

Advertising (1995)

This guidance was withdrawn in **November 1997** and is no longer in effect. It is provided here for information only.

Advertising

Guidance from the General Medical Council



Guidance to doctors

Being registered with the General Medical Council gives you rights and privileges. In return, you must meet the standards of competence, care and conduct set by the GMC.

This booklet sets out the GMC's guidance on advertising. It enlarges on the principles described in the booklet 'Good medical practice'.

The advertising of doctors' services

1. The GMC encourages doctors to provide factual information about their professional qualifications and services. The term 'advertising' is used by the GMC to mean the provision of information about doctors and their services, in any form, to the public or other members of the profession. There is a general requirement that any advertising in this country must be 'legal, decent, honest and truthful', and that it should conform with the other requirements of the British Code of Advertising Practice. But the advertising of doctors' services must be subject to additional restriction in order to ensure that the public is not misled or put at risk in any way.
2. It is the duty of all doctors to satisfy themselves that the content and presentation of any material published about their services, and the manner in which it is distributed, conform with the guidance given in this booklet. This applies whether a doctor personally arranges for such publication or permits or acquiesces in its publication by others.
3. In no circumstances should the distribution of advertising material be undertaken so frequently or in such a manner as to put recipients, including prospective patients, under pressure. Such a course of action is in the interest neither of patients nor of the medical profession.

The need for good communication

4. Good communication between doctors and patients, and between one doctor and another, is fundamental to the provision of good patient care, and those who need information about the services of doctors should have ready access to it. Patients need such information in order to make

an informed choice of general practitioner and to make the best use of the services the general practitioner offers. Doctors, for their part, need information about the services of their professional colleagues. General practitioners in particular need information about specialist services so that they may advise patients and refer them, where appropriate, for further investigation or treatment.

5. People seeking medical attention for themselves or their families can nevertheless be particularly vulnerable to persuasive influence, and patients are entitled to protection from misleading advertisements. The promotion of doctors' medical services as if the provision of medical care were no more than a commercial activity is likely both to undermine public trust in the medical profession and, over time, to diminish the standards of medical care which patients have a right to expect.
6. This booklet offers guidance to doctors in various types of medical practice about the content and distribution of notices and other material providing information about their services. It discusses the following matters:
 - the distinction between the advertising of general practitioner services and specialist services;
 - information about general practitioner services;
 - information about specialist services;
 - information about organisations offering medical services;
 - information to companies, firms and similar organisations;

- information about associations of doctors;
- other public references to doctors.

The distinction between the advertising of general practitioner services and specialist services

7. The GMC distinguishes between the advertising of general practitioner services – which in this context includes advertising by doctors offering the sight test – and the advertising of specialist services. Information about the services provided by general practitioners should be made widely available to the public in the areas where those doctors practise. Specialists may provide information to professional colleagues but not to the public, except to the limited extent described in paragraph 12. below. This distinction reflects the ‘referral system’ upon which general and specialist practice in the United Kingdom are based and which exists to protect patients. Most individuals, when choosing a general practitioner, are in good health and able to make a rational choice on the basis of factual information. People requiring the attention of a specialist may, by contrast, be ill or in a vulnerable state and need the advice of a general practitioner before being referred for further investigation or treatment. Equally, the specialist to whom a patient is referred needs information of the patient’s relevant medical history and of any treatment which may already be under way.

Information about general practitioner services

Lists of general practitioners

8. Patients are best able to make an informed choice of family doctor if they have ready access to comprehensive, up to date,

well-presented and easily understood information about all the general practitioners practising in their area. Lists including factual information, presented in an objective and unbiased manner, about the doctors and their professional qualifications, the facilities available and the practice arrangements should be distributed widely to the public. Full use should be made of the places in each area where members of the public can expect to find local information. It is best if such material is published by a body with statutory responsibilities for primary care services, or by some other body which has no reason to favour individual doctors or practices. As far as is practicable, material published in this way should provide the same items of information about each doctor and practice.

Notices about individual general practitioners or practices

9. General practitioners should provide the public with practice leaflets giving factual information about their professional qualifications, services and practice arrangements and including, if they wish, a statement about their approach to medical practice. Up to date information of this kind should be available at doctors' surgeries. It should also be placed in libraries and other places where the public would normally expect to find information in their locality. General practitioners may, if they so decide, distribute such information on an unsolicited basis within the areas which they serve, provided that the distribution is not targeted in such a way as to put the recipients under pressure. General practitioners may also publish factual information of their services in the press, directories or other media. Doctors' services should not however be advertised by means of unsolicited visits or telephone calls, by doctors or by people acting on their behalf, with the aim of recruiting patients;

such activities may render a doctor liable to disciplinary proceedings by the GMC.

