

Navigating the marketing minefield

PR, marketing and advertising in the aesthetic industry has evolved rapidly in recent years, but are you clear on the current “dos” and “don’ts” **Julia Kendrick** wades through the latest guidance to provide expert tips on how you can confidently, effectively and ethically market your services.

The General Medical Council (GMC) recently issued updated guidance on the appropriate marketing of cosmetic and aesthetic procedures. So what’s changed? The truthful answer is: not a huge amount. The vast majority of the guidance is already standard clinical practice in reputable, ethical clinics; such as providing proper consultations, ensuring patients are accurately informed, have given valid consent, and that their psychological wellbeing is duly considered. What has tightened up is how you can market your services to the public, so if you’re worried about what you can and can’t say. This article will help provide clarity.

THE DEVIL’S IN THE DETAIL

Importantly, the GMC guidance is the “tip of the iceberg” when it comes to regulation. The bigger beast which could cause real damage to your business (if you break the rules) is the Committee for Advertising Practice (CAP), on which the GMC guidance is primarily based. This is because the CAP guidance really drills down into the details of how you can and cannot position and promote yourself, your clinic and your treatment services. When it comes to PR and marketing in aesthetics, the new guidance breaks down into four key areas, each of which we will look at in detail:



1. Marketing must be responsible
2. Marketing must be accurate
3. Marketing must not mislead patients or the public
4. Marketing must not encourage ill-considered treatment decisions.

1. Marketing must be responsible

This is a critical point and one which has perhaps undergone the most scrutiny in recent years. Some of the key topics covered here relate to patient psychological well-being: ensuring that enough time is taken in the consultation to ensure that the patient is seeking treatment for "the right reasons" and is not suffering from any clear psychological disorders, such as body dysmorphic disorder. It is well established in practice that some patients decide to have a cosmetic procedure after a change in personal circumstances or after a significant life event. While this is "normal", practitioners just need to consider their approach when discussing treatments to avoid playing on any insecurities. The guidance encourages candour on how cosmetic interventions won't solve personal or emotional problems, or improve their situation after a difficult life event. A clear two-week cooling off period is standard best practice and should only be shortened by securing a signed waiver from the patient. When it comes to your treatment information – whether in verbal, written, or video format – patients must be given clear information about what they can expect to achieve from treatment, as well as what >

THE BOTOX CONUNDRUM

A big area of confusion is around the promotion of "Botox" (or anti-wrinkle treatments in general). Understandably, you wish to inform patients that you offer this kind of treatment, and perhaps even explain which brand you use and why. However, proceed with caution – despite the fact that "Botox" has passed into the general vocabulary and is widely accepted and proactively requested by the public, botulinum toxins remain prescription only medicines (POMs). According to the Human Medicines Regulations 2012, any advertisement wholly or mainly directed to the general public which is likely to lead to the use of a prescription only medicine are prohibited. Despite the wording, this regulation is not limited to normal adverts – but also refers to publically accessible information such as your website or social media channels.

So what can you do?

- You can raise awareness of the "conditions" treated
- You can talk in broad terms such as "anti-wrinkle" injections or "cosmetic injections".
- You can go into more depth on specific brands in the context of a 1:1 patient consultation: the audience here is specific and needs to make informed consent so the information isn't "broadcasted" indiscriminately to a broad audience.

By their nature, sales promotions will usually be time limited, however your offers must not pressurise patients to undergo treatment without due consultation, consideration and cooling-off time. Countdown clocks and wording such as "Hurry, offer ends on X date" are a big no-no



treatments will entail in terms of the procedure, side-effects, downtime and recovery periods. The key principle here is that cosmetic and aesthetic treatments are given their due gravitas and not trivialised, so that patients have a clear understanding about what they are going to go through. As an automatic extension of this, the new guidance forbids the offering of treatments as prizes.

2. Marketing must be accurate

Here the guidance advocates that patients have clarity on what treatments are and what they involve, in order to make an informed decision. Don't mislead over the complexity, duration, invasiveness and downtime related to procedures – i.e. if it isn't truly non-invasive, don't say so! Be clear what the patients' commitment needs to be in terms of consultation, surgery, downtime and post-op recovery.

Key words to avoid!

- Colloquial phrases like “boob job” or “tummy tuck” – descriptions must be accurate enough to help patients understand what they are undertaking
- “Safe” is not an acceptable marketing term as all interventions carry some level of risk
- Hyperbolic terms such as “revolutionary” or “turns back time” – these are objective and would need substantiation, but descriptions like “feel fantastic” and “new you” are permitted if it can reasonably be expected that consumers will not take them literally.

Substantiation of claims with proper evidence is the second big take-home message. Even if you're using marketing materials from other suppliers or manufacturers, you are responsible for keeping your own copies of the evidence to substantiate any claims you put into the public domain.

3. Marketing must not mislead patients or the public

The backbone of the guidance here is that verbal and visual claims should not misleadingly exaggerate the effect the cosmetic intervention is capable of achieving. Surprisingly, re-touching or digital manipulation is allowed, but it mustn't go beyond the look which the treatment alone can achieve and must also be highlighted with a clear disclaimer. Disclaimers will not excuse misleading impressions – retouching could

cause problems if you have altered an area which relates specifically to where the treatment has been carried out. You also need to keep records of the un-retouched images so that if challenged, you can demonstrate what digital retouching has taken place.

My personal recommendation would be to not retouch your images wherever possible. Our industry has a major trust problem with consumers – the rise of Photoshop and Instagram selfies means that people automatically mistrust images as “unreal” and don't take them at face value. When trying to convince patients considering a treatment, how much more powerful and persuasive will it be if you can clearly show that all your images are un-retouched and just show the great effects of treatment? Another key rule of thumb is to make sure your visuals and case studies demonstrate the average expected result that patients could expect to see – not the best possible outcome.

4. Marketing must not encourage ill-considered treatment decisions

By their nature, sales promotions will usually be time limited, however your offers must not pressurise patients to undergo treatment without due consultation, consideration and cooling-off time. Countdown clocks and wording such as “Hurry, offer ends on X date” are a big no-no. Even if you have cooling-off periods or long periods of offer validity, this doesn't negate your responsibility to ensure the initial marketing is responsible. You must also take particular care over offering discounts for procedure packages or promotional tools such as loyalty schemes or incentives for referring a friend – keep referring patients to your terms and conditions, which stipulate the need for proper consultations and cooling-off periods before any treatments.

CONCLUSION

As an industry, we are still recovering from a serious public image problem and sadly, many practitioners have been tarred with the same brush as the “cosmetic surgery cowboys” and botched bodies brigade. While the majority of these guidelines will already be in place in good quality, ethical clinics, there are always improvements we can make in the way we communicate with patients and the public, to ensure our ongoing commitment to safety, clinical excellence and helping them to achieve the best possible results. **AM**

REFERENCES

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