



**ALLIED HEALTH PRACTITIONERS
COUNCIL OF ZIMBABWE**

ADVERTISING POLICY

2021

(a) Where so required by law; or

(b) With the consent of that person or, where that person:-

(1) Is a minor, the consent of the parent or guardian of that person; or

(2) Has died, the consent, in writing, of the executor or next of kin of that person.

9. Interactions with Third Party Payers (Medical Aid Societies)

9.1 An allied health practitioner shall be fair and honest when reporting to and claiming from third party payers. Such reports and claims must be a true and accurate record taken from the patient's records and accounts.

10. Relationships with and Responsibility to Patients

10.1 No allied health practitioner shall engage in, or condone behavior, which causes unnecessary mental or physical distress to the patient and their relatives.

10.2 An allied health practitioner shall have regard to the physical and psychological needs of patients and their relatives and the effects on them of the hospital environment. Any examination or treatment likely to cause pain or distress must be explained to the patient or guardian before being undertaken and before consent is given. Patients should not be left in pain or distress after the examination or treatment but where this is unavoidable for a short time steps must be taken to provide the appropriate support.

10.3 An Allied health practitioner shall have a responsibility to promote and protect dignity, privacy, autonomy and safety of all patients with whom they come into contact.

Notwithstanding this, allied health practitioners shall;

(a) have high regard to the customs, values and spiritual beliefs of patients.

(b) at all times act in such a way as to promote and safeguard the well-being and interests of patients for whose care they are professionally accountable and ensure that by no action or omission on their part the patients' well-being is placed at risk.

(c) introduce themselves to patients and address patients in the appropriate manner.

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1. **OBJECTIVE**

In order to keep consumers informed about the professional health services available to them, the Allied Health Practitioners Council of Zimbabwe has crafted this new advertising policy.

Thus far, there has been a blanket policy (Section 107, HPA Act) largely restricting the advertising of professional health services across their whole range resulting in consumers not knowing where and how to access health services available to them. Ultimately practitioners should be allowed every freedom in disseminating information about their practices without compromising the integrity of their profession or the health and safety of the consumer.

The purpose of the advertising policy is to provide every professional health practitioner with a clear guide as to the new allowances and limitations of advertising professional health services in Zimbabwe. These guidelines will keep in line with global trends and practices in the advertising of professional health services as well as reflect the values of Zimbabwean society.

2. **DEFINITIONS**

2.1 A textbook definition of advertising is as follows:

*“Advertising is the non-personal communication of information **usually paid for** and usually **persuasive in nature** about products, services or ideas by identified sponsors through the various media.”*

It is important to note that in order to preserve the integrity of the health profession and to best serve the interests of consumers the Council seeks to remove the commercialization and persuasive aspect from the advertising of professional health services.

2.2 **Consumer** – Anyone seeking professional health services for themselves, a dependant or any other party.

2.3 **Health Institution**

- (a) any hospital, clinic, mobile clinic, medical laboratory, consulting room or other premises or part thereof which is used by a health practitioner for any purpose connected with the diagnosis, treatment, mitigation or prevention of any illness, injury or disability or abnormal physical or mental state or the symptoms thereof in human beings; or
- (b) any premises in or on which a pharmacist practises or carries on business as such; or
- (c) any premises in or on which any medicine, as defined in the Medicines and Allied Substances Control Act [Chapter 15:03], is stored, sold or manufactured;

2.4 Health practitioner

Any person in respect of whose profession or calling a register is kept in terms of the Health Professions Act of Zimbabwe [Chapter 27:19].

2.5 Advertising Media - All **print, electronic, outdoor** and **alternative** platforms including but not limited to television, radio, motion pictures, newspapers, billboards, books, pictorial representations, designs, mobile communications or other displays, the Internet or directories, telephone directory listings and professional directory listings and similar professional notices that can be used to carry advertising for professional health services.

3. ADVERTISING POLICY OVERVIEW

The advertising of professional health services should primarily provide consumers with information about the services available to them to allow them to understand their options in order for them to make more informed decisions about where and how to access professional health services.

Any and all information contained in advertising should be truthful, reliable and pertinent to the needs of the consumers who might access the advertised service.

The Authority wishes to guard against falsehoods, deception, manipulation and exaggeration in claims made in advertising because in the provision of professional health services these misrepresentations can harm consumers even up to loss of life.

It is also important that advertising does not create unrealistic expectations about the benefits, likelihood of success and safety of professional health services to consumers who are vulnerable because of practitioners' superior knowledge of consumers' adverse health conditions that prompt them to seek said services.