10. In addition to complying with the general requirements governing advertising in this country, which are referred to in paragraph 1. above, general practitioners publishing information about their services should not abuse the trust of patients or attempt to exploit their lack of medical knowledge. Especially, they must not offer guarantees to cure particular complaints. Advertising material should contain only factual information and must not include any statement which could reasonably be regarded as misleading or as disparaging the services provided by other doctors, whether directly or by implication. No claim of superiority should be made either for the services offered or for a particular doctor's personal qualities, professional qualifications, experience or skills.
11. Doctors are responsible for ensuring that any nameplates, noticeboards or other signs about their practices are sufficient to inform the public of the existence or location of the premises while not being used to draw public attention to the services of one doctor or practice at the expense of others. In cases of doubt a professional association, a medical defence society or the Local Medical Committee should be consulted.

Information about specialist services

12. Specialists may keep their professional and managerial colleagues informed of the services they offer and of their practice arrangements including details of fees and charges. Material circulated in this way should not, however, disparage, directly or by implication, the services provided by other doctors, nor should it claim superiority for the specialist's personal qualities, qualifications, experience or skills. The

name, professional qualifications, address and telephone number of a specialist may be included in national and local directories and similar publications, and doctors who are suitably qualified may, if they wish, include their names in more than one list within a single publication. Information about individual specialists should not otherwise be made available directly to the public, although the membership lists of associations of doctors may be released as indicated in paragraph 19.

13. Just as the public are assisted by comprehensive lists of local general practitioners, so doctors are best able to offer their patients informed advice if they themselves have up to date, factual information about all the specialist medical services which are available. Doctors may reasonably expect to be provided with such information by local hospitals, clinics and other medical organisations, both in the National Health Service and in the private sector, where specialists practise.

Information about organisations offering medical services

14. Medical services are offered to the public not only by individual doctors but by a wide variety of organisations such as hospitals, screening centres, nursing homes, advisory bureaux or agencies, and counselling centres. Some of these, especially those within the private sector, advertise their services to the public and the principles set out in paragraph 10. above, concerning the advertising of general practitioner services, apply also to such advertising. In addition, the advertisements should not make invidious comparisons with other organisations, either within or outside the National Health Service, or with the services of particular doctors, nor should they claim superiority for the professional services offered or for any doctors connected with the organisation.

15. Doctors who have any kind of financial or professional relationship with such an organisation, or who use its facilities, are deemed by the GMC to bear some responsibility for the organisation's advertising. This also applies to doctors who accept for examination or treatment patients referred by any such organisation. All such doctors must therefore make it their business to acquaint themselves with the nature and content of the organisation's advertising, and must exercise due diligence in an effort to ensure that it conforms to this guidance. Should any question be raised about a doctor's conduct in this respect, it will not be sufficient for any explanation to be based on the doctor's lack of awareness of the nature or content of the organisation's advertising, or lack of ability to exert any influence over it.
16. Such doctors should also avoid personal involvement in promoting the services of this kind of organisation, for example, by public speaking, broadcasting, writing articles or signing circulars, and should not permit the organisation's promotional material to claim superiority for their professional qualifications and experience. Nor should they allow a personal address or telephone number to be used as an inquiry point on behalf of an organisation.
17. Further guidance on financial relationships between doctors and such organisations is given in the GMC's booklet 'Good medical practice'.

Information to companies, firms and similar organisations

18. Doctors who wish to offer medical services, such as medico-legal or occupational health services or medical examinations, to a company or firm, a school or club, or a professional practitioner or association may send factual information about their qualifications and services to a suitable person, and

may where appropriate place a factual advertisement in a relevant trade journal, provided that the same principles are observed as in the guidance given in paragraph 10. about the advertising of general practitioner services. Doctors must not, however, use the provision of such services as a means to put pressure upon individuals to become their patients and should observe the guidance in the booklet 'Good medical practice' concerning communication with each individual's general practitioner.

