

Support:

- Transparency in medical advertising and direct-to-patient interactions as it applies to the following:
 - Physician board certification
 - Physician specialization and subspecialization
 - Level of licensure
- Protections of the terms “medical doctor,” “doctor of osteopathic medicine” and “board certified dermatologist”

Oppose:

- False and misleading advertising, including advertising of board certification in specialty medicine
- Photos or testimonials which create false expectations
- Practitioner misrepresentation, including the use of the term “dermatologist”

Patients deserve the opportunity to make informed decisions about from whom they receive medical treatment¹. The proposition of asking detailed questions of a provider’s qualifications and credentialing just as one is about to put one’s health and well-being in that provider’s hands can be understandably daunting.

Advertising includes oral, written and other types of communications disseminated for the purpose of soliciting or encouraging the use of the medical services. Websites, newspaper or magazine advertisements, telephone directory displays, printed brochures or leaflets and television or radio advertisements are all considered forms of advertising. Media interviews, editorial writing, health care screening and seminars—intended to promote the use of a particular provider’s services—are also considered advertising. Promotional communications made either by agents and employees of a provider, or by hospitals, clinics, medical spas, and other entities, whether or not the provider’s name is included, are considered advertising.

ASDSA supports public policy which requires disclosure of level of licensure in medical advertisements and communications, as well as posting this information in health care settings and on photo identification badges in patient-interactions.

Advertisements should not be false, fraudulent, deceptive or misleading, nor should they omit any pertinent information. Advertisers should be able to document and substantiate claims made in ads about safety, efficacy, benefits and risks, as well as unique skills and remedies. Photos should be representative of results in general, attained by the average patient and be of comparable quality so as not to mislead. Testimonials should similarly represent results of the average patient. Photos should neither create false expectations nor be retouched. Advertisements should be readily identifiable as such. The bottom line is that any

¹ Truth in Advertising survey results. (2015). Retrieved from https://www.ama-assn.org/sites/default/files/media-browser/premium/arc/tia-survey-2008-2015_0.pdf

advertising or publicity, regardless of format or content, should be true and not materially misleading.

ASDSA is concerned with the practice of advertising oneself as board certified by unaccredited boards that have names that deliberately mislead consumers and have no legitimate testing or training programs². Both physicians and patients have been misled by such “boards” which offer the ability to claim “board certification” in exchange for a fee, but do not have training requirements comparable to those set by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA). A medical doctor or doctor of osteopathic medicine may not hold oneself out to the public in any manner as being certified by a public or private board including but not limited to a multidisciplinary board or “board certified,” unless all of the following criteria are satisfied:

- (a.) The advertisement states the full name of the certifying board.
- (b.) The board either:
 1. Is a member board of the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA); or
 2. Is a non-ABMS or non-AOA board that requires as prerequisites for issuing certification:
 - i. Successful completion of a postgraduate training program approved by the Accreditation Council for Graduate Medical Education (ACGME) or the AOA that provides complete training in the specialty or subspecialty certified by the non-ABMS or non-AOA board; and
 - ii. certification by an ABMS or AOA board for that training field that provides complete ACGME or AOA-accredited training in the specialty or subspecialty certified by the non-ABMS or non-AOA board; and
 - iii. Successful completion of examination in the specialty or subspecialty certified by the non-ABMS or non-AOA board.

A physician may hold himself or herself out as a specialist in an area of medical practice if the physician has successfully completed a residency or fellowship training program, in that area of medical practice, which is accredited by Accreditation Council of Graduate Medical Education, the American Osteopathic Association, or the Royal College of Physicians and Surgeons of Canada.

As stated by the American Board of Dermatology, a medical specialty board of ABMS that certifies physicians as dermatologists, a board-certified dermatologist:³

Is a physician who is trained to evaluate and treat children and adults with benign and malignant disorders of the skin, hair, nails and adjacent mucous membranes A dermatologist has had additional training and experience in the following:

1. The diagnosis and treatment of skin cancers, melanomas, moles, and other tumors of the skin.
2. The management of contact dermatitis and other inflammatory skin disorders.
3. The recognition of the skin manifestations of systemic and infectious diseases.
4. Interpretation of skin biopsies.
5. Surgical techniques used in dermatology.

² Truth in Advertising Model Bill. (2017, April 7). Retrieved from <https://www.ama-assn.org/truth-advertising>

³ What is a Dermatologist? Retrieved January 23, 2020. <https://www.abderm.org/public/what-is-a-dermatologist.aspx>

Dermatologists also manage cosmetic disorders of the skin, including hair loss, scars, and the skin changes associated with aging.

Physicians should only claim subspecialization for treatments, conditions, or procedures within the scope of the residency or fellowship training which the physician completed, as described above. The physician may use terms in plain-English--or in languages spoken by patients--to describe the physician's subspecialty so long as the description includes treatments, conditions or procedures within the residency training. Care must be taken not to inappropriately limit claims of subspecialization by physicians who have specialty training in an area that encompasses a broad range of subspecialty training.

The use of clear terminology and transparency lessens the likelihood of misunderstandings. ASDSA supports public policy which requires staff directly interacting with patients to wear photo identification listing the individual's name and level of licensure using clear, complete terminology rather than hard to understand acronyms or abbreviations. Likewise, medical advertisements should list the name of persons performing treatments as well as the provider's level of licensure in similarly clear and complete terminology.

ASDSA supports policy which makes clear the use of the term "medical doctor," "doctor of osteopathy" "dermatologist" or "board certified dermatologist" in a medical / medical spa setting. If an individual uses the term "Doctor," "Dr.," or "physician" in conjunction with his or her name in any advertisement, communication or patient interaction, the individual should make clear the degree to which they are entitled by reason of graduation from a professional school or other accredited entity.

Approved by the ASDSA Board of Directors: May 2022

Relevant AMA Policy:

H-405.964 Truth in Advertising

1. AMA policy is that any published lists of "Best Physicians" should include a full disclosure of the selection criteria, including direct or indirect financial arrangements.
2. Our AMA opposes any misappropriation of medical specialties' titles and work with state medical societies to advocate for states and administrative agencies overseeing nonphysician providers to authorize only the use of titles and descriptors that align with the nonphysician provider's state issued licenses.
(Sub. Res. 9, A-02 Reaffirmed: CCB/CLRPD Rep. 4, A-12 Appended: Res. 228, A-19)