



Australian Hypnotherapists Association

Social Media Policy and Guidelines for Members

1. About this policy

These guidelines outline the responsible and ethical use of social media and have been developed by the National Committee to help practitioners understand their obligations when using social media, and take into account the National Law as in force in every state and territory.

2. Summary

When using social media, health practitioners should remember that the National Law, the Australian Hypnotherapists Association [AHA] code of ethics and professional conduct (the *Code of Ethics*) and the *Advertising Guidelines AHA Members 19-9-2012 V.1.01* (the *Advertising guidelines*) apply.

Registered health practitioners should only post information on any social media platform that is not in breach of these obligations by:

- complying with professional obligations
- complying with confidentiality and privacy obligations (such as by not discussing clients or posting pictures of procedures, case studies, clients, or sensitive material which may enable patients to be identified without having obtained consent in appropriate situations)
- presenting information in an unbiased, evidence-based context, and
- not making unsubstantiated claims
- members can refer to their AHA membership but cannot claim to represent the Association or the Association's views in any way.

Additional information may be available from professional bodies and/or government bodies, which aims to support health practitioners' use of social media. However, the legal, ethical, and professional obligations that AHA members must adhere to are set out in the Association's respective *Code of Ethics* and the *Advertising Guidelines*.



3. Introduction

The use of social media is expanding rapidly. Individuals and organisations are embracing user-generated content, such as social networking, personal websites, discussion forums and message boards, and blogs. These include FaceBook, Twitter, LinkedIn, YouTube and many more.

Whether an online activity is able to be viewed by the public or is limited to a specific group of people such as a discussion group, AHA Members need to maintain professional standards and be aware of the implications of their actions, as in all professional circumstances. Members need to be aware that information circulated on social media may end up in the public domain, and remain there indefinitely, irrespective of the intent at the time of posting.

4. Context

A key objective of the AHA and its National Executive is to protect both the public and its membership, and the National Law as well as the Associations' *Code of Ethics* and the *Advertising Guidelines* are relevant when considering social media. This policy explains how the National Law and the following existing codes and guidelines relate to social media including:

- section 133 of the National Law, which establishes obligations about advertising by registered health practitioners, and the *Advertising guidelines*, and
- the Association *Code of Ethics* and the *Advertising Guidelines*

Members should be aware of their ethical and regulatory responsibilities when they are interacting online, just as when they interact in person. This policy provides guidance to members on understanding their responsibilities and obligations when using and communicating on social media.

5. Who needs to use this policy?

All AHA members including student members should be aware of the implications of using social media in any sort of professional capacity.

Under federal law, the *Trade Practices Act 1974* (Cwlth) permits advertising unless it is misleading or deceptive or likely to mislead or deceive.



6. Definition of Social Media

'Social media' describes the online and mobile tools that people use to share opinions, information, experiences, images, and video or audio clips and includes websites and applications used for social networking. Common sources of social media include, but are not limited to, social networking sites such as Facebook and LinkedIn, blogs (personal, professional and those published anonymously), WOMO, True Local and microblogs such as Twitter, content-sharing websites such as YouTube and Instagram, and discussion forums and message boards.

7. Obligations in relation to social media

In using social media, just as with all aspects of professional behaviour, members should be aware of their obligations under the National Law, the Association *Code of Ethics* and the *Advertising Guidelines* and other relevant legislation, such as privacy legislation.

The Australian Competition and Consumer Commission (ACCC) takes action against persons who make false or misleading claims about products or services, and profit from the desire of vulnerable people to change their appearance or improve their wellbeing.

Members should become familiar with the *Trade Practices Act 1974* (Cwlth).

Members are also referred to the publication *Fair treatment: Guide to the Trade Practices Act for the advertising or promotion of medical and health services* (Commonwealth of Australia, July 2000). This publication can be accessed on the ACCC's website at <http://www.accc.gov.au>.

7.1 Professional obligations

This policy and guideline document together with the Code of Ethics and Guidelines for Advertising and Business contains guidance about the required standards of professional behaviour, which apply to members whether they are interacting in person or online. The Document also articulates standards of professional conduct in relation to privacy and confidentiality of patient information, including when using social media. For example, posting unauthorised photographs of clients in any medium is a breach of the client's privacy and confidentiality, including on a personal Facebook site or group even if the privacy settings are set at the highest setting (such as for a closed, 'invisible' group).

7.2 Obligations in terms of advertising

In addition to becoming familiar with relevant Commonwealth trade practices legislation, members should also become familiar with the provisions of relevant State and Territory



fair trading legislation that apply to unincorporated persons. The relevant Acts are:

- *Fair Trading Act 1992 (ACT)*
- *Trading Act 1987 (NSW)*
- *Consumer Affairs and Fair Trading Act (NT)*
- *Fair Trading Act 1989 (Qld)*
- *Fair Trading Act 1987 (SA)*
- *Fair Trading Act 1990 (Tas)*
- *Fair Trading Act 1999 (Vic)*
- *Fair Trading Act 1987 (WA)*

The sections most relevant to advertising are those that address:

- unconscionable conduct
- misleading or deceptive conduct and false representations

These provisions mirror those contained in the *Trade Practices Act 1974* (Cwlth). The fair trading legislation refers to the substantiation of claims, unconscionable conduct, and misleading and deceptive conduct, including false representation in relation to goods and services. The relevant consumer affairs departments publish brochures with information regarding the advertising of services and penalties for breaches of the fair trading legislation.

8. Professional obligations

Members should always consider their professional ethical obligations and their legal obligations when advertising services. Members who advertise services should always be aware that consumers of hypnotherapy services may not be in a position to judge the merits of advertised services and products, and that they are more likely to hold a hypnotherapist, as a health provider, in some esteem, making them more vulnerable to believing the advertising claims.