In addition to allowances and limitations of advertising professional health services in Zimbabwe this policy also spells out the possible consequences of breaching the guidelines as enforceable under the Authority and member council guidelines on penalties and conflict resolution. Any member that infringes on the advertising policy in their practice shall be dealt with in a manner similar to breaking any member council rules and regulations.

The letter of this policy shall also be used as evidence in determining whether a practitioner has contravened the allowances and limitations of advertising professional health services in Zimbabwe.

This policy does not seek to override but will complement the Health Professions Act that governs the practice and provision of professional health services.

4. ADVERTISING PROFESSIONAL HEALTH SERVICES

GUIDELINES

4.1 Basic parameters governing the advertising of professional health services.

- i. Advertising should not make false or misleading claims and should not appear to a reasonable person as attempting to be false or misleading.
- ii. It should not exaggerate or make unrealistic promises about the expected results of accessing any service or procedure.
- iii. It shall, wherever possible, spell out the limitations in expected results and the inherent risk of injury even up to loss of life involved with any service or procedure.
- iv. The use of patient testimonials to encourage the use of a service or procedure shall not be permitted under any circumstances.
- v. Images that show "before and after" illustrations of a service or procedure should not be doctored and should be of actual patients of and procedures performed by the practitioner who is advertising.
- vi. Advertising, in its language, design and imagery should always be of good taste and should not offend the sensibilities of the average person.
- vii. It shall not offer discounts or incentives for consumers to access essential health services and in special cases where promotions are permissible there should be clearly stated terms and conditions in accordance with policy restrictions.

4.2 General Obligations of Practitioners in Advertising Professional Health Services

- i. It is the responsibility of every practitioner to ensure that the content of advertising materials adheres to the guidelines of this advertising policy.
- ii. In an organizational setting the practitioner in charge becomes accountable for meeting the requirements of this advertising policy.
- iii. It is the responsibility of the practitioner to ensure that third parties acting on their behalf in the creation and dissemination of advertising materials also adhere to this policy.
- iv. The practitioner shall also ensure that images, logos and phrases used in the creation of advertising materials do not infringe on any copyrights.

- v. Practitioners shall have a professional obligation to inform their member councils wherever there appears to be an infringement of this policy in advertising professional health services. (The unconscionable representation of the profession by one reflects badly on all.)

4.3 Informed Consent

A consumer's willing response to advertising materials as a way to select a service provider is not a substitute for informed consent and does not remove the obligation on a practitioner to obtain informed consent before proceeding to provide the service.

5. GUIDELINES FOR ADVERTISING IN SPECIFIC MEDIA

5.1 Media advertising may contain:

- i. A factual and clear statement of the services offered.
- ii. Contact details of the office of the practitioner, including email or website addresses, and telephone numbers.
- iii. Office hours regularly maintained by the practitioner and the availability of after-hours services.
- iv. Non-enhanced photos of the practitioner and/or their place of practice as defined by the relevant Council.
- v. A statement about accepted forms of payment and the medical aid societies accepted.
- vii. A statement about specialist registration or endorsement under the Health Professions Act and their area of specialty.
- viii. A statement of the accreditation or certification of the practitioner with a public board or agency, including any affiliations with hospitals or clinics.
- ix. A statement of safety and quality accreditation of the practice or health care setting where applicable. (e.g. ISO Certified)
- x. Any statement providing public health information encouraging preventative or corrective care.

5.2 It is mandatory that all advertising in any media contain:

- i. A statement of the names of schools and training programs from which the practitioner has graduated and the registered qualifications received.
- ii. For any surgical or invasive procedures, the appropriate warning statement of the inherent dangers associated with said procedure.

5.3 Practitioners Shall Not:

- i. Use testimonials or ostensible testimonials.
- ii. Make direct or suggested comparisons to their practices and that of others.
- iii. Claim that the services they provide are better, as safe as or safer than others.
- iv. Take advantage of their superior knowledge to unduly influence consumer to access their services through scare tactics.
- v. Claim to offer exclusive services or unique "magical" cures.
- vi. Offer discounts or specials on the essential medical services they offer.

6. GRAPHIC GUIDELINES:

6. 1 All print adverts:

- i. May be up to A4 size only.
- ii. May be full color or black & white.
- iii. On an A4 advert Practitioner's logo should not occupy more than 16 square centimetres.
- iv. Practitioner's/Practise name should not be more than 48 font size.
- v. Contact details, hours of operation, forms of payment etc. should be a minimum of 14 font size.
- vi. Warnings and disclaimers should be at least 9 font size.
- vii. Placed in the publication of the practitioner's choosing.