Information about associations of doctors

19. Members of the public who are seeking medical advice or treatment occasionally approach an association of doctors for a list of its members. Such a list may be released in response to a direct request, but it is essential that no list should imply that those listed are the only doctors who are qualified to practise in a particular branch of medicine or that the inclusion of a doctor's name carries some form of recommendation. The lists which are released should include only those doctors who are eligible for registration by the GMC as having completed higher specialist or vocational training. Any association of doctors which wishes to release lists of its members in response to requests by the public should therefore first consult the GMC for guidance as to the form which the list should take.

Other public references to doctors

The use of professional directories

20. Factual information about a doctor who is appropriately qualified may be published in a professional directory of persons offering particular services, provided that it is open to all doctors practising in the relevant specialty to be included.

Doctors should not, however, cause, sanction or acquiesce in the publication of their names or practice details in any professional directory or book which purports to make recommendations as to the quality of particular doctors or their services.

Publicity material about companies or other organisations

21. The name and qualifications of a doctor who is a director of a company may be shown on the company's notepaper. Doctors should, however, take steps to avoid the inclusion, in material published by any company or organisation with which they are associated, of references which draw attention to their attainments in ways likely to promote their professional advantage, whether or not the business of their company is connected with medical practice.

Articles, books and broadcasting by doctors

22. Books or articles written by doctors may include their names, qualifications, appointments and details of other publications. Similar information may be given where doctors participate in the broadcast presentation and discussion of medical and related topics. Difficulties in this area arise chiefly when material included in articles, books or broadcasts by doctors, or the manner in which it is referred to, is likely to imply that the doctor is especially recommended for patients to consult. Doctors should see to it that no such implication is given. Where a doctor in clinical practice writes articles or columns which offer advice to the public on medical conditions or problems, or offers telephone or other recorded advice on such subjects, or broadcasts about them, it should be explicitly stated that the doctor cannot offer individual advice or see individual patients as a result.

Index

note: numbers refer to paragraphs

- address, personal 16
- advisory bureaux 14
- articles 16, 22
- associations of doctors 12, 19

- books 22
- British Code of Advertising Practice 1
- broadcasting 16, 22

- circulars 16
- clubs, services to 18
- colleagues, disparagement of
services 10, 12
- communication, need for 4
- companies
 - doctors as directors 21
 - services to 18
- counselling centres 14

- definition 1
- directories 8, 12, 20
- disparagement of colleagues'
services 10, 12
- doctors
 - associations of 12, 19
 - communication between 4
 - communication with
patients 4
 - financial relationship with
organisations offering medical
services 15, 16
 - firms, services to 18
 - general practitioner services 4, 7
 - lists of general practitioners 8
 - notices about individual
practitioners or practices 9-10
- hospitals 14

- libraries 9

- media 9, 22
- medico-legal services 18
- misleading statements 10

- nameplates 11
- noticeboards 11
- nursing homes 14

- occupational health services 18
- organisations offering medical
services 14-17

patients

- abusing trust of 10
- communication with 4
- putting pressure on 3
- recruitment 9
- vulnerability 5

practice leaflets 9

press 9, 22

public speaking 16

referral system 7

schools, services to 18

screening centres 14

sight test 7

specialist services 4, 7, 12-13

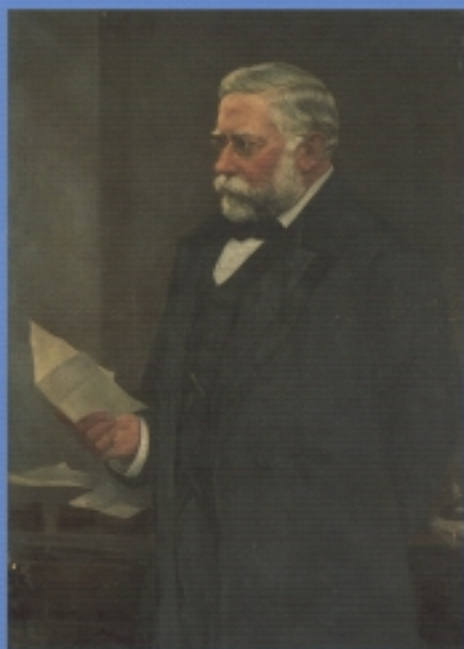
superiority, claims of 10, 12

telephone calls, unsolicited 9

telephone number, personal 16

trade journals 18

visits, unsolicited 9



Cover shows a detail from a painting of
'Sir Thomas Barlow' (1845-1945)
by H H Salomon
The Wellcome Institute Library

Picture courtesy of the Wellcome Institute Library, London