Members should not advertise in a manner that could be considered as attempting to profit from or take advantage of limited consumer understanding of any professional services.

8.1 Ensuring competence

When advertising their services, a member must ensure that he or she is competent by reason of his or her education, training and/or experience to provide the service advertised, or to act in the manner or professional capacity advertised.



8.2 Professional qualifications

Members must state clearly their professional qualifications. Credentials and a member's expertise in a particular field should be clear to the public. A member who does not hold specialist qualifications recognised by the association or the government, or an endorsement recognised by the association or the government, must not claim or hold himself or herself out to be a specialist, either explicitly or by implication, or attempt to convey that perception to the public. See Section 9, 'Advertising of qualifications and titles'.

8.3 Substantiation of claims

Members must be certain that they can substantiate any claims made in advertising material, particularly in relation to outcomes of treatment, whether implied or explicitly stated.

8.4 Authorising the content of advertising

Members are responsible for the style and content of all advertising material associated with the provision of their goods and services. Members may not delegate accountability for ensuring the accuracy of advertising and compliance with these guidelines to an administrator, manager, director, media or advertising agency, or other person.

8.5 Informed consent

The main purpose of advertising of hypnotherapy services is to present information that is reasonably needed by consumers to make an informed initial decision about the availability and suitability of the services offered. Any initial decision by a consumer in response to an advertised service does not substitute for gaining informed consent and does not remove the obligation of a member to obtain informed consent before proceeding to provide the service.

9. What is acceptable advertising?

Advertising used to inform the public of the availability of hypnotherapy services may be considered to comply with these guidelines if it is information published in the public interest, and is factual, honest, accurate, clear, verifiable and not misleading. This section is intended to provide examples of the type of advertising of services that the AHA and the National Hypnotherapists Register of Australia (NHRA) consider to be acceptable. These examples are not intended to be exhaustive.



As such, advertising may contain:

- (a) a factual and clear statement of the services and/or products offered
- (b) contact details of the office of the practitioner including phone numbers, email address and website addresses if appropriate
- (c) a statement of office hours and availability of after hours appointments
- (d) non-enhanced photos or drawings of the practitioner and/or the workplace
- (e) advice on the availability of wheelchair access to any premises
- (f) a statement of any language(s) other than English spoken by the practitioner
- (g) a statement about fees charged and any applicable insurance rebates
- (h) a statement of the names of schools and training programs from which the practitioner has graduated and has received qualifications
- (i) a statement of memberships and accreditation that the practitioner may hold

10. What is unacceptable advertising

This section is intended to provide a clear indication of the type of advertising of services that the AHA and NHRA considers to be unacceptable. Where examples are provided, they are intended to assist members who advertise their services to comply with the advertising provisions of the National and State laws. They are not intended to be exhaustive.

The advertising of services must not:

- (a) create or be likely to create unwarranted and unrealistic expectations about the effectiveness of the services advertised
- (b) mislead, either directly, or by implication, comparison, contrast or omission
- (c) claim that the services provided by a particular health profession are better, as safe as or safer than others
- (d) contain language that could cause undue fear or distress



(e) contain price information that is inexact, or fails to specify any conditions or variables to an advertised price

(f) contain any claim, statement or implication that:

- either expressly, or by omission, that the treatment is infallible, unfailing, magical, miraculous, guaranteed or a certain or sure cure
- a practitioner member has an exclusive or unique skill or remedy
- a practitioner member provides superior services to those provided by other hypnotherapists, members or health practitioners
- the results of the health hypnotherapy service offered are always effective

(g) be vulgar, sensational, contrary to accepted standards of propriety or likely to bring the hypnotherapy profession into disrepute, for example, because it is sexist advertising.

11. Comparative advertising

It is difficult to include all required information to avoid a false or inaccurate comparison when comparing one health service or product with another. Therefore, comparative advertising is at risk of misleading the public. If members use any form of comparative advertising, members must not:

- make unsubstantiated claims, or
- deride or otherwise criticise the services or products offered by another practitioner, or
- make sensational statements that cannot be corroborated
- allow others to do so on their behalf

12. Use of titles in advertising

Members should avoid developing abbreviations of protected titles as these may lead to confusion.

While there is no provision in the *National Law* that prohibits a practitioner from using titles such as 'doctor' or 'professor', members who have been awarded a Doctorate degree or PhD and who are not registered medical practitioners should make it clear in their advertising that they do not hold registration as medical practitioners.



13. Other qualifications and memberships

Advertising qualifications or memberships may be useful in providing the public with information about experience and expertise, but may also be misleading or deceptive if clients can interpret the advertisements readily to imply that the member is more skilled or has greater experience than is the case.

14. Advertising price information

It is generally difficult to provide an accurate price for hypnotherapy services in an advertisement due to the personal nature of such services and the number of variables involved in the treatment of each consumer.

Information in advertising the price of services must be clear and not misleading. If fees and price information are to be advertised, then price information should be exact, with all fees for services clearly identifiable and any conditions to an advertised price or fee disclosed.

Members who advertise services must not use phrases like 'lowest prices', or similar words or phrases when advertising fees for services, prices for products or price information, or state an instalment amount without stating the total cost of any service.

15. Use of scientific information in advertising

The Association encourages caution when using scientific information in advertising. When a member chooses to use such information, it should:

- be presented in a manner that is accurate, balanced and not misleading
- use terminology that is understood readily by the audience to whom it is directed
- identify clearly the relevant researchers, sponsors and the academic publication in which the results appear
- clearly identify the source