



osteopathy
AUSTRALIA

Promoting accurate and defensible advertising.

Advertising - fix it or be fined!

**Antony Nicholas, Chief Executive
Osteopathy Australia**

No regulators were harmed in
the making of this
presentation!

But...



**Educators,
Researchers, PLUS
Associations and
Osteopaths
are equally responsible**



The messenger
requests that he
please not be shot.

Not in scope...

- * Australian Consumer Law
- * Therapeutic Goods Act
- * ACCC prosecutions

* Our role is to make sure the rules are:

* Workable

* Fair

* Easy to understand

* Applied equally to all professions

...but ultimately we don't make the rules.



Australian Health Practitioner Regulation Agency

Aboriginal and Torres Strait Islander Health Practice	Occupational Therapy
Chinese Medicine	Optometry
Chiropractic	Osteopathy
Dental	Pharmacy
Medical	Physiotherapy
Medical Radiation Practice	Podiatry
Nursing and Midwifery	Psychology

For advertisers including registered health practitioners

GUIDELINES FOR ADVERTISING REGULATED HEALTH SERVICES

What is advertising

- television
- radio
- motion pictures
- newspapers
- billboards
- books
- public and professional lists
- pictorial representations
- designs
- mobile communications or other displays
- internet
- social media
- all electronic media that promote a regulated health service
- business cards, announcement cards
- office signs
- letterhead
- public and professional directory listings, and
- any other similar professional notice (e.g. patient recall notices).

Want to comply? Practitioners are confused

– 200 pages.

- * Code of Conduct for osteopaths
- * Guidelines for advertising of regulated health services
- * FAQ on advertising guidelines
- * Further information on advertising therapeutic claims
- * Bulletin - Is your advertising compliant?
- * Social media policy
- * Osteopathy Board of Australia's position on paediatric care, the treatment of children and scope of practice for osteopaths
- * Responsible advertising of health services: check, correct and comply



A re-interpretation of the law, *not an actual change* in the law resulted in significant changes:

osteopathy:

a safe and gentle approach to neck and back pain

well



80 per cent of the population will suffer from back pain at some time.*

Common causes of back pain include:

- extensive sitting or standing
- heavy lifting
- insufficient flexibility
- injury
- pregnancy
- constipation
- irritable bowel
- endometriosis
- menstrual pain
- muscle weakness
- dysfunction in the thorax, lower limbs and pelvis.

There are several more serious causes of back pain such as disc injury, fracture, tumour and infection. Osteopaths, as primary health care practitioners, are trained to differentiate between uncomplicated back pain and ~~back~~ pain requiring referral to specialist care.

*Wed 1 Aug 2009; 190 (9): 499-502.

Your osteopath can help you develop the most effective course of action to manage your back pain.

Your osteopath can:

- improve joint mobility
- reduce muscular tension, inflammation and nerve irritation
- improve blood supply and drainage to and from the spine and pelvis
- reduce the duration of low back pain and help prevent future episodes
- offer advice on posture, exercises and stretching
- provide advice on improving your ergonomic environment
- provide guidance on diet, hydration and exercise
- communicate and plan treatment with your GP
- refer you for radiological assessment when required
- provide care funded by workers compensation schemes and traffic accident schemes

consistent with your lifestyle, symptoms, and goals.

assist

Top tips for back care:

- seek osteopathic advice
- keep mobile and exercise daily (eg. as far as you can)
- during repetitive tasks or heavy labour, make sure to vary your rhythm, take regular breaks, and have a stretch
- keep well hydrated (from sports)
- eat sufficient protein to help repair tissue
- be careful when lifting
- have regular osteopathic care during pregnancy and while breastfeeding
- ensure you have a supportive mattress & pillow (appropriate)
- make sure your children do not carry a heavy bag on one shoulder or spend too much time in front of a PC or TV, tablet

regular ex can have a preventative effect

Questions that will help identify types of evidence that are more likely to be acceptable:

- * Has the evidence been obtained from a **systematic review of a randomised controlled trial with human subjects**?
- * Has the evidence been obtained from a **randomised controlled trial with human subjects**?
- * Does the evidence relate to a **pseudo randomised controlled trial**?
- * Does the evidence relate to **comparative studies with concurrent controls- allocation of not randomised (cohort studies), case studies, or interrupted times serious with a control group**?
- * Does the evidence relate to **comparative studies without concurrent controls – historical control study, two or more single arm study**, interrupted time series without a parallel control group?
- * Are the **results consistent across multiple studies**, replicated on independent populations, and reported in peer-reviewed publications?