Maximum size restrictions of type and graphic elements are designed to inform good visual design that in turn ensures advertising in good taste to preserve the integrity of the profession and keep advertising standard for all practitioners. Minimum restrictions of type and graphic elements are designed to protect the consumer by making clear in all adverts what they can expect from service providers.

See fig. 1

Figure 1. (4 x4 CM SQUARE AREA = 4 cm x 4cm)

LOGO MARK (4X4CM SQUARE AREA)	PRACTISE NAME (NOT MORE THAN 48 POINT TYPE)
IMAGE, LIST OF SERVICES ETC.	
CONTACTS, HOURS OF OPERATION, FEES, FORMS OF PAYMENT, ETC. AT LEAST 14 POINT TYPE	
WARNINGS AND DISCLAIMERS AT LEAST 9 POINT TYPE	

6.2 Listings in city directories, yellow pages or other professional directories may contain:

- i. Name of practice/practitioner or institution.
- ii. Area of registered specialization.
- iii. Physical address of registered premises.
- iv. Telephone number/s
- v. Website/email
- vi. Hours of operation

6.3 Electronic Media:

6.3. a Radio

Practitioners may flight a 30 second commercial on radio listing the following:

- i. Name of practice/practitioner or institution.
- ii. Area of specialization.
- iii. Address
- iv. Telephone number/s
- v. Website/email
- vi. Hours of operation

The use of recognized celebrity voice talent should not be used to endorse the service offered. Longer "informational" commercials are permitted as long as personal promotion is limited to the above criteria and the rest is educational information of a public service nature.

6.3. b Television

Practitioners may flight a 30 second commercial on television listing the following:

- i. Name of practice/practitioner or institution.
- ii. Area of registered specialization.
- iii. Physical address of the practitioners registered premises.
- iv. Telephone number/s
- v. Website/email
- vi. Hours of operation
- vii. The commercial may depict a non-enhanced image likeness of the practitioner and their place of practice.
- viii. The commercial may not depict graphic visuals of illnesses or adverse medical conditions in accordance that might shock or offend the average person in Zimbabwe.

The use of recognized celebrity personalities should not be used to endorse the service offered. Longer "informational" commercials are permitted as long as personal promotion is limited to the above criteria and the rest is educational information of a public service nature.

6.3. c Electronic Messages Boards (TV screens)

Electronic message boards in the place of practise/institution or other public spaces shall adopt the same guidelines as broadcast commercials.

6.3. d Internet / Social Media

- i. All practitioners may construct a website to promote their practice/institution and to provide information relevant to the health and wellbeing of the public.
- ii. The website may contain:
 - A "home" page with an overview of the practice.
 - A "services" page with specifics on services offered.
 - An "about us" listing qualifications and accreditations of practice and practitioner.
 - A "contacts" page listing address, email, & telephone numbers.

- iii. Practitioners may not use their website to promote products or procedures on behalf of third-parties.
- iv. Practitioners may post links to their websites on any other website of their choosing.
- v. All practitioners may carry the address to their website in all their other advertising materials.
- vi. Practitioners may post internet adverts on any site to promote either their website or practice.
- vii. Practitioners may appear in sponsored or free third-party online databases and directories that list details meeting the guidelines of this policy.
- viii. Practitioners who collect client data online have the responsibility to ensure that it is stored securely and not exposed to attacks such as hacking
- ix. Practitioners collecting, transmitting and storing client data online must ensure that agreements signed with internet carriers and websites do not transfer ownership of sensitive data to third parties.
- x. Practitioners may advertise on social media in adherence to the AHPCZ policy as well as the Health Professions Authority advertising policy and to remain professional as ever guided by the Health Professions Act.

6.3. e Email

Email advertising, because of its targeted and invasive nature, poses potential problems as far as control of the content of the messages disseminated. Despite its potential problems email remains a cost effective way to relay information to large groups of people.

Practitioners may be permitted to employ email advertising with strict controls on how it is distributed.

It shall be mandatory for all email advertising to be pre-approved by member Councils before distribution.

