



# Marketing

## Applies to Audiologists, Hearing Instrument Practitioners, and Speech-Language Pathologists

The College of Health and Care Professionals of BC was created on June 28, 2024 through the amalgamation of seven health regulatory colleges:

- College of Dietitians of British Columbia
- College of Occupational Therapists of British Columbia
- College of Optometrists of British Columbia
- College of Opticians of British Columbia
- College of Physical Therapists of British Columbia
- College of Psychologists of British Columbia
- College of Speech and Hearing Health Professionals of British Columbia

All current requirements for standards of clinical and ethical practice issued by the seven colleges remain in place upon amalgamation.

This document was created by the College of Speech and Hearing Health Professionals of British Columbia and will be updated to reflect the amalgamation.

Standard Category:	Standard Title:	Standard #:
Professional Standard	Marketing	SOP-PROF-07
Regulation   Bylaw Reference:		HPA Reference:
Bylaws: Part 13		
Authorization:	Date Approved:	Date Revised:
CSHBC Board	December 1, 2017	June 29, 2020

## DEFINITIONS

In this standard:

**“Advertising”** means the act or practice of calling public attention to one’s product, service, need, etc., especially by paid announcement in print media, radio, television, internet, billboards, etc. Advertising is a subset of marketing.

**“Advertisement”** means the use of space or time in a public medium, or the use of a commercial publication such as a brochure or handbill, to communicate with the public, or a segment thereof, for promoting professional services or enhancing the image of the advertiser.

**“Evidence-based practice”** means integrating individual clinical expertise with the best available external clinical evidence from systematic research.

**“Levels of evidence”** means a ranking system used in evidence-based practices to describe the strength of the results measured in various ways including in a clinical trial or research study.

**“Marketing”** means the action or business of promoting and selling products or services, including market research and advertising. The College of Speech and Hearing Health Professionals of British Columbia (CSHBC) Bylaws include in marketing: an advertisement, any publication or communication in any medium with any client, prospective client, or the public generally in the nature of an advertisement, promotional activity, or material, a listing in a directory, a public appearance or any other means by which professional services are promoted, including a business card, newspaper, or internet advertising, and contact with a prospective client initiated by or under the direction of a registrant.

## SCOPE

All registrants of CSHBC.

## STANDARD

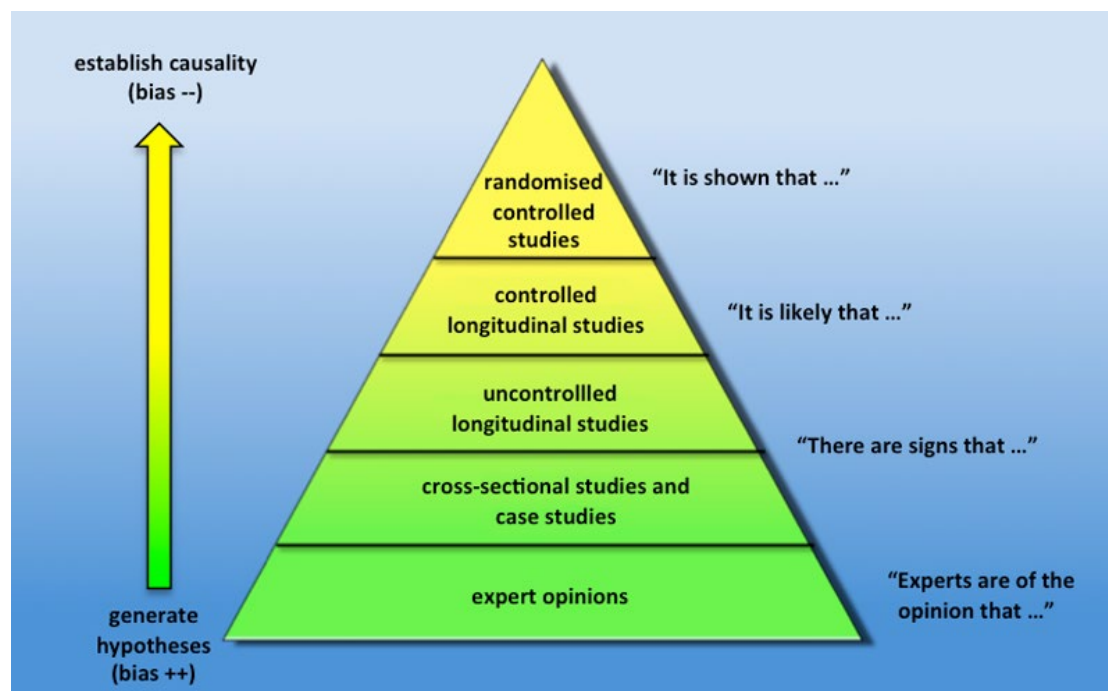
All registrants must comply with the College Bylaws (see sections 152 and 153) which pertain to marketing and internet marketing. Registrants have a professional accountability and responsibility to

ensure that marketing activities do not mislead the public, are false, create public fear, or in any way exploit vulnerable populations, including seniors.

Registrants must comply with the CSHBC *Registrant Code of Ethics* (SOP-PROF-08), *Registrant Code of Ethics (Annotated)* (SOP-PROF-09), and Bylaws for all promotional and advertising materials and activities, including free giveaways.

It is a registrant’s responsibility to utilize evidence-based practice in marketing activities. Registrants must be able to verify any statements made in promotional materials and advertising, using appropriate levels of evidence (see Table 1 for a guide to the validity of the available research).