Relevant issues we consider when assessing whether there is acceptable evidence for therapeutic claims include:

- * Is the evidence relied on **objective and based on accepted principles of good research**? Is the evidence from a reputable source? E.g. a peer reviewed journal
- * Do the studies **used provide clear evidence for the therapeutic claims made** or are they one of a number of possible explanations for treatment outcomes?
- * Have the **results of the study been replicated**? Results consistent across multiple studies, replicated on independent populations, are more likely to be sound.
- * Has the **evidence been contradicted by more objective, higher quality studies**? This type of evidence is not acceptable



But language must be user friendly
due to obligations like...

AHPRA Advertising Guidelines states:

- * 7.6 Use of scientific information in advertising
- * When a practitioner chooses to include scientific information in advertising, the information should:
 - * be presented in a manner that is accurate, balanced and not misleading
 - * use terminology that is **understood readily by the target audience**
 - * identify clearly the relevant researchers, sponsors and the academic publication in which the results appear, and
 - * be from **a reputable (e.g. peer reviewed)**, and verifiable source.

AHPRA Code of Conduct states:

Effective communication

- * awareness of **health literacy issues** and taking health literacy into account and/or adjusting their communication in response
- * using social media, e-health and personally controlled electronic health records appropriately, consistent with this code, and

Acceptable and unacceptable advertising

Care must be taken with certain words in advertising.

These words should not be used:

- * Can help/improve
- * Safe
- * Effective

But they have an obligation to....

AHPRA Code of Conduct states:

Practitioners have a duty [...] to practise safely and effectively.

Osteopathy Board of Australia states:

While there **is no extensive research evidence** about the effectiveness of osteopathy treatment generally, the limited research evidence across manual therapies more broadly does not support osteopaths making claims **they can effectively treat non-musculoskeletal conditions.**



Regulatory burden

- * Read all the new advice
- * Analyse ALL of advertising—with the *Advertising Guidelines* and the *Advertising Bulletin*
- * Change your advertising, if necessary.
- * It will have a \$\$\$ cost.
- * It will have a time and productivity

How we help:

The screenshot displays a Zoom webinar interface. The main content area shows a presentation slide with the following text:

- Top left: A circular logo with blue and white segments.
- Top center: **Check, correct, comply: Advertising - fix it or be fined!**
- Center: **osteopathy AUSTRALIA**
- Bottom center: **Mandatory CPD Topic Webinar**
- Bottom center: **Check, correct, comply:**
Advertising - fix it or be fined!
- Bottom center: **Antony Nicholas, Chief Executive**
Osteopathy Australia

The video player at the bottom shows a play button and a timestamp of **1:25:38**.

On the right side, there is a video thumbnail of a man labeled **Antony Nicholas** and a chat window titled **Chat (Everyone)** with the following messages:

- Laurence Axtens: yep
- Jacqueline Jones: yes
- Lara Hopkins: yep
- Kerrin Sullivan: yes
- Eleni Vogt: yes
- Tara O'Callaghan: Yes
- Doug Evans 2: yes
- Sofie Kotsakidis: yes
- Chris Blenkinsop: yes
- Mark Ratcliffe: YES
- Cisco Schmetzer: yes
- Kevin Roberts: Loud and clear
- Yvan Ducat: Yvan Ducat
- Luke Madden: yes
- Rosemary Latta: yes
- Boris Golombo: audio is fine
- Christopher Jones: yep
- Luke Madden is typing...

How we help (local):

- * **Challenge individuals who damage the professional standing of osteopathy**
- * **Develop compliant content based on current research,**
- * **Finesse wording options that will be complaint for less-evidenced practise,**
- * **Search for reliable studies,**
- * **Fund further research.**



Antony Nicholas ► Osteopathy Discussion Forum ▼

30 June · 

Dear Oz Osteopaths

Later today I will be sending an email to all our members regarding AHPRA new advertising compliance strategy.

PLEASE READ THE INFORMATION AND ACT

Osteopaths now have the 2nd highest advertising complaint numbers across the 14 registered professions with a staggering 1 in 9 (on a per capita basis). Very close to Chiropractic and 10 times worse than physiotherapy.

The whole osteopathic profession will be tarnished, its reputation and its future opportunities are being damaged by ongoing advertising complaints.

Complaints only happen when non-compliance occurs.

Please read the email, read the advertising guidelines and check your advertising. — 😞 feeling frustrated.

How we help (global):

- * **Develop compliant content based on current research,**
- * **Search and collate reliable studies,**
- * **Fund further research.**

How we help (global):

- * **Work globally to identify and promote only evidence informed practice**
- * **Consistent glossary and understanding**
- * **WHO Benchmarks**
- * **Challenge organisations that don't**

Plea for help:

**Research, research, research, research, research,
research, research, research, research, research,**

Questions?

Comments?