- i) There shall be a subcommittee within the Council that looks at member requests. The subcommittee shall sit and decide on whether they can approve the e-mail advert or not. Subcommittee meetings are time tabled and therefore may inconvenience members wishing to advertise their products and services as they have to wait for set subcommittee meeting dates. The subcommittee sittings, other than set meetings dates, may be done for a fee.
- ii) Bundled advertisements e-mailing distributed through a third party would breach the issue of confidentiality and privacy, as practitioners will be required to hand over their mailing list to a third party that will disseminate e-mails when there is no relationship

with the intended recipients. Damage can be caused by for example giving erectile dysfunction patients e-mail to a third party for distribution which is informing the patients of availability of products or services they use. It will be a breach of confidentiality. To overcome this, practitioners shall directly e-mail their clients the approved advertisement.

- iii) Members shall desist from using social media as a platform to criticize colleagues. Members shall follow formal channels if they have grievances, as there will be a risk of putting the profession into disrepute.

This process allows the council to vet content and when the consumer receives the email they can trust it to be from a reputable source. It becomes an email form of classified advertising.

6.4 OUTDOOR MEDIA:

6.4. a Billboards

Practitioners may flight adverts on full size billboards limiting the content to:

- i. Name of practice/practitioner or institution.
- ii. Area of registered specialization.
- iii. Logo mark.
- iv. Contact details
- v. Hours of operation.
- vi. The image likeness of the practitioner and their place of practice.
- vii. A short list of services offered
- viii. Size to be defined by relevant Council.

Information contained in full size billboards should be brief to allow readability in a limited amount of time as when a vehicle drives past.

6.4. b Vehicle Branding

Vehicles used in carrying out the business of the practice/institution may be branded limiting the content to:

- i. Name of practice/practitioner or institution.
- ii. Logo mark.
- iii. Contact details

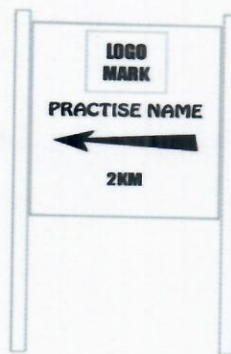
In order to standardize the branding for all practitioners the graphics should be limited to the both the left and right, **front** vehicle doors (with the exception of ambulances).

6.4. c Directional Signs

Directional signs should only carry the following information:

- i. Name of practice/practitioner or institution.
- ii. Logo mark.
- iii. Directional arrow.
- iv. Distance from billboard to place of practice
- v. It is important to note that the practitioner should seek local authority permission before erecting roadside billboards.
- vi. Signs may be illuminated to enhance visibility at night.
- vii. The allowed maximum number of directional signs per institution shall be four.

Figure 2



6.4. d Premises Signage

- (i) The practitioner/institution may erect two signs specifically for the purpose of identifying their place of practice.
- (ii) These two signs shall only be placed at the gate and at the main entrance to the building.
- (iii) The practitioner/institution may choose to have both signs or one in place of the other.
- (iv) This sign shall only carry the logo mark and name of practice/institution.
- (v) This sign may or may not be illuminated.
- (vi) This sign of a health institution shall be up to a maximum of 135 cm x 120 cm.

(vii) Additional signs are also permitted to display specific information relevant to the place of practice, e.g.

- A sign listing operating hours.
- A standard sign (cross) denoting a hospital.
- Signs denoting ambulance entrance and parking areas or Hospital / institution entrance.

These additional signs do not constitute advertising and will not be treated as such.

7. EXCEPTIONS TO LIMITATIONS OF ADVERTISING

PROFESSIONAL HEALTH SERVICES GUIDELINES

In addition to essential services, practitioners may also offer some elective and cosmetic services that may need a more promotional approach to advertising and it is up to individual councils to determine the limits of these exceptions.

Examples of exceptions are:

- **Dentists:** Teeth whitening may be offered at a promotional price as long as it is not tied into other essential procedures. Such circumstances require pre-approval of advertising materials at the member council's discretion.
- **Pharmacies:** In addition to prescription and OTC drugs pharmacies/pharmacists also sell cosmetics and fragrances that may need a more promotional and unrestricted approach to advertising. Such circumstances require pre-approval of advertising materials at the member council's discretion.

8. A BREACH OF THE GUIDELINES MAY CONSTITUTE

Unprofessional conduct and/or professional misconduct, and as such, may be dealt with by the Council through the provisions of Health Professions Act and Council will institute appropriate responses where policy infringement has taken place.



APPROVED BY BOARD: 31 MARCH 2021

SIGNED BY CHAIRPERSON: MISS R. HOFISI

A handwritten signature in blue ink, appearing to be "R. Hofisi", is written over the printed name.

