

ACM SUBMISSION

AHPRA:

*Guidelines for
advertising a
regulated health
service*

Date of issue: 2019

www.midwives.org.au

acm
Australian College of
Midwives



ACM Submission: revised *Guidelines for advertising regulated health services*

Are you responding on behalf of an organisation?	
Yes	The Australian College of Midwives
We may need to contact you about your response. Please write your name and contact details below. (Skip if you wish to remain anonymous)	
Name (optional)	Dr Megan Cooper (Midwifery Advisor)
Contact details (optional)	ProfessionalPractice@midwives.org.au



Public consultation questions

We can confirm that we have read the [public consultation papers](#) before providing feedback.

1. How clear are the revised guidelines?

The guidelines are generally clear but are quite wordy. Our members suggested that a simplified version would be easier to follow and understand.

2. How relevant is the content of the revised guidelines?

The revised guidelines are relevant to those practitioners who are likely to be involved in the advertising and or marketing of a business, entity or private practice that provides health related services to the public.

The relevance to health practitioners who are not advertising services offered by a business/entity is not explicit and therefore could be emphasised further. For example, midwifery students are expected to work with women in a continuity of care experience model and therefore are required to engage women in such programs either through direct contact or via online methods such as social media. Given that students do not receive payment for their services, they may not consider these guidelines relevant to their situation and therefore the guidelines could better address the varied contexts and situations to which they apply. Examples may be useful for such purposes.

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

It would be beneficial for the relevant definitions to be presented prior to the summary of advertising obligations. Better understanding of what is meant by 'acceptable evidence', 'testimonials', 'clinical aspect', 'product' as examples, would assist the reader to apply the content to their personal context.

Our members also suggested that there needed to be greater clarity surrounding the definition and use of a protected title. We suggest that protected titles be included as an appendix or if not possible, a link included to a list of protected titles.

4. 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?

If yes, please describe what should be moved and your reasons why.

The guideline is comprehensive and allows health practitioners to access the relevant information all in one document and therefore we do not believe any of the content should be removed from the document. However, our members did suggest that a simplified version would be beneficial and therefore, this may be appropriate to include as a resource on the AHPRA website.

5. How helpful is the structure of the revised guidelines?

The structure could be improved. As mentioned, the definitions could be presented earlier. We also suggest that the formatting of the headings be reconsidered. The second-level headings are presented in black as opposed to the first and second level headings which are in blue. Consistency in the colour of headings throughout would be helpful.

6. Are the flow charts and diagrams helpful?

Please explain your answer.

The flow charts and diagrams are basic and while guiding the practitioners in their decision making, they first need to understand the terms that are used in the flow charts and diagrams. Without this understanding, the flow charts and diagrams are not helpful. This supports the presentation of definitions earlier in the document and provides rationale for examples that help practitioners to contextualise the information to their own personal circumstances.

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

Our members would like to see further guidance with respect to advertising 'do's and 'do not's.' While we understand that this may not be a reasonable to include in the guideline document, this may be appropriate to include on the website as additional support for practitioners.

Examples that demonstrate the application of these guidelines to specific scenarios would also be welcomed.

8. It is proposed that the guidelines will be reviewed every five years, or earlier if required. Is this reasonable? Please explain your answer.

This is reasonable, unless the National Law is amended prior to the planned five-year review.

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

Nil further comments.



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

Greater emphasis of the final points made at the bottom of page 13 would be beneficial. These include the importance of providers refraining from responding to reviews that could be construed as a testimonial and that practitioners do not direct clients to completed reviews. These points may be overlooked or lost in the extent of information provided.

We also suggest moving figure 2 to page 13 prior to section 4.3.3 and therefore, closer in proximity to where it is referred to in the text.

Thank you for the opportunity to provide feedback to this important consultation and help to shape the Guidelines for advertising a regulated health service.