



**ONTARIO
PHYSIOTHERAPY
ASSOCIATION**

August 5th, 2016

Ms. Shenda Tanchak
Registrar and Chief Executive Officer

College of Physiotherapists of Ontario
375 University Avenue, Suite 901
Toronto, Ontario
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Submitted by email

[RE: Ontario Physiotherapy Association's Response to the Revised Advertising Standard Consultation](#)

Dear Ms. Tanchak,

On behalf of the more than 6000 members of the Ontario Physiotherapy Association (OPA), I am writing to submit the OPA's response to the College of Physiotherapists of Ontario's (the College) public consultation on the revised Advertising Standard.

OPA commends the College on its work to make the Standard more accessible so that all parties can undertake advertising with the same understanding of expectations. Advertising can be one of the major sources of information people use in choosing a care provider. It is also an important tool for individual physiotherapists and physiotherapy clinics to support and grow their practices, and to educate the public about the value of physiotherapy services. While ensuring the public interest is protected, it is also important that professional standards for advertising by different professions not create an unequal playing field in the healthcare market and that standards are nimble enough to meet the changing nature of the online world; finding the appropriate balance is critical for the public and for the profession.

We reviewed the proposed changes and, informed by member feedback, offer the following points of feedback for your consideration.

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Standard Structure

Two points on the structure of the revised Standards raised during the consultation for the Standards *Performing Controlled Acts and Other Restricted Activities* and *Physiotherapists Working with Assistants*, remain relevant to the Standard on Advertising:

- **No Standard Stands Alone:** The proposed revisions to the Standard have removed references to other Standards that relate to the expectations being set out. The resulting Standard is shorter and more streamlined, but also more difficult to navigate and contextualize, particularly for those less familiar with the entire framework of Standards. Practitioners and members of the public are no longer shown the links and interplay among Standards, but instead must identify areas of continuation and make these connections on their own. Increased understanding of requirements and expectations could be facilitating by providing these prompts.
- **Preamble:** An introduction as to the intent, context and definitions of this Standard would help the reader to interpret and apply the expectations set out. Specifically, in the current environment of digital information and social media, clarification is needed around what constitutes an advertisement in contrast to other forms of public communication about a service, organization or practitioner (e.g. blogging, reviews or Instagram).

Burden on Individual Physiotherapists

The proposed changes to the Standard place an unreasonable burden on individual practitioners to monitor and control the actions of others.

‘Physiotherapists are responsible for any advertisement on their behalf’

While this statement is clear and easy to understand, it is likely to be difficult, if not impossible, for physiotherapists to practise by. The volume and speed of social media is too great for any individual to monitor and account for. This places physiotherapists at risk of disciplinary action for activities and situations that are beyond their control. For this reason we would recommend that for clarity the addition of *‘over which the physiotherapist has exercised or has the authority to exercise control’* to the above statement.

Similarly, this strengthened language makes physiotherapists accountable for the actions and decisions of their organizations and employers. This puts more vulnerable physiotherapists at disproportionately greater risk. A physiotherapist who owns his or her own business is in control of advertising of the services provided. By contrast, a new graduate in a new position at a large company may have little or no power with which to influence decisions around advertising or the content of advertising. This physiotherapist would either have to risk practising in breach of the Advertising Standard or walk away from his or her livelihood. In situations where safety and security are a concern this extreme choice may be warranted. Nevertheless, in the subjective context of advertising it is not clear that the



addition of this great personal risk to individual physiotherapists creates any added benefit to the public.

The OPA strongly recommends returning to the expectation that registrants demonstrate that they have taken “reasonable steps” to ensure that advertising on their behalf meets College Standards. This will give all registrants a fair and reasonable opportunity to fulfill their duty to the public and their profession, regardless of their employment situation.

Truth in Advertising

In the subjective and complex environment of promotion and information gathering, the framework for expectations and responsibility must be very clearly defined.

“Advertisements must be true, accurate, and verifiable.”

There is a need for greater clarity around what level or type of evidence will adequately verify a statement made in advertising. Physiotherapy is a dynamic and evolving profession; application or uncertainty around application of the Standard must not stifle innovation in practice. This clarity could be provided in a preamble to the Standard in which verifiability, in the context of this Standard, may be defined.