**TABLE 1**



**SOURCE:** [cebma.org](http://cebma.org)

Analysis of available evidence may include information from multiple evidence categories. It is incumbent on registrants to ensure that they are not drawing conclusions which are not supported by the available evidence. For example, something that has been determined to have a correlation with something else, must not be stated as a causal relationship. In the absence of reasonable support by available scientific evidence, registrants must not engage in marketing activities that could lead members of the public to conclude a meaningful probability, or a real risk or to mislead them into drawing erroneous conclusions (see the Appendix for specific examples).

For activities that may be included in internet marketing, registrants can refer to the Canada Business Network site. Where a registrant uses a website as part of internet marketing, the home page of the registrant’s website must clearly show that the registrant is licensed in British Columbia, the physical

---

location of the registrant's office or clinic, the registrant's 10-digit office or clinic telephone number, the contact information for CSHBC, and a notice to clients that any unresolved concerns about the registrant's practice may be reported to the College.

## **LEGAL IMPLICATIONS**

Registrants must be aware of the legal implications of advertising. The Competition Bureau promotes truth in advertising in the marketplace by discouraging deceptive business practices and by encouraging the provision of sufficient information to enable informed consumer choice. The *Competition Act* contains criminal and civil provisions to address false or misleading representations and deceptive marketing practices in promoting the supply or use of a product or any business interest. Registrants are advised to be familiar with and adhere to recommendations on advertising standards in Canada. Advertising Standards Canada (Ad Standards) is the advertising industry's non-profit, self-regulating body created in 1957 to ensure the integrity and viability of advertising in Canada.

### ***Registrant Requirements in Various Practice Settings***

Registrants who practice in various settings have different obligations when it comes to marketing (including advertising).

Registrants working for a public agency must notify CSHBC if the agency (employer) is using marketing (including advertising) that the registrant knows is false or unsubstantiated.

Registrants, who are sole practitioners or in a partnership which is NOT incorporated, must ensure that their marketing activities comply with the CSHBC Bylaws and this standard of practice.

Private practices that are incorporated and owned/operated (at least in part) by one or more registrants must ensure that their marketing activities comply with the CSHBC Bylaws and this standard of practice.

Registrants who are employed by private corporations, which are not owned by registrants, must remove their names and designation from any non-compliant marketing. Registrants should engage the corporation in discussion regarding why the activity is non-compliant with the required standards and legislation.

### ***Violations of the Marketing Standard***

Registrants may be asked by the CSHBC Board or Inquiry Committee to provide verification of a marketing statement (or an advertisement). In instances where the marketing is unsubstantiated, a registrant will be asked to cease the marketing activity and remove the advertisement or other promotional materials from circulation. Should a registrant fail to comply, the matter can be referred to the Inquiry Committee and the Competition Bureau for follow-up.

---

## APPENDIX

### ***Hearing Loss & Dementia***

The purpose of this standard as it relates to dementia-related marketing activities and materials is to permit public discussions, research, and education about how hearing loss may relate to different types of dementia, while preventing business promotion that, in effect, exploits public fear of dementia or a lack of knowledge amongst the public about causal relationships, especially in relation to vulnerable populations. The CSHBC Bylaws (see sections 152 and 153) which pertain to marketing and internet marketing do not apply to non-promotional activities or materials, including academic research papers and purely educational activities.

The term “dementia” corresponds to a “major neurocognitive disorder” (major NCD) under the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5). “Dementia” (or major NCD), which involves significant cognitive decline in one or more cognitive domains that interferes with independence in everyday activities, is diverse in character and content, and risk factors vary and coexist for different types of “dementia”.

Where the sole or *partial* purpose of activities or materials is promotional, including where activities or materials are associated with a registrant’s business, trade-mark or services, such marketing activities and materials must not state or imply a meaningful probability or opportunity that correcting hearing loss prevents or delays the onset of “dementia”, generally or of a specific type, unless that probability or opportunity is reasonably supported by available scientific evidence relating to the type(s) of dementia at issue. As of this writing, current scientific research has not established whether correction of peripheral hearing loss can prevent or delay the onset of “dementia”.

Given the heterogeneous nature of “dementia”, registrants should also be cautious about:

- addressing, in marketing or promotional materials, relationships between hearing loss and “dementia” generally; and
- applying evidence relating to mild NCD to “dementia” or major NCD, as the latter involves significant cognitive decline that interferes with independence in everyday activities.

CSHBC will revise this standard governing marketing materials relating to dementia to reflect current scientific research.

### ***Services Provided by Communication Health Assistants (CHA)***

A website or other social media platform may communicate to the public, who is available at a given office or clinic, what their background is and what services they provide. It is incumbent on registrants to clearly state the CHA’s title and to list only those services which can be provided by the CHA. There must not be any embellishment of the CHA role or service provision. It must be clear in client communication that although the CHA is part of the care team, the overall responsibility rests with the registrant(s) including supervision of the CHA.



## REFERENCES

[Advertising Standards Canada](#)

[Canada Business Network - What is Marketing?](#)

[Centre for Evidence Based Management](#)

[Competition Bureau, Government of Canada](#)

## CSHBC RELATED DOCUMENTS

*Communication Health Assistants (Delegation & Assignment) (SOP-PRAC-04)*

*Professional Accountability & Responsibility (SOP-PROF-05)*

*Registrant Code of Ethics (SOP-PROF-08)*

*Registrant Code of Ethics (Annotated) (SOP-PROF-09)*