

ADVICE SHEET

PRACTICE ADVERTISING, LEAFLETS AND WEBSITES



The purpose of this advice sheet is to define the various regulatory frameworks that impact on the way we can advertise and to give specific guidance when preparing the content of advertisements, websites and practice leaflets. It merges the information from two former leaflets:

- Practice advertising and websites.
- Guidance on writing practice leaflets.

It should also be read in conjunction with the advertising section of the new Professional Standards in Orthodontic Practice document.

1. Introduction

The way in which you market and advertise your services will determine how the public will perceive your practice. This perception is likely to extend to your fellow orthodontic practitioners so great care should be taken when preparing documents and websites, as the manner of wording may reveal a lot about attitudes and ethics. In a business environment it is important to maintain standards and a professional image. Aggressive marketing may cause annoyance and it is important not to make unrealistic claims or assertions that cannot be substantiated.

2. Marketing or advertising: What's the difference?

Marketing is a multifaceted process which includes everything a practice does to facilitate an exchange between itself and its patients. This will include market research, media planning, advertising, public relations, product pricing, distribution, customer support, sales strategy

and community involvement. All the elements must work not only independently but also as part of an overall strategy.

By contrast, advertising is a single component of the marketing process. It is the part that involves getting the word out concerning practices and the services offered. It involves the process of developing an approach, for example, on the ideal place and frequency of an advertisement in a magazine. Advertising media include newspapers, direct mail, billboards, television, radio and the internet. In all forms of advertisement, it is prudent to work within the guidelines outlined below and, if appropriate, to fulfil the requirements of the commissioning authorities.

3. How we are regulated

3.1 General Dental Council (GDC)

The GDC is the organisation responsible for regulating dental professionals. The current GDC guidance 'Standards for the Dental Team' presents the ethical and moral responsibilities of dentists and other members of the dental team. For example:

- Be honest and act with integrity (1.3).
- You must make sure that any advertising, promotional material or other information that you produce is accurate and not misleading, and complies with the GDC's guidance on ethical advertising (1.3.3).

In September 2013 the GDC published 'Guidance on advertising' which can be downloaded from www.gdc-uk.org.

3.2 Dentists Act 1984

The act is specific in terms of use of titles and descriptions: A registered dental care professional shall not take or use in connection with his premises (a) any description reasonably calculated to suggest that he possesses any professional status or qualification other than a professional status or qualification which he in fact possesses and which is indicated by particulars entered in the dental care professionals register in respect of him; or (b) any title specified in regulations under section 36A (2) except the title or titles under which he is registered in the dental care professionals register.

3.3 Committee of Advertising Practice (CAP)

The CAP is the self-regulatory body that creates, revises and enforces the Code. In the UK, the CAP Code is the rule book for non-broadcast advertisements, sales promotions and direct marketing (collectively termed 'marketing communications'). The Code is primarily concerned with the content of marketing communications and not with terms of business or products themselves. The Code can be downloaded from the CAP website at www.cap.org.uk. Clauses 1.1 and 1.2 outline the Code's remit.

3.4 Advertising Standards Authority (ASA)

The ASA is the independent body that endorses and administers the Code, ensuring that the self-regulatory system works in the public interest. The ASA's activities include investigating and adjudicating on both broadcast and non-broadcast complaints and conducting research.

3.5 EC/EU Directives

The value of self-regulation as an alternative to statutory control is recognised in EC Directives; including those on misleading and comparative advertising (Directives 84/450 and 97/55 EC). Self-regulation is accepted by the Department of Trade and Industry and the Office of Fair Trading as a first line of control in protecting consumers. More recently, the Electronic Commerce Regulations 2002 have set standards for websites.

3.6 Office of Fair Trading (OFT)

The OFT is the statutory body with the power to prosecute under the 1988 Control of Misleading Advertisements Regulations act.

4. General principles of The CAP Code

All marketing communications should be legal, decent, honest and truthful. They should be prepared with a sense of responsibility to consumers and to society and respect the principles of fair competition generally accepted in business.

Documentary evidence should be available to substantiate all claims, whether direct or implied, that are capable of objective substantiation. Any recommendation or support of a product or technique is permissible but it must be made clear that it is opinion and not fact. Assertions that go beyond subjective opinions should be substantiated. If a division of opinion relates to a claim, it should not be portrayed as being generally agreed. Claims should not exaggerate the value, accuracy, scientific validity or practical usefulness of a product. No false claim or exaggeration should be made suggesting the superiority of one product over another. Care should be taken, therefore, not to imply unrealistic differences in treatment duration or standards with different appliance systems. It is not acceptable to exaggerate the potential risks or benefits of any treatment. In all communications it is advisable to avoid any positive or negative stereotyping relating to the need or benefit of treatment.

Communications should:

- consider public sensitivities in relation to clinical photography or video.
- not exploit the lack of knowledge or inexperience of consumers.
- not be misleading in terms of accuracy, ambiguity, exaggeration or omission.
- not cause fear or distress without good reason.

5. Practice advertising

Practitioners are responsible and accountable for the content and all aspects of advertising, even if employing advertising agencies or marketing companies. Advertisements must contain the name of at least one

practitioner normally in attendance. If qualifications are printed, they must appear as in the dentists' register. Statements of 'accreditation' or 'certification' in the use of an appliance or technique following a short course could be regarded as misleading and should be avoided. It is important to distinguish patients within the practice from members of the public.

Specifically, when communicating with the general public:

- if using the courtesy title 'Dr', qualify with 'dental surgeon' or eg 'BDS'.
- practitioners should not recommend a specific product.

