RCPSC certified registrant is focusing in an area that is not a certified subspecialty, this must be made clear.

Examples of proper usage:

- D. Su, MD, CCFP, practising in maternity care
- L. Reynolds, CCFP, practising in skin conditions
- Dr. F. Moore, FRCSC (Otolaryngology), Head and Neck Surgery
- Dr. G. Hughes, FRCSC (Orthopedics), practising in sports medicine

When in doubt, always err on the side of caution. Additionally, [registrant support coaches](#) are available to provide support in navigating and applying the practice standards.