“Ads must be easy for consumers to understand. They must not mislead by including irrelevant or inaccurate information.”

Irrelevant information is not necessarily misleading. In the current phrasing it is not clear whether the Standard prohibits all information that is not directly related to the treatment or service being advertised. We recommend rephrasing this statement for clarity.

“Nor should they mislead by leaving out information that is relevant.”

In the absence of specific requirements and guidelines, both ‘relevant’ and ‘irrelevant’ are subjective descriptors. It is also unclear who determines what information is relevant or irrelevant in a given situation.

Furthermore, there is a great deal of room for interpretation in considering all possible information that has not been included in any particular advertisement. This grey area limits the ability of physiotherapists and members of the public to be confident in identifying advertising that is, or is not, in keeping with this Standard.



Testimonials

Currently, society places high value on reviews and testimonials as a means of promoting services and products, as well as information sought by consumers in their decision-making process. The prohibition of testimonials in the revised Standard does not reflect the current environment and may disadvantage physiotherapists in a highly-competitive market.

Word-of-mouth and verbal testimonials from patients and referring practitioners have long been a primary source of information for individuals making decisions about their health care. It is also commonplace for websites such as RateMDs to include reviews and testimonials of healthcare practitioners, including physiotherapists. As the landscape of information sharing has changed and communications have increasingly moved to written platforms, such as social media, blogs and websites, testimonials have become a common and valuable tool for both health care consumers, and practitioners providing high-quality services.

There is also a risk in the current environment of fast-paced and high-volume information that the College could become inundated with reports about testimonials on social media and websites each requiring time and resources for review and intervention. If the number of reports were to outstrip the capacity of the College to respond, it could have a direct impact on the perceived enforceability and authority of the Standard, and by extension the College.

The interest and safety of the public could be better served by specific regulation around the use of testimonials, rather than a blanket prohibition. This would give the College and the profession an opportunity to promote understanding of the limitations of testimonials and promote safe and effective engagement of health care consumers with different levels of evidence in their decision-making. Some suggested criteria to promote truthful and accurate use of testimonials may include:

- Testimonials must be honest and accurate.
- Practitioners must be able to verify that testimonials were given by actual consumers and that these individual(s) provided the testimonial(s) without any negative or positive external influences (e.g. incentive or duress)
- May include a clear statement indicating in easily-understood language that patient experiences and outcomes vary, and that neither experience nor results are guaranteed.

Protection of the Physiotherapy Descriptor

It is the position of the Association that physiotherapy and physical therapy¹ are descriptors of the profession solely practised by physiotherapists. The public would be best served, and their interests and safety ensured, if advertising for physiotherapy services referred exclusively to safe and effective care provided by a registered physiotherapist.

¹ Physiotherapy and related terms are official mark held by the Canadian Alliance of Physiotherapy Regulators.



Conclusion

The Advertising Standard directly affects the ability of physiotherapists and clinics to communicate about their services. It also has great potential to impact how the public perceives physiotherapists and how physiotherapists are able to participate in an increasingly competitive healthcare marketplace. It is important that the revised Standard is relevant and reflective of both the values and realities of the current consumer environment. It is also important that any steps taken to limit options in advertising services be weighed with consideration of the need to protect the public as well as the risks to individual practitioners.

The OPA commends the College for its work to make the Standards more accessible, and more relevant to both the profession and the public. OPA is eager to assist in this process. We would be very pleased to meet with you to discuss the points we have made in this, or in our previous submission.

We are looking forward to working with the College as the revision of Standards continues to move forward.

Respectfully submitted,

A handwritten signature in black ink, reading "D. Sauvé".

Dorianne Sauvé
Chief Executive Officer

Cc: Mr. Stephen Mangoff, President, College of Physiotherapists of Ontario
Mr. Rod Hamilton, Associate Registrar, Policy & Quality Assurance, College of Physiotherapists of Ontario
Ms. Wendy Smith, President, Ontario Physiotherapy Association