Furthermore, in all cases, practitioners should not:

- make untrue or misleading statements, even by implication.
- make a claim that cannot be substantiated.
- claim or imply specialist status unless on the GDC specialist list.
- refer to the knowledge, training or skill of any other practitioner or practice.
- claim superiority over any other practitioner or practice.

6. Leaflets

All dentists working within the NHS General Dental Services must have available leaflets giving information on the services they provide under Schedule 5 of their terms of service. A particular danger area is in the comparison of NHS and private practice. Therefore when writing your practice leaflet you should consider the following:

- Avoid misrepresenting the scope and availability of NHS orthodontic treatment.
- Avoid denigrating the quality of NHS treatment or exaggerating the length of NHS waiting lists, either directly or by implication.
- If you undertake both private and NHS treatment you should have separate leaflets so as to avoid the need for comparison of the two systems within a single leaflet. Particular care is needed with practice websites.
- Be sensitive to the predicament of the many

families who are unable to afford private treatment for their children. Avoid adopting an unsympathetic "take it or leave it" approach.

Under the NHS regulations the following information on all the dentists working within the practice must be provided:

- Full Name.
- Sex.
- Date of first registration with the GDC or of initial qualification if from overseas.
- Registered qualifications including specialist qualifications and specialist listings.

The following additional information concerning the practice may also be provided:

- The addresses of all the practice premises.
- A map - ensuring that copyright conditions have been satisfied.
- The address to which correspondence should be sent.
- E-mail and website addresses.
- Particulars concerning the days and hours when the orthodontist will usually be in attendance.
- Details concerning ease of access to the dental surgery particularly for the disabled e.g. wheelchair access, ground floor surgery and access to toilets.

Remember that your practice leaflet can be more than just a leaflet containing essential information, but can also be used to market your practice. The following are details you may also wish to include:

- Details about other dental services provided at the practice e.g. hygienist.
- Details of languages spoken.
- Other facilities that will appeal to the reader e.g. nursery.
- Whether NHS or Private treatment is available.
- Whether credit/debit cards are accepted.
- The availability of private payment plans.
- Car parking and public transport.

7. Practice websites

In addition to all the above, websites are governed by the Electronic Commerce (EC Directive) Regulations 2002.

Compliance is more onerous than for printed advertising with the following additional requirements:

- GDC registration number(s).
- GDC address and contact details, and a link to its website www.gdc-uk.org.
- Statement that the practitioner(s) adhere(s) to the GDC rules governing the profession.
- Registration with the Care Quality Commission.
- All changes in practice circumstances (e.g. a change of orthodontist working at the practice) must be reflected in the website within one month.
- If scientific evidence is cited, the source should be identifiable by the user.
- Publication of patients' photographs is with the appropriate level of written consent.
- Date of last update must be made clear.

In addition, it is desirable but not essential for a practice to state:

- that it complies with Health and Safety guidelines on sterilization and disinfection.
- that it complies with the rules and regulations of the National Radiological Protection Board in the use of X-ray equipment.
- that it observes the rules of the Data Protection Act 1998.
- that patients have access to a complaints procedure.
- whether it is limited to orthodontics.
- that it complies with the Disability Discrimination Act 1995.
- whether patients are accepted for treatment under the NHS.

8. Use of British Orthodontic Society logo/insignia

BOS Coat of Arms

The Coat of Arms is granted to the BOS by the College of Arms for the exclusive use of the Society only.

BOS Logo

This logo is the trademark of the British Orthodontic Society and is protected by copyright. We do not allow the use, reproduction or transmission of all or part of the logo.

BOS Badge

The BOS badge can be used by full BOS members including trade members to highlight their membership of the society. Its use on items, such as stationery or trade literature, must be accompanied by the words "BOS Member" to make clear the basis on which the Badge is being used.

Summary

- There is more to ethical advertising within professions than applying the minimum standards of being legal, decent, honest and truthful.
- Communications with the general public should be informative rather than persuasive.
- A practitioner should be mindful of maintaining his or her professional position and independence. Professional independence can be lost if the practitioner is seen as being closely associated with a specific product or trade mark.
- It might be considered unprofessional to be offering inducements to patients to accept orthodontic treatment, as this decision should be based upon clinical need and patients should be discouraged from embarking upon treatment for the wrong reasons.

- Statements that are aggressive or disrespectful of colleagues, apart from being unprofessional, are generally counterproductive as they say more about the author than about the intended subject.
- If in doubt, the defence organisations can be consulted to proof read the proposed text. Another possibility is to ask a sample of patients to 'consumer test' leaflets or advertisements whilst in the draft stage.

Consumers Association www.which.net

The Dentists Register www.gdc-uk.org

GDC Ethical Advertising Consultation 2010

GDC Guidance on Advertising 2013
www.gdc-uk.org

References and further reading

The Dentists Act 1984 Trade Descriptions Act 1968

The Data Protection Act 1998

Disability Discrimination Act 1995

Control of Misleading Advertisements Regulations (1988 & 2000)

EC Directives 84/450 and 97/55

Electronic Commerce (EC Directive) Regulations 2002

Office of Fair Trading www.oft.gov.uk

Committee of Advertising Practice
www.cap.org.uk

Advertising Standards Authority
www.asa.org.uk

British Orthodontic Society www.bos.org.uk
'Professional Standards for Orthodontic Practice'

General Dental Council www.gdc-uk.org
'Standards for the Dental Team'

Dental Association Advice Sheet E8

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